

UTAH STATE BULLETIN

OFFICIAL NOTICES OF UTAH STATE GOVERNMENT
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The *Utah State Bulletin (Bulletin)* is an official noticing publication of the executive branch of Utah State Government. The Department of Administrative Services, Division of Administrative Rules produces the *Bulletin* under authority of Section 63G-3-402.

Inquiries concerning the substance or applicability of an administrative rule that appears in the *Bulletin* should be addressed to the contact person for the rule. Questions about the *Bulletin* or the rulemaking process may be addressed to: Division of Administrative Rules, PO Box 141007, Salt Lake City, Utah 84114-1007, telephone 801-538-3764, FAX 801-537-9240. Additional rulemaking information, and electronic versions of all administrative rule publications are available at: <http://www.rules.utah.gov/>

The information in this *Bulletin* is summarized in the *Utah State Digest (Digest)*. The *Digest* is available by E-mail or over the Internet. Visit <http://www.rules.utah.gov/publicat/digest.htm> for additional information.

Division of Administrative Rules, Salt Lake City 84114

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SPECIAL NOTICES

Commerce Occupational and Professional Licensing

Public Notice of 2013 Board and Committee Meeting Schedules

NOTE: Meetings are subject to change - contact the Division at 801-530-6628 to confirm meetings or check the Public Meeting Notice website (www.pmn.utah.gov). Most meetings are held in the Heber M. Wells Building, 160 East 300 South, Salt Lake City, Utah (updated 10/29/2012).

January

- 2 Plumbers Licensing Board 9:00 a.m.
- 2 Utah Board of Accountancy 1:30 p.m.
- 3 Nursing Education Peer Committee 8:30 a.m.
- 3 Alarm System Security and Licensing Board 9:00 a.m.
- 3 UBCC Plumbing Advisory Committee 9:00 a.m.
- 3 UBCC Structural Advisory Committee 3:00 p.m.
- 8 UBCC Architectural Advisory Committee 9:00 a.m.
- 8 UBCC Mechanical Advisory Committee 1:00 p.m.
- 9 Residence Lien Recovery Fund Advisory Board 8:15 a.m.
- 9 Physicians Licensing Board 9:00 a.m.
- 9 Uniform Building Code Commission 9:00 a.m.
- 9 Hearing Instrument Specialist Licensing Board 9:00 a.m.
- 10 Board of Nursing 8:30 a.m.
- 10 Chiropractic Physician Licensing Board 9:00 a.m.
- 10 UBCC Electrical Advisory Committee 1:00 p.m.
- 10 Radiology Technologist Licensing Board 1:00 p.m.
- 15 Acupuncture Licensing Board 9:00 a.m.
- 15 Board of Massage Therapy 9:00 a.m.
- 15 Psychologist Board 9:00 a.m.
- 15 UBCC Education Advisory Committee 1:00 p.m.
- 15 Hunting Guides and Outfitters Licensing Board 1:00 p.m.
- 16 Speech-Language Pathology and Audiology Board 9:00 a.m.
- 16 Professional Engineers and Professional Land Surveyors Licensing Board 9:00 a.m.
- 17 Electricians Licensing Board 9:00 a.m.
- 17 Veterinary Board 9:00 a.m.
- 23 Substance Use Disorder Counselor Board 9:00 a.m.
- 24 Contract Security Education Peer Committee 10:00 a.m.
- 29 Utah State Board of Pharmacy 8:30 a.m.
- 30 Podiatric Physician Board 9:00 a.m.
- 30 Construction Services Commission 9:00 a.m.

February

- 5 Online Prescribing, Dispensing and Facilitation Licensing Board 9:00 a.m.
- 5 UBCC Unified Code Analysis Council 9:00 a.m.
- 6 Plumbers Licensing Board 9:00 a.m.
- 6 Utah Board of Accountancy 1:30 p.m.
- 7 Nursing Education Peer Committee 8:30 a.m.
- 7 Social Worker Licensing Board 9:00 a.m.
- 7 Optometrist Licensing Board 9:00 a.m.
- 7 UBCC Plumbing Advisory Committee 9:00 a.m.
- 7 UBCC Structural Advisory Committee 3:00 p.m.
- 12 UBCC Architectural Advisory Committee 9:00 a.m.
- 12 UBCC Mechanical Advisory Committee 1:00 p.m.
- 13 Residence Lien Recovery Fund Advisory Board 8:15 a.m.
- 13 Physicians Licensing Board 9:00 a.m.
- 13 Uniform Building Code Commission 9:00 a.m.
- 13 Architects Licensing Board 10:00 a.m.

SPECIAL NOTICES

- 14 Board of Nursing 8:30 a.m.
- 14 Security Services Licensing Board 9:00 a.m.
- 14 Professional Geologist Licensing Board 10:00 a.m.
- 14 UBCC Electrical Advisory Committee 1:00 p.m.
- 19 Occupational Therapy Board 9:00 a.m.
- 19 UBCC Education Advisory Committee 1:00 p.m.
- 20 Funeral Service Board 9:00 a.m.
- 21 Osteopathic Physician and Surgeons Licensing Board 9:00 a.m.
- 21 Electricians Licensing Board 9:00 a.m.
- 21 Controlled Substance Precursor Board 2:00 p.m.
- 26 Utah State Board of Pharmacy 8:30 a.m.
- 26 Health Facility Administrator Licensing Board 9:00 a.m.
- 26 Physical Therapy Licensing Board 9:00 a.m.
- 27 Construction Services Commission 9:00 a.m.

March

- 4 Barbering, Cosmetology/Barbering, Esthetics, Electrology and Nail Technology Licensing Board 9:00 a.m.
- 5 UBCC Unified Code Analysis Council 9:00 a.m.
- 6 Plumbers Licensing Board 9:00 a.m.
- 6 Utah Board of Accountancy 1:30 p.m.
- 7 Nursing Education Peer Committee 8:30 a.m.
- 7 Genetic Counselor Licensing Board 9:00 a.m.
- 7 Alarm System Security and Licensing Board 9:00 a.m.
- 7 Dentist and Dental Hygienist Licensing Board 9:00 a.m.
- 7 UBCC Plumbing Advisory Committee 9:00 a.m.
- 7 UBCC Structural Advisory Committee 3:00 p.m.
- 12 UBCC Architectural Advisory Committee 9:00 a.m.
- 12 UBCC Mechanical Advisory Committee 1:00 p.m.
- 13 Residence Lien Recovery Fund Advisory Board 8:15 a.m.
- 13 Uniform Building Code Commission 9:00 a.m.
- 13 Landscape Architects Licensing Board 1:00 p.m.
- 14 Board of Nursing 8:30 a.m.
- 14 UBCC Electrical Advisory Committee 1:00 p.m.
- 14 Radiology Technologist Licensing Board 1:00 p.m.
- 15 Marriage and Family Therapist Licensing Board 9:00 a.m.
- 19 Respiratory Therapy Licensing Board 9:00 a.m.
- 19 Board of Massage Therapy 9:00 a.m.
- 19 Clinical Mental Health Counselor Licensing Board 9:00 a.m.
- 19 Building Inspector Licensing Board 10:00 a.m.
- 19 UBCC Education Advisory Committee 1:00 p.m.
- 20 Physicians Licensing Board 9:00 a.m.
- 20 Professional Engineers and Professional Land Surveyors Licensing Board 9:00 a.m.
- 20 Deception Detection Examiners Board 1:00 p.m.
- 21 Electricians Licensing Board 9:00 a.m.
- 25 Physician Assistant Licensing Board 9:00 a.m.
- 26 Utah State Board of Pharmacy 8:30 a.m.
- 27 Construction Services Commission 9:00 a.m.

April

- 2 UBCC Unified Code Analysis Council 9:00 a.m.
- 3 Plumbers Licensing Board 9:00 a.m.
- 3 Utah Board of Accountancy 1:30 p.m.
- 4 Nursing Education Peer Committee 8:30 a.m.
- 4 Social Worker Licensing Board 9:00 a.m.
- 4 UBCC Plumbing Advisory Committee 9:00 a.m.
- 4 UBCC Structural Advisory Committee 3:00 p.m.
- 9 UBCC Architectural Advisory Committee 9:00 a.m.
- 9 UBCC Mechanical Advisory Committee 1:00 p.m.
- 10 Residence Lien Recovery Fund Advisory Board 8:15 a.m.

- 10 Physicians Licensing Board 9:00 a.m.
- 10 Uniform Building Code Commission 9:00 a.m.
- 10 Hearing Instrument Specialist Licensing Board 9:00 a.m.
- 10 Architects Licensing Board 10:00 a.m.
- 11 Board of Nursing 8:30 a.m.
- 11 Security Services Licensing Board 9:00 a.m.
- 11 Chiropractic Physician Licensing Board 9:00 a.m.
- 11 UBCC Electrical Advisory Committee 1:00 p.m.
- 15 Board of Recreational Therapy 9:00 a.m.
- 16 Psychologist Board 9:00 a.m.
- 16 UBCC Education Advisory Committee 1:00 p.m.
- 16 Hunting Guides and Outfitters Licensing Board 1:00 p.m.
- 17 Podiatric Physician Board 9:00 a.m.
- 18 Electricians Licensing Board 9:00 a.m.
- 18 Certified Court Reporter Licensing Board 2:00 p.m.
- 22 Controlled Substances Advisory Committee 4:00 p.m.
- 24 Construction Services Commission 9:00 a.m.
- 24 Substance Use Disorder Counselor Board 9:00 a.m.
- 30 Utah State Board of Pharmacy 8:30 a.m.

May

- 1 Physicians Licensing Board 9:00 a.m.
- 1 Plumbers Licensing Board 9:00 a.m.
- 1 Utah Board of Accountancy 1:30 p.m.
- 2 Nursing Education Peer Committee 8:30 a.m.
- 2 Alarm System Security and Licensing Board 9:00 a.m.
- 2 UBCC Plumbing Advisory Committee 9:00 a.m.
- 2 UBCC Structural Advisory Committee 3:00 p.m.
- 7 UBCC Unified Code Analysis Council 9:00 a.m.
- 8 Residence Lien Recovery Fund Advisory Board 8:15 a.m.
- 8 Uniform Building Code Commission 9:00 a.m.
- 9 Board of Nursing 8:30 a.m.
- 9 Naturopathic Physicians Licensing Board 9:00 a.m.
- 9 UBCC Electrical Advisory Committee 1:00 p.m.
- 14 UBCC Architectural Advisory Committee 9:00 a.m.
- 14 UBCC Mechanical Advisory Committee 1:00 p.m.
- 15 Dietitian Board 9:00 a.m.
- 15 Funeral Service Board 9:00 a.m.
- 15 Professional Engineers and Professional Land Surveyors Licensing Board 9:00 a.m.
- 16 Electricians Licensing Board 9:00 a.m.
- 16 Contract Security Education Peer Committee 10:00 a.m.
- 21 Online Prescribing, Dispensing and Facilitation Licensing Board 9:00 a.m.
- 21 Board of Massage Therapy 9:00 a.m.
- 21 Physical Therapy Licensing Board 9:00 a.m.
- 21 UBCC Education Advisory Committee 1:00 p.m.
- 28 Utah State Board of Pharmacy 8:30 a.m.
- 28 Acupuncture Licensing Board 9:00 a.m.
- 29 Construction Services Commission 9:00 a.m.
- 29 Vocational Rehabilitation Counselor Board 2:00 p.m.
- 30 Osteopathic Physician and Surgeons Licensing Board 9:00 a.m.

June

- 3 Barbering, Cosmetology/Barbering, Esthetics, Electrology and Nail Technology Licensing Board 9:00 a.m.
- 4 UBCC Unified Code Analysis Council 9:00 a.m.
- 4 Occupational Therapy Board 9:00 a.m.
- 5 Plumbers Licensing Board 9:00 a.m.
- 5 Utah Board of Accountancy 1:30 p.m.
- 6 Nursing Education Peer Committee 8:30 a.m.
- 6 Social Worker Licensing Board 9:00 a.m.

SPECIAL NOTICES

- 6 Dentist and Dental Hygienist Licensing Board 9:00 a.m.
- 6 Veterinary Board 9:00 a.m.
- 6 UBCC Plumbing Advisory Committee 9:00 a.m.
- 6 UBCC Structural Advisory Committee 3:00 p.m.
- 9 Professional Geologist Licensing Board 10:00 a.m.
- 11 UBCC Architectural Advisory Committee 9:00 a.m.
- 11 UBCC Mechanical Advisory Committee 1:00 p.m.
- 12 Residence Lien Recovery Fund Advisory Board 8:15 a.m.
- 12 Physicians Licensing Board 9:00 a.m.
- 12 Uniform Building Code Commission 9:00 a.m.
- 13 Board of Nursing 8:30 a.m.
- 13 Security Services Licensing Board 9:00 a.m.
- 13 UBCC Electrical Advisory Committee 1:00 p.m.
- 14 Marriage and Family Therapist Licensing Board 9:00 a.m.
- 14 Architects Licensing Board 10:00 a.m.
- 18 Respiratory Therapy Licensing Board 9:00 a.m.
- 18 Clinical Mental Health Counselor Licensing Board 9:00 a.m.
- 18 Building Inspector Licensing Board 10:00 a.m.
- 18 UBCC Education Advisory Committee 1:00 p.m.
- 19 Environmental Health Scientist Board 9:00 a.m.
- 20 Electricians Licensing Board 9:00 a.m.
- 20 Private Probation Provider Board 10:00 a.m.
- 24 Physician Assistant Licensing Board 9:00 a.m.
- 25 Utah State Board of Pharmacy 8:30 a.m.
- 25 Athletic Trainers Licensing Board 9:00 a.m.
- 26 Construction Services Commission 9:00 a.m.

July

- 2 UBCC Unified Code Analysis Council 9:00 a.m.
- 3 Alarm System Security and Licensing Board 9:00 a.m.
- 3 Plumbers Licensing Board 9:00 a.m.
- 3 Utah Board of Accountancy 1:30 p.m.
- 9 UBCC Architectural Advisory Committee 9:00 a.m.
- 9 UBCC Mechanical Advisory Committee 1:00 p.m.
- 10 Residence Lien Recovery Fund Advisory Board 8:15 a.m.
- 10 Physicians Licensing Board 9:00 a.m.
- 10 Uniform Building Code Commission 9:00 a.m.
- 10 Hearing Instrument Specialist Licensing Board 9:00 a.m.
- 11 Board of Nursing 8:30 a.m.
- 11 Chiropractic Physician Licensing Board 9:00 a.m.
- 11 UBCC Electrical Advisory Committee 1:00 p.m.
- 11 Radiology Technologist Licensing Board 1:00 p.m.
- 16 Board of Massage Therapy 9:00 a.m.
- 16 Psychologist Board 9:00 a.m.
- 16 UBCC Education Advisory Committee 1:00 p.m.
- 17 Podiatric Physician Board 9:00 a.m.
- 17 Speech-Language Pathology and Audiology Board 9:00 a.m.
- 17 Professional Engineers and Professional Land Surveyors Licensing Board 9:00 a.m.
- 18 Electricians Licensing Board 9:00 a.m.
- 18 Contract Security Education Peer Committee 10:00 a.m.
- 30 Utah State Board of Pharmacy 8:30 a.m.
- 31 Substance Use Disorder Counselor Board 9:00 a.m.
- 31 Construction Services Commission 9:00 a.m.

August

- 1 Nursing Education Peer Committee 8:30 a.m.
- 1 Social Worker Licensing Board 9:00 a.m.
- 1 UBCC Plumbing Advisory Committee 9:00 a.m.
- 1 UBCC Structural Advisory Committee 3:00 p.m.

-
- 6 Online Prescribing, Dispensing and Facilitation Licensing Board 9:00 a.m.
 - 6 UBCC Unified Code Analysis Council 9:00 a.m.
 - 6 Hunting Guides and Outfitters Licensing Board 1:00 p.m.
 - 7 Plumbers Licensing Board 9:00 a.m.
 - 7 Utah Board of Accountancy 1:30 p.m.
 - 8 Board of Nursing 8:30 a.m.
 - 8 Security Services Licensing Board 9:00 a.m.
 - 8 UBCC Electrical Advisory Committee 1:00 p.m.
 - 8 Architects Licensing Board 10:00 a.m.
 - 13 UBCC Architectural Advisory Committee 9:00 a.m.
 - 13 UBCC Mechanical Advisory Committee 1:00 p.m.
 - 14 Residence Lien Recovery Fund Advisory Board 8:15 a.m.
 - 14 Optometrist Licensing Board 9:00 a.m.
 - 14 Physicians Licensing Board 9:00 a.m.
 - 14 Uniform Building Code Commission 9:00 a.m.
 - 15 Electricians Licensing Board 9:00 a.m.
 - 20 Physical Therapy Licensing Board 9:00 a.m.
 - 20 UBCC Education Advisory Committee 1:00 p.m.
 - 21 Funeral Service Board 9:00 a.m.
 - 22 Osteopathic Physician and Surgeons Licensing Board 9:00 a.m.
 - 27 Utah State Board of Pharmacy 8:30 a.m.
 - 27 Health Facility Administrator Licensing Board 9:00 a.m.
 - 28 Construction Services Commission 9:00 a.m.

September

- 3 UBCC Unified Code Analysis Council 9:00 a.m.
- 4 Plumbers Licensing Board 9:00 a.m.
- 4 Utah Board of Accountancy 1:30 p.m.
- 5 Nursing Education Peer Committee 8:30 a.m.
- 5 Alarm System Security and Licensing Board 9:00 a.m.
- 5 Dentist and Dental Hygienist Licensing Board 9:00 a.m.
- 5 UBCC Plumbing Advisory Committee 9:00 a.m.
- 5 UBCC Structural Advisory Committee 3:00 p.m.
- 9 Barbering, Cosmetology/Barbering, Esthetics, Electrology and Nail Technology Licensing Board 9:00 a.m.
- 10 UBCC Architectural Advisory Committee 9:00 a.m.
- 10 UBCC Mechanical Advisory Committee 1:00 p.m.
- 11 Residence Lien Recovery Fund Advisory Board 8:15 a.m.
- 11 Physicians Licensing Board 9:00 a.m.
- 11 Uniform Building Code Commission 9:00 a.m.
- 12 Board of Nursing 8:30 a.m.
- 12 UBCC Electrical Advisory Committee 1:00 p.m.
- 13 Marriage and Family Therapist Licensing Board 9:00 a.m.
- 17 Clinical Mental Health Counselor Licensing Board 9:00 a.m.
- 17 Acupuncture Licensing Board 9:00 a.m.
- 17 Board of Massage Therapy 9:00 a.m.
- 17 Respiratory Therapy Licensing Board 9:00 a.m.
- 17 Building Inspector Licensing Board 10:00 a.m.
- 17 UBCC Education Advisory Committee 1:00 p.m.
- 18 Professional Engineers and Professional Land Surveyors Licensing Board 9:00 a.m.
- 18 Deception Detection Examiners Board 1:00 p.m.
- 19 Electricians Licensing Board 9:00 a.m.
- 24 Utah State Board of Pharmacy 8:30 a.m.
- 25 Construction Services Commission 9:00 a.m.
- 25 Vocational Rehabilitation Counselor Board 2:00 p.m.
- 30 Physician Assistant Licensing Board 9:00 a.m.

October

- 1 UBCC Unified Code Analysis Council 9:00 a.m.
- 2 Podiatric Physician Board 9:00 a.m.

SPECIAL NOTICES

- 2 Plumbers Licensing Board 9:00 a.m.
- 2 Utah Board of Accountancy 1:30 p.m.
- 3 Nursing Education Peer Committee 8:30 a.m.
- 3 Social Worker Licensing Board 9:00 a.m.
- 3 Veterinary Board 9:00 a.m.
- 3 UBCC Plumbing Advisory Committee 9:00 a.m.
- 3 UBCC Structural Advisory Committee 3:00 p.m.
- 7 Certified Nurse Midwife Board 2:00 p.m.
- 8 UBCC Architectural Advisory Committee 9:00 a.m.
- 8 UBCC Mechanical Advisory Committee 1:00 p.m.
- 9 Residence Lien Recovery Fund Advisory Board 8:15 a.m.
- 9 Physicians Licensing Board 9:00 a.m.
- 9 Uniform Building Code Commission 9:00 a.m.
- 9 Hearing Instrument Specialist Licensing Board 9:00 a.m.
- 9 Architects Licensing Board 10:00 a.m.
- 10 Board of Nursing 8:30 a.m.
- 10 Security Services Licensing Board 9:00 a.m.
- 10 Chiropractic Physician Licensing Board 9:00 a.m.
- 10 Professional Geologist Licensing Board 10:00 a.m.
- 10 UBCC Electrical Advisory Committee 1:00 p.m.
- 15 Occupational Therapy Board 9:00 a.m.
- 15 UBCC Education Advisory Committee 1:00 p.m.
- 16 Landscape Architects Licensing Board 1:00 p.m.
- 17 Electricians Licensing Board 9:00 a.m.
- 17 Certified Court Reporter Licensing Board 2:00 p.m.
- 22 Utah State Board of Pharmacy 8:30 a.m.
- 23 Substance Use Disorder Counselor Board 9:00 a.m.
- 24 Athletic Trainers Licensing Board 9:00 a.m.
- 28 Board of Recreational Therapy 9:00 a.m.
- 29 Psychologist Board 9:00 a.m.
- 30 Construction Services Commission 9:00 a.m.

November

- 5 Online Prescribing, Dispensing and Facilitation Licensing Board 9:00 a.m.
- 5 UBCC Unified Code Analysis Council 9:00 a.m.
- 6 Plumbers Licensing Board 9:00 a.m.
- 6 Utah Board of Accountancy 1:30 p.m.
- 7 Nursing Education Peer Committee 8:30 a.m.
- 7 Alarm System Security and Licensing Board 9:00 a.m.
- 7 UBCC Plumbing Advisory Committee 9:00 a.m.
- 7 UBCC Structural Advisory Committee 3:00 p.m.
- 12 UBCC Architectural Advisory Committee 9:00 a.m.
- 12 UBCC Mechanical Advisory Committee 1:00 p.m.
- 13 Residence Lien Recovery Fund Advisory Board 8:15 a.m.
- 13 Physicians Licensing Board 9:00 a.m.
- 13 Uniform Building Code Commission 9:00 a.m.
- 14 Board of Nursing 8:30 a.m.
- 14 Naturopathic Physicians Licensing Board 9:00 a.m.
- 14 UBCC Electrical Advisory Committee 1:00 p.m.
- 14 Radiology Technologist Licensing Board 1:00 p.m.
- 19 Utah State Board of Pharmacy 8:30 a.m.
- 19 Board of Massage Therapy 9:00 a.m.
- 19 Respiratory Therapy Licensing Board 9:00 a.m.
- 19 UBCC Education Advisory Committee 1:00 p.m.
- 20 Funeral Service Board 9:00 a.m.
- 20 Professional Engineers and Professional Land Surveyors Licensing Board 9:00 a.m.
- 21 Electricians Licensing Board 9:00 a.m.
- 21 Contract Security Education Peer Committee 10:00 a.m.
- 27 Construction Services Commission 9:00 a.m.

December

- 2 Barbering, Cosmetology/Barbering, Esthetics, Electrology and Nail Technology Licensing Board 9:00 a.m.
- 3 UBCC Unified Code Analysis Council 9:00 a.m.
- 4 Plumbers Licensing Board 9:00 a.m.
- 4 Architects Licensing Board 10:00 a.m.
- 4 Utah Board of Accountancy 1:30 p.m.
- 5 Nursing Education Peer Committee 8:30 a.m.
- 5 Social Worker Licensing Board 9:00 a.m.
- 5 Dentist and Dental Hygienist Licensing Board 9:00 a.m.
- 5 UBCC Plumbing Advisory Committee 9:00 a.m.
- 5 UBCC Structural Advisory Committee 3:00 p.m.
- 10 UBCC Architectural Advisory Committee 9:00 a.m.
- 10 UBCC Mechanical Advisory Committee 1:00 p.m.
- 11 Residence Lien Recovery Fund Advisory Board 8:15 a.m.
- 11 Physicians Licensing Board 9:00 a.m.
- 11 Uniform Building Code Commission 9:00 a.m.
- 12 Board of Nursing 8:30 a.m.
- 12 Security Services Licensing Board 9:00 a.m.
- 12 UBCC Electrical Advisory Committee 1:00 p.m.
- 13 Marriage and Family Therapist Licensing Board 9:00 a.m.
- 16 Physician Assistant Licensing Board 9:00 a.m.
- 17 Utah State Board of Pharmacy 8:30 a.m.
- 17 Physical Therapy Licensing Board 9:00 a.m.
- 17 Building Inspector Licensing Board 10:00 a.m.
- 17 UBCC Education Advisory Committee 1:00 p.m.
- 17 Hunting Guides and Outfitters Licensing Board 1:00 p.m.
- 18 Electricians Licensing Board 9:00 a.m.
- 18 Construction Services Commission 9:00 a.m.
- 19 Osteopathic Physician and Surgeons Licensing Board 9:00 a.m.
- 19 Private Probation Provider Board 10:00 a.m.
- 31 Clinical Mental Health Counselor Licensing Board 9:00 a.m.

Health
Health Care Financing, Coverage and Reimbursement Policy

Notice for December 2012 Medicaid Rate Changes

Effective December 1, 2012, Utah Medicaid will adjust its rates consistent with approved methodologies. Rate adjustments include new codes priced consistent with approved Medicaid methodologies as well as potential adjustments to existing codes. All rate changes are posted to the web and can be viewed at: <http://health.utah.gov/medicaid/stplan/bcrp.htm>

End of the Special Notices Section

NOTICES OF PROPOSED RULES

A state agency may file a **PROPOSED RULE** when it determines the need for a new rule, a substantive change to an existing rule, or a repeal of an existing rule. Filings received between October 16, 2012, 12:00 a.m., and November 01, 2012, 11:59 p.m. are included in this, the November 15, 2012 issue of the *Utah State Bulletin*.

In this publication, each **PROPOSED RULE** is preceded by a **RULE ANALYSIS**. This analysis provides summary information about the **PROPOSED RULE** including the name of a contact person, anticipated cost impact of the rule, and legal cross-references.

Following the **RULE ANALYSIS**, the text of the **PROPOSED RULE** is usually printed. New rules or additions made to existing rules are underlined (e.g., example). Deletions made to existing rules are struck out with brackets surrounding them (e.g., [~~example~~]). Rules being repealed are completely struck out. A row of dots in the text between paragraphs (.) indicates that unaffected text from within a section was removed to conserve space. Unaffected sections are not printed. If a **PROPOSED RULE** is too long to print, the Division of Administrative Rules will include only the **RULE ANALYSIS**. A copy of each rule that is too long to print is available from the filing agency or from the Division of Administrative Rules.

The law requires that an agency accept public comment on **PROPOSED RULES** published in this issue of the *Utah State Bulletin* until at least December 17, 2012. The agency may accept comment beyond this date and will indicate the last day the agency will accept comment in the **RULE ANALYSIS**. The agency may also hold public hearings. Additionally, citizens or organizations may request the agency hold a hearing on a specific **PROPOSED RULE**. Section 63G-3-302 requires that a hearing request be received by the agency proposing the rule "in writing not more than 15 days after the publication date of the proposed rule."

From the end of the public comment period through March 15, 2013, the agency may notify the Division of Administrative Rules that it wants to make the **PROPOSED RULE** effective. The agency sets the effective date. The date may be no fewer than seven calendar days after the close of the public comment period nor more than 120 days after the publication date of this issue of the *Utah State Bulletin*. Alternatively, the agency may file a **CHANGE IN PROPOSED RULE** in response to comments received. If the Division of Administrative Rules does not receive a **NOTICE OF EFFECTIVE DATE OF a CHANGE IN PROPOSED RULE**, the **PROPOSED RULE** lapses and the agency must start the process over.

The public, interest groups, and governmental agencies are invited to review and comment on **PROPOSED RULES**. *Comment may be directed to the contact person identified on the Rule Analysis for each rule.*

PROPOSED RULES are governed by Section 63G-3-301; Rule R15-2; and Sections R15-4-3, R15-4-4, R15-4-5, R15-4-9, and R15-4-10.

The Proposed Rules Begin on the Following Page

**Administrative Services, Facilities
Construction and Management
R23-14
Management of Roofs on State
Buildings**

NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 37026

FILED: 11/01/2012

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: This rule provides for the management of roofs on state buildings to prevent damage to the roof and to improve security of state buildings. The amendments to this rule will require any person accessing a roof to have fall protection equipment as required by any applicable authority. Also, in order to obtain access to buildings managed by the Division, a person, who is not an employee of the Division, must complete and execute a roof access application/agreement form, which does not have to be approved by the Director, but must be approved by another appropriate state employee.

SUMMARY OF THE RULE OR CHANGE: This rule provides for the management of roofs on state buildings to prevent damage to the roof and to improve security of state buildings. The amendments to this rule will require any person accessing a roof to have fall protection equipment as required by any applicable authority. Also, in order to obtain access to buildings managed by the Division, a person, who is not an employee of the Division, must complete and execute a roof access application/agreement form, which does not have to be approved by the Director, but must be approved by another appropriate state employee.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 63A-5-103

ANTICIPATED COST OR SAVINGS TO:

- ◆ **THE STATE BUDGET:** These amendments are for housekeeping purposes and do not affect the law significantly. These rule changes conform to current practices of the state.
- ◆ **LOCAL GOVERNMENTS:** These amendments are for housekeeping purposes and do not affect the law significantly. These rule changes conform to current practices of the state.
- ◆ **SMALL BUSINESSES:** These amendments are for housekeeping purposes and do not affect the law significantly. These rule changes conform to current practices of the state.
- ◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** These amendments are for housekeeping purposes and do

not affect the law significantly. These rule changes conform to current practices of the state.

COMPLIANCE COSTS FOR AFFECTED PERSONS: These amendments are for housekeeping purposes and do not affect the law significantly. These rule changes conform to current practices of the state.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: These amendments are for housekeeping purposes and do not affect the law significantly. These rule changes conform to current practices of the state.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

ADMINISTRATIVE SERVICES
FACILITIES CONSTRUCTION AND MANAGEMENT
ROOM 4110 STATE OFFICE BLDG
450 N STATE ST
SALT LAKE CITY, UT 84114-1201
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

- ◆ Alan Bachman by phone at 801-538-3105, by FAX at 801-538-3313, or by Internet E-mail at abachman@utah.gov
- ◆ Cecilia Niederhauser by phone at 801-538-3261, by FAX at 801-538-9694, or by Internet E-mail at cniederhauser@utah.gov
- ◆ Chiarina Glead by phone at 801-538-3240, by FAX at 801-538-3313, or by Internet E-mail at cglead@utah.gov
- ◆ Priscilla Anderson by phone at 801-538-9595, by FAX at 801-538-3378, or by Internet E-mail at phanderson@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 12/17/2012

THIS RULE MAY BECOME EFFECTIVE ON: 12/24/2012

AUTHORIZED BY: D. Gregg Buxton, Director

R23. Administrative Services, Facilities Construction and Management.

R23-14. Management of Roofs on State Buildings.

R23-14-1. Purpose and Authority.

(1) This rule provides for the management of roofs on state buildings to prevent damage to the roof and to improve security of state buildings.

(2) This rule is authorized under Section 63A-5-103 which directs the Building Board to make rules necessary for the discharge of its duties and those of the division.

R23-14-2. Definitions.

(1)(a) "Agency" means each department, agency, institution, commission, board, or other administrative unit of the State of Utah.

(b) "Agency" does not mean the State Capitol Preservation Board.

(2) "Director" means the director of the division, including, unless otherwise stated, his duly authorized designee.

(3) "Division" means the Division of Facilities Construction and Management established pursuant to Section 63A-5-201.

(4) "Employee" means a person employed by the division or a responsible agency.

(5)(a) "Responsible agency" means the agency responsible for managing a state building.

(b) "Responsible agency" does not mean the division.

(6) "State building" means a building owned by an agency.

R23-14-3. Buildings Managed by the Division.

(1) The division shall maintain control of and restrict access to the roof of buildings managed by the division. The division shall allow access only to duly authorized persons as provided in this section.

(2) The division shall maintain a register of all persons granted ongoing or limited access to the roofs it manages. This shall include a list of division employees that are granted ongoing access.

(3) The register required under Subsection (2) as well as a file of the completed roof access application/agreement forms shall be retained for a period of not less than three years.

(4) In order to obtain access, a person, who is not an employee of the division, must complete and execute a roof access application/agreement form ~~which must be approved by the director.~~

(5) The roof access application/agreement form shall include:

(a) the name of the person granted access, the period of time for which access is granted, the reason for the access, and any restrictions on the access;

(b) an agreement from the person granted access to accept responsibility for and pay for the repair of any damage resulting from that person's access;

(c) an agreement to hold the agency and the State of Utah harmless from any liability or claim resulting from the person's access;

(d) a statement by the person requesting access that he has obtained adequate fall protection training as appropriate for the roof to be accessed and the activity to be performed thereon;

(e) the signature of the person requesting access; and

(f) the signature of the person granting access.

(6) ~~[The division shall provide, or require the person accessing the roof to provide, any fall protection equipment required by OSHA regulations or otherwise provide for the safety of the person accessing the roof.]~~ Any person accessing a roof must have fall protection equipment as required by any applicable authority.

(7) The access limitations of this rule may be modified or reduced in order to provide access to roofs or portions of roofs that are designed and constructed for such access.

R23-14-4. Buildings Managed by Responsible Agencies.

(1) Responsible agencies shall adopt and implement policies and procedures at least as stringent as those contained in Section R23-14-3 to provide for the control of and restricted access to roofs of buildings managed by the responsible agency.

(2) The responsible agency shall develop its own means of documenting those granted access and shall identify person(s) authorized to grant access to roofs.

(3) In applying the requirements of subsection R23-14-4(1), references to employees of the division in Section R23-14-3 shall mean employees of the responsible agency.

(4) Employees of the division shall have access to these roofs after checking in with the responsible agency. The responsible agency will not need to document access by employees of the division.

R23-14-5. Access to Capital Improvement Funds for Roofing Repairs.

(1) The division may refuse to use capital improvement funds appropriated to the division for the repair of roof damage if the responsible agency fails to implement or comply with the policies and procedures required by Section R23-14-4.

(2) The division may require a review of roof access records prior to accepting financial responsibility for the cost of repairing damage to a roof.

KEY: public buildings, security, roofs

Date of Enactment or Last Substantive Amendment: ~~[May 16, 2003]~~ 2012

Notice of Continuation: March 17, 2008

Authorizing, and Implemented or Interpreted Law: 63A-5-103

Administrative Services, Fleet Operations

R27-3

Vehicle Use Standards

NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 36949

FILED: 10/16/2012

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of this rule change is to simplify the take home vehicle authorization process. This will result in a more streamlined authorization process for agency directors.

SUMMARY OF THE RULE OR CHANGE: As it stands, this rule requires that the take home driver, the driver's direct supervisor, and the executive director of the agency all sign an authorization form. This results in as many authorization forms as there are authorized take home drivers. The updated rule allows for all drivers to be authorized by the executive director on a single spreadsheet.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 63A-9-401**ANTICIPATED COST OR SAVINGS TO:**

◆ **THE STATE BUDGET:** This rule change modifies the process for take home vehicle approval. This will result in a reduction in paperwork, but the anticipated savings are negligible.

◆ **LOCAL GOVERNMENTS:** This rule change modifies the process for take home approval of state vehicles. Local governments will not be affected.

◆ **SMALL BUSINESSES:** This rule change modifies the process for take home approval of state vehicles. Small businesses will not be affected.

◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** This rule change modifies the process for take home approval of state vehicles. Persons other than small businesses will not be affected.

COMPLIANCE COSTS FOR AFFECTED PERSONS: This rule change modifies the process for take home approval of state vehicles. There are no compliance costs associated with this rule change.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: This rule change simplifies the take home approval process for our agency directors. There will be no fiscal impact on businesses.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

ADMINISTRATIVE SERVICES
FLEET OPERATIONS
ROOM 4120 STATE OFFICE BLDG
450 N STATE ST
SALT LAKE CITY, UT 84114-1201
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

◆ Brian Fay by phone at 801-538-3502, by FAX at 801-359-0759, or by Internet E-mail at bfay@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 12/17/2012

THIS RULE MAY BECOME EFFECTIVE ON: 12/26/2012

AUTHORIZED BY: Sam Lee, Director

R27. Administrative Services, Fleet Operations.**R27-3. Vehicle Use Standards.****R27-3-1. Authority and Purpose.**

(1) This rule is established pursuant to Section 63A-9-401(1)(d), which authorizes the Division of Fleet Operations (DFO)

to establish the requirements for the use of state vehicles, including business and personal use practices, and commute standards.

(2) This rule defines the vehicle use standards for state employees while operating a state vehicle.

R27-3-2. Agency Contact.

(1) Each agency, as defined in Subsection 63A-9-101, shall appoint and designate, in writing, a main contact person from within the agency to act as a liaison between the Division of Fleet Operations and the agency.

R27-3-3. Agency Authorization of Drivers.

(1) Agencies authorized to enter information into DFO's fleet information system shall, for each employee, as defined in section 63G-7-102(2), Utah Governmental Immunity Act, to whom the agency has granted the authority to operate a state vehicle, directly enter into DFO's fleet information system, the following information:

- (a) Driver's name;
- (b) Driver license number;
- (c) State that issued the driver license;
- (d) Each Risk Management-approved driver training program(s) taken;
- (e) Date each driver safety program(s) was completed;
- (f) The type vehicle that each safety program is geared towards.

(2) Agencies without authorization to enter information into DFO's fleet information system shall provide the information required in paragraph 1 to DFO for entry into DFO's fleet information system.

(3) For the purposes of this rule, any employee, as defined in section 63G-7-102(2), whose fleet information system record does not have all the information required in paragraph 1 shall be deemed not to have the authority to drive state vehicles and shall not be allowed to drive either a monthly or a daily lease vehicle.

(4) To operate a state vehicle, employees, as defined in section 63G-7-102(2), whose names have been entered into DFO's fleet information system as authorized drivers shall have:

- (a) a valid driver license for the type and class of vehicle being operated;
- (b) completed the driver safety course required by DFO and the Division of Risk Management for the type or class of vehicle being operated; and
- (c) met the age restrictions imposed by DFO and the Division of Risk Management for the type or class of vehicle being operated.

(5) Agencies shall develop and establish procedures to ensure that any individual listed as an authorized driver is not allowed to operate a state vehicle when the individual:

- (a) does not have a valid driver license for the type or class of vehicle being operated; or
- (b) has not completed all training and/or safety programs required by either DFO or the Division of Risk Management for the type or class of vehicle being operated; or
- (c) does not meet the age restrictions imposed by either DFO or the Division of Risk Management for the type or class of vehicle being operated.

(6) A driver license verification check shall be conducted on a regular basis in order to verify the status of the driver license of each employee, as defined in section 63G-7-102(2), whose name appears in the DFO fleet information system as an authorized driver.

(7) In the event that an authorized driver is found not to have a valid driver license, the agency shall be notified, in writing, of the results of the driver license verification check.

(8) Any individual who has been found not to have a valid driver license shall have his or her authority to operate a state vehicle immediately withdrawn.

(9) Any employee, as defined in section 63G-7-102(2), who has been found not to have a valid driver license shall not have the authority to operate a state vehicle reinstated until such time as the individual provides proof that his or her driver license is once again valid.

(10) Authorized drivers shall operate a state vehicle in accordance with the restrictions or limitations imposed upon their respective driver license.

(11) Agencies shall comply with the requirements set forth in Risk Management General Rules, R37-1-8 (3) to R37-1-8 (9).

R27-3-4. Authorized and Unauthorized Use of State Vehicles.

(1) State vehicles shall only be used for official state business.

(2) Except in cases where it is customary to travel out of state in order to perform an employee's regular employment duties and responsibilities, the use of a state vehicle outside the State of Utah shall require the approval of the director of the department that employs the individual.

(3) The use of a state vehicle for travel outside the continental U.S. shall require the approval of the director of the employing department, the director of DFO, and the director of the Division of Risk Management. All approvals must be obtained at least 30 days from the departure date. The employing agency shall, prior to the departure date, provide DFO and the Division of Risk Management with proof that proper automotive insurance has been obtained. The employing agency shall be responsible for any damage to vehicles operated outside the United States regardless of fault.

(4) Unless otherwise authorized, the following are examples of the unauthorized use of a state vehicle:

(a) Transporting family, friends, pets, associates or other persons who are not state employees or are not serving the interests of the state.

(b) Transporting hitchhikers.

(c) Transporting acids, explosives, hazardous materials, flammable materials, and weapons and ammunition (except as authorized by federal and/or state laws). Otherwise, the transport of the above-referenced items or materials is deemed authorized when it is specifically related to employment duties.

(d) Extending the length of time that the state vehicle is in the operator's possession beyond the time needed to complete the official purposes of the trip.

(e) Operating or being in actual physical control of a state vehicle in violation of Subsection 41-6a-502, (Driving under the influence of alcohol, drugs or with specified or unsafe blood alcohol concentration), Subsection 53-3-231, (Person under 21 may not

operate a vehicle with detectable alcohol in body), or an ordinance that complies with the requirements of Subsection 41-6a-510, (Local DUI and related ordinances and reckless driving ordinances).

(f) Operating a state vehicle for personal use as defined in R27-1-2(36). Generally, except for approved personal uses set forth in R27-3-5 and when necessary for the performance of employment duties, the use of a state vehicle for activities such as shopping, participating in sporting events, hunting, fishing, or any activity that is not included in the employee's job description, is not authorized.

(g) Using a state vehicle for personal convenience, such as when a personal vehicle is not operational.

(h) Pursuant to the provisions of R27-7-1 et seq., the unauthorized use of a state vehicle may result in the suspension or revocation of state driving privileges.

R27-3-5. Personal Use Standards.

(1) Personal use of state vehicles is not allowed without the direct authorization of the Legislature. The following are circumstances where personal use of state vehicles are approved:

(a) Elected and appointed officials that receive a state vehicle as a part of their respective compensation package, and have been granted personal use privileges by state statute.

(b) Sworn law enforcement officers, as defined in Utah Code 53-13-103, whose agencies have received funding from the legislature for personal use of state vehicles.

(c) In an emergency, a state vehicle may be used as necessary to safeguard the life, health or safety of the driver or passenger.

(2) An employee or representative of the state spending at least one night on approved travel to conduct state business, may use a state vehicle in the general vicinity of the overnight lodging for the following approved activities:

(a) Travel to restaurants and stores for meals, breaks and personal needs;

(b) Travel to grooming, medical, fitness or laundry facilities; and

(c) Travel to and from recreational activities, such as to theaters, parks, or to the home of friends or relatives, provided said employee or representative has received approval for such travel from his or her supervisor.

(d) Pursuant to the provisions of R27-7-1 et seq., the unauthorized personal use of a state vehicle may result in the suspension or revocation of state driving privileges.

R27-3-6. Application for Commute or Take Home Use.

(1) Each petitioning agency shall, for each driver being ~~granted~~~~[given]~~ commute or take home privileges, annually ~~[complete and -]submit an online take home spreadsheet[form]~~ from the DFO ~~take home website. Take home authority is granted when the Agency Executive Director submits the spreadsheet form to DFO designating his/her approval. Submitted take home information will generate a new form that must be signed by the employee, direct supervisor of the employee, and the executive director of the agency.]~~

(2) DFO shall enter the approved commute or take home request into the fleet information system and provide an identification number to both the driver and the agency.

(3) All approvals for commute or take home privileges shall expire at the end of the calendar year on which they were

issued and DFO shall notify the agency of said expiration. Agencies shall be responsible for submitting any request for annual renewal of commute or take home use privileges.

(4) Commute use is, unless specifically exempted under R27-3-8, *infra*, considered a taxable fringe benefit as outlined in IRS publication 15-B. All approved commute use drivers will be assessed the IRS imputed daily fringe benefit rate while using a state vehicle for commute use.

(5) For each individual with commute use privileges, the employing agency shall, pursuant to Division of Finance Policy FIACCT 10-01.00, prepare an Employee Reimbursement/Earnings Request Form and enter the amount of the commute fringe benefit into the payroll system on a monthly basis.

R27-3-7. Criteria for Commute or Take Home Privilege Approval.

(1) Commute or Take Home use may be approved when one or more of the following conditions exist:

(a) 24-hour "On-Call." Where the agency clearly demonstrates that the nature of a potential emergency is such that an increase in response time, if a commute or take home privilege is not authorized, could endanger a human life or cause significant property damage. Each driver is required to keep a complete list of all call-outs for renewal of the take home privilege the following year. Agencies may use DFO's online forms to track take home mileage.

(b) Virtual office. Where an agency clearly demonstrates that an employee is required to work at home or out of a vehicle, a minimum of 80 percent of the time and the assigned vehicle is required to perform critical duties in a manner that is clearly in the best interest of the state.

(c) When the agency clearly demonstrates that it is more practical for the employee to go directly to an alternate work-site rather than report to a specific office to pick-up a state vehicle.

(d) When a vehicle is provided to appointed or elected government officials who are specifically allowed by law to have an assigned vehicle as part of their compensation package.

(2) The trip log must be created for the first and last trip of the day for all take-home vehicles.

R27-3-8. Exemptions from IRS Imputed Daily Fringe Benefits.

(1) In accordance with IRS publication 15-b, employees with an individual permanently assigned vehicle are exempt from the imputed daily fringe benefit for commute use when the permanently assigned vehicles are either:

(a) Clearly marked police and fire vehicles;

(b) Unmarked vehicles used by law enforcement officers if the use is specifically authorized;

(c) An ambulance or hearse used for its specific purpose;

(d) Any vehicle designed to carry cargo with a loaded gross vehicle weight over 14,000 lbs;

(e) Delivery trucks with seating for the driver only, or the driver plus a folding jump seat;

(f) A passenger bus with the capacity of at least 20 passengers used for its specific purpose;

(g) School buses;

(h) Tractors and other special purpose farm vehicles;

(i) A pick up truck with a loaded gross vehicle weight of 14,000 lbs or less, if it has been modified so it is not likely to be used more than minimally for personal purposes.

Example: According to the IRS, a pick up truck qualifies for the exemption if it is clearly marked with permanently affixed decals, special painting, or other advertising associated with your trade, business or function and meets either of the following requirements:

(i) It is equipped with at least one of the following items:

(a) A hydraulic lift gate;

(b) Permanent tanks or drums;

(c) Permanent sideboards or panels that materially raise the level of the sides of the truck bed;

(d) Other heavy equipment (such as an electronic generator, welder, boom or crane used to tow automobiles or other vehicles).

(ii) It is used primarily to transfer a particular type of load (other than over public highways) in a construction, manufacturing processing, farming, mining, drilling, timbering or other similar operation for which it is specifically modified.

(j) A van with a loaded gross vehicle weight of 14,000 lbs or less, if it has been specifically modified so it is not likely to be used more than minimally for personal purposes.

Example: According to the IRS, a van qualifies for the exemption if it is clearly marked with permanently affixed decals, special painting or other advertising associated with your trade, business and has a seat for the driver only (or the driver and one other person) and either of the following items:

(i) permanent shelving that fills most of the cargo area; or

(ii) An open cargo area and the van always carries merchandise, material or equipment used in your trade, business or function.

(2) Questions relating to the imputed daily taxable fringe benefit for the use of a state vehicle and exemptions thereto should be directed to DFO.

R27-3-9. Enforcement of Commute Use Standards.

(1) Agencies with drivers who have been granted commute or take home privileges shall establish internal policies to enforce the commute use, take home use and personal use standards established in this rule. Agencies shall not adopt policies that are less stringent than the standards established in these rules.

(2) Commute or take home use that is unauthorized shall result in the suspension or revocation of the commute use privilege by the agency. Additional instances of unauthorized commute or take home use may result in the suspension or revocation of the state driving privilege by the agency.

R27-3-10. Use Requirements for Monthly Lease Vehicles.

(1) Agencies that have requested, and received monthly lease options on state vehicles shall:

(a) Ensure that only authorized drivers whose names and all other information required by R27-3-3(1) have been entered into DFO's fleet information system, completed all the training and/or safety programs, and met the age restrictions for the type of vehicle being operated, shall operate monthly lease vehicles.

(b) Report the correct odometer reading when refueling the vehicle. In the event that an incorrect odometer reading is reported, agencies shall be assessed a fee whenever the agency fails to correct the mileage within three (3) business days of the agency's receipt of the notification that the incorrect mileage was reported. When circumstances indicate that there was a blatant disregard of the vehicle's actual odometer reading at the time of refueling, a fee shall be assessed to the agency even though the agency corrected the error within three (3) days of the notification.

(c) Return the vehicle in good repair and in clean condition at the completion of the replacement cycle period or when the vehicle has met the applicable mileage criterion for replacement, reassignment or reallocation.

(i) Agencies shall be assessed a detailing fee for vehicles returned that are in need of extensive cleaning.

(ii) Agencies shall pay the insurance deductible associated with repairs made to a vehicle that is damaged when returned.

(d) Return the vehicle unaltered and in conformance with the manufacturer's specifications.

(e) Pay the applicable insurance deductible in the event that monthly lease vehicle in its possession or control is involved in an accident.

(f) Not place advertising or bumper stickers on state vehicles without prior approval of DFO.

(2) The provisions of Rule R27-4 shall govern agencies when requesting a monthly lease.

(3) Under no circumstances shall the total number of occupants in a monthly lease full-size passenger van exceed ten (10) individuals, the maximum number recommended by the Division of Risk Management.

R27-3-11. Use Requirements for Daily Motor Pool Vehicles.

(1) DFO offers state vehicles for use on a daily basis at an approved daily rental rate. Drivers of a state vehicle offered through the daily pool shall:

(a) Be an authorized driver whose name and all other information required by R27-3-3(1) have been entered into DFO's fleet information system, completed all the training and/or safety programs, and met the age restrictions for the type of vehicle being operated. In the event that any of the information required by R27-3-3(1) has not been entered in DFO's fleet information system, the rental vehicle will not be released.

(b) Read the handouts, provided by DFO, containing information regarding the safe and proper operation of the vehicle being leased.

(c) Verify the condition of, and acknowledge responsibility for the care of, the vehicle prior to rental by filling out the daily motor pool rental form provided by daily rental personnel.

(d) Report the correct odometer reading when refueling the vehicle at authorized refueling sites, and when the vehicle is returned. In the event that incorrect odometer reading is reported, agencies shall be assessed a fee whenever the agency fails to correct the mileage within three (3) business days of the agency's receipt of the notification that the incorrect mileage was reported. When circumstances indicate that there was a blatant disregard of the vehicle's actual odometer reading at the time of refueling, a fee shall

be assessed to the agency even though the agency corrected the error within three (3) days of the notification.

(e) Return vehicles with a full tank of fuel. Agencies shall be assessed a fee for vehicles that are returned with less than a full tank of fuel.

(f) Return rental vehicles in good repair and in clean condition.

(i) Agencies shall be assessed a detailing fee for vehicles returned that are in need of extensive cleaning.

(ii) Agencies shall pay the insurance deductible associated with repairs made to a vehicle that is damaged when returned.

(g) Call to extend the reservation in the event that they need to keep rental vehicles longer than scheduled. Agencies shall be assessed a late fee, in addition to applicable daily rental fees, for vehicles that are not returned on time.

(h) Use their best efforts to return rented vehicles during regular office hours. Agencies may be assessed a late fee equal to one day's rental for vehicles that are not returned on time.

(i) Call the daily pool location, at least one hour before the scheduled pick-up time, to cancel the reservation. Agencies shall be assessed a fee for any unused reservation that has not been canceled.

(j) Not place advertising or bumpers stickers on state vehicles without prior approval from DFO.

(2) The vehicle shall be inspected upon its return. The agency shall either be held responsible for any damages not acknowledged prior to rental, or any applicable insurance deductibles associated with any repairs to the vehicle.

(3) Agencies are responsible for paying all applicable insurance deductibles whenever a vehicle operated by an authorized driver is involved in an accident.

(4) The DFO shall hold items left in daily rental vehicles for ten days. Items not retrieved within the ten-day period shall be turned over to the Surplus Property Office for sale or disposal.

R27-3-12. Daily Motor Pool Sedans, Four Wheel Drive Sport Utility Vehicle (4x4 SUV), Cargo Van, Multi-Passenger Van and Alternative Fuel Vehicle Lease Criteria.

(1) The standard state vehicle is a compact sedan, and shall be the vehicle type most commonly used when conducting state business.

(2) Requests for vehicles other than a compact sedan may be honored in instances where the agency and/or driver is able to identify a specific need.

(a) Requests for a four wheel drive sport utility vehicle (4x4 SUV) may be granted with written approval from an employee's supervisor.

(b) Requests for a seven-passenger van may be granted in the event that the driver is going to be transporting more than three authorized passengers.

(c) Requests for full-size passenger vans may be granted in the event that the driver is going to be transporting more than six authorized passengers. Under no circumstances shall the total number of occupants exceed the maximum number of passengers recommended by the Division of Risk Management.

(3) Cargo vans shall be used to transport cargo only. Passengers shall not be transported in cargo area of said vehicles.

(4) Non-traditional (alternative) fuel shall be the primary fuel used when driving a bi-fuel or dual-fuel state vehicle. Drivers shall, when practicable, use an alternative fuel when driving a bi-fuel or dual-fuel state vehicle.

R27-3-13. Alcohol and Drugs.

(1) No authorized driver shall operate or be in actual physical control of a State vehicle in violation of subsection 41-6a-502, any ordinance that complies with the requirements of subsection 41-6a-510, or subsection 53-3-231.

(2) Any individual on the list of authorized drivers who is convicted of Driving Under the Influence of alcohol or drugs(DUI), Reckless Driving or any felony in which a motor vehicle is used, either on-duty or off-duty, may have his or her state driving privileges withdrawn, suspended or revoked.

(3) No operator of a state vehicle shall transport alcohol or illegal drugs of any type in a State vehicle unless they are:

(a) Sworn peace officers, as defined in Section 53-13-102, in the process of investigating criminal activities;

(b) Employees of the Alcohol Beverage Control Commission conducting business within the guidelines of their daily operations; or

(c) investigators for the Department of Commerce in the process of enforcing the provisions of section 58-37, Utah Controlled Substances Act.

(4) Except as provided in paragraph 3, above, any individual who uses a state vehicle for the transportation of alcohol or drugs may have his or her state driving privileges withdrawn, suspended or revoked.

R27-3-14. Violations of Motor Vehicle Laws.

(1) Authorized drivers shall obey all motor vehicle laws while operating a state vehicle.

(2) Any authorized driver who, while operating a state vehicle, receives a citation for violating a motor vehicle law shall immediately report the receipt of the citation to their respective supervisor. Failure to report the receipt of a citation may result in the withdrawal, suspension or revocation of State driving privileges.

(3) Any driver who receives a citation for violating a motor vehicle law while operating a state vehicle shall attend an additional Risk Management-approved mandatory defensive driver training program. The failure to attend the additional mandatory defensive driver training program shall result in the loss of state driving privileges.

(4) Any driver who receives a citation for a violation of motor vehicle laws, shall be personally responsible for paying fines associated with any and all citations. The failure to pay fines associated with citations for the violation of motor vehicle laws may result in the loss of state driving privileges.

R27-3-15. Seat Restraint Use.

(1) All operators and passengers in State vehicles shall wear seat belt restraints while in a moving vehicle.

(2) All children being transported in State vehicles shall be placed in proper safety restraints for their age and size as stated in Subsection 41-6a-1803.

R27-3-16. Driver Training.

(1) Any individual shall, prior to the use of a state vehicle, complete all training required by DFO or the Division of Risk Management, including, but not limited to, the defensive driver training program offered through the Division of Risk Management.

(2) Each agency shall coordinate with the Division of Risk Management, specialty training for vehicles known to possess unique safety concerns.

(3) Each agency shall require that all employees who operate a state vehicle, or their own vehicles, on state business as an essential function of the job, or all other employees who operate vehicles as part of the performance of state business, comply with the requirements of Division of Risk Management rule R37-1-8(5).

(4) Agencies shall maintain a list of all employees who have completed the training courses required by DFO, Division of Risk Management and their respective agency.

(5) Employees operating state vehicles must have the correct license required for the vehicle they are operating and any special endorsements required in order to operate specialty vehicles.

R27-3-17. Smoking in State Vehicles.

(1) All state vehicles are designated as "nonsmoking". Agencies shall be assessed fees for any damage incurred as a result of smoking in vehicles.

KEY: state vehicle use

Date of Enactment or Last Substantive Amendment: ~~July 12, 2011~~ **2012**

Notice of Continuation: November 29, 2010

Authorizing, and Implemented or Interpreted Law: 63A-9-401(1)(d)

Agriculture and Food, Animal Industry

R58-21

Trichomoniasis

NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 36962

FILED: 10/18/2012

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of this amendment is to change the amount of citation fine for owners of untested bulls that have exposed female cattle, and change the citation from per head to per violation.

SUMMARY OF THE RULE OR CHANGE: The changes to the rule include: changing the amount of the citation fine from \$1,000 to \$200 for owners untested bulls that have exposed female cattle. The citation fines would be changed from "per head" to "per violation".

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 4-31-109

ANTICIPATED COST OR SAVINGS TO:

- ◆ **THE STATE BUDGET:** There is no change to the state budget as existing workforce in the Division of Animal Industry currently handles all issues related to trichomoniasis and the proposed rule will not increase or decrease workload.
- ◆ **LOCAL GOVERNMENTS:** There are no costs to local government at this time under the current rule. All costs to run the program are through the State of Utah's general fund and local governments are not involved in the program. The proposed changes made to the rule will not require local government involvement and will not require costs to be borne by local governments.
- ◆ **SMALL BUSINESSES:** Bull owners, if in violation of this rule, will receive a citation fine that will be less than those fines that were issued in the past.
- ◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** Bull owners, if in violation of this rule, will receive a citation fine that will be less than those fines that were issued in the past.

COMPLIANCE COSTS FOR AFFECTED PERSONS: Bull owners, if in violation of this rule, will receive a citation fine that will be less than those fines that were issued in the past.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: This change to the rule was requested by the Utah Legislature and will make the rule and approved "fee" schedule consistent.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

AGRICULTURE AND FOOD
ANIMAL INDUSTRY
350 N REDWOOD RD
SALT LAKE CITY, UT 84116-3034
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

- ◆ Bruce King by phone at 801-538-7162, by FAX at 801-538-7169, or by Internet E-mail at bking@utah.gov
- ◆ Kathleen Mathews by phone at 801-538-7103, by FAX at 801-538-7126, or by Internet E-mail at kmathews@utah.gov
- ◆ Kyle Stephens by phone at 801-538-7102, by FAX at 801-538-7126, or by Internet E-mail at kylestephens@utah.gov
- ◆ Wyatt Frampton by phone at 801-538-7165, by FAX at 801-538-7169, or by Internet E-mail at wframpton@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 12/17/2012

THIS RULE MAY BECOME EFFECTIVE ON: 12/24/2012

AUTHORIZED BY: Leonard Blackham, Commissioner

R58. Agriculture and Food, Animal Industry.

R58-21. Trichomoniasis.

R58-21-1. Authority.

- (1) Promulgated under authority of Section 4-31-109.
- (2) It is the intent of this rule to eliminate or reduce the spread of bovine trichomoniasis in Utah.

R58-21-2. Definitions.

- (1) "Acceptable media" means any Department approved media in which samples may be transferred and transported.
- (2) "Approved slaughter facility" means a slaughter establishment that is either under state or federal inspection.
- (3) "Approved test" means a test approved by the state of origination to diagnose trichomoniasis in bulls. If the state of origination has no approved test for the diagnosis of trichomoniasis it shall mean one sample tested by a method approved by the Department.
- (4) "Brand" means a minimum of a 2 X 3 hot iron single character lazy V applied to the left of the tailhead of a bull, signifying that the bull is infected with the venereal disease, trichomoniasis.
- (5) "Certified veterinarian" means a veterinarian who has been certified by the Utah Department of Agriculture and Food to collect samples for trichomoniasis testing.
- (6) "Commuter bulls" means bulls traveling across state lines for grazing purposes while utilizing a Commuter Permit Agreement approved by both the respective State Veterinarians or bulls traveling on a Certificate of Veterinary Inspection where there is no change of ownership.
- (7) "Confinement" means bulls held in such manner that escape is improbable. Typical barbed wire or net pasture fencing does not constitute confinement.
- (8) "Department" means the Utah Department of Agriculture and Food.
- (9) "Exposed to female cattle" means bulls with freedom from restraint such that breeding is a possible activity.
- (10) "Feeder Bulls" means bulls not exposed to female cattle and kept in confinement for the purpose of feeding and only go to slaughter.
- (11) "Negative bull" means a bull that has been tested with official test procedures and found free from infection by *Tritrichomonas foetus*.
- (12) "Official tag" means a tag authorized by the Department that is placed in the right ear of a bull by a certified veterinarian after being tested for trichomoniasis. The color of the official tag shall be changed yearly.
- (13) "Official test" means a test currently approved by the Department for detection of *Tritrichomonas foetus*.
- (14) "Positive bull" means a bull that has been tested with official test procedures and found to be infected by *Tritrichomonas foetus*.
- (15) "Positive herd" means any herd or group of cattle owned by one or more persons which shares common grazing or feeding operations and in which one or more animals has been diagnosed with trichomoniasis within the last 12 months.
- (16) "Qualified feedlot" means a feedlot approved by the Utah Department of Agriculture and Food to handle heifers, cows, or bulls. These animals shall be confined to a dry lot area which is used to upgrade or finish feeding animals going only to slaughter.

(17) "Test chart" means a document which certifies that a bull has been subjected to an official test for trichomoniasis and indicates the results of the test.

(18) "Trichomoniasis" means a venereal disease of bovidea caused by the organism *Tritrichomonas foetus*.

R58-21-3. Trichomoniasis - Sampling and Testing Procedures.

(1) Sample collection - Samples are obtained from a vigorous scraping of the bull's prepuce using a sterile syringe and new pipette on each bull.

(2) Sample handling - Samples shall be transferred and transported in approved media. Media should be maintained at 65 to 90 degrees Fahrenheit (18 to 32 degrees Celsius) during sampling and transport to clinic. Samples shall be set up for incubation within 24 hours of sampling. Samples shall also be protected from direct sunlight.

(3) Polymerase Chain Reaction (PCR) testing - The inoculated media shall be incubated at 98 degrees Fahrenheit (37 degrees Celsius) for 24 hours and then frozen. Samples may remain frozen for up to 3 weeks. The frozen sample(s) shall be sent overnight on postal approved frozen packs to the Utah Veterinary Diagnostic Laboratory (950 East 1400 North, Logan, Utah 84341) or another approved laboratory for PCR testing.

R58-21-4. Trichomoniasis - Rules - Prevention and Control.

(1) All bulls twelve months of age and older, entering Utah, must be tested with an approved test for trichomoniasis by an accredited veterinarian prior to entry into Utah. Bulls that have had contact with female cattle subsequent to testing must be retested prior to entry.

(2) The following bulls are exempted from (A) above:

- (a) Bulls going directly to slaughter or to a qualified feedlot,
- (b) Bulls kept in confinement operations,
- (c) Rodeo bulls for the purpose of exhibition, and
- (d) Bulls attending livestock shows for the purpose of exhibition, only to be returned to the state of origin immediately after the event.

(3) Rodeo and exhibition bulls with access to grazing, or exposed to female cattle, or being offered for sale are required to be tested prior to entry.

(4) All bulls twelve months of age and older residing in Utah, and all commuter bulls must be tested with an official test for trichomoniasis annually, between October 1 and April 30 of the following year, or prior to exposure to female cattle according to approved sampling and testing procedures. All bulls must be classified as a negative bull prior to exposure to female cattle or offered for sale.

(5) Testing shall be performed by a certified veterinarian.

(a) All test results shall be recorded on test charts provided by the Department or electronic forms created by the certified veterinarian.

(i) Electronic forms shall have the following information:

- (A) Veterinarian's name and contact information
- (B) Owner's name and contact information
- (C) Bull's trichomoniasis tag number, age, breed
- (D) Date of collection
- (E) Test results

(b) A copy of all test charts shall be submitted to the Department within ten (10) days of collecting the sample.

(6) All bulls twelve months of age and older being offered for sale for reproductive purposes in the state of Utah must be tested for trichomoniasis with an official test prior to sale. Bulls that have had contact with female cattle subsequent to testing must be re-tested prior to sale or transfer of ownership.

(7) It shall be the responsibility of the owner or his agent to declare, on the auction drive-in slip, the trichomoniasis status of a bull being offered for sale at a livestock auction.

(a) Untested bulls (i.e. bulls without a current trichomoniasis test tag), including dairy bulls, must be sold for slaughter only, for direct movement to a qualified feedlot, or confinement operation, unless untested bulls are tested prior to exposure to female cattle.

(8) Any bull which has strayed and commingles with female cattle may be required to be tested (or re-tested) for trichomoniasis. The owner of the offending bull shall bear all costs for the official test.

(9) All Utah bulls, which are tested, shall be tagged in the right ear with an official tag by the certified veterinarian performing the test.

(10) Bulls entering the State of Utah under the provisions of this rule may be tagged upon arrival by a certified veterinarian upon receipt of the trichomoniasis test charts from the testing veterinarian.

(11) Bulls which bear a current trichomoniasis test tag from another state which has an official trichomoniasis testing program will be acceptable to the State of Utah providing that they meet all trichomoniasis testing requirements as described above.

R58-21-5. Trichomoniasis - Rules - Positive Bull.

(1) A bull is considered positive if a laboratory identifies *Tritrichomonas foetus* using an official test.

(2) All bulls testing positive for trichomoniasis must be reported within 48 hours to: 1) the owner, and 2) the State Veterinarian, by the certified veterinarian performing the test.

(4) The owner shall be required to notify the administrators of the common grazing allotment and any neighboring (contiguous) cattlemen within ten days following such notification by the certified veterinarian.

(5) All bulls which test positive for trichomoniasis must be sent by direct movement within 14 days, to:

- (a) Slaughter at an approved slaughter facility, or
- (b) To a qualified feedlot for finish feeding and slaughter, or
- (c) To an approved auction market for sale to one of the above facilities.

(d) An exemption to the 14 day requirement will be given by the State Veterinarian to owners of bulls that are required to be in a drug withdrawal period prior to slaughter.

(6) Such bulls must move only when accompanied by a VS 1-27 Form issued by the testing veterinarian or other regulatory official.

(7) Positive bulls entering a qualified feedlot, or approved auction market shall be identified with a lazy V brand on the left side of the tailhead by either the livestock inspector or the contract veterinarian, indicating that the bull is infected with trichomoniasis.

(8) All bulls from positive herds are required to have one additional individual negative Polymerase Chain Reaction (PCR) test prior to exposure to female cattle, unless they are being sent to slaughter, to a qualified feedlot, or being feed for slaughter in a confinement operation.

R58-21-6. Trichomoniasis - Rules - Non-compliance.

(1) Any person who fails to satisfy the requirements of this rule or who knowingly sells animals infected with trichomoniasis, other than to slaughter, without declaring their disease status shall be subject to citation and fines as prescribed by the department or may be called to appear before an administrative proceeding by the department.

(2) After April 30, owners of all untested bulls will~~[may]~~ be fined \$200.00 per violation~~[head]~~.

(3) Owners of untested bulls that have been exposed to female cattle will~~[may]~~ be fined [~~up to \$1,0~~]200.00 per violation~~[head]~~ regardless of the time of year.

KEY: disease control, trichomoniasis, bulls, cattle

Date of Enactment or Last Substantive Amendment: [July 10,] 2012

Notice of Continuation: January 27, 2010

Authorizing, and Implemented or Interpreted Law: 4-31-21

**Commerce, Real Estate
R162-2g
Real Estate Appraiser Licensing and
Certification Administrative Rules**

NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 36973

FILED: 10/22/2012

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of this amendment is to remove sections that are no longer needed and to add clarity to existing rules regarding experience hours and administrative proceedings.

SUMMARY OF THE RULE OR CHANGE: Subsection R162-2g-302(7) is deleted. This section sets out deadlines and procedures for re-registering appraiser trainees who obtained their initial registrations prior to 01/01/2008. All deadlines have passed and the re-registration process is complete; this section is no longer needed. In Section R162-2g-304d, language is added to clarify that experience credit may be awarded only on the basis of appraisal report(s) where the applicant's contribution in completing the assignment is clearly and conspicuously disclosed. In Subsection R162-2g-504(4), language regarding registration of an expert witness is removed; due to statutory changes in the 2012 General Legislative Session, the Division is no longer processing such

registrations. In Subsection R162-2g-504(5), language is added to clarify that the presiding officer in an adjudicative proceeding may require a respondent to provide a witness and exhibit list. Finally, a new section, R162-2g-601, is added to separate the appendices from the administrative procedures section.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Subsection 61-2g-201(2)(h) and Subsection 61-2g-401(5)

ANTICIPATED COST OR SAVINGS TO:

◆ **THE STATE BUDGET:** This rule filing removes moot language and clarifies existing provisions. The state budget will not be affected.

◆ **LOCAL GOVERNMENTS:** Local governments are not required to comply with or enforce the appraisal administrative rules. This filing will have no fiscal impact on local governments.

◆ **SMALL BUSINESSES:** This rule filing is for clarification only. It does not impose any new requirements or procedures on small businesses. Therefore, no fiscal impact is anticipated.

◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** This rule filing is for clarification only. It does not impose any new requirements or procedures on affected persons. Therefore, no fiscal impact is anticipated.

COMPLIANCE COSTS FOR AFFECTED PERSONS: This rule filing is for clarification only. To comply, an affected applicant will be required to properly document his or her contribution in completing an appraisal assignment in order to receive experience credit. An affected respondent in an administrative proceeding may be required to identify his or her witnesses and documentary evidence prior to hearing. No fiscal impact is anticipated.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: As stated in the rule analysis, the proposed amendments clarify existing rules regarding experience hours and administrative procedures and remove provisions that are no longer necessary. No fiscal impact to businesses is anticipated from this filing.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

COMMERCE
REAL ESTATE
HEBER M WELLS BLDG
160 E 300 S
SALT LAKE CITY, UT 84111-2316
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

◆ Mike Palumbo by phone at 801-530-6654, or by Internet E-mail at mpalumbo@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 12/17/2012

THIS RULE MAY BECOME EFFECTIVE ON: 12/24/2012

AUTHORIZED BY: Jonathan Stewart, Director

R162. Commerce, Real Estate.

R162-2g. Real Estate Appraiser Licensing and Certification Administrative Rules.

R162-2g-302. Application for Trainee Registration.

(1) Registration required.

(a) An individual who intends to obtain a license to practice as a state-licensed appraiser shall first register with the division as a trainee.

(b) The division and the board shall not award or recognize experience hours toward licensure for any appraisal work that is performed by an individual during a period of time when the individual is not registered as a trainee.

(2) Character. An individual registering with the division as a trainee shall evidence honesty, integrity, and truthfulness.

(a) A trainee applicant shall be denied registration for:

(i) a felony that resulted in:

(A) a conviction occurring within five years of the date of application; or

(B) a jail or prison release date falling within five years of the date of application; or

(ii) a misdemeanor involving fraud, misrepresentation, theft, or dishonesty that resulted in:

(A) a conviction occurring within three years of the date of application; or

(B) a jail or prison release date falling within three years of the date of application.

(b) A trainee applicant may be denied registration upon consideration of the following:

(i) criminal convictions and pleas entered at any time prior to the date of application;

(ii) the circumstances that led to any criminal convictions or pleas under consideration;

(iii) past acts related to honesty or moral character, with particular consideration given to any such acts involving the appraisal business;

(iv) dishonest conduct that would be grounds under Utah law for sanctioning an existing licensee;

(v) civil judgments in lawsuits brought on grounds of fraud, misrepresentation, or deceit;

(vi) court findings of fraudulent or deceitful activity in civil lawsuits;

(vii) evidence of non-compliance with court orders or conditions of sentencing;

(viii) evidence of non-compliance with terms of a probation agreement, plea in abeyance, or diversion agreement; and

(ix) failure to pay taxes or child support obligations.

(3) Competency. An individual registering with the division as a trainee shall evidence competency. In evaluating an applicant for competency, the division and board may consider any evidence, including the following:

(a) civil judgments, with particular consideration given to any such judgments involving the appraisal business;

(b) failure to satisfy a civil judgment that has not been discharged in bankruptcy;

(c) the extent and quality of the applicant's training and education in appraisal;

(d) the extent of the applicant's knowledge of the Utah Real Estate Appraiser Licensing and Certification Act;

(e) evidence of disregard for licensing laws;

(f) evidence of drug or alcohol dependency; and

(g) the amount of time that has passed since any incident under consideration.

(4)(a) Pre-licensing education. Within the five-year period preceding the date of application, an applicant shall successfully complete 75 classroom hours:

(i) approved by the AQB; and

(ii)(A) certified by the division pursuant to Subsection R162-2g-307b(1)-(3); or

(B) not required to be certified by the division pursuant to Subsection R162-2g-307b(6).

(d) The 75 hours of required education shall include:

(i) 30 hours of appraisal principles;

(ii) 30 hours of appraisal procedures; and

(iii) the 15-hour National USPAP course, or its equivalent.

(c) The 15-hour National USPAP Course or its equivalent may not be accepted by the division as qualifying education unless it is:

(i) taught by an instructor who:

(A) is a state-certified residential or state-certified general appraiser; and

(B) has been certified by the AQB; or

(ii) approved as a distance education course by the AQB and International Distance Education Certification Center.

(d) Examination. An applicant shall evidence having passed the final examination in all pre-licensing courses.

(5) Application to the division. An applicant shall submit the following to the division:

(a) a completed application as provided by the division;

(b) course completion certificates for the 75 hours of pre-licensing education;

(c)(i) two fingerprint cards in a form acceptable to the division; or

(ii) evidence that the applicant's fingerprints have been successfully scanned at a testing center;

(d) all court documents related to any past criminal proceeding;

(e) complete documentation of any sanction taken against any license in any jurisdiction;

(f) a signed letter of waiver authorizing the division to:

(i) obtain the fingerprints of the applicant;

(ii) review past and present employment records;

(iii) review education records; and

(iv) conduct a criminal background check;

(g) the fee for the criminal background check;

(h) the name of the state-certified appraiser(s) with whom the trainee is affiliated;

(i) the name and business address of any appraisal entity or government agency with which the trainee is affiliated; and

(j) the nonrefundable application fee.

(6) Affiliation with certified appraiser(s). Applicants shall affiliate with at least one supervising certified appraiser and evidence that affiliation by:

(a) identifying each supervising certified appraiser on a form supplied by the division; and

(b) obtaining each supervising certified appraiser's signature on the application.

~~_____ (7) Re-registration of existing trainees.~~

~~_____ (a) A trainee registration that was granted by the division prior to January 1, 2008 expired on January 1, 2011.~~

~~_____ (b) A trainee registration that is not expired pursuant to this Subsection (7)(a), but that did not include a background check, shall expire unless the trainee re-registers with the division according to the following schedule:~~

~~_____ (i) a trainee who registered during the 2008 calendar year shall re-register in 2011 by the anniversary of the trainee's registration date; and~~

~~_____ (ii) a trainee who registered on or after January 1, 2009 shall re-register on the two-year anniversary of the registration date.~~

~~_____ (c) To re-register, a trainee shall submit the following to the division:~~

~~_____ (i) a completed application as provided by the division;~~

~~_____ (ii)(A) two fingerprint cards in a form acceptable to the division; or~~

~~_____ (B) evidence that the applicant's fingerprints have been successfully scanned at a testing center;~~

~~_____ (iii) all court documents related to any past criminal proceeding;~~

~~_____ (iv) complete documentation of any sanction taken against any license in any jurisdiction;~~

~~_____ (v) a signed letter of waiver authorizing the division to:~~

~~_____ (A) obtain the fingerprints of the applicant;~~

~~_____ (B) review past and present employment records;~~

~~_____ (C) review education records; and~~

~~_____ (D) conduct a criminal background check;~~

~~_____ (vi) the fee for the criminal background check;~~

~~_____ (vii) evidence of having completed:~~

~~_____ (A) the pre-licensing education required by this Subsection (4); and~~

~~_____ (B) 28 hours of continuing education or AQB qualifying education as required for renewal under Subsection R162-2g-306a(2)(b);~~

~~_____ (viii) the name of the state-certified appraiser(s) with whom the trainee is affiliated;~~

~~_____ (ix) the name and address of any appraisal entity or government agency with which the trainee is affiliated; and~~

~~_____ (x) a nonrefundable application fee.~~

~~_____ (d) A division hearing officer shall review the application of any trainee re-registering under this Subsection (7) who fails to meet the character and competency requirements of this Subsection (2) and (3). The hearing officer may:~~

~~_____ (i) approve the application with the concurrence of the board;~~

~~_____ (ii) approve the application subject to probation or restriction; or~~

~~_____ (iii) refer the application to the board for decision.~~

]

R162-2g-304d. Experience Hours.

(1)(a) Except as provided in this Subsection (1)(b), appraisal experience shall be measured in hours according to the appraisal experience hours schedules found in Appendices 1 through 3.

(b)(i) An applicant who has experience in categories other than those shown on the appraisal experience hours schedules, or who believes the schedules do not adequately reflect the applicant's experience or the complexity or time spent on an appraisal, may petition the board on an individual basis for evaluation and approval of the experience as being substantially equivalent to that required for licensure or certification.

(ii) Upon a finding that an applicant's experience is substantially equivalent to that required for licensure or certification, the board may award the applicant an appropriate number of hours for the alternate experience.

(2) General restrictions.

(a) An applicant may not accrue more than 2,000 experience hours in any 12-month period.

(b) The board may not award credit for:

(i) [for] appraisal experience earned more than five years prior to the date of application;

(ii) [for] appraisals that were performed in violation of:

(A) Utah law;

(B) the law of another jurisdiction; or

(C) the administrative rules adopted by the division and the board;

(iii) [for] appraisals that fail to comply with USPAP;

(iv) [for] appraisals of the value of a business as distinguished from the appraisal of commercial real estate; [or]

(v) [for] personal property appraisals [-]; or

(vi) an appraisal that fails to clearly and conspicuously disclose the contribution made by the applicant in completing the assignment.

(c) At least 50% of the appraisals submitted for experience credit shall be appraisals of properties located in Utah.

(d) With regard to experience hours claimed from the schedules found in Appendices 1 and 2:

(i) appraisals where only an exterior inspection of the subject property is performed shall be granted 25% of the credit awarded an appraisal that includes an interior inspection of the subject property; and

(ii) no more than 25% of the total experience required for licensure or certification may be earned from appraisals where the interior of the subject property is not inspected.

(e) A maximum of 250 experience hours may be earned from appraisal of vacant land.

(f) Appraisals on commercial or multi-unit form reports shall be awarded 75% of the credit normally awarded for the appraisal.

(g)(i) If an applicant's education was approved prior to January 1, 2008 and his or her experience was approved prior to January 1, 2011 (under a system referred to by the division and industry as a segmented application), but the applicant did not pass the applicable examination required for licensure or certification by December 31, 2010, the applicant shall, by December 31, 2011:

(A) complete all additional education, as required under the AQB standards;

(B) pass the required examination applicable to the license or certification being sought by the individual; and

(C) submit a complete application to the division.

(ii) An applicant who fails to comply with the December 31, 2011 deadline established in this Subsection (2)(g)(i) shall:

(A) complete all additional education as required under the AQB standards;

(B) pass the required examination applicable to the license or certification sought by the individual;

(C) submit recent appraisals that meet the requirements of all applicable statutes and rules for review by the experience review committee; and

(D) submit a complete application to the division according to deadlines established in Subsection R162-2g-304f(1).

(3) Specific restrictions applicable to trainees applying for licensure.

(a) A trainee and the trainee's supervisor who signs the experience log shall document on the log the specific duties that the trainee performs for each appraisal.

(b) For each duty performed, the trainee shall be awarded a percentage of the total experience hours that may be awarded for the property type being appraised:

(i) pursuant to the appraisal experience hour schedules found in Appendices 1 through 3; and

(ii) with the following limitations:

(A) participation in highest and best use analysis: 10% of total hours;

(B) participation in neighborhood description and analysis: 10% of total hours;

(C) property inspection: 20% of total hours, pursuant to this Subsection (3)(c);

(D) participation in land value estimate: 20% of total hours;

(E) participation in sales comparison property selection and analysis: 30% of total hours;

(F) participation in cost analysis: 20% of total hours;

(G) participation in income analysis: 30% of total hours;

(H) participation in the final reconciliation of value: 10% of total hours; and

(I) participation in report preparation: 20% of total hours.

(c) In order for a trainee to claim credit for an inspection pursuant to this Subsection (3)(b)(ii)(C):

(i) as to the first 100 residential appraisals or first 20 non-residential appraisals completed, as applicable to the license or certification being sought, the inspection must include:

(A) measurement of the exterior of a property that is the subject of an appraisal; and

(B) inspection of the exterior of a property that is used as a comparable in an appraisal; and

(ii) as to appraisals after the first 100 residential appraisals or first 20 non-residential appraisals completed, as applicable to the license or certification being sought, the inspection must satisfy all scope of work requirements.

(d) No more than one-third of the experience hours submitted toward licensure may come from any one of the categories identified in this Subsection (3)(b)(ii).

(4) Specific restrictions applicable to applicants for certification.

(a) An individual who obtained a license from the division through reciprocity shall provide to the division all records necessary for the division to verify that the individual satisfies the experience requirements outlined in these rules.

(b) The board may not award credit:

(i) for any appraisal where the applicant cannot prove more than 50% participation in the:

(A) data collection;

(B) verification of data;

(C) reconciliation;

(D) analysis;

(E) identification of property and property interests;

(F) compliance with USPAP standards; and

(G) preparation and development of the appraisal report;

or

(ii) to more than one licensed appraiser per completed appraisal, except as provided in this Subsection (5).

(c)(i) An individual applying for certification as a state-certified residential appraiser shall document at least 75% of the hours submitted from:

(A) the residential experience hours schedule found in Appendix 1; or

(B) the residential portion of the mass appraisal hours schedule found in Appendix 3.

(ii) No more than 25% of the total hours submitted may be from:

(A) the general experience hours schedule found in Appendix 2; or

(B) properties other than 1- to 4-unit residential properties identified in the mass appraisal hours schedule found in Appendix 3.

(d) An individual applying for certification as a state-certified general appraiser shall document at least 1,500 experience hours as having been earned from:

(i) the general experience hours schedule found in Appendix 2; or

(ii) properties other than 1- to 4-unit residential properties identified in the mass appraisal hours schedule found in Appendix 3.

(5) Specific restrictions applicable to mass appraisers.

(a) Single-property appraisals performed under USPAP Standards 1 and 2 by mass appraisers shall be awarded full credit pursuant to Appendices 1 and 2.

(b) Review and supervision of appraisals by mass appraisers shall be awarded credit pursuant to this Subsection (6)(b)-(c).

(c)(i) Mass appraisers and mass appraiser trainees who perform 60% or more of the appraisal work shall be awarded full credit pursuant to Appendix 3.

(ii) Mass appraisers and mass appraiser trainees who perform between 25% and 59% of the appraisal work shall be awarded 50% credit pursuant to Appendix 3.

(iii) Mass appraisers and mass appraisal trainees who perform less than 25% of the appraisal work shall be awarded no credit for the appraisal assignment.

(d) In addition to submitting proof of required experience and samples, randomly selected from the experience log, of work conforming to USPAP Standard 6:

(i) a state-licensed appraiser applicant whose experience is earned primarily through mass appraisal shall submit proof of having performed at least five appraisals conforming to USPAP Standards 1 and 2;

(ii) a state-certified residential appraiser applicant whose experience is earned primarily through mass appraisal shall submit proof of having performed at least eight residential appraisals:

(A) conforming to USPAP Standards 1 and 2; and

(B) including the following property types:

(I) vacant property;

(II) two- to four-unit dwelling;

(III) non-complex single-family unit; and

(IV) complex single-family unit; and

(iii) a state-certified general appraiser applicant whose experience is earned primarily through mass appraisal shall submit proof of having performed at least eight appraisals from Appendix 2 conforming to USPAP Standards 1 and 2.

(e) No more than 60% of the total hours submitted for licensure or certification may be earned from any combination of appraisal assignments related to:

(i) property types identified in Appendix 3(a)(i) and (ii);

(ii) property types identified in Appendix 3 (b)(i) and (ii);

(iii) property types identified in Appendix 3 (c)(i) and

(ii);

(iv) property types identified in Appendix 3 (d)(i) and

(ii);

(v) property types identified in Appendix 3 (e)(i) and (ii),

and

(vi) property types identified in Appendix 3 (f)(i).

(f) No more than 25% of the total hours submitted for licensure or certification may be earned from appraisal assignments related to property types identified in Appendix 3(f)(iii) and (iv) combined.

(g) No more than 20% of the total hours submitted for licensure or certification may have been earned from appraisal assignments related to property types identified in Appendix 3(g).

(h)(i) Mass appraisal of property with a personal property component of less than 50% of value shall be awarded full credit pursuant to Appendix 3 for the type of property appraised.

(ii) Mass appraisal of property with a personal property component of 50% to 85% of value shall be awarded 50% credit pursuant to Appendix 3 for the type of property appraised.

(iii) Mass appraisal of property with a personal property component greater than 85% shall be awarded no credit.

(i) The appraisals submitted for review pursuant to this Subsection (5)(d) shall be selected from the applicant's most recent work.

(6) Special circumstances - condemnation appraisals, review appraisals, supervision of appraisers, other real estate experience, and government agency experience.

(a) Condemnation appraisals. A condemnation appraisal shall be awarded an additional 50% of the hours normally awarded for the appraisal if the condemnation appraisal includes a before-and-after appraisal because of a partial taking of the property.

(b) Review appraisals.

(i) Review appraisals shall be awarded experience credit when the appraiser performs technical reviews of appraisals prepared by employees, associates, or others, provided the appraiser

complies with USPAP Standards Rule 3 when the appraiser is required to comply with the rule.

(ii) Except as provided in this Subsection (6)(e)(i), the following credit shall be awarded for review of appraisals:

(A) desk review: 30% of the hours that would be awarded if a separate written review appraisal report were prepared, up to a maximum of 500 hours; and

(B) field review: 50% of the hours that would be awarded if a separate written review appraisal report were prepared, up to a maximum of 500 hours.

(c) Supervision of appraisers. Except as provided in this Subsection (6)(e)(i), supervision of appraisers shall be awarded 20% of the hours that would be awarded to the appraisal, up to a maximum of 500 hours.

(d) Other real estate experience acceptable for certification.

(i) Provided that an applicant demonstrates to the satisfaction of the board that the applicant has the ability to arrive at a fair market value of property and to properly document value conclusions, the following activities may be used to satisfy up to 50% of the experience required for certification:

(A) preliminary valuation estimates;

(B) range of value estimates or similar studies;

(C) other real estate-related experience gained by:

(I) bankers;

(II) builders;

(III) city planners and managers; or

(IV) other individuals.

(ii) A comparative market analysis by an individual licensed under Section 61-2f et seq. may be granted up to 100% experience credit toward certification if:

(A) the analysis conforms with USPAP Standards Rules 1 and 2; and

(B) the individual demonstrates to the board that the individual uses similar techniques as appraisers to value properties and effectively utilize the appraisal process.

(iii) The following activities, if performed in accordance with USPAP Standards Rules 4 and 5, may be used to satisfy up to 50% of the experience required for certification:

(A) appraisal analysis;

(B) real estate counseling or consulting services; and

(C) feasibility analysis/study.

(iv) Except as provided in this Subsection (6)(e)(i), no more than 50% of the total experience required for certification may be earned through any combination of experience described in this Subsection (6)(b)-(d).

(e) Government agency experience.

(i) An individual who obtains experience hours in conjunction with investigation by a government agency is not subject to the hour limitations of this Subsection (6).

(ii) In addition to submitting proof of required experience, an applicant whose experience is earned primarily in conjunction with investigations by government agencies and through review of appraisals, with no opinion of value developed, shall submit proof of having complied with USPAP Standards 1 and 2 in performing appraisals as follows:

(A) if applying for state-licensed appraiser with experience reviewing residential appraisals, five appraisals of one-unit dwellings;

(B) if applying for state-certified residential appraiser with experience reviewing residential appraisals, eight appraisals of one-unit dwellings; and

(C) if applying for state-certified general appraiser with experience reviewing appraisals of property types listed in Appendix 2, at least eight appraisals of property types identified in Appendix 2.

(7) The board, at its discretion, may request the division to verify the claimed experience by any of the following methods:

- (a) verification with the clients;
- (b) submission of selected reports to the board; and
- (c) field inspection of reports identified by the applicant at the applicant's office during normal business hours.

R162-2g-504. Administrative Proceedings.

(1) Formal adjudicative proceedings. An adjudicative proceeding conducted subsequent to the issuance of a cease and desist order or other emergency order shall be conducted as a formal adjudicative proceeding.

(2) Informal adjudicative proceedings.

(a) An adjudicative proceeding as to any matter not specifically designated as requiring a formal adjudicative proceeding shall be conducted as an informal adjudicative proceeding.

(b) A hearing shall be held in an informal adjudicative proceeding only if required or permitted by the Utah Real Estate Appraiser Licensing and Certification Act or by these rules.

(3)(a) A hearing before the board will be held in:

(i) a proceeding conducted subsequent to the issuance of a cease and desist order or other emergency order;

(ii) a case where the division seeks to deny an application for original or renewed registration, licensure, or certification for failure of the applicant to meet the criteria of good moral character, honesty, integrity or truthfulness;

(iii) a case where the division seeks disciplinary action pursuant to Sections 61-2g-501 and 502 against a trainee or an appraiser; and

(iv) an appeal from an automatic revocation under Section 61-2g-302(2)(d), if the appellant requests a hearing.

(b) If properly requested by the applicant, a hearing will be held before the board to consider an application:

(i) that is denied by the division on the grounds that the instructor's attestation to upstanding moral character is false;

(ii) for an initial appraiser license or certification that is denied by the board on the recommendation of the experience review committee; and

(iii) for a temporary permit that is denied by the division for any reason.

(c) A hearing is not required and will not be held in the following informal adjudicative proceedings:

(i) the issuance, renewal, or reinstatement of a trainee registration or an appraiser license or certification by the division;

(ii) the issuance or renewal of an appraisal course, school, or instructor certification;

(iii) the issuance of any interpretation of statute, rule or order, or the issuance of any written opinion or declaratory order determining the applicability of a statute, rule or order, when enforcement or implementation of the statute, rule or order lies within the jurisdiction of the division; and

(iv) the denial of renewal or reinstatement of a trainee registration or an appraiser license or certification for failure to complete any continuing education required by statute or rule; and

(v) the denial of an application for an original or renewed school, instructor, or course certification on the ground that it does not comply with the requirements stated in these rules.

(4)(a) Request for agency action. The following applications shall be deemed a request for agency action:

- [~~(i)~~ registration as an expert witness;
- [(~~ii~~)](i) registration as a trainee;
- [(~~iii~~)](ii) licensure or certification as an appraiser;
- [(~~iv~~)](iii) certification of a course, school, or instructor;

and

[(~~v~~)](iv) issuance of a temporary permit.

(b) Any other request for agency action shall be in writing, signed by the requestor, and shall contain the following:

(i) the names and addresses of all persons to whom a copy of the request for agency action is being sent;

(ii) the agency's file number or other reference number, if known;

(iii) the date of mailing of the request for agency action;

(iv) a statement of the legal authority and jurisdiction under which the agency action is requested, if known;

(v) a statement of the relief or action sought from the division; and

(vi) a statement of the facts and reasons forming the basis for relief or agency action.

(c) A complaint against a trainee, an appraiser, or the holder of a temporary permit requesting that the division commence an investigation or a disciplinary action is not a request for agency action.

(5) Procedures for hearings in informal adjudicative proceedings.

(a) All informal adjudicative proceedings shall adhere to procedures as outlined in:

(i) Utah Administrative Procedures Act Title 63G, Chapter 4;

(ii) Utah Administrative Code Rule R151-4 et seq.; and

(iii) the rules promulgated by the division.

(b) Except as provided in this Subsection (6)(b), a party is not required to file a written answer to a notice of agency action from the division in an informal adjudicative proceeding.

(c) In any proceeding under this Subsection R162-2g-504, the board and division may at their discretion delegate a hearing to an administrative law judge or request that an administrative law judge assist the board and the division in conducting the hearing. Any delegation of a hearing to an administrative law judge shall be in writing.

(d)(i) Upon the scheduling of a hearing by the division and at least 30 days prior to the hearing, the division shall, by first class postage-prepaid delivery, mail written notice of the date, time, and place scheduled for the hearing, to the respondent at the address last provided to the division pursuant to Subsection R162-2g-306b.

(ii) The notice shall set forth the matters to be addressed in the hearing.

(e) Formal discovery is prohibited.

(f) The division may issue subpoenas or other orders to compel production of necessary evidence:

(i) on its own behalf; or

- (ii) on behalf of a party where the party:
 - (A) makes a written request;
 - (B) assumes responsibility for effecting service of the subpoena; and
 - (C) bears the costs of the service, any witness fee, and any mileage to be paid to a witness.
- (g) Upon ordering a licensee to appear for a hearing, the division shall provide to the licensee the information that the division will introduce at the hearing.
- (h) Intervention is prohibited.
- (i) Hearings shall be open to all parties unless the presiding officer closes the hearing pursuant to:
 - (i) Title 63G, Chapter 4, the Utah Administrative Procedures Act; or
 - (ii) Title 52, Chapter 4, the Open and Public Meetings Act.
- (j) Upon filing a proper entry of appearance with the division pursuant to Utah Administrative Code Section R151-4-110(1)(a), an attorney may represent a party.
- (6) Additional procedures for disciplinary proceedings.
 - (a) The division shall commence a disciplinary proceeding by filing and serving on the respondent:
 - (i) a notice of agency action;
 - (ii) a petition setting forth the allegations made by the division;
 - (iii) a witness list, if applicable; and
 - (iv) an exhibit list, if applicable.
 - (b) Answer.
 - (i) At the time the petition is filed, the presiding officer, upon a determination of good cause, may require the respondent to file an answer to the petition by so ordering in the notice of agency action.
 - (ii) The respondent may file an answer, even if not ordered to do so in the notice of agency action.
 - (iii) Any answer shall be filed with the division no later than 30 days following the mailing date of the notice of agency action pursuant to this Subsection (6)(a).
 - (c) Witness and exhibit lists.
 - (i) Where applicable, the division shall provide its witness and exhibit lists to the respondent at the time it mails its notice of agency action.
 - (ii) Any witness list shall contain:
 - (A) the name, address, and telephone number of each witness; and
 - (B) a summary of the testimony expected from the witness.
 - (iii) Any exhibit list:
 - (A) shall contain an identification of each document or other exhibit that the party intends to use at the hearing; and
 - (B) shall be accompanied by copies of the exhibits.
- (iv)(A) The presiding officer, upon a determination of good cause, may require a respondent to file a witness and exhibit list.
 - (B) Failure to comply with a requirement to file a witness and exhibit list may result in the exclusion of any witness or exhibit not disclosed.
- (d) Pre-hearing motions.
 - (i) Any pre-hearing motion permitted under the Administrative Procedures Act or the rules promulgated by the

Department of Commerce shall be made in accordance with those rules.

- (ii) The division director shall receive and rule upon any pre-hearing motions.

R162-2g-601 Appendices.

Appendix 1. Residential Experience Hours Schedule. The hours shown in the following schedule shall be awarded to form appraisals. Fifteen hours may be added to the hours shown if the appraisal is a narrative appraisal instead of a form appraisal.

TABLE 1

APPENDIX 1

Property Type	Hours that may be earned
(a) one-unit dwelling, above-grade: <ul style="list-style-type: none"> (i) living area less than 4,000 square feet, including a site 	5 hours
<ul style="list-style-type: none"> (ii) living area 4,000 square feet or more, including a site 	7.5 hours
(b) multiple one-unit dwellings in the same subdivision or condominium project, which dwellings are substantially similar: <ul style="list-style-type: none"> (i) 1-25 dwellings 	5 hours per dwelling, up to a maximum of 30 hours
<ul style="list-style-type: none"> (ii) over 25 dwellings 	50 hours maximum
(c) two to four-unit dwelling	20 hours
(d) employee relocation counsel reports completed on currently accepted Employee Relocation Counsel form	10 hours
(e) residential lot, 1-4 unit	5 hours
(f) multiple lots in the same subdivision, which lots are substantially similar <ul style="list-style-type: none"> (i) 1-25 lots 	5 hours per lot, up to a maximum of 30 hours
<ul style="list-style-type: none"> (ii) Over 25 lots 	50 hours maximum
(g) small parcel up to 5 acres	5 hours
(h) vacant land, 20-500 acres	20-40 hours, per board decision
(i) recreational, farm, or timber acreage suitable for a house site: <ul style="list-style-type: none"> (i) up to 10 acres (ii) over 10 acres 	10 hours 15 hours
(j) all other unusual structures or acreage which are much larger or more complex than typical properties	5-35 hours, per board decision
(k) review of residential appraisals with no opinion of value developed as part of the review performed in conjunction with investigations by government agencies	10-50 hours

Appendix 2. General Experience Hours Schedule. All appraisal reports claimed for property types identified in sections (a) through (k) of the following schedule shall be narrative appraisal reports. Experience hours listed in this schedule may be increased by 50% for unique and complex properties if the applicant notes the number of extra hours claimed on the appraiser experience log submitted by the applicant, and if the applicant maintains in the workfile for the appraisal an explanation as to why the extra hours are claimed.

TABLE 2
APPENDIX 2

Property Type	Hours that may be earned	
(a) Apartment buildings:		
(i) 5-100 units	40 hours	
(ii) over 100 units	50 hours	
(b) hotel or motels:		
(i) 50 units or fewer	30 hours	
(ii) 51-150 units	40 hours	
(iii) over 150 units	50 hours	
(c) nursing home, rest home, care facilities:		
(i) fewer than 80 beds	40 hours	
(ii) over 80 beds	50 hours	
(d) industrial or warehouse building:		
(i) smaller than 20,000 square feet	30 hours	
(ii) larger than 20,000 square feet, single tenant	40 hours	
(iii) larger than 20,000 square feet, multiple tenants	50 hours	
(e) office buildings:		
(i) smaller than 10,000 square feet	30 hours	
(ii) larger than 10,000 square feet, single tenant	40 hours	
(iii) larger than 10,000 square feet, multiple tenants	50 hours	
(f) entire condominium projects, using income approach to value:		
(i) 5- to 30-unit project	30 hours	
(ii) 31- or more-unit project	50 hours	
(g) retail buildings:		
(i) smaller than 10,000 square feet	30 hours	
(ii) larger than 10,000 square feet, single tenant	40 hours	
(iii) larger than 10,000 square feet, multiple tenants	50 hours	
(h) commercial, multi-unit, industrial, or other nonresidential use acreage:		
(i) 1 to 99 acres	20-40 hours	
(ii) 100 acres or more, income approach to value	50-60 hours	
(i) all other unusual structures or assignments that are much larger or more complex than the properties described in (a) to (h) herein.	5 to 100 hours per board decision	
(j) entire subdivisions or planned unit developments (PUDs):		
(i) 1- to 25-unit subdivision or PUD	30 hours	
(ii) over 25-unit subdivision or PUD	50 hours	
(k) feasibility or market analysis	5 to 100 hours, each per board decision, up to a maximum of 500 hours	
(l) farm and ranch appraisals:		
(i) separate grazing privileges or permits	20 hrs	25 hrs
(ii) irrigated cropland, pasture other than rangeland:		
(A) 1 to 10 acres	10 hrs	15 hrs
(B) 11-50 acres	12.5 hrs	20 hrs
(C) 51-200 acres	15 hrs	25 hrs
(D) 201-1000 acres	25 hrs	40 hrs
(E) more than 1000 acres	40 hrs	50 hrs
(iii) dry farm:		
(A) 1 to 1000 acres	15 hrs	25 hrs
(B) more than 1000 acres	20 hrs	40 hrs
(m) Improvements on properties other than a rural residence, maximum 10 hours:		
(i) dwelling	5 hrs	5 hrs
(ii) shed	2.5 hrs	2.5 hrs

(n) cattle ranches		
(i) 0-200 head	15 hrs	20 hrs
(ii) 201-500 head	25 hrs	30 hrs
(iii) 501-1000 head	30 hrs	40 hrs
(iv) more than 1000 head	40 hrs	50 hrs
(o) sheep ranches		
(i) 0-2000 head	25 hrs	30 hrs
(ii) more than 2000 head	35 hrs	45 hrs
(p) dairy, including all improvements except a dwelling		
(i) 1-100 head	20 hrs	25 hrs
(ii) 101-300 head	25 hrs	30 hrs
(iii) more than 300 head	30 hrs	35 hrs
(q) orchards		
(i) 5-50 acres	30 hrs	40 hrs
(ii) more than 50 acres	40 hrs	50 hrs
(r) rangeland/timber		
(i) 0-640 acres	20 hrs	25 hrs
(ii) more than 640 acres	30 hrs	35 hrs
(s) poultry		
(i) 0-100,000 birds	30 hrs	40 hrs
(ii) more than 100,000 birds	40 hrs	50 hrs
(t) mink		
(i) 0-5000 cages	30 hrs	35 hrs
(ii) more than 5000 cages	40 hrs	50 hrs
(u) fish farm	40 hrs	50 hrs
(v) hog farm	40 hrs	50 hrs
(w) review of appendix 2 appraisals with no opinion of value developed as part of the review, performed in conjunction with investigations by government agencies	20-100 hours	

Appendix 3. Mass Appraisal Experience Hours Schedule.

TABLE 3
APPENDIX 3

Property Type	Hours that may be earned	
(a) one-unit dwelling, above-grade living area less than 4,000 square feet:		
(i) exterior inspection, highest and best use analysis, data collection only	0.5 hours	
(ii) interior and exterior inspection, highest and best use analysis, data collection only	1 hour	
(iii) inspection, highest and best use analysis, data collection, valuation analysis, conclusion, report	3.75 hours	
(b) one-unit dwelling, above-grade living area 4,000 square feet or more:		
(i) exterior inspection, highest and best use analysis, data collection only	0.75 hours	
(ii) interior and exterior inspection, highest and best use analysis, data collection only	1.5 hours	
(iii) inspection, highest and best use analysis, data collection, valuation analysis, conclusion, report	5 hours	
(c) two to four unit dwelling:		
(i) exterior inspection, highest and best use analysis, data collection only	1.5 hours	
(ii) interior and exterior inspection, highest and best use analysis, data collection only	3 hours	
(iii) inspection, highest and best use analysis, data collection, valuation analysis, conclusion, report	15 hours	
(d) commercial and industrial buildings, depending on complexity:		
(i) exterior inspection, highest and best use analysis, data collection only	1-5 hours	

- (ii) interior and exterior inspection, highest and best use analysis, data collection only 2-10 hours
- (iii) inspection, highest and best use analysis, data collection, valuation analysis, conclusion, report 3-37.5 hours
- (e) agricultural and other improvements, depending on complexity:
 - (i) exterior inspection, highest and best use analysis, data collection only 0.5-2.5 hours
 - (ii) interior and exterior inspection, highest and best use analysis, data collection only 1-5 hours
 - (iii) inspection, highest and best use analysis, data collection, valuation analysis, conclusion, report 3.75-20 hours
- (f) vacant land, depending on complexity:
 - (i) inspection, highest and best use analysis, data collection only 0.5-2.5 hours
 - (ii) inspection, highest and best use analysis, data collection, valuation analysis, conclusion, report 2.5-25 hours
 - (iii) land segregation (division) analysis and processing, no field inspection 0.25 hours
 - (iv) land segregation (division) analysis and processing, field inspection 0.5 hours
- (g) data input and review for experience hours claimed under property types(a) through (f) 0.25 hours
- (h) land valuation guideline:
 - (i) 25 or fewer parcels 10 hours
 - (ii) 26 to 500 parcels 30 hours
 - (iii) over 500 parcels 25 additional hours for each 500 parcels, up to a maximum of 125 hours
- (i) assessment/sales ratio study, data collection, verification, sample inspection, analysis, conclusion, and implementation:
 - (i) base study of 100 reviewed sales 125 hours
 - (ii) additional increments of 100 sales 25 additional hours for each 100 additional sales, up to a maximum of 375 hours
- (j) multiple regression model, development and implementation:
 - (i) fewer than 5,000 parcels 100 hours
 - (ii) additional increments of 500 parcels 5 additional hours for each additional 500 parcels, up to a maximum of 375 hours
- (k) depreciation study and analysis 100 hours
- (l) reviews of "land value in use" in accordance with U.C.A. Section 59-2-505:
 - (i) office review only 0.25 hours
 - (ii) field review 0.5 hours
- (m) natural resource properties, depending on complexity:
 - (i) sand and gravel 7.5-20 hours per site
 - (ii) mine 7.5-110 hours
 - (iii) oil and gas 1.65-50 hours per site
- (n) pipelines and gas distribution properties, depending on complexity 10-40 hours
- (o) telephone and electric properties, depending on complexity 5-80 hours
- (p) airline and railroad properties, depending on complexity 10-80 hours

- (q) appraisal review/audit, depending on complexity 2.5-125 hours
- (r) capitalization rate study 80 hours

KEY: real estate appraisals, trainee registration, licensing and certification, [enforcement]administrative procedures
Date of Enactment or Last Substantive Amendment: [November 1, 2011]2012
Authorizing, and Implemented or Interpreted Law: 61-2g-201(2)(h); 61-2g-202; 61-2g-205(5)(c); 61-2g-401(5)

Financial Institutions, Administration
R331-23
Lending Limits for Banks, Industrial Loan Corporations

NOTICE OF PROPOSED RULE
(Amendment)
DAR FILE NO.: 37020
FILED: 10/31/2012

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: In July 2010, the President of the United States signed the Dodd--Frank Wall Street Reform and Consumer Protection Act (DFA). A stated objective of the DFA was to promote the stability of the financial system. Section 611 of the DFA states that a state bank may engage in derivative transactions only if the law of the state takes into consideration "credit exposure to derivative transactions". With the passage of S.B. 108, during the 2012 General Session of the Utah Legislature, the department may by rule define the terms "credit exposure to a derivative transaction" and "derivative". The proposed amendment provides the necessary changes to the rule to enable state banks to continue to engage in derivative transactions.

SUMMARY OF THE RULE OR CHANGE: The change includes in total loans and extensions of credit, credit exposure to derivative transaction for purposes of limitations on loans and extensions of credit for banks and industrial banks. It provides new definitions for "credit exposure to a derivative transaction" and "derivative". Finally, the change provides that risk mitigation and valuation of risk to credit exposure to derivative transactions must be appropriately considered by banks and industrial banks engaging in derivative transactions.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 7-1-301 and Section 7-3-19 and Section 7-8-20

ANTICIPATED COST OR SAVINGS TO:

◆ **THE STATE BUDGET:** No impact on the state budget as compliance to the rule affects the depository institutions themselves not the department.

♦ **LOCAL GOVERNMENTS:** Local governments are not involved in regulating depository institutions and are therefore not subject to this rule.

♦ **SMALL BUSINESSES:** Depository institutions, under the jurisdiction of the Department, are currently permitted to engage in derivative transactions, however, if the proposed amendments are not made, they will be unable to engage in such transactions after 01/21/2013. In addition, the amendments to the rule should have minimal budgetary impact.

♦ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** Depository institutions, under the jurisdiction of the Department, are currently permitted to engage in derivative transactions, however, if the proposed amendments are not made, they will be unable to engage in such transactions after 01/21/2013. In addition, the amendments to the rule should have minimal budgetary impact.

COMPLIANCE COSTS FOR AFFECTED PERSONS: Depository institutions, under the jurisdiction of the Department, are currently permitted to engage in derivative transactions, however, if the proposed amendments are not made, they will be unable to engage in such transactions after 01/21/2013. In addition, the amendments to the rule should have minimal budgetary impact.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: Depository institutions, under the jurisdiction of the Department, are currently permitted to engage in derivative transactions, however, if the proposed amendments are not made, they will be unable to engage in such transactions after 01/21/2013. In addition, the amendments to the rule should have minimal budgetary impact.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:
 FINANCIAL INSTITUTIONS
 ADMINISTRATION
 ROOM 201
 324 S STATE ST
 SALT LAKE CITY, UT 84111-2393
 or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Paul Allred by phone at 801-538-8854, by FAX at 801-538-8894, or by Internet E-mail at pallred@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 12/17/2012

THIS RULE MAY BECOME EFFECTIVE ON: 12/24/2012

AUTHORIZED BY: Edward Leary, Commissioner

R331. Financial Institutions, Administration.

R331-23. Lending Limits for Banks, Industrial Loan Corporations.

R331-23-1. Authority, Scope, and Purpose.

(1) The Department of Financial Institutions enacts this rule under authority granted by Sections 7-1-301, 7-3-19, and 7-8-20.

(2) The rule applies to all loans and extensions of credit, including credit exposure to a derivative transaction, made by banks and industrial loan corporations chartered in the state and their subsidiaries.

(3) The rule is intended to prevent one person from borrowing an unduly large amount of a given bank's or industrial loan corporation's funds, thereby exposing the bank's or industrial loan corporation's depositors, creditors and stockholders to excessive risk.

(4) The rule provides exceptions to the general lending limits set forth in Sections 7-3-19 and 7-8-20.

(5) The rule does not apply to loans, extensions of credit and the credit exposure to a derivative transaction made by a bank or an industrial loan corporation to a subsidiary. The rule does not apply to ~~an~~ loans, extensions of credit and the credit exposure to a derivative transaction that ~~is~~ are subject to, or expressly exempted from, a federal statute or regulation limiting the amount of total loans and credit that may be extended to any person or group of persons.

R331-23-2. Definitions.

(1) "Affiliate" means any institution that controls the bank or industrial loan corporation and any other institution that is controlled by the institution that controls the bank or industrial loan corporation. However, "affiliate" does not include a subsidiary of the bank or industrial loan corporation.

(2) "Commissioner" means the Commissioner of Financial Institutions.

(3) "Contractual commitment to advance funds" means:

(a) an obligation on the part of the bank or industrial loan corporation to make payments to a third party contingent upon default by the bank's or industrial loan corporation's customer in the performance of an obligation under the terms of that customer's contract with the third party or upon some other stated condition, or

(b) an obligation to guarantee or stand as surety for the benefit of a third party. The term includes standby letters of credit, guarantees, puts and other similar arrangements. A binding, written commitment to lend is a "contractual commitment to advance funds" if it and all other outstanding loans to the borrower are within the bank's or industrial loan corporation's lending limit on the date of the commitment.

(4) "Consumer" means the user of any products, commodities, goods, or services, whether leased or purchased, and does not include any person who purchases products or commodities for the purpose of resale or for fabrication into goods for sale.

(5) "Consumer paper" includes paper relating to automobiles, mobile homes, recreational vehicles, residences, office equipment, household items, tuition fees, insurance premium fees, and similar consumer items.

(6) For purposes of the rule, "Control" means the ownership or control of at least 50% of the voting stock.

(7) "Current market value" means the bid or closing price listed for financial instruments in a regularly published listing or an electronic reporting service.

(8) "Credit Exposure to a Derivative Transaction" means the risk to earnings or capital of an obligor's failure to meet the terms of any derivative with the institution or otherwise to perform as agreed. It arises any time institution funds are extended, committed, invested, or otherwise exposed through actual or implied contractual agreements, whether reflected on or off the balance sheet.

(9) "Derivative" means a contract, agreement, swap, warrant, note, or option that is based, in whole or in part, on the value of, any interest in, or any quantitative measure or the occurrence of any event relating to, one or more commodities, securities, currencies, interest or other rates, indices, or other assets.

(1[8]10) "Financial instruments" means stocks, notes, bonds, and debentures traded in a national securities exchange, OTC margin stocks, as defined by the Federal Reserve Board at 12 CFR 220.2, 1996, commercial paper, negotiable certificates of deposit, bankers acceptances, and shares in money market and mutual funds of the type which issue shares in which banks or industrial loan corporations may perfect a security interest.

(1[9]11) "Institution" means "institution" as defined in Section 7-1-103.

(1[10]2) "Investment grade securities" means marketable obligations in the form of a bond, note or debenture rated in one of the four highest ratings of a nationally recognized rating agency. "Investment grade securities" does not include investments which are predominantly speculative in nature.

(1[11]3) "Loans and extensions of credit" means any direct or indirect advance of funds in any manner whatsoever to a person. This is made on the basis of any obligation of that person to repay the funds, or repayable from specific property pledged by or on behalf of a person. "Loans and extensions of credit" includes:

(a) A purchase under repurchase agreement of securities, other assets or obligations other than investment grade securities in which the purchasing bank or industrial loan corporation has a perfected security interest, with regard to the seller but not as an obligation of the underlying obligor of the security;

(b) An advance by means of an overdraft, cash item, or otherwise;

(c) A contractual commitment to advance funds;

(d) An acquisition by discount, purchase, exchange, or otherwise of any note, draft, or other evidence of indebtedness upon which a person may be liable as maker, drawer, endorser, guarantor, or surety;

(e) A participation without recourse, with regard to the participating bank or industrial loan corporation, but not the originating bank or industrial loan corporation;

(f) Existing loans, leases, or advances which have been charged off on the books of the bank or industrial loan corporation in whole or in part and which are legally enforceable, including statutory bad debt under Section 7-3-25 or Section 7-8-15 respectively.

(1[12]4) "Loans and extensions of credit" does not include:

(a) A receipt by a bank or industrial loan corporation of a check deposited in or delivered to the bank or industrial loan

corporation in the usual course of business unless it results in the carrying of a cash item for the granting of an overdraft other than an inadvertent overdraft in a limited amount that is promptly repaid;

(b) An acquisition of a note, draft, bill of exchange, or other evidence of indebtedness through a merger or consolidation of financial institutions or a similar transaction by which an institution acquires assets and assumes liabilities of another institution, or foreclosure on collateral or similar proceeding for the protection of the bank or industrial loan corporation, provided that the indebtedness is not held for a period of more than three years from the date of the acquisition, unless permission to extend the period is granted by the commissioner on the basis that holding the indebtedness beyond three years is not detrimental to the safety and soundness of the acquiring bank or industrial loan corporation ;

(c) An endorsement or guarantee for the protection of a bank or industrial loan corporation of any loan or other asset previously acquired by the bank or industrial loan corporation in good faith or any indebtedness to a bank or industrial loan corporation for the purpose of protecting the bank or industrial loan corporation against loss or of giving financial assistance to it;

(d) Non-interest bearing deposits to the credit of the bank or industrial loan corporation;

(e) The giving of immediate credit to a bank or industrial loan corporation upon uncollected items received in the ordinary course of business;

(f) The purchase of investment grade securities subject to repurchase agreement in which the purchasing bank or industrial loan corporation has a perfected security interest, or where the securities are purchased from the state or any political subdivision thereof;

(g) The sale of Federal funds;

(h) Loans or extensions of credit which have become unenforceable by reason of discharge in bankruptcy or are no longer legally enforceable for other reasons.

(1[13]5) "Person" means "person" as defined in Section 7-1-103.

(1[14]6) "Readily marketable collateral" means financial instruments which are salable under ordinary circumstances with reasonable promptness at a fair market value determined by quotations based on actual transactions on an auction or similarly available daily bid and ask price market.

(1[15]7) "Sale of Federal Funds" means any transaction among depository institutions involving the transfer of immediately available funds resulting from credits to deposit balances at Federal Reserve banks or from credits to new or existing deposit balances due from a correspondent depository institution.

(1[16]8) "Standby letter of credit" means any letter of credit, or similar arrangement however named or described which represents an obligation to the beneficiary on the part of the issuer:

(a) To repay money borrowed by or advanced to or for the account of the account party, or

(b) To make payment on account of any indebtedness undertaken by the account party, or

(c) To make payment on account of any default by the account party in the performance of an obligation.

(1[17]9) "Subsidiary" means "subsidiary" as defined in Section 7-1-103.

(1[18]10) "Total capital" means the sum of capital stock, surplus, undivided profits, reserve for contingencies, reserves for

loan losses, and the portion of subordinated notes and debentures with more than one year maturity remaining.

R331-23-3. General Rule.

(1) The total loans~~[-and]~~, extensions of credit and the credit exposure to a derivative transaction by a bank or industrial loan corporation to any person outstanding at one time and not fully secured, as determined in a manner consistent with this rule, by collateral having a market value at least equal to the amount of the loan or extension of credit may not exceed 15% of the amount of the bank's or industrial loan corporation's total capital.

(2) The total loans~~[-and]~~, extensions of credit and the credit exposure to a derivative transaction by a bank or industrial loan corporation to a person outstanding at one time and fully secured by readily marketable collateral having a market value, as determined by reliable and continuously available price quotations, at least equal to the amount of the funds and standing may not exceed 10% of the total capital of the bank or industrial loan corporation. This limitation is separate from and in addition to the 15% limitation described in Subsection (1), above.

(a) At all times, the total loans or extensions of credit to a person based on the limitation for banks in Section 7-3-19(2) and for industrial loan corporations in Rule R331-23-3(2) shall be secured by readily marketable collateral having a current market value of at least 100% of the total amount of funds outstanding, excluding accrued or discounted interest.

(b) Each bank or industrial loan corporation shall institute adequate procedures to ensure that the collateral value fully secures the outstanding loan or extension of credit at all times. At a minimum, each bank or industrial loan corporation shall perfect its security interest in the collateral and shall calculate the market value of the collateral at least monthly, or more frequently, as may be deemed necessary to ensure compliance with Section 7-3-19(2) for banks and Rule R331-23-3(2) for industrial loan corporations.

(c) If collateral values fall below 100% of the outstanding loan, the bank or industrial loan corporation must, within 60 days, obtain additional collateral in an amount sufficient to provide 100% coverage, require reduction of the loan or extension of credit, or sell the collateral and liquidate the debt. During this period, the loan or extension of credit will be considered nonconforming.

R331-23-4. Combining Loans to Separate Borrowers - General Rule.

(1) Loans~~[-or]~~, extensions of credit and derivative transactions to one person will be combined where the proceeds of the loan~~[-or]~~, extension of credit and derivative transactions are to be used for the direct benefit of any other person or persons.

(2) Loans~~[-or]~~, extensions of credit and derivative transactions to a general partnership, joint venture or association shall, for purposes of this rule, be considered loans or extensions of credit jointly and severally to each member of such partnership, joint venture or association unless the agreement creating the general partnership, joint venture or association provides otherwise, in which case the loans or extensions of credit shall be allocated to each member only to the extent provided for by the terms of any such agreement.

(3) The sum of all loans~~[-or]~~, extensions of credit and the credit exposure to a derivative transaction by a bank or industrial loan corporation outstanding at any one time to a person and all of

its affiliates may not exceed 50% of the bank's or industrial loan corporation's total capital.

R331-23-5. Exceptions to the Lending Limits.

(1) The lending limits do not apply to the portion of a loan or extension of credit that represents accrued or discounted interest.

(2) Loans Secured by U.S. Obligations and General Obligations of a state or political subdivision.

(a) Loans~~[-or]~~, extensions of credit and the portion of any credit exposure to a derivative transaction secured by bonds, notes, certificates of indebtedness or Treasury bills of the United States or by other similar obligations fully guaranteed as to the principal and interest by the United States or general obligations of a state or a political subdivision are not subject to any limitation based on total capital.

(b) This exception applies only to the extent that loans~~[-or]~~, extensions of credit and the portion of any credit exposure to derivative transactions are fully secured by the current market value of obligations of the United States or guaranteed by the United States or general obligations of a state or political subdivision.

(c) If the market value of the collateral declines to the extent that the loan or the credit exposure to a derivative transaction is no longer in conformance with this exception and exceeds the general 15% limitation, the loan or the credit exposure to a derivative transaction must be brought into conformance within 60 days.

(3) Loans to or Guaranteed by a Federal Agency

(a) Loans or extensions of credit to or secured by unconditional takeout commitments or guarantees of any department, agency, bureau, board, commission, or establishment of the United States or any corporation wholly owned directly or indirectly by the United States shall not be subject to any limitation based on total capital.

(b) This exception may apply to only that portion of a loan or extension of credit that is covered by a federal guarantee or commitment.

(c) For purposes of this exception, the commitment or guarantee must be payable in cash or its equivalent within 60 days after demand for payment is made.

(d) A guarantee or commitment is unconditional if the protection afforded the bank or industrial loan corporation is not substantially diminished or impaired in the case of loss resulting from factors beyond the bank's or industrial loan corporation's control. Protection against loss is not materially diminished or impaired by procedural requirements, such as an agreement to take over only in the event of default, including default over a specific period of time, a requirement that notification of default be given within a specific period after its occurrence, or a requirement of good faith on the part of the bank or industrial loan corporation.

(4) Loans Secured by Segregated Deposit Accounts

(a) Loans~~[-or]~~, extensions of credit and the portion of any credit exposure to a derivative transaction secured by a segregated deposit account in the lending bank or industrial loan corporation shall not be subject to any limitation based on total capital.

(b) The bank or industrial loan corporation must ensure that a security interest has been perfected in the deposit, including

the assignment of a specifically identified deposit and any other actions required by state law.

(c) Deposit accounts which may qualify for this exception include deposits in any form generally recognized as deposits. In the case of a deposit eligible for withdrawal prior to the maturity of the secured loan or derivative transaction, the bank or industrial loan corporation must establish internal procedures which will prevent the release of the security.

(5) Loans to Financial Institutions with the Approval of the commissioner

(a) Loans or extensions of credit to any financial institution or to any receiver, conservator, or other agent in charge of the business and property of such financial institution, when such loans or extensions of credit are approved by the commissioner, shall not be subject to any limitation based on total capital.

(b) This exception is intended to apply only in emergency situations where a bank or industrial loan corporation is called upon to provide assistance to another financial institution.

(6) Discount of Consumer Paper

(a) This exception allows a bank or industrial loan corporation to discount negotiable or nonnegotiable installment consumer paper of one person in an amount equal to 10% of its total capital (in addition to the 15% permitted by Section 7-3-19(1) and Section 7-8-20(1)) if the paper carries a full recourse endorsement or unconditional guarantee by the person transferring such paper. The unconditional guarantee may be in the form of a repurchase agreement or a separate guarantee agreement. A condition reasonably within the power of the bank or industrial loan corporation to perform, such as the repossession of collateral, will not be considered to make conditional an otherwise unconditional agreement.

(b) Under certain circumstances, consumer paper which otherwise meets the requirements of this exception will be considered a loan or extension of credit to the maker of the paper rather than the seller of the paper. Specifically, where (i) through the bank's or industrial loan corporation's files it has been determined that the financial condition of each maker is reasonably adequate to repay the loan or extension of credit, and (ii) any officer designated by the bank's or industrial loan corporation's Chairman or Chief Executive Officer pursuant to authorization by the Board of Directors certifies in writing that the bank or industrial loan corporation is relying primarily upon the maker to repay the loan or extension of credit, the loan or extension of credit is subject only to the lending limits of the maker of the paper. Where paper is purchased in substantial quantities, the records, evaluation, and certification may be in such form as is appropriate for the class and quantity of paper involved.

(7) Loans Secured by Livestock

(a) This exception allows a bank or industrial loan corporation to make loans or extensions of credit to one person in an amount equal to 10% of its total capital, in addition to the 15% permitted by Section 7-3-19(1) and Section 7-8-20(1), if the loans or extensions of credit are secured by livestock having a market value at least equal to 115% of the outstanding loan balance at all times. The loans or extensions of credit may be secured by shipping documents or other instruments which transfer title to, secure title to, or give a first lien on livestock. "Livestock" includes dairy and beef cattle, hogs, sheep, goats, horses, mules, poultry, and fish, whether or not held for resale. To support compliance with this

exception, the bank or industrial loan corporation must maintain in its files an inspection and appraisal report on the livestock pledged.

(b) Under the laws of certain states, a person furnishing pasturage under a grazing contract may have a lien on the livestock for the amount due for pasturage. If the lien which is based on pasturage furnished by the lienor prior to the making of the loan (i) is assigned to the bank or industrial loan corporation by a recordable instrument and (ii) is protected against being defeated by some other lien or claim, by payment to a person other than the bank or industrial loan corporation, or otherwise, it would qualify under this exception provided the amount of such perfected lien is at least equal to the amount of the loan and the value of the livestock is at no time less than 115% of the loan. Where the amount due under the grazing contract is dependent upon future performance thereunder, the resulting lien has merely prospective value and does not meet the requirements of the exception.

(8) Loans to Student Loan Marketing Association, Utah Board of Regents or Utah Higher Education Assistance Authority

Loans or extensions of credit to the Student Loan Marketing Association, the Utah Board of Regents or the Utah Higher Education Assistance Authority are not subject to any limitation based on total capital.

(9) Loans to Industrial Development Authorities and Housing Authorities

A loan or extension of credit to an industrial development authority, housing authority or similar public entity in the state is not a loan or extension of credit to the authority provided that:

(a) The bank or industrial loan corporation relies on the credit of the lessee or owner of the facility to be financed by the loan or extension of credit;

(b) The authority's liability with respect to the loan is limited solely to whatever interest it has in the particular facility;

(c) The authority's interest is assigned to the bank or industrial loan corporation as security for the loan or a promissory note from the lessee or owner to the bank or industrial loan corporation provides a higher order of security than the assignment of a lease, trust deed or mortgage; and

(d) lessee's or tenant's rent or mortgage payment is assigned and paid directly to the bank or industrial loan corporation.

A loan or extension of credit meeting the above criteria will be deemed a loan or extension of credit to the lessee or owner and will be combined with other obligations of the lessee or owner for purposes of Section 7-3-19 and Section 7-8-20.

(10) Other Exemptions

With the written approval of the commissioner other exemptions to the provisions of Section 7-3-19 and Section 7-8-20 may be permitted.

R331-23-6. Credit Exposure to Derivative Transactions.

(1) Each bank or industrial loan corporation board of directors shall institute adequate policies and procedures to ensure that derivative positions are established for purposes of mitigating one or more risks inherent in an institution's normal business activities, and not for the purpose of increasing such exposure or for the purposes of speculation in price movement. The policies and procedures shall require the proper identification and prudent limitation of the risks associated with derivatives.

(2) Derivative transactions should be transacted subject to established market terms that provide for prudent counterparty risk

mitigation techniques reflected in agreements developed by the International Swap Dealers Association ("ISDA").

(3) Valuation. Each bank or industrial loan corporation shall calculate the exposure to derivative transactions using a consistent method from one of the following:

(a) Internal Model Method.

(i) Credit exposure. The credit exposure of a derivative transaction under the Internal Model Method shall equal the sum of the current credit exposure of the derivative transaction and the potential future credit exposure of the derivative transaction.

(ii) Calculation of current credit exposure. A bank or industrial loan corporation shall determine its current credit exposure by the mark-to-market value of the derivative contract. If the mark-to-market value is positive, then the current credit exposure equals that mark-to-market value. If the mark-to-market value is zero or negative, then the current credit exposure is zero.

(iii) Calculation of potential future credit exposure. A bank or industrial loan corporation shall calculate its potential future credit exposure by using an internal model that has been, at least annually, validated by a qualified party independent from the valuation process.

(iv) Net credit exposure. A bank or industrial loan corporation that calculates its credit exposure by using the Internal Model Method pursuant to this paragraph may net credit exposures of derivative transactions arising under the same qualifying master netting agreement.

(b) Conversion Factor Matrix Method. The current credit exposure arising from a derivative transaction shall be equal to the product of the notional amount and conversion factor. The conversion factor is determined by asset class and by the maturity of assets: Interest rate, foreign exchange and gold derivatives are valued by multiplying the notional amount by the following multiples based on maturity of the contract: .015 for a maturity of 1 year or less, .03 for a maturity of 1-3 years, .06 for a maturity of 3-5 years, .12 for a maturity of 5-10 years, and .3 for a maturity of over 10 years. Equity derivatives, regardless of maturity will be multiplied by a factor of .2. Other derivatives, including commodities other than gold will be multiplied by: .06 for a maturity of a year or less, .18 for a maturity of 1-3 years, .3 for a maturity of 3-5 years, .6 for a maturity of 5-10 years and 1 for a maturity of over 10 years.

(c) Remaining Maturity Method. The current credit exposure arising from a derivative transaction under the Remaining Maturity Method shall be the greater of zero or the sum of the current mark-to-market value of the derivative transaction added to the product of the notional amount, the remaining maturity in years of the transaction and a fixed multiplicative factor. Like the conversion factor, the fixed multiplicative factor is determined by asset class, but instead of having a fixed value for purposes of the lending limit over the life of a contract, as the maturity diminishes so does the value for purposes of the lending limit. The fixed multiplicative factor for interest rate, foreign exchange and gold derivatives is 1.5%. For equity derivatives and any other derivatives including commodities the fixed multiplicative factor will be 6%.

R331-23-[6]7. Record Keeping.

(1) The board of directors shall review at least annually the most recent financial statements on all loans and extensions of

credit, including credit exposure to a derivative transaction, to one person exceeding 10% of total capital. Based upon this review, the board of directors shall approve a determination that the conditions outlined in Rule R331-23-4 do not exist for such loans and extensions of credit. A statement of the above approval shall be incorporated into the minutes of the board of directors meeting at which the review was accomplished.

(2) In the case of loans and extensions of credit subject to the limitations of Section 7-3-19(2) and Rule R331-23-3(2), a record of the market value of the collateral securing such loans or extensions of credit shall be maintained as set forth in Rule R331-23-3.

KEY: loans, banks, industrial loan corporations

Date of Enactment or Last Substantive Amendment: ~~July 16, 1997~~ 2012

Notice of Continuation: September 28, 2012

Authorizing, and Implemented or Interpreted Law: 7-3-19; 7-8-20

**Governor, Planning and Budget,
Inspector General of Medicaid Services
(Office of)
R367-1
Office of Inspector General of Medicaid
Services**

NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 36993

FILED: 10/25/2012

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: These amendments are made in response to public comment received by the Office of Inspector General (OIG).

SUMMARY OF THE RULE OR CHANGE: This amendment removes certain provisos for fines and assessments, provider agreements, and certain incorporation by reference statutes.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 63J-4a-101 and Section 63J-4a-201

ANTICIPATED COST OR SAVINGS TO:

◆ **THE STATE BUDGET:** The amendment of Rule R367-1 will not have any aggregate cost to the state budget. The rule further clarifies the duties and procedures of the OIG outlined in Sections 63J-4a-101 through 63J-4a-602. There will be savings to the state budget, this rule will further assist the OIG to recoup and recover misappropriated Medicaid funds. This amount will vary year to year based upon the results of the audits.

◆ LOCAL GOVERNMENTS: The amendment of this rule will not result in direct and measurable costs for local governments. Local governments are not involved in the Medicaid Program. Additionally, the OIG will be collecting wrongfully acquired Medicaid funds. These are funds that the local governments were not originally entitled to; any funds paid by the local government, if any, would be a reimbursement of state and federal money.

◆ SMALL BUSINESSES: The amendment of this rule will not result in direct and measurable costs for small businesses. The OIG will be collecting wrongfully acquired Medicaid funds from small and solo practice medical providers. These are funds that the providers were not originally entitled to; any monies paid by the providers to the OIG, if any, would be a reimbursement of state monies. Therefore, there would be no additional costs to small businesses, just a reimbursement to the state.

◆ PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES: The amendment of this rule will not result in direct and measurable costs for other entities. The OIG will be collecting wrongfully acquired Medicaid funds from hospitals, large provider groups, pharmacies. These are funds that the providers were not originally entitled to; any monies paid by the providers to the OIG, if any, would be a reimbursement of state monies. Therefore, there would be no additional costs to other entities, just a reimbursement to the state.

COMPLIANCE COSTS FOR AFFECTED PERSONS: The amendment does not create new compliance costs for any local government or business. There are no regulatory mandates created by this rule. This change is made after public comment; the changes will remove assessment of civil fines, provider agreement language and incorporation by reference. There are no costs associated.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: Following public comment, Rule R367-1 has been amended. It addresses several concerns raised by various interested parties in the health care field. I have reviewed this rule and I concur with the changes that have been made.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

GOVERNOR
PLANNING AND BUDGET, INSPECTOR GENERAL
OF MEDICAID SERVICES (OFFICE OF)
288 N 1460 W
SALT LAKE CITY, UT 84116
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

◆ Michael Green by phone at 801-538-6123, by FAX at 801-538-6382, or by Internet E-mail at mkgreen@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 12/17/2012

THIS RULE MAY BECOME EFFECTIVE ON: 12/24/2012

AUTHORIZED BY: Michael Green, Policy and Training Coordinator

R367. Governor, Planning and Budget, Inspector General of Medicaid Services (Office of).

R367-1. Office of Inspector General of Medicaid Services.

R367-1-1. Introduction and Authority.

(1) This rule generally characterizes the scope of the Office of Inspector General of Medicaid Services in Utah, and defines all of the provisions necessary to administer the Office.

(2) The rule is authorized under Section 63J-4a-602 pursuant to Title 63G, Chapter 3, Utah Administrative Rulemaking Act.

~~[(3) If any policy conflict arises between providers and or any party with regard to the Medicaid Program the Utah State Plan under Title XIX of the Social Security Act Medical Assistance Program shall be supreme and govern.]~~

[(3) If any provider manual or policy guide is inconsistent with Administrative Rule, the Administrative Rule shall be supreme.]

R367-1-2. Definitions.

(1) The terms used in this rule are defined in Section 63J-4a-102.

R367-1-3. The Office of Inspector General.

(1) The Utah Department of Health is the Single State Agency designated to administer or supervise the administration of the Medicaid program under Title XIX of the federal Social Security Act, The Office of Inspector General must ensure that the Medicaid Program is managed in an efficient and effective manner to minimize fraud, waste, and abuse, in the Medicaid program as outlined in Section 63J-4a-202. The Office of Inspector General has entered into a Memorandum of Understanding (MOU) with the Department outlining the delegation of duties from the Department to the Office and as required by federal and state statutes.

R367-1-4. Office Duties.

(1) The Office of the Inspector General shall perform the following duties:

(a) Adhere to appropriate standards as outlined in the Government Accounting Office's Government Auditing Standards.

(b) The Office will receive reports of potential fraud, waste, or abuse in the state Medicaid program through phone, website, or other electronic means open to the public:

(i) establish a 24-hour, toll free hotline monitored by staff, or voicemail as appropriate.

(ii) establish a separate identifiable email to report fraud, waste or abuse of Medicaid funds.

(c) The Office will investigate and identify potential or actual fraud, waste, or abuse in the state Medicaid program by post payment review of claims paid under fee-for service, managed care, capitation, waiver, contracts or other payment methods where funds are expended by the Department for Medicaid related services or programs.

(d) The Office will obtain, develop, and utilize computer algorithms to identify fraud, waste, or abuse in the state Medicaid

program by either developing an in-house program, by contract with private vendors, or other suitable methods as agreed upon with the Department. The Office may also develop in-house programs in consultation with the Department.

(e) The Office will establish an MOU with the Medicaid Fraud Control Unit to identify and recover improperly or fraudulently expended Medicaid funds.

(f) The Office will determine appropriate methodology for identifying risk associated with the Division and its programs under Medicaid funding.

(g) The Office will regularly report to the Department regarding all identified cases of fraud, waste or abuse. The Office will report how the Department can reduce cost or improve performance through changes in policies or claims payment systems. The Office will operate the program integrity function and audit function to the extent possible and as described under a MOU with the Department to be established each state fiscal year beginning in July and ending in June of the following year. The MOU must be renewed each year by both the DOH and OIG.

(h) The Office will establish a means for providers to return payments to the Office. The Office will return all collected overpayments to the Department, except to pay Recovery Audit Contractors.

(i) The Office will provide training to agencies, providers and employees on identifying potential fraud, waste, or abuse of Medicaid funds regularly. All training materials and curriculum will be developed in consultation with the Department and may include Department representation.

R367-1-5. Incorporations by Reference.

(1) All rules, regulations, and laws below are incorporated by reference.

(a) 42 CFR 431.107(b)(2)

(b) 42 CFR 456, Subpart B

(c) 42 CFR 455.13

(d) 42 CFR 455.21

(e) 42 CFR 1007

(f) Title 63G, Chapter 2

(g) Title 26-1-17.5

(h) Section 26-1-24

(i) Section 63G-4-102

~~(f)j~~ 42 USC 139a(a)(3)

~~(g)k~~ 42 CFR 431, Subpart E

R367-1-6. Discrimination Prohibited.

(1) In accordance with Title VI of the Civil Rights Act of 1964 (42 USC 2000d et seq.), Section 504 of the Rehabilitation Act of 1973 (29 USC 70b), and the regulations at 45 CFR Parts 80 and 84, the Office assures that no individual shall be subjected to discrimination under the plan on the grounds of race, color, gender, national origin, or handicap.

R367-1-7. Utilization Review and Medicaid Services Provided under the Utah Medicaid Program.

(1) The Office may request records that support provider claims for payment under programs funded through the Department. These requests shall be in writing and identify the records to be reviewed. Written responses to requests must be returned within 30 days of the date of the written request. Responses must include the

complete record of all services and supporting services for which reimbursement is claimed. If the provider is unable to produce the documents on request, the provider shall be granted 24 hours to provide all necessary and appropriate information supporting and documenting the need for services. However, if there is no response within the 30 day period, the Office will close the record and will evaluate the payment based on the records available.

(2) The Office may conduct announced or unannounced onsite reviews and visits. On-site reviews require that the provider submit records on request based on 42 CFR 431.107(b)(2). All announced visits will receive reasonable notice from the Office.

(3) The Office shall conduct hospital utilization reviews as outlined in the Department's Superior System Waiver in effect at the time service was rendered.

(a) The Office shall determine medical necessity and appropriateness of inpatient admissions during utilization review by use of InterQual criteria, published by McKesson Corporation~~], or another suitable industry standard substitute].~~

(b) The standards in the InterQual criteria, or other suitable industry standard substitute, shall not apply to services in which a determination has been made to utilize criteria customized by the Department or that are excluded as a Medicaid benefit by rule or contract.

(c) Where InterQual or other suitable industry standard substitute criteria are silent, the Office shall approve or deny services based upon appropriate administrative rules or the Department's criteria as incorporated in the Medicaid provider manuals.

(4) Providers shall refund payments to the Office upon written request if any of the following occur:

(a) the Department pays for a service which is later determined not to be a benefit of the Utah Medicaid program; or

(b) does not comply with state or federal policies and regulations.

(c) If services cannot be properly verified or when a provider refuses to provide or grant access to records.

(d) Unless appealed, all refunds must be made to the Office within 30 days of written notification. An appeal of this determination must be filed within 30 days of written notification as specified in Rule R367-1-14.

(e) A provider shall reimburse the Office for all overpayments regardless of the reason for the overpayment. Including, but not limited to agency errors, inadvertent errors, or other program errors. The Office may make a request to the Department to deduct an equal amount from future reimbursements.

~~[(5) The Office may include monetary penalties, fees for auditing, interest including any applicable and reasonable fees that do not exceed 10% of the total cost of the recovery or identified overpayment.~~

]

[R367-1-8. Provider and Client Agreements.

~~(1) The Department contracts with each provider who furnishes services under the Utah Medicaid Program.~~

~~(2) By signing a provider agreement with the Department, the provider agrees to follow the terms incorporated into the provider agreements, including policies and procedures, provider manuals, Medicaid Information Bulletins, and provider letters.~~

~~(3) By signing an application for Medicaid coverage, the client agrees that the Department's obligation to reimburse for services is governed by contract between the Department and the provider.~~

~~(4) The Office will adhere to the agreements between the provider and the Department as long as there is no violation of state and or federal regulations.~~

]R367-1-9. Medicaid Fraud.

(1) The Office establishes and maintains methods, criteria, and procedures that meet all federal and state requirements for prevention, control of program fraud and abuse; and provider sanctioning and termination.

(2) The Office will enter into an MOU with The Medicaid Fraud Control Unit and the Department to ensure appropriate measures are established to reduce and prevent fraud and abuse in the Medicaid program.

R367-1-10. Confidentiality.

(1) Title 63G, Chapter 2, and Section 26-1-17.5 impose legal sanctions and provide safeguards that restrict the use or disclosure of information concerning providers, applicants, clients, and recipients to purposes directly connected with the administration of the plan. The Office will adopt those principles through incorporation of the references note.

R367-1-11. Right to Contract with Recovery Audit Organizations.

(1) The Office may contract for the investigation, notification and recovery of overpayments under any funds paid by the Department through the Medicaid program, Title XIX of the Social Security Act, under a contingency fee arrangement not to exceed the maximum amount set by CMS of the state's share actually recovered from overpayments according to federal regulations.

R367-1-12. Auditing of the Department of Health.

12.1. Audit Responsibilities.

(1) Audits will be conducted under the regular supervision of the Inspector General.

(2) The audit reports will then be released to the Director of the Governor's Office of Planning and Budget to which the Inspector General reports administratively.

(3) Audits will primarily be determined through a risk assessment approved by the Office.

(4) All activities of the Office will remain free of influence from any Department, Division, private or contracted entities.

(5) The Office audit group will follow the Generally Accepted Government Auditing Standards (GAGAS) as it relates to audit standards and training.

(6) The auditors will immediately notify the Inspector General of any serious deficiency or the suspicion of significant fraud during its review.

(7) Pursuant to Utah Code 63J-4a-301 the Office will have unrestricted access to all records of state executive branch entities, all local government entities, and all providers relating directly or indirectly to the state Medicaid program.

12.2. Audit Plan.

(1) An audit plan will be prepared by the Office at least annually and shall:

(a) Identify the audits to be performed, based on audit risk assessment reviewed annually;

(b) Identify resources to be devoted to audits in plan;

(c) Ensure that audits evaluate the efficiency and effectiveness of tax payer dollars in the Medicaid program;

(d) Determine adequacy of Medicaid's controls over federal and state compliance.

(2) An OIG audit shall:

(a) Issue regular audit reports on the effectiveness and efficiency of the defined audits within the Medicaid program in Utah;

(b) Ensure that such audits are conducted within professional standards such as those defined by the Institute of Internal Auditors and Generally Accepted Governmental Auditing Standards (GAGAS);

(c) Report annually to the Governor's office on or before October 1, and to the Utah Legislature before November 30 as stated in 63J-4a-502.

12.3. Access to Records and Employees.

(1) In order to fulfill the duties described in Section 63J-4a-202, the Office shall have access to all records of state executive branch entities, all local government entities, and all providers relating, directly or indirectly, as stated in 63J-4a-301. Access to employees that the inspector general determines may assist in the fulfilling of the duties of the Office shall be granted as stated in 63J-4a-302.

12.4. Subpoena Power.

(1) The Office shall have the power to issue a subpoena to obtain record or interview a person that the Office has the right to access as stated in 63J-4a-401.

R367-1-13. Billing Codes.

(1) In submitting claims to the Department, every provider shall use billing codes compliant with Health Insurance Portability and Accountability Act of 1996 (HIPAA), along with other national accredited coding standards as defined under the federal law or other nationally accepted coding standards and as established under the Affordable Care Act of 2010 which requires all Medicaid providers to bill according to National Correct Coding Initiatives (N.C.C.I) that are in effect at the time of submitting claims to the Medicaid Agency for payments.

R367-1-14. Provider Communication.

(1) In completing the work as outlined in 63J-4a-202(k), to identify and recoup overpayments, the Office will communicate overpayments information as follows:

(a) Any suspected recoupment or take back against future funds less than ~~\$5,000~~[\$50,000] shall be communicated to the provider via email including a verification certificate attached to verify delivery.

(b) Any suspected recoupment or take back against future funds greater than ~~\$5,000~~[\$50,000] shall be communicated to the provider through certified mail or similar guaranteed delivery mechanism.

(c) Administrative hearing notice requirements will also comply with (a) and (b) above.

(d) In addition to the methods set forth in this rule, a party may be served as permitted by the Utah Rules of Civil Procedure.

(2) Any request for records or documents will also comply with subsections (a) through (d).

R367-1-16. General Rule Format.

(1) The following format is used generally throughout the rules of the Office. Section headings as indicated and the following general definitions are for guidance only. The section headings are not part of the rule content itself. In certain instances, this format may not be appropriate and will not be implemented due to the nature of the subject matter of a specific rule.

(2) Introduction and Authority. A concise statement as to what Medicaid service is covered by the rule, and a listing of specific federal statutes and regulations and state statutes that authorize or require the rule.

(3) Definitions. Definitions that have special meaning to the particular rule.

(4) Other Sections. As necessary under the particular rule, additional sections may be indicated. Other sections include regulatory language that does not fit into sections (1) through (4).

KEY: Inspector General, health, Medicaid fraud waste abuse
Date of Enactment or Last Substantive Amendment: [May 23,] 2012
Authorizing, and Implemented or Interpreted Law: 63J-4a-101; 63J-4a-201; 63J-4a-602

**Health, Family Health and
 Preparedness, WIC Services**

R406-100-1

Incorporation of Federal Regulations

NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 37008

FILED: 10/26/2012

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of this amendment is to update and add incorporations by reference.

SUMMARY OF THE RULE OR CHANGE: In Section R406-100-1, changes the section title from "Incorporation of Federal Regulations" to "Incorporations by Reference". Updates the revision date of the federal regulation, 7 CFR 246, to 01/01/2012 edition. Adds the incorporation by reference the Fiscal Year 2013 Utah Women, Infants, and Children (WIC) State Plan of Program Operations and Administration including the Utah WIC Policy and Procedures Manual effective 10/01/2012.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: 7 CFR 246.4 and Section 26-1-15

MATERIALS INCORPORATED BY REFERENCES:

- ◆ Updates 7 CFR 246, published by Government Printing Office, 01/01/2012
- ◆ Adds FY13 Utah WIC State Plan, Policy and Procedures Manual, published by Utah WIC Program , 10/01/2012

ANTICIPATED COST OR SAVINGS TO:

- ◆ **THE STATE BUDGET:** None--WIC is fully federally funded; these changes do not have any expected financial impact to the state or to WIC's budget.
- ◆ **LOCAL GOVERNMENTS:** None--Local health departments are already funded by WIC to comply with these regulations. This incorporation by reference is an annual update of current operating policy.
- ◆ **SMALL BUSINESSES:** None--No businesses operate WIC clinics.
- ◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** None--No businesses operate WIC clinics.

COMPLIANCE COSTS FOR AFFECTED PERSONS: None--No businesses operate WIC clinics.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: Updating incorporation by reference citations should have no fiscal impact on business.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

HEALTH
 FAMILY HEALTH AND PREPAREDNESS,
 WIC SERVICES
 CANNON HEALTH BLDG
 288 N 1460 W
 SALT LAKE CITY, UT 84116-3231
 or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

- ◆ Chris Furner by phone at 801-538-6199, by FAX at 801-538-6729, or by Internet E-mail at CFURNER@utah.gov
- ◆ Rick Wardle by phone at 801-538-6897, by FAX at 801-538-6729, or by Internet E-mail at rwardle@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 12/18/2012

THIS RULE MAY BECOME EFFECTIVE ON: 12/26/2012

AUTHORIZED BY: David Patton, PhD, Executive Director

**R406. Health, Family Health and Preparedness, WIC Services.
R406-100. Special Supplemental Nutrition Program for Women, Infants and Children.**

R406-100-1. [~~Incorporation of Federal Regulations~~ Incorporations by Reference.

(1) The State WIC Office adopts the standards of the Special Supplemental Nutrition Program for Women, Infants and Children provided in 7 CFR 246, [~~01/01/2010~~01/01/2012 edition, which is incorporated by reference.

(2) The State WIC Office incorporates by reference the Fiscal Year 2013 Utah Women, Infants, and Children (WIC) State Plan of Program Operations and Administration including the Utah WIC Policy and Procedures Manual effective October 1, 2012.

KEY: nutrition, women, children, infants

Date of Enactment or Last Substantive Amendment: [~~October 28, 2011~~2012

Notice of Continuation: February 2, 2012

Authorizing, and Implemented or Interpreted Law: 26-1-15

**Health, Family Health and Preparedness, Emergency Medical Services
R426-1**

General Definitions

NOTICE OF PROPOSED RULE

(New Rule)

DAR FILE NO.: 36974

FILED: 10/23/2012

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of this rule is to fulfill the Governor's mandate for rule review and simplification.

SUMMARY OF THE RULE OR CHANGE: The rule change eliminates redundancy, provides sequential numbering, and reflects best practice updates for all aspects of the Emergency Medical Services Act (Title 26, Chapter 8a).

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Title 26, Chapter 8a

ANTICIPATED COST OR SAVINGS TO:

♦ **THE STATE BUDGET:** No anticipated fiscal impact to the state budget because there are no changes in the rule requirements that are imposed by these amendments.

♦ **LOCAL GOVERNMENTS:** No anticipated fiscal impact to local governments because there are no changes in the rule requirements that are imposed by these amendments.

♦ **SMALL BUSINESSES:** No anticipated fiscal impact to small businesses because there are no changes in the rule requirements that are imposed by these amendments.

♦ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** No anticipated fiscal impact to businesses because there are no changes in the rule requirements that are imposed by these amendments.

COMPLIANCE COSTS FOR AFFECTED PERSONS: No anticipated fiscal impact for affected persons because there are no changes in the rule requirements that are imposed by these amendments.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: In response to the Governor's Executive Order to examine all administrative rules and reduce regulatory impact that may be inhibiting economic growth, the rules governing Emergency Medical Services providers are being repealed, simplified, and reenacted. Fiscal impact is expected to be positive for business as the requirements are streamlined and updated.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

HEALTH
FAMILY HEALTH AND PREPAREDNESS,
EMERGENCY MEDICAL SERVICES
3760 S HIGHLAND DR
SALT LAKE CITY, UT 84106
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Guy Dansie by phone at 801-273-6671, by FAX at 801-273-4165, or by Internet E-mail at gdansie@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 12/17/2012

THIS RULE MAY BECOME EFFECTIVE ON: 12/24/2012

AUTHORIZED BY: David Patton, PhD, Executive Director

R426. Health, Family Health and Preparedness, Emergency Medical Services.

R426-1. General Definitions.

R426-1-100. Authority and Purpose.

This rule establishes uniform definitions for all R426 rules. It also provides administration standards applicable to all R426 rules.

R426-1-200. General Definitions.

The definitions in Title 26, Chapter 8a are adopted and incorporated by reference into this rule, in addition:

(1) "Advanced Emergency Medical Technician" or "AEMT" means an individual who has completed an AEMT training program, approved by the Bureau, who is certified by the Department as qualified to render services enumerated in this rule.

(2) "Air Ambulance personnel" mean the pilot and patient care personnel who are involved in an air medical transport.

(3) "Air Ambulance Service" means any publicly or privately owned organization that is licensed or applies for licensure under R426-3 and provides transportation and care of patients by air ambulance.

(4) "Air Ambulance Service Medical Director" means a physician knowledgeable of potential medical complications which may arise because of air medical transport, and is responsible for overseeing and assuring that the appropriate air ambulance, medical personnel, and equipment are provided for patients transported by the air ambulance service.

(5) "Categorization" means the process of identifying and developing a stratified profile of Utah hospital trauma critical care capabilities in relation to the standards defined under R426-5-7.

(6) "Certify," "Certification," and "Certified" mean the official Department recognition that an individual has completed a specific level of training and has the minimum skills required to provide emergency medical care at the level for which he is certified.

(7) "Competitive grant" means a grant awarded through the Emergency Medical Services Grants Program on a competitive basis for a share of available funds.

(8) "Continuing Medical Education" means Department-approved training relating specifically to the appropriate level of certification designed to maintain or enhance an individual's emergency medical skills.

(9) "County or Multi-County EMS Council or Committee" means a group of persons recognized as the legitimate entity within the county to formulate policy regarding the provision of EMS.

(10) "Course Coordinator" means an individual who has completed a Department course coordinator course and is certified by the Department as capable to conduct Department-authorized EMS courses.

(11) "Department" means the Utah Department of Health.

(12) "Emergency Medical Dispatcher" or "EMD" means an individual who has completed a Department approved EMD training program, and is certified by the Department as qualified to render services enumerated in this rule.

(13) "Emergency Medical Dispatch Center" means an agency designated by the Department for the routine acceptance of calls for emergency medical assistance from the public, utilizing a selective medical dispatch system to dispatch licensed ambulance, and paramedic services.

(14) "Emergency Medical Responder" or "EMR" means an individual who has completed a Department approved EMR training program, and is certified by the Department as qualified to render services enumerated in this rule.

(15) "Emergency Medical Technician" or "EMT" means an individual who has completed a Department approved EMT training program and is certified by the Department as qualified to render services enumerated in this rule.

(16) "EMS" means Emergency Medical Services.

(17) "EMS Incident" means an instance in which an Emergency Medical Services Provider is requested to provide or potentially provide emergency medical services.

(18) "EMS Instructor" means an individual who has completed a Department EMS instructor course and is certified by the Department as capable to teach EMS personnel.

(19) "EMS Stand-by Service" means an on-site licensed ambulance, paramedic service, or designated quick response unit at an event or activity where a County or City Mass Gathering Permit is required by the jurisdiction having authority. It does not include an assembly of people at a location with permanent facilities designed for that specific assembly unless the assembly meets the criteria for a County or City Mass Gathering permit.

(20) "Exclusive License" means the sole right to perform the licensed act in a defined geographic service area, and that prohibits the Department of Health from performing the licensed act, and from granting the right to anyone else.

(21) "Grants Review Subcommittee" means a subcommittee appointed by the EMS Committee to review, evaluate, prioritize and make grant funding recommendations to the EMS Committee.

(22) "Inclusive Trauma System" means the coordinated component of the State emergency medical services (EMS) system composed of all general acute hospitals licensed under Title 26, Chapter 21, trauma centers, and prehospital providers which have established communication linkages and triage protocols to provide for the effective management, transport and care of all injured patients from initial injury to complete rehabilitation.

(23) "Individual" means a human being.

(24) "Level of Care" means the capabilities and commitment to the care of the trauma patient available within a specified facility.

(25) "Level of Certification" means the official Department recognized step in the certification process in which an individual has attained as an EMS provider.

(26) "Meritorious Complaint" means a complaint that is made by a patient, a member of the immediate family of a patient, or health care provider, that the Department determines is substantially supported by the facts and/or:

(a) has repeatedly failed to provide service at the level or in the exclusive geographic service area required licensee;

(b) has repeatedly failed to follow operational standards established by the EMS Committee;

(c) has committed an act in the performance of a professional duty that endangered the public or constituted gross negligence; or

(d) has otherwise repeatedly engaged in conduct that is adverse to the public health, safety, morals or welfare, or would adversely affect the public trust in the emergency medical service system.

(27) "Matching Funds" means that portion of funds, in cash, contributed by the grantee to total project expenditures.

(a) "On-line Medical Control" which refers to physician medical direction of prehospital personnel during a medical emergency; and

(b) "Off-line Medical Control" which refers to physician oversight of local EMS services and personnel to assure their medical accountability.

(28) "Medical Director" means a physician certified by the Department to provide off-line medical control.

(29) "Net Income" - The sum of net service revenue, plus other operating revenue and subsidies of any type, less operating expenses, interest expense, and income.

(30) "Paramedic Ground Ambulance" means the provision of advanced life support patient care and transport by paramedic personnel in a licensed ambulance.

(30) "Paramedic Service" means the provision of advanced life support patient care by paramedic personnel without the ability to transport patients.

(31) "Paramedic Unit" means a vehicle which is properly equipped, maintained and used to transport paramedics to the scene of emergencies to perform paramedic services without the ability to transport patients.

(32) "Paramedic Tactical Service" means the retrieval and field treatment of injured peace officers or victims of traumatic confrontations by paramedics who are trained in combat medical response.

(33) "Paramedic Tactical Unit" means a vehicle which is properly equipped, maintained and used to transport paramedics to the scene of traumatic confrontations to provide paramedic tactical services.

(34) "Patient Care Report" means a record of the response by each responding Emergency Medical Services Provider unit to each patient during an EMS Incident.

(35) "Per Capita grants" mean block grants determined by prorating available funds on a per capita basis as delineated in 26-8a-207, as part of the Emergency Medical Services Grants Program.

(36) "Permit" means the document issued by the Department that authorizes a vehicle to be used in providing emergency medical services.

(37) "Person" means an individual, firm, partnership, association, corporation, company, or group of individuals acting together for a common purpose, agency, or organization of any kind public or private.

(38) "Physician" means a medical doctor licensed to practice medicine in Utah.

(39) "Pilot" means any individual licensed under Federal Aviation Regulations, Part 135.

(40) "Prehospital Care" means medical care given to an ill or injured patient by a designated or licensed EMS provider outside of a hospital setting.

(41) "Primary emergency medical services" means a for-profit organization that is the only licensed or designated service in a geographical area.

(42) "Quick Response Unit" means an entity that provides emergency medical services to supplement local ambulance services or provide unique services.

(43) "Resource Hospital" means a facility designated by the EMS Committee to provide on-line medical control for the provision of prehospital emergency care.

(44) "Scene" means the location of initial contact with the patient.

(45) "Selective Medical Dispatch System" means a department-approved reference system used by a local dispatch agency to dispatch aid to medical emergencies which includes:

(a) systemized caller interrogation questions;

(b) systemized pre-arrival instructions; and

(c) protocols matching the dispatcher's evaluation of injury or illness severity with vehicle response mode and configuration.

(46) "Specialized Life Support Air Ambulance Service" means a level of care which requires equipment or specialty patient

care by one or more medical personnel in addition to the regularly scheduled air medical team.

(47) "Training Officer" means an individual who has completed a department Training Officer Course and is certified by the Department to be responsible for an EMS provider organization's continuing medical education, recertification records, and testing.

(48) "Transition period" means prescribed range of dates that includes a begin and end date in which EMS providers will change their level of certificate from existing levels of certification to the Department adopted National Traffic and Highway Safety Administration's (NHTSA) National EMS Scope of Practice Model. This model names levels of certification as EMR, EMT, AEMT and Paramedic.

KEY: emergency medical services definitions

Date of Enactment or Last Substantive Amendment: 2012

Authorizing, and Implemented or Interpreted Law: 26-8a

Health, Family Health and Preparedness, Emergency Medical Services **R426-2** Air Medical Service Rules

NOTICE OF PROPOSED RULE

(Repeal and Reenact)

DAR FILE NO.: 36975

FILED: 10/23/2012

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of this filing is to fulfill the Governor's mandate for rule review and simplification.

SUMMARY OF THE RULE OR CHANGE: The rule change eliminates redundancy, provides sequential numbering, and reflects best practice updates for all aspects of the Emergency Medical Services Act (Title 26, Chapter 8a).

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Title 26, Chapter 8a

ANTICIPATED COST OR SAVINGS TO:

♦ **THE STATE BUDGET:** No anticipated fiscal impact to the state budget because there are no changes in the rule requirements that are imposed by these amendments.

♦ **LOCAL GOVERNMENTS:** No anticipated fiscal impact to local governments because there are no changes in the rule requirements that are imposed by these amendments.

♦ **SMALL BUSINESSES:** No anticipated fiscal impact to small businesses because there are no changes in the rule requirements that are imposed by these amendments.

♦ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** No

anticipated fiscal impact to businesses because there are no changes in the rule requirements that are imposed by these amendments.

COMPLIANCE COSTS FOR AFFECTED PERSONS: No anticipated fiscal impact for affected persons because there are no changes in the rule requirements that are imposed by these amendments.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: In response to the Governor's Executive Order to examine all administrative rules and reduce regulatory impact that may be inhibiting economic growth, the rules governing Emergency Medical Services providers are being repealed, simplified, and reenacted. Fiscal impact is expected to be positive for business as the requirements are streamlined and updated.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

HEALTH
FAMILY HEALTH AND PREPAREDNESS,
EMERGENCY MEDICAL SERVICES
3760 S HIGHLAND DR
SALT LAKE CITY, UT 84106
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Guy Dansie by phone at 801-273-6671, by FAX at 801-273-4165, or by Internet E-mail at gdansie@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 12/17/2012

THIS RULE MAY BECOME EFFECTIVE ON: 12/24/2012

AUTHORIZED BY: David Patton, PhD, Executive Director

R426. Health, Family Health and Preparedness, Emergency Medical Services.

[R426-2. Air Medical Service Rules.

R426-2-1. Authority and Purpose.

(1) This Rule is established under Chapter 8, Title 26a.
(2) The purpose of this Rule is to set forth air ambulance policies and rules and standards adopted by the Utah Emergency Medical Services Committee which promote and protect the health and safety of the people of this state.

R426-2-2. Requirements for Licensure.

(1) The Department may issue licenses and vehicle permits to air medical services conforming to R426-2 for Advanced Life Support Air Medical Service and for Specialized Life Support Air Medical Service. A Specialized Life Support Air Medical Service license must list, on the license, the specialties for which the Specialized Life Support Air Medical Service is licensed.

(2) A person may not furnish, operate, conduct, maintain, advertise, or provide air medical transport services to patients

~~within the state or from within the state to out of state unless licensed by the Department.~~

~~(3) An air medical service shall comply with all state and federal requirements governing the specific vehicles utilized for air medical transport services.~~

~~(4) An air medical service must provide air medical services 24 hours a day, every day of the year as allowed by weather conditions except when the service is committed to another medical emergency or is unavailable due to maintenance requirements.~~

~~(5) To become licensed as an air medical service, an applicant must submit to the Department an application and appropriate fees for an original license which shall include the following:~~

~~(a) Certified Articles of Incorporation, if incorporated.~~

~~(b) The name, address, and business type of the owner of the air medical service or proposed air medical service.~~

~~(c) The name and address of the air ambulance operator(s) providing air ambulance(s) to the service.~~

~~(d) The name under which the applicant is doing business or proposes to do business.~~

~~(e) A statement summarizing the training and experience of the applicant in the air transportation and care of patients.~~

~~(f) A description and location of each dedicated and back-up air ambulance(s) procured for use in the air medical service, including the make, model, year of manufacture, FAA-N number, insignia, name or monogram, or other distinguishing characteristics.~~

~~(g) A copy of current Federal Aviation Administration (FAA) Air Carrier Operating Certificate authorizing FAR, Part 135, operations.~~

~~(h) A copy of the current certificate of insurance for the air ambulance.~~

~~(i) A copy of the current certificate of insurance demonstrating coverage for medical malpractice.~~

~~(j) The geographical service area, location and description of the place or places from which the air ambulance will operate.~~

~~(k) Name of the training officer responsible for the air medical personnel continuing education.~~

~~(l) The name of the air medical service medical director.~~

~~(m) A proposed roster of medical personnel which includes level of certification or licensure.~~

~~(n) A statement detailing the level of care for which the air medical service wishes to be licensed, either advanced or specialized.~~

~~(6) Upon receipt of an appropriately completed application for an air medical service license and submission of license fees, the Department shall collect supporting documentation and review each application. After review and before issuing a license to a new air medical service, the Department shall directly inspect the vehicle(s), the air medical equipment, and required documentation.~~

~~(7) The Department shall issue an air medical service license and air ambulance permit for a period of four years from the date of issue and which shall remain valid for the period unless revoked or suspended by the Department. The department may conduct inspections to assure compliance.~~

~~(8) Upon change of ownership, an air medical service license and air ambulance permit terminates and the new owner or operator must file within ten business days of acquisition an~~

application for renewal of the air medical service license and air ambulance permit.

(9) Air medical services must have an agreement to allow hospital emergency department physicians, nurses, and other personnel who participate in emergency medical services to fly on air ambulances.

(10) Air medical services must provide reports to the Department, for each mission made, on forms or a data format specified by the Department.

(11) Effective July 1, 1998, successful completion of the CAMTS certification process is required for licensure and relicensure by the Department as an air medical service.

(a) Air medical services licensed under R426-2 as of July 1, 1997 must achieve CAMTS certification as of July 1, 1998, and meet requirements of R426-2 for relicensure.

(b) Air medical services licensed under R426-2 after July 1, 1997 must submit an application for CAMTS certification within one year of receiving a license under this rule.

R426-2-3. Personnel Requirements.

(1) Emergency Medical Technicians and Paramedics, when responding to a medical emergency, shall display their certification patch or identification card on outer clothing to identify competency level at the scene.

(2) Air medical service providing basic life support must have at least one medical attendant who is an Emergency Medical Technician-Intermediate (EMT-I), EMT-Paramedic, Physician's Assistant, Registered Nurse, or MD.

(3) Air medical services providing advanced life support must have at least one medical attendant who is an EMT-P, PA, RN, or MD. This attendant shall be the primary medical attendant. The second medical attendant may be an EMT-P, PA, Respiratory Therapist, RN, or MD.

(4) Air medical services providing specialized life support must have at least one medical attendant who is a RN or MD. This attendant shall be the primary medical attendant. The second medical attendant may be an EMT-P, PA, RT, RN, or MD.

(5) All Basic, Advanced, and Specialized Life Support Medical Attendants must:

(a) Have a current CPR card or certificate meeting standards approved by the Department.

(b) Have verification in the air medical service file of initial and annual training in altitude physiology, safety, stress management, infection control, hazardous materials, survival training, disaster training, triage, and Utah emergency medical system communications.

(c) Be knowledgeable in the application, operation, care, and removal of all medical equipment used in the care of the patient. The air medical personnel shall have a knowledge of potential in-flight complications, which may arise from the use of the medical equipment and its in-flight capabilities and limitations.

(d) Have available during transport, a current copy of all written protocols authorized for use by the air medical service medical director. Patient care shall be governed by these authorized written protocols.

(6) Air medical services licensed for specialized life support shall meet the following requirements:

(a) Maintain clinical competency by keeping a current completion card in speciality education programs required by the air

medical service job description (e.g., American Heart Association/American Academy of Pediatrics Neonatal Association or Pediatric Advanced Life Support pertinent to appropriate speciality).

(b) Attend continuing education for speciality care providers that is specific and appropriate to the mission statement and scope of care for air medical services.

(c) Annually demonstrate to the air medical service medical director a knowledge and competency of specialized care and treatment of patients.

(7) All air medical services shall have an air medical service medical director who is a physician licensed in the state in which the ground base is located for the air ambulance, knowledgeable and responsible for the air medical care of patients.

(8) The air medical service applicant shall provide in writing to the Department the name of the air medical service medical director. If the air medical service medical director is replaced or removed, the air medical service shall notify the Department within thirty days after the action.

(a) The air medical service medical director:

(i) Shall have initial and annual training in altitude physiology, air ambulance safety, stress management, infection control, hazardous materials, survival training, disaster training, triage, and Utah emergency medical system communications. The air medical service shall document this training and make it available for inspection by the Department.

(ii) Shall have a current completion card in Advanced Cardiac Life Support according to the current standards of the American Heart Association.

(iii) Shall have a current completion card in Advanced Trauma Life Support according to the current standards of the American College of Surgeons.

(iv) Shall have a current speciality education completion card in Neonatal Resuscitation Program, Pediatric Advanced Life Support, and other similar courses or equivalent education in these areas.

(v) Shall have access to all specialty physicians as consultants.

(b) It is the responsibility of the air medical director to:

(i) Authorize written protocols for use by air medical attendants and review policies and procedures of the air medical service.

(ii) Develop and review treatment protocols, assess field performance, and critique at least 10% of the air medical service runs.

R426-2-4. Air Ambulance Vehicle Requirements.

(1) An air ambulance must have a permit from the Department to operate in Utah. Each air ambulance shall carry a decal showing the permit expiration date and permit number issued by the Department as evidence of compliance with R426-2. The permit holder shall meet all Federal Aviation Regulations specific to the operation of the air medical service.

(2) All air medical services shall notify the Department whenever the ground base location of a permitted vehicle is permanently changed.

(3) Air ambulances shall be maintained in good mechanical repair and sanitary condition on premises, properly equipped, maintained, and operated to provide quality service.

~~_____ (4) Air ambulance requirements are as follows:~~

~~_____ (a) The air ambulance must have sufficient space to accommodate at least one patient on a stretcher.~~

~~_____ (b) The air ambulance must have sufficient space to accommodate at least two medical attendant seats.~~

~~_____ (c) The patient stretcher shall be FAA-approved. It must be installed using the FAA 337 form or a "Supplemental Type Certificate." The stretcher shall be of sufficient length and width to support a patient in full supine position who is ranked as a 95th percentile American male that is 6 feet tall and weighing 212 pounds. The head of the stretcher shall be capable of being elevated at least 30 degrees.~~

~~_____ (d) The air ambulance doors shall be large enough to allow a stretcher to be loaded without rotating it more than 30 degrees about the longitudinal roll axis, or 45 degrees about the lateral pitch axis.~~

~~_____ (e) The stretcher shall be positioned so as to allow the medical attendants a clear view and access to any part of the patient's body that may require medical attention. Seat-belted medical attendants must have access to the patient's head and upper body.~~

~~_____ (f) The patient, stretcher, attendants, seats, and equipment shall be so arranged as to not block the pilot, medical attendants, or patients from easily exiting the air ambulance.~~

~~_____ (g) The air ambulance shall have FAA-approved two-point safety belts and security restraints adequate to stabilize and secure any patient, patient stretcher, medical attendants, pilots, or other individuals.~~

~~_____ (h) The air ambulance shall have a temperature and ventilation system for the patient treatment area.~~

~~_____ (i) The patient area shall have overhead or dome lighting of at least 40-foot candle at the patient level, to allow adequate patient care. During night operations the pilot's cockpit shall be protected from light originating from the patient care area.~~

~~_____ (j) The air ambulance shall have a self-contained interior lighting system powered by a battery pack or portable light with a battery source.~~

~~_____ (k) The pilots, flight controls, power levers, and radios shall be physically protected from any intended or accidental interference by patient, air medical personnel or equipment and supplies.~~

~~_____ (l) The patient must be sufficiently isolated from the cockpit to minimize in-flight distractions and interference which would affect flight safety.~~

~~_____ (m) The interior surfaces shall be of material easily cleaned, sanitized, and designed for patient safety. Protruding sharp edges and corners shall be padded.~~

~~_____ (n) Patients whose medical problems may be adversely affected by changes in altitude may only be transported in a pressurized air ambulance.~~

~~_____ (o) The air medical service shall provide all medical attendants with sound ear protectors sufficient to reduce excessive noise pollution arising from the air ambulance during flight.~~

~~_____ (p) There shall be sufficient medical oxygen to assure adequate delivery of oxygen necessary to meet the patient medical needs and anticipated in-flight complications. The medical oxygen must:~~

~~_____ (i) be installed according to FAA regulation;~~

~~_____ (ii) have an oxygen flow rate determined by in-line pressure gauges mounted in the patient care area with each outlet clearly identified and within reach of a seat-belted medical attendant;~~

~~_____ (iii) allow the oxygen flow to be stopped at or near the oxygen source from inside the air ambulance;~~

~~_____ (iv) have gauges that easily identify the quantity of medical oxygen available;~~

~~_____ (v) be capable of delivering fifteen liters/minute at fifty psi;~~

~~_____ (vi) have a portable oxygen bottle available for use during patient transfer to and from the air ambulance;~~

~~_____ (vii) have a fixed back-up source of medical oxygen in the event of an oxygen system failure;~~

~~_____ (viii) the oxygen flow meters shall be recessed, padded, or by other means mounted to prevent injury to patients or medical attendants; and~~

~~_____ (ix) "No smoking" signs shall be prominently displayed inside the air ambulance.~~

~~_____ (q) The air ambulance electric power must be provided through a power source capable to operate the medical equipment and a back-up source of electric power capable of operating all electrically powered medical equipment for one hour.~~

~~_____ (r) The air ambulance must have at least two positive-locking devices for intravenous containers padded, recessed, or mounted to prevent injury to air ambulance occupants. The containers shall be within reach of a seat-belted medical attendant.~~

~~_____ (s) The air ambulance must be fitted with a metal hard-lock container, fastened by hard point restraints to the air ambulance, or must have a locking cargo bay for all controlled substances left in an unattended.~~

~~_____ (t) An air ambulance shall have properly maintained survival gear appropriate to the service area and number of occupants.~~

~~_____ (u) An air ambulance shall have an equipment configuration that is installed according to FAA criteria and in such a way that the air medical personnel can provide patient care.~~

~~_____ (v) The air ambulance shall be configured in such a way that the air medical personnel have access to the patient in order to begin and maintain basic and advanced life support care.~~

~~_____ (w) The air ambulance shall have space necessary to allow patient airway maintenance and to provide adequate ventilatory support from the secured, seat-belted position of the medical personnel.~~

R426-2-5. Equipment Standards.

~~_____ (1) Air ambulances must maintain minimum quantities of supplies and equipment for each air medical transport as listed in the document R426 Appendix in accordance with the air medical service's licensure level. Due to weight and safety concerns on specialized air transports, the air medical service medical director shall insure that the appropriate equipment is carried according to the needs of the patient to be transported. All medications shall be stored according to manufacturer recommendations.~~

~~_____ (2) All medical equipment except disposable items, shall be designed, constructed, and made of materials that under normal conditions and operations, are durable and capable of withstanding repeated cleaning.~~

~~(3) The equipment and medical supplies shall be maintained in working condition and within legal specifications.~~

~~(4) All non-disposable equipment shall be cleaned or sanitized after each air medical transport.~~

~~(5) Medical equipment shall be stored and readily accessible by air medical personnel.~~

~~(6) Before departing, the air medical personnel shall notify the pilot of any add-on equipment for weight and balance considerations.~~

~~(7) Physical or chemical restraints must be available and used for combative patients who could possibly hurt themselves or any other person in the air ambulance.~~

R426-2-6. Operational Standards.

~~(1) The pilot may refuse transport to any individual who the pilot considers to be a safety hazard to the air ambulance or any of its passengers.~~

~~(2) Records made for each trip on forms or data format specified by the Department, and a copy shall remain at the receiving facility for continuity of care.~~

~~(3) The air medical service must maintain a personnel file for personnel which shall include their qualifications and training.~~

~~(4) All air medical services must have an operational manual or policy and procedures manual available for all air medical personnel.~~

~~(5) All air medical service records shall be available for inspection by representatives of the Department.~~

~~(6)(a) All air ambulances shall be equipped to allow air medical service personnel to be able to:~~

~~(i) Communicate with hospital emergency medical departments, flight operations centers, air traffic control, emergency medical services, and law enforcement agencies.~~

~~(ii) Communicate with other air ambulances while in flight.~~

~~(b) The pilot must be able to override any radio or telephonic transmission in the event of an emergency.~~

~~(7) The management of the air medical service shall be familiar with the federal regulations related to air medical services.~~

~~(8) Each air medical service must have a safety committee, with a designated safety officer. The committee shall meet at least quarterly to review safety issues and submit a written report to the air medical service management and maintain a copy on file at the air medical service office.~~

~~(9) All air medical service shall have a quality management team and a program implemented by this team to assess and improve the quality and appropriateness of patient care provided by the air medical service.~~

R426-2-7. Statutory Penalties.

~~A person who violates this rule is subject to the provisions of Title 26, Chapter 23.]~~

R426-2. Emergency Medical Services Provider Designations, Critical Incident Stress Management and Quality Assurance Reviews.

R426-2-100. Authority and Purpose.

This rule establishes: standards for the designation of emergency medical service providers; criteria for critical incident stress management; and process for quality assurance reviews.

(2) The definitions in Title 26, Chapter 8a are adopted and incorporated by reference into this rule.

R426-2-200. Designation Types.

(1) An entity that responds to 911 EMS calls for assistance from the public, but that does not provide ambulance transport or paramedic service, shall obtain a designation from the Department as a quick response unit.

(2) An entity that desires to provide EMS stand-by service as defined in R426-1-200(19), but does not provide ambulance transport or paramedic service, shall obtain a designation from the Department as a quick response unit.

(3) An entity that accepts calls for 911 EMS assistance from the public, and dispatches emergency medical units or field EMS personnel must first obtain a designation from the Department as an emergency medical dispatch center.

(4) A hospital that provides on-line medical control for prehospital emergency medical care must first obtain a designation from the Department as a resource hospital.

R426-2-300. Service Levels.

A quick response unit may only operate and perform the skills at the service level at which it is designated. The Department may issue designations for the following types of service at the given levels: quick response unit;

(a) emergency medical responder;

(b) emergency medical technician; or

(c) advanced-emergency medical technician.

(2) emergency medical dispatch center; and

(3) resource hospital.

R426-2-400. Scope of Operations.

(1) A designated quick response unit may only provide service in its specific geographical service area except as provided by R426-3-800 Aid Agreements.

(2) A designated quick response unit may only provide emergency medical services for its category of designation that corresponds to the certification levels in R426-5.

R426-2-500. Quick Response Unit Minimum Designation Requirements.

A person requesting designation must meet the following minimum requirements:

(1) Have vehicle(s), equipment, and supplies that meet the requirements of R426-4-900 to carry out its responsibilities under its designation;

(2) Have location(s) for stationing its vehicle(s), equipment and supplies;

(3) Have a current dispatch agreement with a designated Emergency Medical Dispatch Center.

(4) Have a Department-certified training officer;

(5) Have a current plan of operations, which shall include:

(a) the names, EMS ID Number, and certification level of all personnel;

(b) operational procedures; and

(c) a description of how the designee proposes to interface with other EMS agencies;

_____ (6) Have a current agreement with a Department-certified off-line medical director who will perform the following:

_____ (a) develop and implement patient care standards which include written standing orders and triage, treatment, prehospital protocols, and/or pre-arrival instructions to be given by designated emergency medical dispatch centers;

_____ (b) ensure the qualification of field EMS personnel involved in patient care and dispatch through the provision of ongoing continuing medical education programs and appropriate review and evaluation;

_____ (c) develop and implement an effective quality improvement program, including medical audit, review, and critique of patient care;

_____ (d) annually review triage, treatment, and transport protocols and update them as necessary;

_____ (e) suspend from patient care, pending Department review, a field EMS personnel or dispatcher who does not comply with local medical triage, treatment and transport protocols, pre-arrival instruction protocols, or who violates any of the EMS rules, or who the medical director determines is providing emergency medical service in a careless or unsafe manner. The medical director must notify the Department within one business day of the suspension; and

_____ (f) attend meetings of the local EMS Council, if one exists, to participate in the coordination and operations of local EMS providers.

_____ (7) Have current treatment protocols approved by the agencies off-line medical director for the designated service level;

_____ (8) Provide the Department with a copy of its certificate of insurance;

_____ (9) Provide the Department with a letter of support from the licensed provider(s) in the geographical service area; and

_____ (10) Not be disqualified for any of the following reasons:

_____ (a) violation of Subsection 26-8a-504; or

_____ (b) a history of disciplinary action relating to an EMS license, permit, designation or certification in this or any other state.

R426-2-600. Emergency Medical Dispatch Center Minimum Designation Requirements.

_____ An emergency medical dispatch center must:

_____ (1) Have in effect a selective medical dispatch system approved by the off-line medical directors and the Department, which includes:

_____ (a) systemized caller interrogation questions;

_____ (b) systemized pre-arrival instructions; and

_____ (c) protocols matching the dispatcher's evaluation of injury or illness severity with vehicle response mode and configuration;

_____ (2) Have a current updated plan of operations, which shall include:

_____ (a) the names, training, and certification of Emergency Medical Dispatch personnel;

_____ (b) operational procedures which at a minimum include

_____ (i) a description of how the designee proposes to communicate with EMS agencies;

_____ (ii) a copy of the disaster and disaster recovery plans.

_____ (3) Have a current agreement with a Department-certified off-line medical director.

_____ (4) Have an ongoing medical call review quality assurance program; and

_____ (5) Provide pre-hospital arrival instructions by a certified Emergency Medical Dispatcher at all times.

R426-2-700. Resource Hospital Minimum Requirements.

_____ A resource hospital must meet the following minimum requirements:

_____ (1) be licensed in Utah or another state as a general acute hospital or be a Veteran's Administration hospital operating in Utah.

_____ (2) have the ability to communicate with other EMS providers operating in the area.

_____ (3) provide on-line medical control for all prehospital EMS providers who request assistance for patient care, 24 hours-a-day, seven days a week. A resource hospital must also:

_____ (a) create and abide by written prehospital emergency patient care protocols for use in providing on-line medical control for prehospital EMS providers;

_____ (b) train new staff on the protocols before the new staff is permitted to provide on-line medical control; and annually review with physician and nursing staff

_____ (c) annually provide in-service training on the protocols to all physicians and nurses who provide on-line medical control; and

_____ (d) make the protocols immediately available to staff for reference.

_____ (4) The on-line medical control shall be by direct voice communication with a physician or a registered nurse or physician's assistant licensed in Utah who is in voice contact with a physician.

_____ (5) A resource hospital must establish and actively implement a quality improvement process. This process will include:

_____ (a) a medical control committee.

_____ (i) the committee must meet at least quarterly to review and evaluate prehospital emergency runs, continuing medical education needs, and EMS system administration problems;

_____ (ii) committee members must include an emergency physician representative, hospital nurse representative, hospital administration representative, and ambulance and emergency services representatives; and

_____ (iii) the hospital must keep minutes of the medical control committee's meetings and make them available for Department review.

_____ (b) the hospital must appoint a quality review coordinator for the prehospital quality improvement process.

_____ (c) the hospital must cooperate with the prehospital EMS providers' off-line medical directors in the quality review process, including granting access to hospital medical records of patients served by the particular prehospital EMS provider.

_____ (d) the hospital must assist the Department in evaluating EMS system effectiveness by submitting to the Department, in an electronic format specified by the Department, quarterly data specified by the Department.

R426-2-800. Designation Application.

_____ An entity desiring a designation or a renewal of its designation shall submit:

_____ (a) applicable fees and an application on Department-approved forms to the Department.

_____ (b) documentation that it meets the minimum requirements for the designation listed in this rule.

_____ (c) other information the Department determines to be necessary for processing the application and oversight of the designated entity and the following:

_____ (2) Quick Response Unit;

_____ (a) identifying information about the entity and its principals, if a resource hospital the name of the hospital;

_____ (b) the name of the person or governmental entity financially and otherwise responsible for the service provided by the designee and documentation from that entity accepting the responsibility;

_____ (c) identifying information about the entity that will provide the service and its principals;

_____ (d) if the applicant is not a governmental entity, a statement of type of entity and certified copies of the documents creating the entity;

_____ (e) a description of the geographical area that it will serve; and

_____ (f) demonstrate a need for said service.

_____ (3) Emergency Medical Dispatch Center:

_____ (a) documentation of the on-going medical call review and quality assurance program; and

_____ (b) documentation of any modifications to the medical dispatch protocols.

_____ (4) Resource Hospital:

_____ (a) the hospital's address;

_____ (b) the name and phone number of the individual who supervises the hospital's responsibilities as a designated resource hospital.

R426-2-900. Criteria for Denial or Revocation of Designation.

_____ (1) The Department may deny an application for a designation for any of the following reasons:

_____ (a) failure to meet requirements as specified in the rules governing the service;

_____ (b) failure to meet vehicle, equipment, or staffing requirements;

_____ (c) failure to meet requirements for renewal or upgrade;

_____ (d) conduct during the performance of duties relating to its responsibilities as an EMS provider that is contrary to accepted standards of conduct for EMS personnel described in Sections 26-8a-502 and 26-8a-504;

_____ (e) failure to meet agreements covering training standards or testing standards;

_____ (f) a history of disciplinary action relating to a license, permit, designation, or certification in this or any other state;

_____ (g) a history of criminal activity by the licensee or its principals while licensed or designated as an EMS provider or while operating as an EMS service with permitted vehicles;

_____ (h) falsifying or misrepresenting any information required for licensure or designation or by the application for either;

_____ (i) failure to pay the required designation or permitting fees or failure to pay outstanding balances owed to the Department;

_____ (j) failure to submit records and other data to the Department as required by statute or rule;

_____ (k) misuse of grant funds received under Section 26-8a-207; and

_____ (1) violation of OSHA or other federal standards that it is required to meet in the provision of the EMS service.

_____ (2) An applicant who has been denied a designation may request a Department review by filing a written request for reconsideration within thirty calendar days of the issuance of the Department's denial.

R426-2-1000. Application Review and Award.

_____ (1) If the Department finds that an application for designation is complete and that the applicant meets all requirements, it may approve the designation.

_____ (2) Issuance of a designation by the Department is contingent upon the applicant's demonstration of compliance with all applicable rules and a successful Department quality assurance review.

_____ (3) A designation may be issued for up to a four-year period. The Department may alter the length of the designation to standardize renewal cycles.

R426-2-1100. Change in Designated Service Level.

_____ (1) A quick response unit may apply to provide a higher designated level of service by:

_____ (a) submitting the applicable fees; and

_____ (b) submitting an application on Department-approved forms to the Department.

_____ (2) As part of the application, the applicant shall provide:

_____ (a) a copy of the new treatment protocols for the higher level of service approved by the off-line medical director;

_____ (b) an updated plan of operations demonstrating the applicant's ability to provide the higher level of service;

_____ (c) a written assessment of the performance of the applicant's field performance by the applicant's off-line medical director; and

_____ (d) provide the Department with a letter of support from the licensed provider(s) in the geographical service area.

_____ (3) If the Department finds that the applicant has demonstrated the ability to provide the upgraded service, it shall issue a new designation reflecting the higher level of service.

R426-2-1200. Critical Incident Stress Management.

_____ (1) The Department may establish a critical incident stress management (CISM) team to meet its public health responsibilities under Utah Code Section 26-8a-206.

_____ (2) The CISM team may conduct stress debriefings and defusings upon request for persons who have been exposed to one or more stressful incidents in the course of providing emergency services.

_____ (3) Individuals who serve on the CISM team must complete initial and ongoing training.

_____ (4) While serving as a CISM team member, the individual is acting on behalf of the Department. All records collected by the CISM team are Department records. CISM team members shall maintain all information in strict confidence as provided in Utah Code Title 26, Chapter 3.

_____ (5) The Department may reimburse a CISM team member for mileage expenses incurred in performing his or her

duties in accordance with state finance mileage reimbursement policy.

R426-2-1300. Quality Assurance Reviews.

(1) The Department may conduct quality assurance reviews of licensed and designated organizations and training programs on an annual basis or more frequently as necessary to enforce this rule;

(2) The Department shall conduct a quality assurance review prior to issuing a new license or designation.

(3) The Department may conduct quality assurance reviews on all personnel, vehicles, facilities, communications, equipment, documents, records, methods, procedures, materials and all other attributes or characteristics of the organization, which may include audits, surveys, and other activities as necessary for the enforcement of the Emergency Medical Services System Act and the rules promulgated pursuant to it.

(a) The Department shall record its findings and provide the organization with a copy.

(b) The organization must correct all deficiencies within 30 days of receipt of the Department's findings.

(c) The organization shall immediately notify the Department on a Department-approved form when the deficiencies have been corrected.

R426-2-1400. Penalties.

As required by Subsection 63G-3-201(5): Any person that violates any provision of this rule may be assessed a civil money penalty as provided in Section 26-23-6 and/or revocation of designation.

KEY: emergency medical services

Date of Enactment or Last Substantive Amendment: [~~March 15, 2010~~]2012

Notice of Continuation: October 26, 2007

Authorizing, and Implemented or Interpreted Law: 26-8

Health, Family Health and
Preparedness, Emergency Medical
Services
R426-3
Licensure

NOTICE OF PROPOSED RULE

(New Rule)

DAR FILE NO.: 36976

FILED: 10/23/2012

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of this rule is to fulfill the Governor's mandate for rule review and simplification.

SUMMARY OF THE RULE OR CHANGE: The rule change eliminates redundancy, provides sequential numbering, and

reflects best practice updates for all aspects of the Emergency Medical Services Act (Title 26, Chapter 8a).

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Title 26, Chapter 8a

ANTICIPATED COST OR SAVINGS TO:

♦ **THE STATE BUDGET:** No anticipated fiscal impact to the state budget because there are no changes in the rule requirements that are imposed by these amendments.

♦ **LOCAL GOVERNMENTS:** No anticipated fiscal impact to local governments because there are no changes in the rule requirements that are imposed by these amendments.

♦ **SMALL BUSINESSES:** No anticipated fiscal impact to small businesses because there are no changes in the rule requirements that are imposed by these amendments.

♦ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** No anticipated fiscal impact to businesses because there are no changes in the rule requirements that are imposed by these amendments.

COMPLIANCE COSTS FOR AFFECTED PERSONS: No anticipated fiscal impact for affected persons because there are no changes in the rule requirements that are imposed by these amendments.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: In response to the Governor's Executive Order to examine all administrative rules and reduce regulatory impact that may be inhibiting economic growth, the rules governing Emergency Medical Services providers are being repealed, simplified and reenacted. Fiscal impact is expected to be positive for business as the requirements are streamlined and updated.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

HEALTH
FAMILY HEALTH AND PREPAREDNESS,
EMERGENCY MEDICAL SERVICES
3760 S HIGHLAND DR
SALT LAKE CITY, UT 84106
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Guy Dansie by phone at 801-273-6671, by FAX at 801-273-4165, or by Internet E-mail at gdansie@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 12/17/2012

THIS RULE MAY BECOME EFFECTIVE ON: 12/24/2012

AUTHORIZED BY: David Patton, PhD, Executive Director

R426. Health, Family Health and Preparedness, Emergency Medical Services.

R426-3. Licensure.

R426-3-100. Authority and Purpose.

(1) This Rule is established under Chapter 8, Title 26a, Chapter 8a. It establishes standards for the licensure of an air ambulance, ground ambulance, and paramedic services.

(2) The purpose of this rule is to set forth air and ground ambulance policies, rules, and standards adopted by the Utah Emergency Medical Services Committee, which promotes and protects the health and safety of the people of this state.

(3) The definitions in Title 26, Chapter 8a are adopted and incorporated by reference into this rule.

R426-3-200. Requirement for Licensure.

(1) A person or entity that provides or represents that it provides air ambulance, ground ambulance, paramedic ground ambulance, or paramedic services must first be licensed by the Department.

R426-3-300. Licensure Types.

(1) The Department may issue ground ambulance transport licenses for the following types of service at the given levels:

- (a) emergency medical technician (EMT);
- (b) advanced emergency medical technician (AEMT);
- and
- (c) paramedic
- (d) current emergency medical technician intermediate advanced (EMT-IA) licenses will remain in effect, no new EMT-IA licenses will be issued.

(2) The Department may issue ground ambulance inter-facility transport licenses for the following types of service at the given levels:

- (a) emergency medical technician (EMT);
- (b) advanced emergency medical technician (AEMT);
- and
- (c) paramedic.

(3) The Department may issue paramedic, non-transport licenses for the following types of service at the given response configurations:

- (a) paramedic; and
- (b) paramedic tactical

(4) The Department may issue Air Ambulance licenses for the following types of services at the given levels:

- (a) advanced life support;
- (b) specialized life support;

(5) The Department may issue Air Ambulance licenses for the following types of specialties for which the specialized Life support Air Ambulance Service is licensed.

- (a) specialty obstetrics;
- (b) specialty pediatrics;
- (c) specialty neonatal;
- (d) specialty burns; and
- (e) specialty cardiac.

R426-3-400. Scope of Operations.

(1) A licensee may only provide service to its specific licensed geographic service area and is responsible to provide

service to its entire specific geographic service area except as provided by R426-3-800 Aid Agreements. It will provide emergency medical services for its category of licensure that corresponds to the certification levels in R426-5 Emergency Medical Services Training and Certification Standards.

(2) A licensee may not subcontract. A subcontract is present if a licensee engages a person that is not licensed to provide emergency medical services to all or part of its specific geographic service area. A subcontract is not present if multiple licensees allocate responsibility to provide ambulance services between them within a specific geographic service area for which they are licensed to provide ambulance service.

(3) A ground ambulance inter-facility transfer licensee may only transport patients from a hospital, nursing facility, emergency patient receiving facility, mental health facility, or other licensed medical facility when arranged by the transferring physician for the particular patient.

(4) A person or entity may not furnish, operate, conduct, maintain, advertise, or provide ground or air ambulance transport services to patients within the state or from within the state to out of state unless licensed by the Department.

(5) All licensed Emergency Medical Services conforming to R426-3-200 must provide services 24 hours a day, every day of the year. Air Medical services must provide air medical services 24 hours a day, every day of the year as allowed by weather conditions.

(6) A ground ambulance or paramedic licensee must provide all ambulance or paramedic services, including standby services, for any special event that requires ground ambulance or paramedic services within its geographic service area.

R426-3-500. Minimum Licensure Requirements Air Ambulance, Ground Ambulance, and Paramedic Services.

A licensee conforming to R426-3-200 must meet the following minimum requirements:

(1) have sufficient air or ground ambulances, emergency response vehicle(s), equipment, and supplies that meet the requirements of this rule and as may be necessary to carry out its responsibilities under its license or proposed license without relying upon aid agreements with other licensees.

(2) have locations or staging areas for stationing its vehicles.

(3) have a current written dispatch agreement with a designated emergency medical dispatch center.

(4) have current written aid agreements with other licensees to give assistance in times of unusual demand.

(5) have a Department certified EMS training officer that is responsible for continuing education.

(6) have a current plan of operations, which shall include:

- (a) a business plan demonstrating:
 - (i) ability to provide the service; and
 - (ii) fiscal plan.

(b) a roster of medical personnel which includes level of certification or licensure to ensure there is sufficient trained and certified staff that meets the requirements of R426-4-200 Staffing, and

(c) operational procedures.

(7) a description of how the licensee or applicant proposes to interface with other EMS agencies.

(8) all permitted vehicles shall be equipped to allow field EMS personnel to be able to:

(a) communicate with hospital emergency departments, dispatch centers, EMS providers, and law enforcement services; and

(b) communicate on radio frequencies assigned to the Department for EMS use by the Federal Communications Commission.

(9) have a current written agreement with a Department-certified off-line medical director or a medical director certified in the state where the service is based pursuant to R426-3-700.

(10) provide the Department with a copy of its certificate of insurance or if seeking application, provide proof of the ability to obtain insurance to respond to damages due to operation of a vehicle or air ambulance in the manner and following minimum amounts:

(a) have liability insurance in the amount of \$300,000 for each individual claim and \$500,000 for total claims for personal injury from any one occurrence; and

(b) liability insurance in the amount of \$100,000 for property damage from any one occurrence.

(c) the licensee shall obtain the insurance from an insurance company authorized to write liability coverage in Utah or through a self-insurance program and shall:

(i) provide the Department with a copy of its certificate of insurance demonstrating compliance with this section; and

(ii) direct the insurance carrier or self-insurance program to notify the Department of all changes in insurance coverage within 60 days.

(11) not be disqualified for any of the following reasons:

(a) violation of Subsection 26-8a-504; or

(b) disciplinary action relating to an EMS license, permit, designation, or certification in this or any other state that adversely affect its service under its license.

(12) A paramedic tactical service must be a public safety agency or have a letter of recommendation from a county or city law enforcement agency within the paramedic tactical service's geographic service area.

R426-3-600. Application.

(1) An applicant desiring to be licensed or to renew its license for an air ambulance, ground ambulance, and paramedic services shall submit the applicable fees and application on Department-approved forms to the Department. As part of the application, the applicant shall submit documentation that it meets the requirements listed in R426-3-500 and the following:

(a) for an application for new service:

(i) a detailed description and detailed map of the exclusive geographical areas that will serve;

(ii) if the requested geographical service area is for less than all ground ambulance or paramedic services, the applicant shall include a written description and detailed map showing how the areas not included will receive ground ambulance or paramedic services;

(iii) if an applicant is responding to a public bid as described in 26-8a-405.2 the applicant shall include detailed maps and descriptions for all geographical areas served in accordance with 26-8a-405.2(2).

(iv) documentation showing that the applicant meets all local zoning and business licensing standards within the exclusive geographical service area that it will serve;

(v) a written description of how the applicant will communicate with dispatch centers, law enforcement agencies, on-line medical control, and patient transport destinations;

(b) for renewal applications:

(i) a written assessment of field performance from the applicant's off-line medical director; and

(ii) other information that the Department determines necessary for the processing of the application and the oversight of the licensed entity.

(2) In addition to the above, an applicant for air ambulance services must submit the following:

(a) certified articles of incorporation, if incorporated;

(b) a statement summarizing the training and experience of the applicant in the air transportation and care of patients;

(c) a copy of current Federal Aviation Administration (FAA) Air Carrier Operating Certificate authorizing FAR, Part 135, operations;

(d) a copy of the current certificates of insurance demonstrating coverage for medical malpractice;

(e) a statement detailing the level of care for which the air ambulance service wishes to be licensed, either advanced or specialized;

(f) air ambulance services must have an agreement to allow hospital emergency department physicians, nurses, and other personnel who participate in emergency medical services to fly on air ambulances;

(g) Air ambulance service shall submit a description and location of each dedicated and back-up air ambulance(s) procured for use in the Air ambulance service, including the make, model, and year of manufacture, FAA-N number, insignia, name or monogram, or other distinguishing characteristics; and

(h) successful completion of a Department approved accreditation process;

(i) for new Air ambulance services licensed under R426-3-200 they must submit an application for accreditation by a Department approved accreditation process within one year of receiving a license under this rule; and

(j) Air ambulance services licensed under R426-3-200 must achieve accreditation and maintain accreditation.

(3) A ground ambulance or paramedic service holding a license under 26-8a-404, including any political subdivision that is part of special district may respond to a request for proposal if it complies with 26-8a-405(2).

R426-3-700. Medical Control.

(1) All licensees must enter into a written agreement with a physician to serve as its off-line medical director to supervise the medical care or instructions provided by the field EMS personnel and dispatchers. The physician must be familiar with:

(a) the design and operation of the local prehospital EMS system; and

(b) local dispatch and communication systems and procedures.

(2) The off-line medical director shall

(a) develop and implement patient care standards which include written standing orders and triage, treatment, and transport protocols;

(b) ensure the qualification of field EMS personnel involved in patient care through the provision of ongoing continuing medical education programs and appropriate review and evaluation;

(c) develop and implement an effective quality improvement program, including medical audit, review, and critique of patient care;

(d) annually review triage, treatment, and transport protocols and update them as necessary;

(e) suspend from patient care, pending Department review, a field EMS personnel who does not comply with local medical triage, treatment and transport protocols, or who violates any of the EMS rules, or who the medical director determines is providing emergency medical service in a careless or unsafe manner. The medical director must notify the Department within one business day of the suspension.

(f) attend meetings of the local EMS Council, if one exists, to participate in the coordination and operations of local EMS providers.

(g) licensed agencies shall notify the Department if an off-line medical director is replaced, within thirty days after the action.

(h) have current treatment protocols approved by the agency's off-line medical director for the existing service level for renewal or new treatment protocols if seeking an application.

(3) It is the responsibility of the air ambulance medical director to:

(a) authorize written protocols for the use by air medical attendants and review policies and procedures of the Air ambulance service.

(b) develop and review treatment protocols, assess field performance, and critique at least 10% of the Air ambulance service runs.

R426-3-800. Aid Agreements.

(1) A licensed ground ambulance provider shall have/maintain aid agreement(s) with other ground ambulance provider(s) to call upon them for assistance during times of unusual demand or standby events.

(2) Aid agreements shall be in writing, signed by both parties, and detail the:

(a) purpose of the agreement;

(b) type of assistance required;

(c) circumstances under which the assistance would be given; and

(d) duration of the agreement.

(3) The parties shall provide a copy of the aid agreement to the emergency medical dispatch centers that dispatch the licensees.

(4) If the ground ambulance licensee is unable or unwilling to provide ambulance standby service or special event coverage, the licensee shall arrange with a ground ambulance licensee through the use of aid agreements to provide all ground ambulance service for the standby or special event.

R426-3-900. Selection of a Provider by Public Bid.

(1) A political subdivision that desires to select a provider through a public bid process as provided in 26-8a-405.1, shall submit its draft request for proposal to the Department in accordance with 26-8a-405.2(2), together with a cover letter listing all contact information. The proposal shall include all the criteria listed in 26-8a-405.1 and 405.2.

(2) The Department shall, within 14 business days of receipt of a request for proposal from a political subdivision, review the request according to 26-8a-405.2(2); and

(a) approve the proposal by sending a letter of approval to the political subdivision;

(b) require the political subdivision to alter the request for proposal to meet statutory and rule requirements; or

(c) deny the proposal by sending a letter detailing the reasons for the denial and process for appeal.

R426-3-1000. Application Review and Award.

(1) Upon receipt of an appropriately completed application, for Air ambulance service, ground ambulance or paramedic service license and submission of license fees, the Department shall collect supporting documentation and review each application.

(2) After review and before issuing a license to a new service the Department shall directly inspect the air or ground vehicle(s), equipment, and required documentation.

(3) If, upon Department review, the application is complete and meets all the requirements, the Department shall:

(a) for a new license application, issue a notice of approved application as required by 26-8a-405 and 406;

(b) issue a renewal license to an applicant in accordance with 26-8a-413(1) and (2) or 26-8a-405.1(3), whichever is applicable.

(c) issue a four-year renewal license to a license selected by a political subdivision if the political subdivision certified to the Department that the licensee has met all of the specifications of the original bid and requirements of 26-8a-413(1) through (3); or

(d) issue a second four-year renewal license to a licensee selected by a political subdivision if:

(i) the political subdivision certified to the Department that the licensee has met all of the specifications of the original bid and requirements of 26-8a(1) through (3); and

(ii) if the Department or the political subdivision has not received, prior to the expiration date, written notice from an approved applicant desiring to submit a bid for ambulance or paramedic services.

(4) Award of a new license or a renewal license is contingent upon the applicant's demonstration of compliance with all applicable statute and rules and a successful Department quality assurance review.

(5) A license may be issued for up to a four-year period unless revoked or suspended by the Department. The Department may alter the length of the license to standardize renewal cycles.

(6) Upon the request of the political subdivision and the agreement of all interested parties and the Department that the public interest would be served, the renewal license may be issued for a period of less than four years or a new request for the proposal process may be commenced at any time.

R426-3-1100. Criteria for Denial or Revocation of Licensure.

(1) The Department may deny an application for a license, a renewal of a license, or revoke, suspend or restrict a license without reviewing whether a license must be granted or renewed to meet public convenience and necessity for any of the following reasons:

(a) failure to meet substantial requirements as specified in the rules governing the service;

(b) failure to meet vehicle, equipment, staffing, or insurance requirements;

(c) failure to meet agreements covering training standards or testing standards;

(d) substantial violation of Subsection 26-8a-504(1);

(e) a history of disciplinary action relating to a license, permit, designation, or certification in this or any other state;

(f) a history of serious or substantial public complaints;

(g) a history of criminal activity by the licensee or its principals while licensed or designated as an EMS provider or while operating as an EMS service with permitted vehicles;

(h) falsification or misrepresentation of any information in the application or related documents;

(i) failure to pay the required licensing or permitting fees or other fees or failure to pay outstanding balances owed to the Department;

(j) financial insolvency;

(k) failure to submit records and other data to the Department as required by R426-7;

(l) a history of inappropriate billing practices, such as:

(i) charging a rate that exceeds the maximum rate allowed by rule;

(ii) charging for items or services for which a charge is not allowed by statute or rule; or

(iii) Medicare or Medicaid fraud.

(m) misuse of grant funds received under Section 26-8a-207; or

(n) violation of OSHA or other federal standards that it is required to meet in the provision of the EMS service.

(2) An applicant or licensee that has been denied, revoked, suspended or issued a restricted license may appeal by filing a written appeal within thirty calendar days of the receipt of the issuance of the Department's denial.

R426-3-1200. Change in Non-911 Service Level.

(1) A ground ambulance service licensee may apply to provide a higher level of non-911 ambulance service. The applicant shall submit:

(a) the applicable fees;

(b) an application on Department-approved forms to the Department.

(c) a copy of the new treatment protocols for the higher level of service approved by the off-line medical director;

(d) an updated plan of operations demonstrating the applicant's ability to provide the higher level of service; and

(e) a written assessment of the performance of the applicant's field performance by the applicant's off-line medical director.

(2) If the Department determines that the applicant has demonstrated the ability to provide the higher level of service, it shall issue a revised license reflecting the higher level of service.

without making a separate finding of public convenience and necessity.

R426-3-1300. Change of Owner.

A license and the vehicle permits terminate if the holder of a licensed service transfers ownership of the service to another party. As outlined in 26-8a-415, the new owner must submit, within ten business days of acquisition, applications and fees for a new license and vehicle permits.

R426-3-1400. Penalties.

As required by Subsection 63G-3-201(5): Any person that violates any provision of this rule may be assessed a civil money penalty as provided in Section 26-23-6 and/or suspension or revocation of license(s).

KEY: emergency medical services

Date of Enactment or Last Substantive Amendment: 2012

Authorizing, and Implemented or Interpreted Law: 26-8a

Health, Family Health and
Preparedness, Emergency Medical
Services
R426-4
Operations

NOTICE OF PROPOSED RULE

(New Rule)

DAR FILE NO.: 36977

FILED: 10/23/2012

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of this rule is to fulfill the Governor's mandate for rule review and simplification.

SUMMARY OF THE RULE OR CHANGE: The rule change eliminates redundancy, provides sequential numbering, and reflects best practice updates for all aspects of the Emergency Medical Services Act (Title 26, Chapter 8a).

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Title 26, Chapter 8a

ANTICIPATED COST OR SAVINGS TO:

◆ **THE STATE BUDGET:** No anticipated fiscal impact to the state budget because there are no changes in the rule requirements that are imposed by these amendments.

◆ **LOCAL GOVERNMENTS:** No anticipated change to the fiscal impact for local governments because changes made to the drug and equipment list include the use of optional items at the discretion of the provider. Newly required supraglottic airway devices and commercial tourniquets may add small costs to current ambulance requirements, however, savings

in deletion of previously required items should off-set or reduce the fiscal impact.

♦ **SMALL BUSINESSES:** No anticipated change to the fiscal impact for small businesses. Several changes made to the drug and equipment list include the use of optional items at the discretion of the provider. Newly required supraglottic airway devices and commercial tourniquets may add small costs to current ambulance requirements, however, savings in deletion of previously required items should off-set or reduce the fiscal impact.

♦ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** No anticipated change to the fiscal impact for businesses. Several changes made to the drug and equipment list include the use of optional items at the discretion of the provider. Newly required supraglottic airway devices and commercial tourniquets may add small costs to current ambulance requirements, however, savings in deletion of previously required items should off-set or reduce the fiscal impact.

COMPLIANCE COSTS FOR AFFECTED PERSONS: Compliance costs for affected regulated providers will include the purchase of the newly required supraglottic airway devices and commercial tourniquets for permitted vehicles.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: In response to the Governor's Executive Order to examine all administrative rules and reduce regulatory impact that may be inhibiting economic growth, the rules governing Emergency Medical Services providers are being repealed, simplified and reenacted. Fiscal impact is expected to be positive for business as the requirements are streamlined and updated.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

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THIS RULE MAY BECOME EFFECTIVE ON: 12/24/2012

AUTHORIZED BY: David Patton, PhD, Executive Director

R426. Health, Family Health and Preparedness, Emergency Medical Services.

R426-4. Operations.

R426-4-100. Authority and Purpose.

(1) This rule is established under Title 26, Chapter 8a. It establishes standards for the operation of EMS providers licensed or designated under the provisions of the Emergency Medical Services System Act.

(2) The purpose of this rule is to set forth air and ground ambulance policies, rules, and standards adopted by the Utah Emergency Medical Services Committee, which promotes and protects the health and safety of the people of this state.

(3) The definitions in Title 26, Chapter 8a are adopted and incorporated by reference into this rule.

R426-4-200. Staffing.

(1) Quick response units shall be staffed by at least one provider certified at or above their designated level of service.

(2) Ground ambulance or Paramedic services shall have the following minimum complement of personnel:

(a) Basic Life Support ambulance services staffing shall be at least two certified EMTs, AEMTs, or paramedics or any combination thereof.

(b) AEMT ambulance services staffing shall be at least one AEMT and one EMT or paramedic.

(c) Paramedic ambulance services staffing shall be at least one paramedic and one EMT, AEMT, or paramedic.

(d) Paramedic (non transport) services staffing shall be at least one paramedic.

(e) Paramedic inter-facility services staffing shall be one paramedic and at least one EMT, AEMT, or paramedic.

(3) Licensed paramedic ambulance or paramedic services shall deploy two paramedics to the scene of 911 calls for service requiring ALS response, as determined by local selective medical dispatch system protocols and the local governing body(s).

(4) Air ambulance services providing advanced life support must have at least one medical attendant who is a Paramedic, PA, RN, or MD/DO. This attendant shall be the primary medical attendant. The second medical attendant may be a Paramedic, PA, Respiratory Therapist, RN, or MD/DO.

(5) Air ambulance services providing specialized life support must have at least one medical attendant who is an RN or MD. This attendant shall be the primary medical attendant. The second medical attendant may be a Paramedic, PA, RT, RN or MD/DO.

(6) When providing care, responders not in an agency approved uniform shall display their level of medical certification.

(7) Each designated or licensed agency shall maintain a personnel file for each certified individual. The personnel file must include records documenting the individual's qualifications, training, certification, immunizations, and continuing medical education.

(8) A provider may only perform to the service level of the licensed or designated service, regardless of the certification level of the provider.

(9) When responding to a medical emergency, or transporting a patient to a medical facility, the driver of a quick response unit or ground ambulance shall be at least 18 years of age and have successfully completed an Emergency Vehicle Operation course within the past four years.

(10) Taking into consideration cost, quality, access, risk, demographics and/or other applicable information as submitted by the authority having jurisdiction and a letter of support from the local political body the department may grant a variance to R426-4-200.

R426-4-300. Permits and Inspections.

(1) The Department requires an annual inspection on all air and ground licensed vehicles, quick response designated vehicles, and emergency medical dispatch centers to assure compliance.

(a) Ambulance vehicles must meet Federal General Services Administration Specification for ground ambulances as of the date of manufacture and new vehicles must meet current state approved specifications for ground ambulances.

(b) all vehicles must pass an inspection of the equipment and vehicle supply requirements pursuant to R426-4-900 Ground Ambulance Vehicle Supply Requirements or R426-4-1000 Air Ambulance Supply Requirements.

(2) After successful completion of an inspection, the Department shall issue a permit for a period of one year from the date of issue and shall remain valid for that period, unless revoked or suspended by the Department.

(3) All air or ground ambulance, licensed and designated providers must annually obtain a permit from the Department to operate in Utah. The current permit decal shall be displayed in a visible location on the vehicle. Showing the permit expiration date and permit number issued by the Department prominent on a publicly visible place on the vehicle as evidence of compliance.

(4) Air Ambulance permit holder shall meet all Federal Aviation Regulations specific to the operations of the air medical service.

(5) The Department shall issue annual permits for vehicles used by licensees only if the new or replacement ambulance meets the requirements listed in R426-4-900.

(6) The Department may give consideration for a waiver from the requirements of R426-4-900 to communities with limited populations or unique problems for purchase and use of ambulance vehicles.

(7) Permits and decals are not transferable to other vehicles.

R426-4-400. Vehicle Operations.

(1) Licensees shall notify the Department of the permanent location or where of the vehicles will be staged if using staging areas. The licensee shall notify the Department in writing whenever it changes the permanent location for each vehicle.

(2) Vehicles shall be maintained on a premise suitable to make it available for immediate use, in good mechanical repair, properly equipped, and in a sanitary condition.

(3) Each ambulance shall be maintained in a clean condition with the interior being thoroughly cleaned after each use in accordance with OSHA standards the agency's exposure control plan.

(4) Each ambulance shall be equipped with adult and child safety restraints and to the point practicable when feasible all occupants must be restrained.

(5) An air medical service ambulance shall comply with all state and federal requirements governing the specific vehicles utilized for air medical transport services.

R426-4-500. Complaint Process.

(1) All complaints must be written and have complainant's contact information. Complaints will follow Department's Policy and will be investigated by the appropriate Department's staff.

(2) The Department will conduct an interview with the provider regarding the substance of the complaint and allow the provider a reasonable opportunity to respond to the allegations of the complaint.

(3) If the complaint is not deemed meritorious, the provider shall receive written notification from the Department that the complaint is unsubstantiated.

(4) A complaint deemed meritorious against the provider will require the Department to inform the provider in writing within 30 days:

(a) upon receipt of the written notification the provider will submit a corrective action plan within 45 days to the Department for approval. Extensions will be at the discretion of the Department;

(b) if the corrective action plan is determined to be inadequate by the Department, the Department will make recommendations for an agreeable corrective action plan; and

(c) for non-911 providers, the relevant political subdivision will be notified of the complaint and if applicable may issue a Request for Proposal according to 26-8a-405.4(3)(A)(B)(I)(II).

R426-4-600. Scene and Patient Management.

(1) Upon arrival at the scene of a medical call injury or illness, the field EMS personnel shall secure establish radio or telephone contact with on-line medical control, as specified by agency protocol.

(2) If radio or telephone contact cannot be obtained, the field EMS personnel shall so indicate on the EMS report form and follow local written protocol;

(3) If there is a licensed physician at the scene who wishes to assist or provide on-scene medical direction to the field EMS personnel, the field EMS personnel may follow his/her instructions, but only until communications are established with on-line medical control. If the proposed treatment from the on-scene physician differs from existing EMS triage, treatment, and transport protocols and is contradictory to quality patient care, the field EMS personnel should revert to existing EMS triage, treatment, and transport protocols for the continued management of the patient.

(a) if the physician at the scene wishes to continue directing the field EMS personnel's activities, the field EMS personnel shall so notify on-line medical control;

(b) the on-line medical control may:

(i) allow the on-scene physician to assume or continue medical control;

(ii) assume medical control, but allowing the physician at the scene to assist; or

(iii) assume medical control with no participation by the on-scene physician.

(c) if on-line medical control allows the on-scene physician to assume or continue medical control, the field EMS personnel shall repeat the on-scene physician's orders to the on-line medical control for evaluation and recording. If, in the judgment of the on-line medical control that is monitoring and evaluating the at-scene medical control, the care is inappropriate to the nature of the medical emergency, the on-line medical control may reassume medical control of the field EMS personnel at the scene.

(4) A paramedic tactical rescue may only function at the invitation of the local or state public safety authority. When called upon for assistance, it must immediately notify the local ground ambulance licensee to coordinate patient transportation.

R426-4-700. Pilot Projects.

(1) A person who proposes to undertake a research or study project which requires waiver of any rule must have a project director who is a physician licensed to practice medicine in Utah, and must submit a written proposal to the Department for presentation to the EMS Committee for recommendation.

(2) The proposal shall include the following:

(a) a project description that describes the:

(i) need for project;

(ii) project goal;

(iii) specific objectives;

(iv) approval by the agency off-line medical director;

(v) methodology for the project implementation;

(vi) geographical area involved by the proposed project;

(vii) specific rule or portion of rule to be waived;

(viii) proposed waiver language; and

(ix) evaluation methodology.

(b) a list of the EMS providers and hospitals participating in the project;

(c) a signed statement of endorsement from the participating hospital medical directors and administrators, the director of each participating paramedic and ambulance licensee, other project participants, and other parties who may be significantly affected.

(d) if the pilot project requires the use of additional skills, a description of the skills to be utilized by the field EMS personnel and provision for training and supervising the field EMS personnel who are to utilize these skills, including the names of the field EMS personnel.

(e) the name and signature of the project director attesting to his support and approval of the project proposal.

(3) If the pilot project involves human subjects' research, the applicant must also obtain Department Institutional Review Board approval.

(4) The Department or Committee, as appropriate, may require the applicant to meet additional conditions as it considers necessary or helpful to the success of the project, integrity of the EMS system, and safety to the public.

(5) The Department or Committee, as appropriate, may initially grant project approval for one year. The Department or Committee, as appropriate, may grant approval for continuation beyond the initial year based on the achievement and satisfactory progress as evidenced in written progress reports to be submitted to

the Department at least 90 days prior to the end of the approved period. A pilot project may not exceed three years;

(6) The Department or Committee, as appropriate, may only waive a rule if:

(a) the applicant has met the requirements of this section;

(b) the waiver is not inconsistent with statutory requirements;

(c) there is not already another pilot project being conducted on the same subject; and

(d) it finds that the pilot project has the potential to improve pre-hospital medical care.

(7) Approval of a project allows the field EMS personnel listed in the proposal to exercise the specified skills of the participants in the project. The project director shall submit the names of field EMS personnel not initially approved to the Department.

(8) The Department or Committee, as appropriate, may rescind approval for the project at any time if:

(a) those implementing the project fail to follow the protocols and conditions outlined for the project;

(b) it determines that the waiver is detrimental to public health; or

(c) it determines that the project's risks outweigh the benefits that have been achieved.

(9) The Department or Committee, as appropriate, shall allow the EMS provider involved in the study to appear before the Department or Committee, as appropriate, to explain and express its views before determining to rescind the waiver for the project.

(10) At least six months prior to the planned completion of the project, the medical director shall submit to the Department a report with the preliminary findings of the project and any recommendations for change in the project requirements.

R426-4-800. Confidentiality of Patient Information.

Licensees, designees, and EMS certified individuals shall not disclose patient information except as necessary for patient care or as allowed by statute or rule.

R426-4-900. Vehicle Supply Requirements.

(1) In accordance with the licensure or designation type and level, the ambulance shall carry on each permitted vehicle the minimum quantities of supplies, medications, and equipment as described in this subsection. Optional items are marked with an asterisk.

(a) For any medication used (whether required or optional) it is the responsibility of the Medical Director to provide the protocols, training, and quality assurance for each crew member.

(b) American Heart Association (AHA) regularly updates the guidelines for acute cardiac care. As a result, certain equipment or medications may be recommended by the most current AHA guidelines that are not included in this rule. Agency medical directors may authorize the use of these new medications or equipment in accordance with such revised AHA guidelines. Waivers for such medications/equipment will not be required, however agencies shall report to the Bureau the use of any AHA recommended medications/equipment not specifically mentioned in this rule.

(2) Equipment and Supplies:
 (a) EMR QUICK RESPONSE UNIT
 2 Blood pressure cuffs, one adult, one pediatric
 2 Stethoscopes, one adult and one pediatric or
 combination
 2 Heavy duty shears
 2 Universal sterile dressings, 9"x5", 10"x8", 8"x9", or
 equivalent
 12 Gauze pads, sterile, 4"x4"
 8 Bandages, self-adhering, soft roller type, 4"x5 yards or
 equivalent
 2 Rolls of tape
 2 Triangular bandages
 1 Boxes of gloves latex free or equivalent
 1 Thermometer
 1 Biohazard bag
 1 Obstetrical kit (includes cord clamp, scissors, scalpel,
 bulb syringe, drapes, towels, gloves, feminine napkin, and
 biohazard bags)
 1 Printed pediatric reference material
 1 Commercial tourniquet
 Disinfecting agent for cleaning vehicle and equipment of
 body fluids in accordance with OSHA standards of bleach diluted
 between 1:10 and 1:100 with water or equivalent
 Reflective safety vests one for each crew member OSHA
 approved
 Preventive T.B. Transmission masks (N95 or N100)
 masks, one for each crew member
 Protective eye wear (goggle or face shield), one for each
 crew member
 Airway Equipment and Supplies
 Bag valve mask ventilation units, one adult, one pediatric
 1 Portable oxygen apparatus, capable of metered flow
 with adequate tubing*
 2 O2 masks, non-rebreather or partial non-rebreather, one
 adult and one pediatric*
 1 Nasal cannula, adult*
 Defibrillator Equipment and Supplies
 1 Automated External Defibrillator (AED)
 Required Drugs
 Nerve Antidote Kits (Mark I Kits or DuoDote) for self or
 peer administration
 (b) EMT QUICK RESPONSE UNIT
 2 Blood pressure cuffs, one adult, one pediatric
 2 Stethoscopes, one adult and one pediatric or
 combination
 2 Heavy duty shears
 2 Universal sterile dressings, 9"x5", 10"x8", 8"x9", or
 equivalent
 12 Gauze pads, sterile, 4"x4"
 8 Bandages, self-adhering, soft roller type, 4"x5 yards or
 equivalent
 2 Rolls of tape
 4 Cervical collars, one adult, one child, one infant, plus
 one other size
 2 Triangular bandages
 2 Boxes of gloves, one box non-sterile and one box latex
 free or equivalent
 1 Thermometer

 2 Biohazard bags
 1 Printed pediatric reference material
 1 Obstetrical kit (includes cord clamp, scissors, scalpel,
 bulb syringe, drapes, towels, gloves, feminine napkin, and
 Biohazard bags)
 1 Commercial tourniquet
 Disinfecting agent for cleaning vehicle and equipment of
 body fluids in accordance with OSHA standards of bleach diluted
 between 1:10 and 1:100 with water or equivalent
 Reflective safety vests one for each crew member OSHA
 approved
 Preventive T.B. Transmission masks (N95 or N100)
 masks, one for each crew member
 Protective eye wear (goggle or face shield), one for each
 crew member
 Fire extinguisher, with current inspection sticker, of the
 dry chemical type with a rating of 2A10BC or halogen extinguisher
 of minimum weight 2.5 - 10 pounds
 Hemostatic Gauze*
 Glucose measuring device*
 Transcutaneous carbon monoxide detector*
 Head Immobilization Device*
 Spine board (wood must be coated or sealed) *
 Immobilization straps*
 Multi-use splints*
 Whole body vacuum splint*
 Inflatable back raft*
 Mucosal atomization device*
 Airway Equipment and Supplies
 1 Portable or fixed suction, with wide bore tubing and
 rigid pharyngeal suction tip
 1 Oxygen saturation monitor with adult and pediatric
 probes
 2 Bag valve mask ventilation units, one adult, one
 pediatric, with adult, child, and infant size
 1 Bulb syringe, separate from the OB kit
 3 Oropharyngeal airways, with one adult, one child, and
 one infant size
 3 Nasopharyngeal airways, one adult, one child, and one
 infant
 2 O2 masks, non-rebreather or partial non-rebreather, one
 adult and one pediatric
 1 Nasal cannula, adult
 1 Portable oxygen apparatus, capable of metered flow
 with adequate tubing
 Impedance threshold device*
 Automatic Defibrillator Equipment and Supplies
 1 Defibrillator with ECG display, or automatic external
 defibrillator (AED), portable battery operated, per vehicle or
 response unit
 2 Sets of adult electrode pads for defibrillation
 Automated chest compression device*
 Required Drugs
 1 bottle 81 mg chewable Aspirin (minimum 8 tablets)
 2 Epinephrine auto-injectors, one standard and one junior
 2 15g concentrated oral glucose tubes or equivalent
 1 25gm Activated Charcoal*
 Acetaminophen elixir 160mg/5ml*
 Nerve Antidote Kits (Mark I Kits or DuoDote)*

Ibuprofen (adult and pediatric)*
Naloxone (Intranasal use only)*
(c) AEMT QUICK RESPONSE UNIT
2 Blood pressure cuffs, one adult, one pediatric
2 Stethoscopes, one adult and one pediatric or combination
2 Heavy duty shears
2 Universal sterile dressings, 9"x5", 10"x8", 8"x9", or equivalent
12 Gauze pads, sterile, 4"x4"
8 Bandages, self-adhering, soft roller type, 4"x5 yards or equivalent
2 Rolls of tape
4 Cervical collars, one adult, one child, one infant, plus one other size
2 Triangular bandages
2 Boxes of gloves, one box non-sterile and one box latex free or equivalent
1 Glucose measuring device
1 Thermometer
2 Biohazard bags
1 Printed pediatric reference material
1 Obstetrical kit, includes cord clamp, scissors, scalpel, bulb syringe, drapes, towels, gloves, feminine napkin, Biohazard bags
1 Commercial tourniquet
2 Occlusive sterile dressings or equivalent
Disinfecting agent for cleaning vehicle and equipment of body fluids in accordance with OSHA standards of bleach diluted between 1:10 and 1:100 with water or equivalent
Reflective safety vests one for each crew member OSHA approved
Preventive T.B. Transmission masks (N95 or N100) masks one for each crew member
Protective eye wear (goggle or face shield) one for each crew member
Fire extinguisher, with current inspection sticker, of the dry chemical type with a rating of 2A10BC or halogen extinguisher of minimum weight 2.5 - 10 pounds
Hemostatic Gauze*
Transcutaneous carbon monoxide detector*
Head Immobilization Device*
Spine board (wood must be coated or sealed)*
Immobilization straps*
Multi-use splints*
Whole body vacuum splint*
Inflatable back raft*
Airway Equipment and Supplies
1 Portable or fixed suction, with wide bore tubing and rigid pharyngeal suction tip
1 Oxygen saturation monitor with adult and pediatric probes
2 Bag valve mask ventilation units, one adult, one pediatric, with adult, child, and infant size
1 Bulb syringe, separate from the OB kit
3 Oropharyngeal airways, with one adult, one child, and one infant size
3 Nasopharyngeal airways, one adult, one child, and one infant

2 O2 masks, non-rebreather or partial non-rebreather, one adult and one pediatric
1 Nasal cannula, adult
1 Portable oxygen apparatus, capable of metered flow with adequate tubing
2 Small volume nebulizer container for aerosol solutions
2 Magill forceps, one adult, child/infant
1 Cath tip 60cc syringe
2 Supraglottic airway device (one adult and one pediatric (size)
1 Water based lubricant, one tube or equivalent*
2 Oro-nasogastric tubes, one adult, and one pediatric*
End-tidal CO2 monitor*
Impedance threshold device*
Defibrillator Equipment and Supplies
1 Defibrillator with ECG display, or automatic external defibrillator (AED), portable battery operated, per vehicle or response unit
2 Sets of adult electrode pads for defibrillation
1 12 lead ECG with transmission capability*
Automated chest compression device*
IV Supplies
10 Alcohol or Iodine preps
2 IV start kits or equivalent
12 Over-the-needle catheters, two each, sizes 14g, 16g, 18g, 20g, 22g and 24g
2 Arm boards
5 IV tubings capable of micro and macro drip chambers, 2 of each
5 Extension tubings
5 Syringes, one each, 60cc, 10cc, 5cc, 3cc, and 1cc
1 Sharps container
1 Safety razor
2 Saline lock with refill saline syringe
1 Vacutainer holder*
4 Vacutainer tubes*
2 Intraosseous needles, one each 15 or 16, and 18 gauge or delivery device*
Mucosal atomization device*
Morgan lens for ocular irrigation*
Required Drugs
2 15g concentrated oral glucose tubes or equivalent
1 2.5mg premixed Albuterol Sulfate
2 25gm preload Dextrose 50%
1 2 mg Glucagon
1 1cc (1mg/1cc) Epinephrine 1:1,000
2 Epinephrine 1:10,000 1mg each
2 Naloxone HCL 2mg each
1 Bottle 0.4mg Nitroglycerine (tablets or spray)
1 Bottle 81 mg chewable Aspirin (minimum 8 tablets)
4,000cc Ringers Lactate or Normal Saline
1 25gm Activated Charcoal*
2 Atropine Sulfate 1mg each*
2 100mg preload Lidocaine*
1 2 gm Lidocaine IV Drip with appropriate flow control device*
2 Amiodarone 300 mg IV* (must carry either Lidocaine or Amiodarone, or both)

2 Diphenhydramine 50 mg*
2 10mg morphine Sulfate*
Acetaminophen elixir 160mg/5ml*
Fentanyl 200 mcg*
Midazolam*
Promethazine*
Nerve Agent Antidote kits* (Mark I Kits or DuoDote)
CyanoKit*
Calcium Gluconate*
Ibuprofen* (adult and pediatric)
Nalbuphine 10 mg*
Valium*
Ondansetron*
Ipratropium bromide*(nebulized)
Nitrous oxide and required administration equipment*
(must carry at least one pain medication: nitrous,
morphine, nalbuphine, fentanyl, or valium)
(d) EMT AMBULANCE
2 Blood pressure cuffs, one adult, one pediatric
2 Stethoscopes, one adult and one pediatric or
combination
2 Pillows, with vinyl cover or single use disposable
pillows
2 Emesis basins, emesis bags, or large basins
1 Fire extinguisher, with current inspection sticker, of the
dry chemical type with a rating of 2A10BC or halogen extinguisher
of minimum weight 2.5 - 10 pounds
2 Head immobilization devices or equivalent
2 Lower extremity traction splints or equivalent, one adult
and one pediatric
2 Non-traction extremity splints, one upper and one lower
2 Spine boards, one short and one long (wood must be
coated or sealed)
1 Pediatric spine board
2 Heavy duty shears
2 Urinals, one male, one female, or two universal
1 Printed pediatric reference material
2 Blankets
2 Sheets
3 Towels
2 Universal sterile dressings, 9"x5", 10"x8", 8"x9", or
equivalent
12 Gauze pads, sterile, 4"x4"
8 Bandages, self-adhering, soft roller type, 4"x5 yards or
equivalent
2 Rolls of tape
4 Cervical collars, one adult, one child, one infant, plus
one other size
2 Triangular bandages
2 Boxes of gloves, one box non-sterile and one box latex
free or equivalent
1 Obstetrical kit (includes cord clamp, scissors, scalpel,
bulb syringe, drapes, towels, gloves, feminine napkin, and
biohazard bags)
2 Occlusive sterile dressings or equivalent
1 Thermometer
1 Water based lubricant, one tube or equivalent
2 Biohazard bags
1 Glucose measuring device

1 Commercial tourniquet
Car seat or equivalent approved by Federal Safety
Standard
Preventive T.B. transmission masks (N95 or N100) masks
one for each crew member
Protective eye wear (goggles or face shields) one for each
crew member
Full body substance isolation protection one for each crew
member
Disinfecting agent for cleaning vehicle and equipment of
body fluids in accordance with OSHA standards of bleach diluted
between 1:10 and 1:100 with water or equivalent
Hemostatic Gauze*
Whole body vacuum splint*
Inflatable back raft*
Transcutaneous carbon monoxide detector*
Mucosal atomization device*
Airway Equipment and Supplies
1 Portable and fixed suction, with wide bore tubing and
rigid pharyngeal suction tip
1 Oxygen saturation monitor with adult and pediatric
probes
2 Bag valve mask ventilation units, one adult, one
pediatric, with adult, child, and infant size
1 Bulb syringe, separate from the OB kit
3 Oropharyngeal airways, with one adult, one child, and
one infant size
3 Nasopharyngeal airways, one adult, one child, and one
infant
4 O2 masks, non-rebreather or partial non-rebreather, two
adult and two pediatric
2 Nasal cannulas, adult
1 Portable oxygen apparatus, capable of metered flow
with adequate tubing
1 Permanent large capacity oxygen delivery system
Impedance threshold device*
Automated transport ventilator*
Automatic Defibrillator Equipment and Supplies
1 Automated External Defibrillator (AED) per vehicle or
response unit
2 Sets of adult electrode pads for defibrillation
Automated chest compression device*
Required Drugs
1 500cc Irrigation solution
1 Bottle 81 mg chewable Aspirin (minimum 8 tablets)
2 Epinephrine auto-injectors, one standard and one junior
2 15g Concentrated oral glucose tubes or equivalent
1 25gm Activated Charcoal*
Acetaminophen elixir 160mg/5ml*
Nerve Antidote Kits (Mark I Kits or DuoDote)*
Ibuprofen (adult and pediatric)*
Naloxone (Intranasal use only)*
(e) AEMT AMBULANCE
2 Blood pressure cuffs, one adult, one pediatric
2 Stethoscopes, one adult and one pediatric or
combination
2 Pillows, with vinyl cover or single use disposable
pillows
2 Emesis basins, emesis bags, or large basins

<u>2 Head immobilization devices or equivalent</u>	<u>1 Bulb syringe, separate from the OB kit</u>
<u>2 Lower extremity traction splints or equivalent, one adult and one pediatric</u>	<u>3 Oropharyngeal airways, with one adult, one child, and one infant size</u>
<u>2 Non-traction extremity splints, one upper and one lower</u>	<u>3 Nasopharyngeal airways, one adult, one child, and one infant</u>
<u>2 Spine boards, one short and one long (Wood must be coated or sealed)</u>	<u>4 O2 masks, non-rebreather or partial non-rebreather, two adult and two pediatric</u>
<u>1 Pediatric spine board</u>	<u>2 Nasal cannulas, adult</u>
<u>2 Heavy duty shears</u>	<u>1 Portable oxygen apparatus, capable of metered flow with adequate tubing</u>
<u>2 Urinals, one male, one female, or two universal</u>	<u>1 Permanent large capacity oxygen delivery system</u>
<u>1 Printed pediatric reference material</u>	<u>2 Small volume nebulizer container for aerosol solutions</u>
<u>2 Blankets</u>	<u>2 Magill forceps, one adult, child/infant</u>
<u>2 Sheets</u>	<u>1 Water based lubricant, one tube or equivalent*</u>
<u>3 Towels</u>	<u>2 Oro-nasogastric tubes, one adult, and one pediatric*</u>
<u>2 Universal sterile dressings, 9"x5", 10"x8", 8"x9", or equivalent</u>	<u>2 Supraglottic airway device (one adult and one pediatric size)</u>
<u>12 Gauze pads, sterile, 4"x4"</u>	<u>CPAP device*</u>
<u>8 Bandages, self-adhering, soft roller type, 4"x5 yards or equivalent</u>	<u>Impedance threshold device*</u>
<u>2 Rolls of tape</u>	<u>End tidal CO2 Monitor*</u>
<u>4 Cervical collars, three adult and one pediatric or equivalent</u>	<u>Automated transport ventilator*</u>
<u>2 Triangular bandages</u>	<u>Morgan lens for ocular irrigation*</u>
<u>2 Boxes of gloves, one box non-sterile and one box latex free or equivalent</u>	<u>Defibrillator Equipment and Supplies</u>
<u>1 Obstetrical kit (includes cord clamp, scissors, scalpel, bulb syringe, drapes, towels, gloves, feminine napkins, biohazard bags)</u>	<u>1 Defibrillator with ECG display, or automatic external defibrillator (AED), portable battery operated, per vehicle or response unit</u>
<u>2 Occlusive sterile dressings or equivalent</u>	<u>2 Sets of adult electrode pads for defibrillation</u>
<u>1 Thermometer</u>	<u>1 12 lead ECG with transmission capability*</u>
<u>2 Biohazard bags</u>	<u>Automated chest compression device*</u>
<u>1 Glucose measuring device</u>	<u>IV Supplies</u>
<u>1 Commercial tourniquet</u>	<u>10 Alcohol or Iodine preps</u>
<u>Car seat or equivalent approved by Federal Safety Standard</u>	<u>2 IV start kits or equivalent</u>
<u>Preventive T.B. transmission masks (N95 or N100) masks one for each crew member</u>	<u>12 Over-the-needle catheters, two each, sizes 14g, 16g, 18g, 20g, 22g and 24g</u>
<u>Fire extinguisher, with current inspection sticker, of the dry chemical type with a rating of 2A10BC or halogen extinguisher of minimum weight 2.5 - 10 pounds</u>	<u>2 Arm boards</u>
<u>Protective eye wear (goggles or face shields) one for each crew member</u>	<u>5 IV tubings capable of micro and macro drip chambers, 2 of each</u>
<u>Full body substance isolation protection one for each crew member</u>	<u>5 Extension tubings</u>
<u>Reflective safety vests one for each crew member OSHA approved</u>	<u>5 Syringes, one each, 60cc, 10cc, 5cc, 3cc, and 1cc</u>
<u>Disinfecting agent for cleaning vehicle and equipment of body fluids in accordance with OSHA standards of bleach diluted between 1:10 and 1:100 with water or equivalent</u>	<u>1 Three-way stopcock</u>
<u>Hemostatic gauze*</u>	<u>1 Sharps container</u>
<u>Whole body vacuum splint*</u>	<u>1 Safety razor</u>
<u>Inflatable back raft*</u>	<u>2 Saline lock with refill saline syringe</u>
<u>Transcutaneous carbon monoxide detector*</u>	<u>2 Intraosseous needles, one each, 15 or 16, and 18 gauge or delivery device*</u>
<u>Airway Equipment and Supplies</u>	<u>1 Volutrol Pediatric IV chamber*</u>
<u>1 Portable and fixed suction, with wide bore tubing and rigid pharyngeal suction tip</u>	<u>Mucosal atomization device*</u>
<u>1 Oxygen saturation monitor with adult and pediatric probes</u>	<u>Vacutainer holder*</u>
<u>2 Bag valve mask ventilation units, one adult, one pediatric, with adult, child, and infant size</u>	<u>Vacutainer tubes*</u>
	<u>Required Drugs</u>
	<u>2 15g concentrated oral glucose tubes or equipment</u>
	<u>2 2.5mg premixed Albuterol Sulfate</u>
	<u>2 25gm preload Dextrose 50%</u>
	<u>1 2 mg Glucagon</u>
	<u>4 1cc (1mg/1cc) Epinephrine 1:1,000</u>
	<u>2 Naloxone HCL 2mg each</u>
	<u>1 bottle or 0.4mg Nitroglycerine (tablets or spray)</u>
	<u>1 500cc Irrigation solution</u>
	<u>1 Bottle 81 mg chewable Aspirin (minimum 8 tablets)</u>

4,000cc Ringers Lactate or Normal Saline
25gm Activated Charcoal*
2 Atropine Sulfate 1mg each*
2 100mg preload Lidocaine*
1 2 gm Lidocaine IV Drip with appropriate flow control device*
2 Amiodarone 300 mg IV*
2 Diphenhydramine 50 mg*
2 Epinephrine 1:10,000* 1mg each
2 10mg Morphine Sulfate*
Acetaminophen elixir 160mg/5ml*
Fentanyl 200 mcg*
Midazolam*
Promethazine*
Nerve Agent Antidote kits* (Mark I Kits or DuoDote)
CyanoKit*
Calcium Gluconate*
Ibuprofen* (adult and pediatric)
Nalbuphine 10 mg*
Valium*
Ondansetron*
Ipratropium bromide*(nebulized)
Nitrous oxide and required administration equipment*
(must carry at least one pain medication: nitrous, morphine, nalbuphine, fentanyl, or valium)
(f) INTERMEDIATE ADVANCED AMBULANCE
2 Blood pressure cuffs, one adult, one pediatric
2 Stethoscopes, one adult and one pediatric or combination
2 Pillows, with vinyl cover or single use disposable pillows
2 Emesis basins, emesis bags, or large basins
2 Head immobilization devices or equivalent
2 Lower extremity traction splints or equivalent, one adult and one pediatric
Non-traction extremity splints, one upper, one lower, or PASG pants
2 Spine boards, one short and one long (Wood must be coated or sealed)
2 Heavy duty shears
Urinals, one male, one female, or two universal
Printed Pediatric Reference Material
2 Blankets
2 Sheets
6 Towels
2 Universal sterile dressings, 9"x5", 10"x8", 8"x9", or equivalent
12 Gauze pads, sterile, 4"x4"
8 Bandages, self-adhering, soft roller type, 4"x5 yards or equivalent
2 Rolls of tape
4 Cervical collars, three adult and one pediatric or equivalent
2 Triangular bandages
2 Boxes of gloves, one box non-sterile and one box latex free or equivalent
1 Obstetrical kit (includes cord clamp, scissors, scalpel, bulb syringe, drapes, towels, gloves, feminine napkins, biohazard bags)

3 Occlusive sterile dressings or equivalent
1 Thermometer or equivalent
2 Biohazard bags
1 Glucose measuring device
Car seat or equivalent approved by Federal Safety Standard
Preventive T.B. transmission masks (N95 or N100) masks one for each crew member
Fire extinguisher, with current inspection sticker, of the dry chemical type with a rating
of 2A10BC or halogen extinguisher of minimum weight 2.5 - 10 pounds
Protective eye wear (goggles or face shields) one for each crew member
Full body substance isolation protection one for each crew member
Reflective safety vests one for each crew member OSHA approved
Disinfecting agent for cleaning vehicle and equipment of body fluids in accordance with OSHA standards of bleach diluted between 1:10 and 1:100 with water or equivalent
Hemostatic gauze*
Whole body vacuum splint*
Inflatable back raft*
Transcutaneous carbon monoxide detector*
Airway Equipment and Supplies
Portable or fixed suction, with wide bore tubing and rigid pharyngeal suction tip
2 Bag mask ventilation units, one adult, one pediatric, with adult, child, and infant size masks
1 Baby syringe, bulb type, separate from the OB kit
3 Oropharyngeal airways, with one adult, one child, and one infant size
3 Nasopharyngeal airways, one adult, one child, and one infant
2 Magill forceps, one adult and one child
4 Non-rebreather or partial non-rebreather oxygen masks, two adult and two pediatric
2 Nasal cannulas, adult
1 Portable oxygen apparatus, capable of metered flow with adequate tubing
1 Oxygen saturation monitor
1 Permanent large capacity oxygen delivery system
2 Small volume nebulizer container for aerosol solutions
1 Laryngoscope with batteries curved and straight blades with bulbs and two extra batteries and two extra bulbs
1 Water based lubricant, one tube or equivalent
7 Endotracheal tubes, one each: cuffed 8, 7.5, 7, 6, uncuffed 5, 4, 3
2 Stylets, one adult and one pediatric
1 Device for securing the endotracheal tube
2 Endotracheal tube confirmation device
2 Flexible sterile endotracheal suction catheters from 5-12 French
2 Oro-nasogastric tubes, one adult, and one pediatric
CPAP device*
Impedance threshold device*
End tidal CO2 Monitor*
Automated transport ventilator*

Morgan lens for ocular irrigation*
Defibrillator Equipment and Supplies
1 Portable cardiac monitor/defibrillator/pacer with adult and pediatric capabilities
2 Sets Electrodes or equivalent
2 Sets Combination type defibrillator pads or equivalent
2 Combination type TCP Pads or equivalent
Automated chest compression device*
Video laryngoscope*
Bougie device*
IV Supplies
10 Alcohol or Iodine preps
2 IV start kits or equivalent
12 Over-the-needle catheters, two each, sizes 14g, 16g, 18g, 20g, 22g and 24g
2 Arm boards, two different sizes
2 IV tubings with micro drip chambers
3 IV tubings with standard drip chambers
5 Extension tubings
4 Syringes, one 30 or 60cc, one 10cc, one 5cc, and one 3cc
1 Three-way stopcock
1 Sharps container
1 Safety razor
2 Intraosseous needles, two each, 15 or 16, and 18 gauge
Volutrol Pediatric IV chamber*
Mucosal atomization device*
Vacutainer holder*
Vacutainer tubes*
Required Drugs
2 Concentrated oral glucose tubes or equivalent
2 25gm Activated Charcoal
2 2.5mg premixed Albuterol Sulfate or equivalent
2 Atropine Sulfate 1mg
2 Dextrose 50% or Glucagon (must have 1 D50)
2 10mg either Diazepam or Midazolam, or both
1 Epinephrine 1:1,000 15mg or equivalent
2 Epinephrine 1:10,000 1mg each
2 100 mg preload Lidocaine
2 10mg Morphine Sulfate
2 Naloxone HCL 2mg each
1 Bottle 0.4mg Nitroglycerine (tablets or spray)
2gm Lidocaine IV Drip
2 Amiodarone 300 mg IV* (must carry either Lidocaine or Amiodarone, or both)
1 500cc Irrigation solution
650mg Aspirin
4,000cc Ringers Lactate or Normal Saline
Acetaminophen elixir 160mg/5ml*
Adenosine*
Fentanyl*
Furosemide*
Promethazine*
Zofran*
Nerve Agent Antidote kits (Mark I Kits or DuoDote)*
CyanoKit*
Valium*

Nitrous oxide and required administration equipment*
(must carry at least one pain medication: nitrous, morphine, nalbuphine, fentanyl, or valium)
(g) PARAMEDIC SERVICES (Ground Ambulance and Paramedic Units)
2 Blood pressure cuffs, one adult, one pediatric
2 Stethoscopes, one adult and one pediatric or combination
1 Thermometer
1 Glucose measuring device
2 Head immobilization devices or equivalent
2 Lower extremity traction splints or equivalent, one adult and one pediatric
2 Non-traction extremity splints, one upper and one lower
2 Spine boards, one short and one long. Wooden boards must be coated or sealed
1 Full body pediatric immobilization device. (Paramedic units excluded)
2 Heavy duty shears
2 Blankets
2 Towels
2 Universal sterile dressings, 9"x5", 10"x8", 8"x 9", or equivalent
12 Gauze pads, sterile, 4" x 4"
8 Bandages, self-adhering, soft roller type, 4"x 5 yards or equivalent
2 Rolls of tape
4 Cervical collars, three adult and one pediatric or equivalent
2 Triangular bandages
2 Boxes of gloves, one box non-sterile and one box latex free or equivalent
1 Obstetrical kits (includes cord clamp, scissors, scalpel, bulb syringe, drapes, towels, gloves, feminine napkins, biohazard bags)
2 Occlusive sterile dressings or equivalent
2 Emesis basins, emesis bags, or large basins
1 Printed pediatric reference material
2 Urinals, one male, one female, or two universal
2 Pillows with vinyl cover or single use disposable pillows (paramedic units excluded)
2 Sheets (paramedic units excluded)
1 Commercial Tourniquet
2 Biohazard bags
Car seat or equivalent approved by Federal Safety Standard (paramedic units excluded)
Preventive T.B. transmission masks (N95 or N100) masks one for each crew member
Fire extinguisher, with current inspection sticker, of the dry chemical type with a rating of 2A10BC or halogen extinguisher of minimum weight 2.5 - 10 pounds
Protective eye wear (goggles or face shields) one for each crew member
Full body substance isolation protection one for each crew member
Reflective safety vests one for each crew member OSHA approved

Disinfecting agent for cleaning vehicle and equipment of body fluids in accordance with OSHA standards of bleach diluted between 1:10 and 1:100 with water or equivalent

Hemostatic Gauze*

Whole body vacuum splint*

Inflatable back raft*

Transcutaneous carbon monoxide detector*

Airway Equipment and Supplies

1 Portable and fixed suction, with wide bore tubing and rigid pharyngeal suction tip

1 Portable or fixed suction, with wide bore tubing and rigid pharyngeal suction tip (paramedic units only)

1 Oxygen saturation monitor with adult and pediatric probes

1 Bulb syringe separate from the OB kit

1 Laryngoscope with batteries curved and straight blades with bulbs and two extra batteries and two extra bulbs

1 Water based lubricant, one tube or equivalent

11 Endotracheal tubes, one each, uncuffed 3, 3.5, 4, 4.5 and 5, cuffed 5.5, 6, 6.5, 7, 7.5, 8

1 Device for securing the endotracheal tube

2 Endotracheal tube confirmation devices

2 Flexible sterile endotracheal suction catheters from 5-12

French

3 Oropharyngeal airways, one adult, one child, and one infant size

3 Nasopharyngeal airways, one adult, one child, and one infant size

2 Magill forceps, one child and one adult/infant

1 Portable oxygen apparatus, capable of metered flow with adequate tubing

2 Oro-nasogastric tubes, one adult, and one pediatric

4 O2 masks, non-rebreather or partial non-rebreather, two adult and two pediatric

2 Nasal cannulas, adult

2 Bag mask ventilation units, one adult, one pediatric, with adult, child, and infant size masks

2 Endotracheal tube stylets, one pediatric and one adult

2 Tongue blades

1 Meconium aspirator

1 Cricothyroidotomy kit or equivalent (includes blade, hemostat, 5 cuffed, tool tape) or equivalent

2 Small volume nebulizer container for aerosol solutions

1 Permanent large capacity oxygen delivery system (paramedic units excluded)

2 Supraglottic airway device (one adult and one pediatric size)

CPAP Device*

Impedance Threshold Device*

End tidal CO2 Monitor*

Automated transport ventilator*

Morgan lens for ocular irrigation*

Video laryngoscope*

Bougie device*

Defibrillator Equipment and Supplies

1 Portable cardiac monitor/defibrillator/pacer with adult and pediatric capabilities

2 Sets Electrodes or equivalent

2 Sets Combination type defibrillator pads pacing/cardioversion/defibrillator

1 12 lead ECG with transmission capability*

Automated chest compression device*

IV Supplies

10 Alcohol or iodine preps

2 IV start kits or equivalent

12 Over-the-needle catheters, two each, sizes 14g, 16g, 18g, 20g, 22g, 24g

2 Intraosseous needles, one each, 15 or 16, and 18 gauge or delivery device

2 Arm boards

5 IV tubings capable of micro and macro drip chambers, 2 of each

2 IV tubings with blood administration sets

1 Volutrol Pediatric IV chamber

5 Extension tubings

6 Syringes with luer lock, two each 3cc, 10cc, 60cc

2 Saline lock with refill saline syringe

1 Cath tipped syringe, 60cc

2 Three-way stopcocks

1 Sharps container

1 Safety razor

1 Cath tipped syringe, 30cc*

Vacutainer holder*

Vacutainer multiple sample luer adapters*

Vacutainer tubes*

Mucosal atomization device*

IV Infusion pumps*

Required Drugs

2 15g concentrated oral glucose tubes or equivalent

2 Albuterol Sulfate 2.5mg pre-mixed

2 Atropine Sulfate 1mg

1 Bottle 81 mg chewable Aspirin (minimum 8 tablets)

2 25gm preload Dextrose 50%

1 2 mg Glucagon

2 Diphenhydramine intravenous 50mg each

2 Either Dopamine HCL 400mg each or 2 mics/ml

Epinephrine drip (2cc Epinephrine

1:1000 to 1000cc LR or NS), or both

1 Epinephrine 1:1,000 15mg or equivalent

2 Epinephrine 1:10,000 1mg each

4 Naloxone HCL 2mg each

1 Bottle Nitroglycerine 0.4mg (tablets or spray)

2 Promethazine HCL 25mg each or ondansetron 8mg, or both

1 Sodium Bicarbonate 10mEq

2 Sodium Bicarbonate 50mEq each

1 Irrigation solution, 500cc

4,000cc Ringers Lactate or Normal Saline

4 Normal Saline for injection/inhalation

1 25gm Activated Charcoal*

2 Morphine Sulfate 10mg each*

2 100mg preload Lidocaine*

1 2 gm Lidocaine IV Drip with appropriate flow control device*

2 Amiodarone 300 mg IV* (must carry either Lidocaine or Amiodarone, or both)

Acetaminophen 160mg/5ml*
Adenosine*
Ipratropium bromide* (nebulized)
Calcium Chloride*
Furosemide*
Haloperidol*
Lorazepam* (must carry at least one benzodiazepine, either lorazepam or midazolam or both)
Magnesium Sulfate*
Oxytocin*
Vasopressin*
Nerve Agent Antidote kits*(Mark I Kits or DuoDote)
CyanoKit*
Fentanyl 200 mcg*
Nalbuphine 10mg*
Valium*
Ibuprofen* (adult or pediatric)
Vecuronium* (only for therapeutic hypothermia protocol)
Ondansetron*
Nitrous oxide and required administration equipment*
(must carry at least one pain medication: nitrous, morphine, nalbuphine, fentanyl, or valium).
(3) If a licensed or designated agency desires to carry different equipment, supplies, or medication from the vehicle supply requirements, it must submit a written request from the off-line medical director to the Department requesting the waiver. The request shall include:
(a) a detailed training outline;
(b) protocols;
(c) proficiency testing;
(d) support documentation;
(e) local EMS Council or committee comments; and
(f) a detailed letter of justification.
(4) All equipment, except disposable items, shall be so designed, constructed, and of such materials that under normal conditions and operations, it is durable and capable of withstanding repeated cleaning. The permittee agency:
(a) shall clean the equipment after each use in accordance with OSHA standards;
(b) shall sanitize or sterilize equipment prior to reuse;
(c) may not reuse equipment intended for single use;
(d) shall clean and change linens after each use; and
(e) shall store or secure all equipment in a readily accessible and protected manner and in a manner to prevent its movement during a crash.
(5) The permittee agency shall have all tested, maintain all equipment, and calibrated in according to with the manufacturer's standards.
(a) The permittee agency shall document all equipment inspections, testing, and maintenance, and calibrations. Testing or calibration conducted by an outside service shall be documented and available for Department review.
(b) an permittee agency required to carry any of the following equipment shall perform monthly inspections to ensure its ability to function correctly:
(i) defibrillator, manual, or automatic;
(ii) autovent;
(iii) infusion pump;
(iv) glucometer;

(v) flow restricted, oxygen-powered ventilation devices;
(vi) suction equipment;
(vii) electronic Doppler device;
(viii) automatic blood pressure/pulse measuring device;
and
(ix) pulse oximeter.
(x) any other electronic, battery powered, or critical care device.
(6) All pieces of required equipment that require consumables for the operation of the equipment; power supplies; electrical cables, pneumatic power lines, hydraulic power lines, or related connectors, the permittee shall perform monthly inspections to ensure their correct function.
(7) A ground ambulance licensee shall store all medications according to the manufacturers' recommendations.
(a) for temperature control and packaging requirements;
and
(b) return to the supplier for replacement of any medication known or suspected to have been subjected to temperatures outside the recommended range.

R426-4-1000. Air Ambulance Supply Requirements.

(1) Air ambulance vehicle requirements are as follows:
(a) the air ambulance must have sufficient space to accommodate at least one patient on a stretcher;
(b) the air ambulance must have sufficient space to accommodate at least two medical attendant seats; and
(c) the patient stretcher shall be FAA-approved.
(i) it must be installed using the FAA 337 form or a "Supplemental Type Certificate";
(ii) the stretcher shall be of sufficient length and width to support a patient in full supine position who is ranked as a 95th percentile American male that is 6 feet tall and weighing 212 pounds; and
(iii) The head of the stretcher shall be capable of being elevated at least 30 degrees.
(d) the air ambulance doors shall be large enough to allow a stretcher to be loaded without rotating it more than 30 degrees about the longitudinal roll axis, or 45 degrees about the lateral pitch axis;
(e) the stretcher shall be positioned so as to allow the medical attendants a clear view and access to any part of the patient's body that may require medical attention. Seat-belted medical attendants must have access to the patient's head and upper body;
(f) the patient, stretcher, attendants, seats, and equipment shall be so arranged as to not block the pilot, medical attendants, or patients from easily exiting the air ambulance;
(g) the air ambulance shall have FAA- approved two point safety belts and security restraints adequate to stabilize and secure any patient, patient stretcher, medical attendants, pilots, or other individuals;
(h) the air ambulance shall have a temperature and ventilation system for the patient treatment area;
(i) the patient area shall have overhead or dome lighting of at least 40-foot candle at the patient level, to allow adequate patient care. During night operations the pilot's cockpit shall be protected from light originating from the patient care area;

(j) the air ambulance shall have a self contained interior lighting system powered by a battery pack or portable light with a battery source;

(k) the pilots, flight controls, power levers, and radios, shall be physically protected from any intended or accidental interference by patient, air medical personnel or equipment and supplies;

(l) the patient must be sufficiently isolated from the cockpit to minimize in-flight distractions and interference which would affect flight safety;

(m) the interior surfaces shall be of material easily cleaned, sanitized, and designed for patient safety. Protruding sharp edges and corners shall be padded;

(n) patients whose medical problems may be adversely affected by changes in altitude may only be transported in a pressurized air ambulance;

(o) the air medical service shall provide all medical attendants with sound ear protectors sufficient to reduce excessive noise pollution arising from the air ambulance during flight; and

(p) there shall be sufficient medical oxygen to assure adequate delivery of oxygen necessary to meet the patient medical needs and anticipated in-flight complications. The medical oxygen must:

(i) be installed according to FAA regulation;

(ii) have an oxygen flow rate determined by in-line pressure gauges mounted in the patient care area with each outlet clearly identified and within reach of a seat-belted medical attendant;

(iii) allow the oxygen flow to be stopped at or near the oxygen source from inside the air ambulance;

(iv) have gauges that easily identify the quantity of medical oxygen available;

(v) be capable of delivering fifteen liters/minute at fifty psi;

(vi) have a portable oxygen bottle available for use during patient transfer to and from the air ambulance;

(vii) have a fixed back-up source of medical oxygen in the event of an oxygen system failure;

(viii) the oxygen flow meters shall be recessed, padded, or by other means mounted to prevent injury to patients or medical attendants; and

(ix) "No smoking" signs shall be prominently displayed inside the air ambulance.

(q) the air ambulance electric power must be provided through a power source capable to operate the medical equipment and a back-up source of electric power capable of operating all electrically powered medical equipment for one hour;

(r) the air ambulance must have at least two positive locking devices for intravenous containers padded, recessed, or mounted to prevent injury to air ambulance occupants;

(s) the containers shall be within reach of a seat-belted medical attendant;

(t) the air ambulance must be fitted with a metal hard lock container, fastened by hard point restraints to the air ambulance, or must have a locking cargo bay for all controlled substances left in an unattended;

(u) an air ambulance shall have properly maintained survival gear appropriate to the service area and number of occupants;

(v) an air ambulance shall have an equipment configuration that is installed according to FAA criteria and in such a way that the air medical personnel can provide patient care;

(w) the air ambulance shall be configured in such a way that the air medical personnel have access to the patient in order to begin and maintain basic and advanced life support care;

(x) the air ambulance shall have space necessary to allow patient airway maintenance and to provide adequate ventilatory support from the secured, seat-belted position of the medical personnel;

(y) be knowledgeable in the application, operation, care, and removal of all medical equipment used in the care of the patient.

(z) The air medical personnel shall have a knowledge of potential in-flight complications, which may arise from the use of the medical equipment and its in-flight capabilities and limitations; and

(2) have available during transport, a current copy of all written protocols authorized for use by the air medical service medical director. Patient care shall be governed by these authorized written protocols.

R426-4-1100. Air Ambulance Equipment Standards.

(1) Air ambulances must maintain minimum quantities of supplies and equipment for each air medical transport as listed in the document R426 Appendix in accordance with the air medical service's licensure level. Due to weight and safety concerns on specialized air transports, the air medical service medical director shall insure that the appropriate equipment is carried according to the needs of the patient to be transported. All medications shall be stored according to manufacturer recommendations.

(2) All medical equipment except disposable items, shall be designed, constructed, and made of materials that under normal conditions and operations are durable and capable of withstanding repeated cleaning.

(3) The equipment and medical supplies shall be maintained in working condition and within legal specifications.

(4) All non-disposable equipment shall be cleaned or sanitized after each air medical transport.

(5) Medical equipment shall be stored and readily accessible by air medical personnel.

(6) Before departing, the air medical personnel shall notify the pilot of any add-on equipment for weight and balance considerations.

(7) Physical or chemical restraints must be available and used for combative patients who could possibly hurt themselves or any other person in the air ambulance.

R426-4-1200. Air Ambulance Operational Standards.

(1) The pilot may refuse transport to any individual who the pilot considers to be a safety hazard to the air ambulance or any of its passengers.

(2) Records made for each trip on forms or data format specified by the Department and a copy shall remain at the receiving facility for continuity of care.

(3) The air medical service must maintain a personnel file for personnel, which shall include their qualifications and training.

(4) All air medical services must have an operational manual or policy and procedures manual available for all air medical personnel.

(5) All air medical service records shall be available for inspection by representatives of the Department.

(6) All air ambulances shall be equipped to allow air medical service personnel to be able to:

(a) Communicate with hospital emergency medical departments, flight operations centers, air traffic control, emergency medical services, and law enforcement agencies.

(b) Communicate with other air ambulances while in flight.

(i) The pilot must be able to override any radio or telephone transmission in the event of an emergency.

(7) The management of the air medical service shall be familiar with the federal regulations related to air medical services.

(8) Each air medical service must have a safety committee, with a designated safety officer. The committee shall meet at least quarterly to review safety issues and submit a written report to the air medical service management and maintain a copy on file at the air medical service office.

(9) All air medical service shall have a quality management team and a program implemented by this team to assess and improve the quality of patient care provided by the air medical service.

R426-4-1300. Penalties.

As required by Subsection 63G-3-201(5): Any person that violates any provision of this rule may be assessed a civil money penalty as provided in Section 26-23-6 and/or suspension or revocation of license(s).

KEY: emergency medical services

Date of Enactment or Last Substantive Amendment: 2012

Authorizing, and Implemented or Interpreted Law: 26-8a

**Health, Family Health and
Preparedness, Emergency Medical
Services
R426-5
Statewide Trauma System Standards**

NOTICE OF PROPOSED RULE

(Repeal and Reenact)
DAR FILE NO.: 36988
FILED: 10/23/2012

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of this filing is to fulfill the Governor's mandate for rule review and simplification.

SUMMARY OF THE RULE OR CHANGE: The rule change eliminates redundancy, provides sequential numbering, and

reflects best practice updates for all aspects of the Emergency Medical Services Act (Title 26, Chapter 8a).

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Title 26, Chapter 8a

ANTICIPATED COST OR SAVINGS TO:

◆ THE STATE BUDGET: No anticipated fiscal impact to the state budget because there are no changes in the rule requirements that are imposed by these amendments.

◆ LOCAL GOVERNMENTS: No anticipated fiscal impact to local governments because there are no changes in the rule requirements that are imposed by these amendments.

◆ SMALL BUSINESSES: No anticipated fiscal impact to small businesses because there are no changes in the rule requirements that are imposed by these amendments.

◆ PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES: No anticipated fiscal impact to businesses because there are no changes in the rule requirements that are imposed by these amendments.

COMPLIANCE COSTS FOR AFFECTED PERSONS:

Compliance costs for affected persons include individuals who are seeking certification to become or continue to be certified as an Emergency Medical Responder, Emergency Medical Technician, Advanced Emergency Technician, or paramedic. The compliance costs for these certified individuals may be lessened, since lower cost options are now available.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES:

In response to the Governor's Executive Order to examine all administrative rules and reduce regulatory impact that may be inhibiting economic growth, the rules governing Emergency Medical Services providers are being repealed, simplified and reenacted. Fiscal impact is expected to be positive for business as the requirements are streamlined and updated.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

HEALTH
FAMILY HEALTH AND PREPAREDNESS,
EMERGENCY MEDICAL SERVICES
3760 S HIGHLAND DR
SALT LAKE CITY, UT 84106
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

◆ Guy Dansie by phone at 801-273-6671, by FAX at 801-273-4165, or by Internet E-mail at gdansie@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 12/17/2012

THIS RULE MAY BECOME EFFECTIVE ON: 12/24/2012

AUTHORIZED BY: David Patton, PhD, Executive Director

R426. Health, Family Health and Preparedness, Emergency Medical Services.

[R426-5. Statewide Trauma System Standards.

R426-5-1. Authority and Purpose.

(1) Authority This rule is established under Title 26, Chapter 8a, Part 2A, Statewide Trauma System, which authorizes the Department to:

(a) establish and actively supervise a statewide trauma system;

(b) establish, by rule, trauma center designation requirements and model state guidelines for triage, treatment, transport and transfer of trauma patients to the most appropriate health care facility; and

(c) designate trauma care facilities consistent with the trauma center designation requirements and verification process.

(2) This rule provides standards for the categorization of all hospitals and the voluntary designation of Trauma Centers to assist physicians in selecting the most appropriate physician and facility based upon the nature of the patient's critical care problem and the capabilities of the facility.

(3) It is intended that the categorization process be dynamic and updated periodically to reflect changes in national standards, medical facility capabilities, and treatment processes. Also, as suggested by the Utah Medical Association, the standards are in no way to be construed as mandating the transfer of any patient contrary to the wishes of his attending physician, rather the standards serve as an expression of the type of facilities and care available in the respective hospitals for the use of physicians requesting transfer of patients requiring skills and facilities not available in their own hospitals.

R426-5-2. Trauma System Advisory Committee.

(1) The trauma system advisory committee, created pursuant to 26-8a-251, shall:

(a) be a broad and balanced representation of healthcare providers and health care delivery systems; and

(b) conduct meetings in accordance with committee procedures established by the Department and applicable statutes.

(2) The Department shall appoint committee members to serve terms from one to four years.

(3) The Department may re-appoint committee members for one additional term in the position initially appointed by the Department.

(4) Causes for removal of a committee member include the following:

(a) more than two unexcused absences from meetings within 12 calendar months;

(b) more than three excused absences from meetings within 12 calendar months;

(c) conviction of a felony; or

(d) change in organizational affiliation or employment which may affect the appropriate representation of a position on the committee for which the member was appointed.

R426-5-3. Trauma Center Categorization Guidelines.

The Department adopts as criteria for Level I, Level II, Level III, and Pediatric trauma center designation, compliance with national standards published in the American College of Surgeons document: Resources for Optimal Care of the Injured Patient 2006. The Department adopts as criteria for Level IV and Level V trauma center designation the American College of Surgeons document: Resources for Optimal Care of the Injured Patient 1999, except that a Level V trauma center need not have a general surgeon on the medical staff and may be staffed by nurse practitioners or certified physician assistants.

R426-5-4. Trauma Review.

(1) The Department shall evaluate trauma centers and applicants to verify compliance with standards set in R426-5-2. In conducting each evaluation, the Department shall consult with experts from the following disciplines:

(a) trauma surgery;

(b) emergency medicine;

(c) emergency or critical care nursing; and

(d) hospital administration.

(2) A consultant shall not assist the Department in evaluating a facility in which the consultant is employed, practices, or has any financial interest.

R426-5-5. Trauma Center Categorization Process.

The Department shall:

(1) Develop a survey document based upon the Trauma Center Criteria described in R426-5.

(2) Periodically survey all Utah hospitals which provide emergency trauma care to determine the maximum level of trauma care which each is capable of providing.

(3) Disseminate survey results to all Utah hospitals, and as appropriate, to state EMS agencies.

R426-5-6. Trauma Center Designation Process.

(1) Hospitals seeking voluntary designation and all designated Trauma Centers desiring to remain designated, shall apply for designation by submitting the following information to the Department at least 30 days prior to the date of the scheduled site visit:

(a) A completed and signed application and appropriate fees for trauma center verification;

(b) A letter from the hospital administrator of continued commitment to comply with current trauma center designation standards as applicable to the applicant's designation level;

(c) The data specified under R426-5-8 are current;

(d) Level I and Level II Trauma Centers must submit a copy of the Pre-review Questionnaire (PRQ) from the American College of Surgeons in lieu of the application in 1a above.

(e) Level III Level IV and Level V trauma centers must submit a complete Department approved application.

(2) Hospitals desiring to be designated as Level I and Level II Trauma Centers must be verified by the American College of Surgeons (ACS) within three (3) months of the expiration date of previous designation and must submit a copy of the full ACS report

detailing the results of the ACS site visit. A Department representative must be present during the entire ACS verification visit. Hospitals desiring to be Level III, Level IV or Level v Trauma Centers must be designated by hosting a formal site visit by the Department.

(3) The Department and its consultants may conduct observation, review and monitoring activities with any designated trauma center to verify compliance with designation requirements.

(4) Trauma centers shall be designated for a period of three years unless the designation is rescinded by the Department for non-compliance to standards set forth in R426-5-6 or adjusted to coincide with the American College of Surgeons verification timetable.

(5) The Department shall disseminate a list of designated trauma centers to all Utah hospitals, and state EMS agencies, and as appropriate, to hospitals in nearby states which refer patients to Utah hospitals.

R426-5-7. Data Requirements for an Inclusive Trauma System.

(1) All hospitals shall collect, and quarterly submit to the Department, Trauma Registry information necessary to maintain an inclusive trauma system. The Department shall provide funds to hospitals, excluding designated trauma centers, for the data collection process. The inclusion criteria for a trauma patient are as follows:

(a) ICD9 Diagnostic Codes between 800 and 959.9 (trauma); and

(b) At least one of the following patient conditions: admitted to the hospital for 24 hours or longer; transferred in or out of your hospital via EMS transport (including air ambulance); death resulting from the traumatic injury (independent of hospital admission or hospital transfer status; all air ambulance transports (including death in transport and patients flown in but not admitted to the hospital).

(c) Exclusion criteria are ICD9 Diagnostic Codes: 930-939.9 (foreign bodies) 905-909.9 (late effects of injury) 910-924.9 (superficial injuries, including blisters, contusions, abrasions, and insect bites)

The information shall be in a standardized electronic format specified by the Department which includes:

(i) Demographics:

- Database Record Number
- Institution ID number
- Medical Record Number
- Social Security Number
- Patient Home Zip Code
- Sex
- Date of Birth
- Age Number and Units
- Patient's Home Country
- Patient's Home State
- Patient's Home County
- Patient's Home City
- Alternate Home Residence
- Race
- Ethnicity

(ii) Injury:

Date of Injury

- Time of Injury
- Blunt, Penetrating, or Burn Injury
- Cause of Injury Description
- Cause of Injury Code
- Work Related Injury (y/n)
- Patient's Occupational Industry
- Patient's Occupation
- Primary E-Code
- Location E-Code
- Additional E-Code
- Incident Location Zip Code
- Incident State
- Incident County
- Incident City
- Protective Devices
- Child Specific Restraint
- Airbag Deployment
- (iii) Prehospital:
 - Name of EMS Service
 - Transport Origin Scene or Referring Facility
 - Trip Form Obtained (y/n)
 - EMS Dispatch Date
 - EMS Dispatch Time
 - EMS Unit Arrival on Scene Date
 - EMS Unit Arrival on Scene Time
 - EMS Unit Scene Departure Date
 - EMS Unit Scene Departure Time
 - Transport Mode
 - Other Transport Mode
 - Initial Field Systolic Blood Pressure
 - Initial Field Pulse Rate
 - Initial Field Respiratory Rate
 - Initial Field Oxygen Saturation
 - Initial Field GCS-Eye
 - Initial Field GCS-Verbal
 - Initial Field GCS-Motor
 - Initial Field GCS-Total
 - Inter-Facility Transfer
 - (iv) Referring Hospital:
 - Transfer from Another Hospital (y/n)
 - Name or Code
 - Arrival Date
 - Arrival Time
 - Discharge Date
 - Discharge time
 - Transfer Mode
 - Admitted or ER
 - Procedures
 - Pulse
 - Capillary Refill
 - Respiratory Rate
 - Respiratory Effort
 - Blood Pressure
 - Eye Movement
 - Verbal Response
 - Motor Response
 - Glascow Coma Score Total
 - Revised Trauma Score Total

- ~~_____ (v) Emergency Department Information:~~
- ~~_____ Mode of Transport~~
- ~~_____ Arrival Date~~
- ~~_____ Arrival Time~~
- ~~_____ Discharge Time~~
- ~~_____ Discharge Date~~
- ~~_____ Initial ED/Hospital Pulse Rate~~
- ~~_____ Initial ED/Hospital Temperature~~
- ~~_____ Initial ED/Hospital Respiratory Rate~~
- ~~_____ Initial ED/Hospital Respiratory Assistance~~
- ~~_____ Initial ED/Hospital Oxygen Saturation~~
- ~~_____ Initial ED/Hospital Systolic Blood Pressure~~
- ~~_____ Initial ED/Hospital GCS-Eye~~
- ~~_____ Initial ED/Hospital GCS-Verbal~~
- ~~_____ Initial ED/Hospital GCS-Motor~~
- ~~_____ Initial ED/Hospital GCS-Total~~
- ~~_____ Initial ED/Hospital GCS Assessment Qualifiers~~
- ~~_____ Revised Trauma Score Total~~
- ~~_____ Alcohol Use Indicator~~
- ~~_____ Drug Use Indicator~~
- ~~_____ ED Discharge Disposition~~
- ~~_____ ED Death~~
- ~~_____ ED Discharge Date~~
- ~~_____ ED Discharge Time~~
- ~~_____ (vi) Emergency Department Treatment:~~
- ~~_____ Procedures Done (pick list)~~
- ~~_____ Paralytics used prior to GCS (y/n)~~
- ~~_____ (vii) Admission Information:~~
- ~~_____ Admit from ER or Direct Admit~~
- ~~_____ Admitted from what Source~~
- ~~_____ Time of Hospital Admission~~
- ~~_____ Date of Hospital Admission~~
- ~~_____ Hospital Procedures~~
- ~~_____ Hospital Procedure Start Date~~
- ~~_____ Hospital Procedure End Date~~
- ~~_____ (viii) Hospital Diagnosis:~~
- ~~_____ ICD9 Diagnosis Codes~~
- ~~_____ Injury Diagnoses~~
- ~~_____ Co-Morbid Conditions~~
- ~~_____ AIS Score for Diagnosis (calculated)~~
- ~~_____ Injury Severity Score~~
- ~~_____ (ix) Quality Assurance Indicators:~~
- ~~_____ Hospital Complications~~
- ~~_____ (x) Outcome:~~
- ~~_____ Discharge Time~~
- ~~_____ Discharge Date~~
- ~~_____ Total Days Length of Stay~~
- ~~_____ Total ICU Length of Stay~~
- ~~_____ Total Ventilator Days~~
- ~~_____ Disposition from Hospital~~
- ~~_____ Destination Facility~~
- ~~_____ (xi) Charges:~~
- ~~_____ Payment Sources~~

R426-5-8. Trauma Triage and Transfer Guidelines.

~~_____ The Department adopts by reference the 2009 Resources and Guidelines for the Triage and Transfer of Trauma Patients published by the Utah Department of Health as model guidelines for triage, transfer, and transport of trauma patients. The guidelines do~~

~~not mandate the transfer of any patient contrary to the judgment of the attending physician. They are a resource for pre-hospital and hospital providers to assist in the triage, transfer and transport of trauma patients to designated trauma centers or acute care hospitals which are appropriate to adequately receive trauma patients.~~

R426-5-9. Noncompliance to Standards.

~~_____ (1) The Department may warn, reduce, deny, suspend, revoke, or place on probation a facility designation, if the Department finds evidence that the facility has not been or will not be operated in compliance to standards adopted under R426-5.~~

~~_____ (2) A hospital, clinic, health care provider, or health care delivery system may not profess or advertise to be designated as a trauma center if the Department has not designated it as such pursuant to this rule.~~

R426-5-10. Statutory Penalties.

~~_____ A person who violates this rule is subject to the provisions of Title 26, Chapter 23.]~~

R426-5. Emergency Medical Services Training and Certification Standards.

R426-5-100. Authority and Purpose.

~~_____ (1) This rule is established under Title 26, Chapter 8a to provide uniform minimum standards to be met by those providing emergency medical services in the State of Utah; and for the training, certification, and recertification of individuals who provide emergency medical service and for those providing instructions and training to pre-hospital emergency medical care providers.~~

~~_____ (2) The definitions in Title 26, Chapter 8a are adopted and incorporated by reference into this rule.~~

R426-5-200. Scope of Practice.

~~_____ (1) The Department may certify as an EMR, EMT, AEMT, Paramedic, or EMD an individual who meets the initial certification requirements in this rule.~~

~~_____ (2) The Committee adopts as the standard for EMR, EMT, AEMT, or Paramedic training and competency in the state, the following United States Department of Transportation's National Emergency Medical Services Education Standards.~~

~~_____ (3) An EMR, EMT, AEMT, or Paramedic may perform the skills as described in the EMS National Education Standards, to their level of certification, as adopted in this section.~~

~~_____ (4) Per Utah Code section 41-6a-523 persons authorized to draw blood/immunity from liability and section 53-10-405 DNA specimen analysis -- Saliva sample to be obtained -- Blood sample to be drawn by a professional. Acting at the request of a peace officer a paramedic may draw field blood samples to determine alcohol or drug content and for DNA analysis. Acting at the request of a peace officer an AEMT may draw field blood samples to determine alcohol or drug content and for DNA analysis if they have received certification pursuant to administrative rule R438-12. A person authorized by this section to draw blood samples may not be held criminally or civilly liable if drawn in a medically acceptable manner.~~

R426-5-300. Certification.

~~_____ (1) The Department may certify an EMR, EMT, AEMT, Paramedic, or EMD for a four-year period.~~

(2) An individual who wishes to become certified as a EMR, EMT, AEMT, Paramedic, or EMD must:

(a) successfully complete a Department-approved EMR, EMT, AEMT, Paramedic, or EMD course as described in this rule;

(b) be able to perform the functions listed in the National EMS Education Standards adopted in this rule as verified by personal attestation and successful accomplishment by certified EMS Instructors during the course;

(c) achieve a favorable recommendation from the course coordinator and course medical director stating technical competence during field and clinical training and successful completion of all training requirements for an EMR, EMT, AEMT, Paramedic, or EMD certification;

(d) submit the applicable fees and a completed application, including social security number and signature, to the Department;

(e) submit to and pass a background investigation, including an FBI background investigation if the applicant has not resided in Utah for the past consecutive five years;

(f) maintain and submit documentation of having completed a Department approved CPR course within the prior two years that is consistent with the most current version of the American Heart Association Guidelines for the level of Healthcare Provider Cardiopulmonary Resuscitation (CPR) and Emergency Cardiac Care (ECC); and

(g) submit TB test results as per R426-5-700.

(3) Age requirements:

(a) EMR may certify at 16 years of age or older; and

(b) EMT, AEMT, and Paramedic may certify at 18 years of age or older.

(4) Within 120 days after the official course end date the applicant must successfully complete the Department written and practical EMR, EMT, AEMT, EMT-IA, Paramedic, or EMD examinations, or reexaminations, if necessary.

(5) Test development, the Department shall:

(a) develop or approve written and practical tests for each certification;

(b) establish the passing score for certification and recertification written and practical tests;

(c) the Department may administer the tests or delegate the administration of any test to another entity; and

(d) the Department may release only to the individual who took the test and to persons who have a signed release from the individual who took the test:

(i) whether the individual passed or failed a written or practical test; and

(ii) the subject areas where items were missed on a written or practical test.

(6) An individual who fails any part of the EMR, EMT, AEMT, Paramedic, or EMD certification or recertification written or practical examination may retake the examination twice without further course work.

(7) If the individual fails both re-examinations, he must take a complete EMR, EMT, AEMT, Paramedic, or EMD training course respective to the certification level sought to be eligible for further examination.

(8) The individual may retake the course as many times as he desires, but may only take the examinations three times for each completed course. If an individual retakes the course because

of failure to pass the examinations, the individual must pass both the practical and written test administered after completion of the new course.

(9) An individual who wishes to enroll in an AEMT or Paramedic course must have as a minimum a Utah EMT certification. This Certification must remain current until new certification level is obtained.

(10) The Department may extend the time limits for an individual who demonstrates that the inability to meet the requirements within the 120 days was due to circumstances beyond the applicant's control, such as for documented medical circumstances that prevent completion of testing, military deployment out of the state, extreme illness in the immediate family, or the like.

R426-5-400. Certification at a Lower Level.

(1) An individual who has taken a Paramedic course, but has not been recommended for certification, may request to become certified at the AEMT levels if:

(a) the paramedic course coordinator submits to the Department a favorable letter of recommendation stating that the individual has successfully obtained the knowledge and skills of the AEMT level as required by this rule; and

(b) the individual successfully completes all requirements for an AEMT.

R426-5-500. Certification Challenges.

(1) The Department may certify as an EMT or AEMT; a registered nurse licensed in Utah, a nurse practitioner licensed in Utah, a physician assistant licensed in Utah, or a physician licensed in Utah who:

(a) is able to demonstrate knowledge, proficiency and competency to perform all the functions listed in the National EMS Education Standards as verified by personal attestation and successful demonstration to a currently certified course coordinator and an off-line medical director of all cognitive, affective, and psychomotor skills listed in the National EMS Education Standards;

(b) has a knowledge of:

(i) medical control protocols;

(ii) state and local protocols; and

(iii) the role and responsibilities of an EMT or AEMT respectively.

(c) maintain and submit documentation of having completed a CPR course within the prior two years that is consistent with the most current version of the American Heart Association Guidelines for adult and pediatric healthcare provider CPR and ECC; and

(d) is 18 years of age or older.

(e) each level must be challenged sequentially and individually

(2) To become certified, the applicant must:

(a) submit three letters of recommendation from health care providers attesting to the applicant's patient care skills and abilities;

(b) submit a favorable recommendation from a currently certified course coordinator attesting to competency of all knowledge and skills contained within the National EMS Education Standards;

(c) submit the applicable fees and a completed application, including social security number, signature, and, proof of current Utah license as a Registered Nurse, a Physician Assistant, or a Medical Doctor;

(d) within 120 days after submitting the challenge application, successfully complete the Department written and practical EMT examinations, or reexaminations, if necessary;

(e) the Department may extend the time limit for an individual who demonstrates that the inability to meet the requirements within 120 days was due to circumstances beyond the applicant's control;

(f) submit to and pass a background investigation, including an FBI background investigation if the applicant has not resided in Utah for the past consecutive five years; and

(g) submit a statement from a physician, confirming the applicant's results of a TB examination conducted within one year prior to submitting the application.

R426-5-600. Recertification Requirements.

(1) The Department may recertify an individual for a four-year period or for a shorter period as modified by the Department to standardize recertification cycles.

(2) An individual seeking recertification must:

(a) submit the applicable fees and a completed application, including social security number and signature, to the Department;

(b) submit to and pass a background investigation, including an FBI background investigation if the applicant has not resided in Utah for the past consecutive five years;

(c) maintain and submit documentation of having completed a CPR course within the prior two years that is consistent with the most current version of the American Heart Association Guidelines for the level of Adult and Pediatric Healthcare Provider CPR and ECC. CPR must be kept current during certification;

(d) submit TB test results as per R426-5-700;

(e) successfully complete the Department applicable written and practical recertification examinations, or reexaminations if necessary, within one year prior to expiration; and

(f) provide documentation of completion of Department-approved CME requirements.

(3) The EMR, EMT, AEMT, EMT-IA and Paramedic must complete the required CME hours, as outlined in the department's Recertification Protocol for EMS Personnel manual and in accordance with the National EMS Education Standards. The hours must be completed throughout the prior four years.

(4) As well as requirements in (2)(c) The following course completion documentation is required for the specific certification level and may be included in the CME required hours:

(a) EMR 52 hours of CME;

(b) EMT 98 hours of CME to include;

(i) ATLS 8 hours of Basic Level Advanced Trauma Life Support or equivalent as determined by the Department, and

(ii) Pediatric Care (a Basic Level Pediatric Life Support or equivalent as determined by the Department can fulfill this requirement).

(c) AEMT, EMT-IA 108 hours of CME each, and Paramedic 122 hours of CME. AEMT, EMT-IA and Paramedic CME hours shall include;

(i) PHTLS 16 hours Prehospital Trauma Life Support or equivalent as determined by the Department.

(ii) PALS 16 hours (Pediatric Advanced Life Support or equivalent that is consistent with the most current version of the American Heart Association Guidelines and is approved by the Department), and

(iii) ACLS 16 hours (Advanced Cardiac Life Support or equivalent that is consistent with the most current version of the American Heart Association Guidelines and is approved by the Department).

(5) An EMR, EMT, AEMT, EMT-IA, Paramedic, or EMD may complete CME hours through various methodologies, but 30 percent of the CME hours must be practical hands-on training.

(6) All CME must be related to the required skills and knowledge of the EMR, EMT, AEMT, EMT-IA, Paramedic, or EMD's level of certification.

(7) The CME Instructors need not be certified EMS instructors, but must be knowledgeable in the subject matter.

(8) The EMR, EMT, AEMT, EMT-IA, Paramedic, or EMD must complete and provide documentation of demonstrating the psychomotor skills listed in the current National EMS Education Standards at their level of certification.

(9) An EMR, EMT, AEMT, EMT-IA, Paramedic, or EMD who is affiliated with an EMS organization should have the organization's designated training officer submit a letter verifying the EMR, EMT, AEMT, Paramedic, or EMD's completion of the recertification requirements. An EMR, EMT, AEMT, EMT-IA, Paramedic, or EMD who is not affiliated with an agency must submit verification of all recertification requirements directly to the Department.

(10) An AEMT or Paramedic must submit a letter from a certified off-line medical director recommending the individual for recertification and verifying the individual has demonstrated proficiency in the psychomotor skills listed in the current National EMS Education Standards at their level of certification.

(11) Each EMR, EMT, AEMT, EMT-IA, Paramedic, or EMD is individually responsible to complete and submit all required recertification material to the Department at one time, no later than 30 days and no earlier than one year prior to the individual's current certification expiration date. If the Department receives incomplete or late recertification materials, the Department may not be able to process the recertification before the certification expires. The Department processes recertification material in the order received.

(12) An EMS agency, designated or non-designated, or a Department approved entity that provides CME may compile and submit recertification materials on behalf of an EMR, EMT, AEMT, EMT-IA, Paramedic, or EMD; however, the individual EMR, EMT, AEMT, EMT-IA, Paramedic, or EMD remains responsible for a timely and complete submission.

(13) The Department may shorten recertification periods. An EMR, EMT, AEMT, EMT-IA, Paramedic, or EMD whose recertification period is shortened must meet the CME requirements in each of the required and elective subdivisions on a prorated basis by the expiration of the shortened period.

(14) The Department may not lengthen certification periods more than the four-year certification, unless the individual is a member of the National Guard or reserve component of the

armed forces and is on active duty when certification expired. If this happens, the individual shall recertify in accordance with Utah Code 39-1-64.

R426-5-700. TB Test Requirements.

(1) All levels of certification and recertification except EMD must submit a statement from a physician or other health care provider, confirming the applicant's negative results of a Tuberculin Skin Test or equivalent (TB test) examination conducted within the prior year, or complete the following requirements:

(a) if the test is positive, and there is no documented history of prior Latent TB Infection (LTBI) treatment, the applicant must see his primary care physician for a chest x-ray (CXR) in accordance with current Center for Disease Control and Prevention (CDC) guidelines and further evaluation; and

(b) Results of CXR and medical history must be submitted to the Bureau.

(2) If the CXR is negative, the applicant's medical history will be reviewed by the State EMS Medical Director. For individuals at high risk for developing active TB, treatment will be strongly recommended.

(3) If the CXR is positive, the applicant is considered to be suspect Active TB. Should the diagnosis be confirmed:

(a) completion of treatment or release by an appropriate physician will be required prior to certification; and

(b) each such case will be reviewed by the State EMS Medical Director.

(4) In the event that an applicant who is required to get treatment refuses the treatment, BEMS may deny certification.

(5) A TB test should not be performed on a person who has a documented history of either a prior positive TB test or prior treatment for tuberculosis. The applicant must instead have a CXR in accordance with current CDC guidelines and provide documentation of negative CXR results to the department.

(6) If the applicant has had prior treatment for active TB or LTBI, the applicant must provide documentation of this treatment prior to certification. Documentation of this treatment will be maintained by the Bureau, and needs only to be provided once.

(7) Each such case will be reviewed by the State EMS Medical Director.

R426-5-800. Reciprocity.

(1) The Department may certify an individual as an EMR, EMT, AEMT, Paramedic, or EMD an individual certified outside of the State of Utah if the applicant can demonstrate the applicant's out-of-state training and experience requirements are equivalent to or greater than what is required in Utah.

(2) An individual seeking reciprocity for certification in Utah based on out-of-state training and experience must:

(a) submit the applicable fees and a completed application, including social security number and signature, to the Department and complete all of the following within 120 days of submitting the application:

(b) submit to and pass a background investigation, including an FBI background investigation if the applicant has not resided in Utah for the past consecutive five years;

(c) maintain and submit documentation of having completed a CPR course within the prior two years that is consistent

with the most current version of the American Heart Association Guidelines for the level of Healthcare Provider CPR and ECC;

(d) submit TB test results as per R426-5-700;

(e) successfully complete the Department written and practical EMR, EMT, AEMT, Paramedic, or EMD examinations, or reexaminations, if necessary;

(f) submit a current certification from one of the states of the United States or its possessions, or current registration and the name of the training institution if registered with the National Registry of EMTs; and

(g) provide documentation of completion of 25 hours of continuing medical education (CME) within the prior year. EMDs must provide documentation of completion of 12 hours of CME within the prior year

(3) The Department may certify as an EMD an individual certified by the National Academy of Emergency Medical Dispatch (NAEMD) or equivalent. An individual seeking reciprocity for certification in Utah based on NAEMD or equivalent certification must:

(a) submit documentation of current NAEMD or equivalent certification.

(b) maintain and submit documentation of having completed within the prior two years:

(i) a Department approved CPR course that is consistent with the most current version of the American Heart Association Guidelines for CPR and ECC; and

(ii) a minimum of a two-hour course in critical incident stress management (CISM).

(4) An individual who fails the written or practical EMR, EMT, or AEMT examination three times will be required to complete a Department approved EMR, EMT, or AEMT, course respective to the certification level sought.

(5) A candidate for paramedic reciprocity who fails the written or practical examinations three times can request further consideration of reciprocity after five years if the candidate has worked for an out of state EMS provider and can verify steady employment as a paramedic for at least three of the five years.

R426-5-900. Lapsed Certification.

(1) An individual whose EMR, EMT, AEMT, EMT-IA, Paramedic, or EMD certification has expired for less than one year may, within one year after expiration, complete all recertification requirements, pay a late recertification fee, and successfully pass the written certification examination to become certified. The individual's new expiration date will be four years from the previous expiration date.

(2) An individual whose certification has expired for more than one year must:

(a) submit a letter of recommendation including results of an oral examination, from a certified off-line medical director, verifying proficiency in patient care skills at the certification level;

(b) successfully complete the applicable Department written and practical examinations;

(c) complete all recertification requirements; and

(d) the individual's new expiration date will be four years from the completion of all recertification materials.

(3) An individual whose certification has lapsed, is not authorized to provide care as an EMR, EMT, AEMT, EMT-IA,

Paramedic, or EMD until the individual completes the recertification process.

R426-5-1000. Transition to 2009 National EMS Education Standards.

(1) The Department adopts the 2009 National Education Standards as noted in this rule resulting in a need for specific dates for a transition period. These dates shall be as follows:

(a) EMT Basic to EMT January 1, 2012 to January 1, 2016; and

(b) EMT Intermediate to Advanced EMT, October 1, 2011 to October 1, 2013.

(2) Transition for EMT-B to EMT will be accomplished through the Department's written examination as part of the Individual's recertification process during the transition period.

(3) Transition for EMT-I and EMT-IA to AEMT will be accomplished through the Department's written AEMT transition examination during the transition period.

(4) Transition will not change the Individual's recertification date.

(5) During the transition period:

(a) EMT-I and EMT-IA will be deemed equivalent to AEMT certification, in accordance with the respective agency's waivers; and

(b) EMT-B will be deemed equivalent to EMT certification.

(c) EMT-IA may maintain level of certification as long as employed by a licensed EMT-IA agency.

R426-5-1100. Emergency Medical Care During Clinical Training.

A student enrolled in a Department-approved training program may, under the direct supervision of the course coordinator, an instructor in the course, or a preceptor for the course, perform activities delineated within the training curriculum that otherwise require certification to perform.

R426-5-1200. Instructor Requirements.

(1) The Department may certify as an EMS Instructor an individual who:

(a) meets the initial certification requirements in R426-5-1300; and

(b) is currently certified in Utah as an EMR, EMT, AEMT, EMT-IA, Paramedic, or EMD.

(2) The Committee adopts the United States Department of Transportation's "EMS Instructor Training Program: National Standard Curriculum" (EMS Instructor Curriculum) as the standard for EMS Instructor training and competency in the state, which is adopted and incorporated by reference.

(3) An EMS instructor may only teach up to the certification level to which the instructor is certified. An EMS instructor who is only certified as an EMD may only teach EMD courses.

(4) An EMS instructor must comply with the teaching standards and procedures in the EMS Instructor Manual.

(5) An EMS instructor must maintain the EMS certification for the level that the instructor is certified to teach. If an individual's EMS certification lapses, the instructor certification is invalid until EMS certification is renewed.

(6) The Department may waive a particular instructor certification requirement if the applicant can demonstrate that the applicant's training and experience requirements are equivalent or greater to what are required in Utah.

R426-5-1300. Instructor Certification.

(1) The Department may certify an individual who is an EMR, EMT, AEMT, EMT-IA, Paramedic, or EMD as an EMS Instructor for a two-year period.

(2) An individual who wishes to become certified as an EMS Instructor must:

(a) submit an application and pay all applicable fees;

(b) submit three letters of recommendation regarding EMS skills and teaching abilities;

(c) submit documentation of 15 hours of teaching experience;

(d) successfully complete all required examinations; and

(e) successfully complete the Department-sponsored initial EMS instructor training course.

(3) An individual who wishes to become certified as an EMS Instructor to teach EMR, EMT, AEMT, or paramedic courses must also:

(a) provide documentation of 30 hours of patient care within the prior year.

(4) The Department may waive portions of the initial EMS instructor training courses for previously completed Department-approved instructor programs.

R426-5-1400. Instructor Recertification.

(1) An EMS instructor who wishes to recertify as an instructor must:

(a) maintain current EMS certification; and

(b) attend the required Department-approved recertification training;

(2) Submit an application and pay all applicable fees.

R426-5-1500. Instructor Lapsed Certification.

(1) An EMS instructor whose instructor certification has expired for less than two years may again become certified by completing the recertification requirements.

(2) An EMS instructor whose instructor certification has expired for more than two years must complete all initial instructor certification requirements and reapply as if there were no prior certification.

R426-5-1600. Training Officer Certification.

(1) The Department may certify an individual who is a certified EMS instructor as a training officer for a two-year period.

(2) An individual who wishes to become certified as an EMS Training officer must:

(a) be currently certified as an EMS instructor;

(b) successfully complete the Department's course for new training officers;

(c) submit an application and pay all applicable fees; and

(d) submit biennially a completed and signed "Training Officer Contract" to the Department agreeing to abide by the standards and procedures in the then current Training Officer Manual.

(3) A training officer must maintain EMS instructor certification to retain training officer certification.

(4) An EMS training officer must abide by the terms of the Training Officer Contract, and comply with the standards and procedures in the Training Officer Manual as incorporated into the respective Training Officer Contract.

R426-5-1700. Training Officer Recertification.

(1) A training officer who wishes to recertify as a training officer must:

- (a) attend a training officer seminar every two years;
- (b) maintain current EMS instructor and EMS certification;
- (c) submit an application and pay all applicable fees;
- (d) successfully complete any Department-examination requirements; and
- (e) submit biennially a completed and signed new "Training Officer Contract" to the Department agreeing to abide by the standards and procedures in the current training officer manual.

R426-5-1800. Training Officer Lapsed Certification.

(1) An individual whose training officer certification has expired for less than two years may again become certified by completing the recertification requirements. The individual's new expiration date will be two years from the old expiration date.

(2) An individual whose training officer certification has expired for more than one year must complete all initial training officer certification requirements and reapply as if there were no prior certification.

R426-5-1900. Course Coordinator Certification.

(1) The Department may certify an individual as an EMS course coordinator for a two-year period.

(2) An individual who wishes to certify as a course coordinator must:

- (a) be certified as an EMS instructor;
- (b) have co-coordinated one Department-approved course with a certified course coordinator;
- (c) submit a written evaluation and recommendation from the course coordinator in the co-coordinated course;
- (d) complete certification requirements within 120 days of completion of the Department's course for new course coordinators;
- (e) submit an application and pay all applicable fees;
- (f) complete the Department's course for new course coordinators;
- (g) sign and submit annually the "Course Coordinator Contract" to the Department agreeing to abide to the standards and procedures in the then current Course Coordinator Manual; and
- (h) maintain EMS instructor certification.

(3) A Course Coordinator may only coordinate courses up to the certification level to which the course coordinator is certified. A course coordinator, who is only certified as an EMD, may only coordinate EMD courses.

(4) A course coordinator must abide by the terms of the "Course Coordinator Contract" and comply with the standards and procedures in the Course Coordinator Manual as incorporated into the "Course Coordinator Contract."

(5) A Course Coordinator must maintain an EMS Instructor certification and the EMS certification for the level that the course coordinator is certified to coordinate. If an individual's EMS certification lapses, the Course Coordinator certification is invalid until EMS certification is renewed.

R426-5-2000. Course Coordinator Recertification.

(1) A course coordinator who wishes to recertify as a course coordinator must:

- (a) maintain current EMS instructor and EMR, EMT, AEMT, EMT-IA, Paramedic, or EMD certification;
- (b) coordinate or co-coordinate at least one Department-approved course every two years;
- (c) attend a course coordinator seminar every two years;
- (d) submit an application and pay all applicable fees; and
- (e) sign and submit biennially a Course Coordinator Contract to the Department agreeing to abide by the policies and procedures in the then current Course Coordinator Manual.

R426-5-2100. Course Coordinator Lapsed Certification.

(1) An individual whose course coordinator certification has expired for less than one year may again become certified by completing the recertification requirements. The individual's new expiration date will be two years from the old expiration date.

(2) An individual whose course coordinator certification has expired for more than one year must complete all initial course coordinator certification requirements and reapply as if there were no prior certification.

R426-5-2200. Course Approvals.

(1) A course coordinator offering EMS training to individuals who wish to become certified as an EMR, EMT, AEMT, Paramedic, or EMD must obtain Department approval prior to initiating an EMS training course. The Department shall approve a course if:

- (a) the applicant submits the course application and fees no earlier than 90 days and no later than 30 days prior to commencing the course;
- (b) the applicant has sufficient equipment available for the training or if the equipment is available for rental from the Department;
- (c) the Department finds that the course meets all the Department rules and contracts governing training;
- (d) the course coordinators and instructors hold current respective course coordinator and EMS instructor certifications; and
- (e) the Department has the capacity to offer the applicable examinations in a timely manner after the conclusion of the course.

R426-5-2300. Paramedic Training Institutions Standards Compliance.

(1) A person must be authorized by the Department to provide training leading to the certification of a paramedic.

(2) To become authorized and maintain authorization to provide paramedic training, a person must:

- (a) enter into the Department's standard paramedic training contract; and

_____ (b) adhere to the terms of the contract, including the requirement to provide training in compliance with the Course Coordinator Manual and the Utah Paramedic Training Program Accreditation Standards Manual.

R426-5-2400. Off-line Medical Director Requirements.

_____ (1) The Department may certify an off-line medical director for a four-year period.

_____ (2) An off-line medical director must be:

_____ (a) a physician actively engaged in the provision of emergency medical care;

_____ (b) familiar with the Utah EMS Systems Act, Title 26, Chapter 8a, and applicable state rules; and

_____ (c) familiar with medical equipment and medications required.

R426-5-2500. Off-line Medical Director Certification.

_____ (1) An individual who wishes to certify as an off-line medical director must:

_____ (a) have completed an American College of Emergency Physicians or National Association of Emergency Medical Services Physicians medical director training course or the Department's medical director training course within twelve months of becoming a medical director;

_____ (b) submit an application and;

_____ (c) pay all applicable fees.

_____ (2) An individual who wishes to recertify as an off-line medical director must:

_____ (a) retake the medical director training course every four years;

_____ (b) submit an application; and

_____ (c) pay all applicable fees.

R426-5-2600. Refusal, Suspension, or Revocation of Certification.

_____ (1) The Department shall exclude from EMS certification an individual who may pose an unacceptable risk to public health and safety, as indicated by his criminal history. The Department shall conduct a background check on each individual who seeks to certify or recertify as an EMR, EMT, AEMT, EMT-IA, Paramedic, or EMD, including an FBI background investigation if the individual has resided outside of Utah within the past consecutive five years.

_____ (2) An individual convicted of certain crimes presents an unreasonable risk and the Department shall deny all applications for certification or recertification from individuals convicted of any of the following crimes:

_____ (a) sexual misconduct if the victim's failure to affirmatively consent is an element of the crime, such as forcible rape;

_____ (b) sexual or physical abuse of children, the elderly or infirm, such as sexual misconduct with a child, making or distributing child pornography or using a child in a sexual display, incest involving a child, assault on an elderly or infirm person;

_____ (c) abuse, neglect, theft from, or financial exploitation of a person entrusted to the care or protection of the applicant, if the victim is an out-of-hospital patient or a patient or resident of a health care facility; and

_____ (d) crimes of violence against persons, such as aggravated assault, murder or attempted murder, manslaughter except involuntary manslaughter, kidnapping, robbery of any degree; or arson; or attempts to commit such crimes;

_____ (3) Except in extraordinary circumstances, established by clear and convincing evidence that certification or recertification will not jeopardize public health and safety, the Department shall deny applicants for certification or recertification in the following categories:

_____ (a) persons who are convicted of any crime not listed in (a) and who are currently incarcerated, on work release, on probation or on parole;

_____ (b) conviction of crimes in the following categories, unless at least three years have passed since the conviction or at least three years have passed since release from custodial confinement, whichever occurs later:

_____ (i) crimes of violence against persons, such as assault;

_____ (ii) crimes defined as domestic violence under Section 77-36-1;

_____ (iii) crimes involving controlled substances or synthetics, or counterfeit drugs, including unlawful possession or distribution, or intent to distribute unlawfully, Schedule I through V drugs as defined by the Uniform Controlled Dangerous Substances Act; and

_____ (iv) crimes against property, such as grand larceny, burglary, embezzlement or insurance fraud.

_____ (c) the Department may deny certification or recertification to individuals convicted of crimes, including DUIs, but not including minor traffic violations chargeable as infractions after consideration of the following factors:

_____ (i) the seriousness of the crime;

_____ (ii) whether the crime relates directly to the skills of pre-hospital care service and the delivery of patient care;

_____ (iii) the amount of time that has elapsed since the crime was committed;

_____ (iv) whether the crime involved violence to or abuse of another person;

_____ (v) whether the crime involved a minor or a person of diminished capacity as a victim;

_____ (vi) whether the applicant's actions and conduct since the crime occurred are consistent with the holding of a position of public trust;

_____ (vii) the total number of arrests and convictions; and

_____ (viii) whether the applicant was truthful regarding the crime on his or her application.

_____ (4) Certified EMS personnel must notify the Department of any arrest, charge, or conviction within seven days of the arrest, charge or conviction. If the person works for a licensed or designated EMS agency, the agency is also responsible to inform the Bureau of the arrest, charge or conviction.

_____ (5) An official EMS agency representative verified by the Supervisor of the agency may receive information pertaining to Department actions about an employee or a potential employee of the agency if a Criminal History Non-Disclosure Agreement is signed by the EMS agency representative.

_____ (6) The Department may require EMS personnel to submit to a background examination or a drug test upon Department request.

(7) The Department may refuse to issue a certification or recertification, or suspend or revoke a certification, or place a certification on probation, for any of the following causes:

(a) any of the reasons for exclusion listed in Subsection (1);

(b) a violation of Subsection (2);

(c) a refusal to submit to a background examination pursuant to Subsection (3);

(d) habitual or excessive use or addiction to narcotics or dangerous drugs;

(e) refusal to submit to a drug test administered by the individual's EMS provider organization or the Department;

(f) habitual abuse of alcoholic beverages or being under the influence of alcoholic beverages while on call or on duty as an EMS personnel or while driving any Department-permitted vehicle;

(g) failure to comply with the training, certification, or recertification requirements for the certification;

(h) failure to comply with a contractual agreement as an EMS instructor, a training officer, or a course coordinator;

(i) fraud or deceit in applying for or obtaining a certification;

(j) fraud, deceit, incompetence, patient abuse, theft, or dishonesty in the performance of duties and practice as a certified individual;

(k) unauthorized use or removal of narcotics, drugs, supplies or equipment from any emergency vehicle or health care facility;

(l) performing procedures or skills beyond the level of certification or agency licensure;

(m) violation of laws pertaining to medical practice, drugs, or controlled substances;

(n) conviction of a felony, misdemeanor, or a crime involving moral turpitude, excluding minor traffic violations chargeable as infractions;

(o) mental incompetence as determined by a court of competent jurisdiction;

(p) demonstrated inability and failure to perform adequate patient care;

(q) inability to provide emergency medical services with reasonable skill and safety because of illness, under the influence of alcohol, drugs, narcotics, chemicals, or any other type of material, or as a result of any other mental or physical condition, when the individual's condition demonstrates a clear and unjustifiable threat or potential threat to oneself, coworkers, or the public health, safety, or welfare that cannot be reasonably mitigated; and

(r) misrepresentation of an individual's level of certification;

(s) failure to display a state-approved emblem with level of certification during an EMS response, and

(t) other or good cause, including conduct which is unethical, immoral, or dishonorable to the extent that the conduct reflects negatively on the EMS profession or might cause the public to lose confidence in the EMS system.

(8) The Department may suspend an individual for a felony, misdemeanor arrest, or charges pending the resolution of the charge if the nature of the charge is one that, if true, the Department could:

(a) revoke the certification under subsection (1); and

(b) The Department may order EMS personnel not to practice when an active criminal or administrative investigation is being conducted.

R426-5-2700. Penalties.

As required by Subsection 63G-3-201(5): Any person that violates any provision of this rule may be assessed a civil money penalty as provided in Section 26-23-6 and/or suspension or revocation of certification(s).

KEY: emergency medical services[, trauma, reporting, trauma center designation]

Date of Enactment or Last Substantive Amendment: [November 16, 2011]2012

Authorizing, and Implemented or Interpreted Law: [26-8a-252]; 26-8a-302

**Health, Family Health and
Preparedness, Emergency Medical
Services
R426-6
Emergency Medical Services
Competitive Grants Program Rules**

NOTICE OF PROPOSED RULE

(Repeal and Reenact)

DAR FILE NO.: 36978

FILED: 10/23/2012

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of this filing is to fulfill the Governor's mandate for rule review and simplification.

SUMMARY OF THE RULE OR CHANGE: The rule change eliminates redundancy, provides sequential numbering, and reflects best practice updates for all aspects of the Emergency Medical Services Act (Title 26, Chapter 8a).

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Title 26, Chapter 8a

ANTICIPATED COST OR SAVINGS TO:

◆ **THE STATE BUDGET:** No anticipated fiscal impact to state budget because there are no changes in the rule requirements that are imposed by these amendments.

◆ **LOCAL GOVERNMENTS:** No anticipated fiscal impact to local government budgets because there are no changes in the rule requirements that are imposed by these amendments.

◆ **SMALL BUSINESSES:** No anticipated fiscal impact to small businesses because there are no changes in the rule requirements that are imposed by these amendments.

◆ PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES: No anticipated fiscal impact to businesses because there are no changes in the rule requirements that are imposed by these amendments.

COMPLIANCE COSTS FOR AFFECTED PERSONS: No anticipated fiscal impact because there are no changes in the rule requirements that are imposed by these amendments.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: In response to the Governor's Executive Order to examine all administrative rules and reduce regulatory impact that may be inhibiting economic growth, the rules governing Emergency Medical Services providers are being repealed, simplified and reenacted. Fiscal impact is expected to be positive for business as the requirements are streamlined and updated.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

HEALTH
FAMILY HEALTH AND PREPAREDNESS,
EMERGENCY MEDICAL SERVICES
3760 S HIGHLAND DR
SALT LAKE CITY, UT 84106
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

◆ Guy Dansie by phone at 801-273-6671, by FAX at 801-273-4165, or by Internet E-mail at gdansie@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 12/17/2012

THIS RULE MAY BECOME EFFECTIVE ON: 12/24/2012

AUTHORIZED BY: David Patton, PhD, Executive Director

R426. Health, Family Health and Preparedness, Emergency Medical Services.

~~[R426-6. Emergency Medical Services Competitive Grants Program Rules.~~

~~R426-6-1. Authority and Purpose.~~

- ~~_____ (1) This rule is established under Title 26, Chapter 8a.
_____ (2) The purpose of this rule is to provide guidelines for the equitable distribution of competitive grant funds specified under the Emergency Medical Services Grants Program.~~

~~R426-6-2. Definitions.~~

- ~~_____ (1) County EMS Council or Committee means a group of persons recognized by the county commission as the legitimate entity within the county to formulate policy regarding the provision of EMS.
_____ (2) Multi-county EMS council or committee means a group of persons recognized by an association of counties as the~~

~~legitimate entity within the association to formulate policy regarding the provision of EMS.~~

~~R426-6-3. Eligibility.~~

- ~~_____ (1) Competitive grants are available for use specifically related to the provision of emergency medical services.
_____ (2) Grantees must be in compliance with the EMS Systems Act and all EMS rules during the grant period.
_____ (3) An applicant that is six months or more in arrears in payments owed to the Department is ineligible for competitive grant consideration.~~

~~R426-6-4. Grant Implementation.~~

~~_____ In accordance with Title 26, Chapter 8a, awards shall be implemented by grants between the Department and the grantee.~~

- ~~_____ (1) Grant awards are effective on July 1 and must be used by June 30 of the following year.
_____ (2) Grant funding is on a reimbursable basis after presentation of documentation of expenditures which are in accordance with the approved grant awards budget.~~

~~R426-6-5. Competitive Grant Process.~~

- ~~_____ (1) The Grant Program Guidelines, outlining the review schedule, funding amounts, eligible expenditures, and awards schedule shall be established annually by the EMS Committee.
_____ (2) The department may accept only complete applications which are submitted by the deadlines established by the EMS Committee.
_____ (3) It is the intent of the EMS Committee that there be local EMS council or committee review of EMS grant applications. Therefore, copies of grant applications should be provided by grant applicants to their respective county EMS councils or committees and the multi-county EMS councils or committees, where organized, for review and recommendation to the State Grants subcommittee.
_____ (4) Agencies that are licensed or designated, whose EMS service area includes multiple local EMS Committee jurisdictions will be reviewed separately by the State Grants Subcommittee.
_____ (5) The Grants Subcommittee shall review the competitive grant applications and forward its recommendations to the EMS Committee. The EMS Committee shall review and comment on the Grants Subcommittee recommendations and forward to the Department.
_____ (6) Grant recipients shall provide matching funds in the amount specified in the Grant Program Guidelines.
_____ (7) The Grants Subcommittee may recommend reducing or waiving the matching fund requirements where appropriate in order to respond to special or pressing local or state EMS issues.
_____ (8) The Grants Subcommittee shall make recommendations based upon the following criteria:
_____ (a) the impact on patient care;
_____ (b) a description of the size and significant impediments of the geographic service area;
_____ (c) the population demographics of the service area;
_____ (d) the urgency of the need;
_____ (e) call volume;
_____ (f) the per capita grant allocated to each agency, and its relative benefit on the agency to provide EMS service;~~

- ~~_____ (g) local county recommendation;~~
- ~~_____ (h) a description of the agency; and~~
- ~~_____ (i) percent of responses to non-residents of the service area.~~

~~R426-6-6. Interim or Emergency Grant Awards.~~

- ~~_____ (1) The Grants Subcommittee may recommend interim or emergency grants if all the following are met:~~
 - ~~_____ (a) Grant funds are available;~~
 - ~~_____ (b) The applicant clearly demonstrates the need;~~
 - ~~_____ (c) the application was not rejected by the Grants Subcommittee during the current grant cycle; and~~
 - ~~_____ (d) Delay of funding to the next scheduled grant cycle would impair the agency's ability to provide EMS care.~~
- ~~_____ (2) Applicants for interim or emergency grants shall:~~
 - ~~_____ (a) submit an interim/emergency grant application, following the same format as annual grant applications; and~~
 - ~~_____ (b) submit the interim/emergency grant application to the Department at least 30 days prior to the EMS Committee meeting at which the grant application will be reviewed.~~
- ~~_____ (3) The Grants Subcommittee shall review the interim/emergency grant application and forward recommendations to the EMS Committee. The EMS Committee shall review and comment on the Grants Subcommittee recommendations and forward to the Department.]~~

~~R426-6. Emergency Medical Services Per Capita and Competitive Grant Programs Rules.~~

~~R426-6-1. Authority and Purpose.~~

- ~~_____ (1) This rule is established under Title 26 Chapter 8a.~~
- ~~_____ (2) The purpose of this rule provides guidelines for the equitable distribution of per capita grant funds and competitive grant funds specified under the Emergency Medical Services (EMS) Grants Program.~~

~~R426-6-2. Per Capita and Competitive Grants Eligibility.~~

- ~~_____ (1) Grants are available only to licensed EMS ambulance services, paramedic services, EMS designated first response units, and EMS dispatch providers that are either:~~
 - ~~_____ (a) agencies or political subdivisions of local or state government or incorporated non-profit entities; or~~
 - ~~_____ (b) for-profit EMS providers that are the primary EMS provider for a service area.~~
- ~~_____ (2) A for-profit EMS provider is a primary EMS provider in a geographical service area if it is licensed for and provides service at a higher level than the public or non-profit provider:~~
 - ~~_____ (a) The levels of EMS providers are in this rank order:~~
 - ~~_____ (i) Paramedic service;~~
 - ~~_____ (ii) Advanced EMT;~~
 - ~~_____ (iii) EMT;~~
 - ~~_____ (iv) EMR;~~
 - ~~_____ (v) EMD.~~
 - ~~_____ (b) Paramedic ambulance interfacility transports, EMT ambulance interfacility transports, or paramedic tactical rescue units are not eligible for grant funding because they cannot be the primary EMS provider for a geographical service area.~~
- ~~_____ (3) Grants are available for use specifically related to the provision of emergency medical services. Grant funds cannot be used for rescue and fire equipment.~~

_____ (4) Grantees must be in compliance with the EMS Systems Act and all EMS rules during the grant period.

_____ (5) An applicant that is six months or more in arrears in payments owed to the Department is ineligible for per grant consideration.

R426-6-3. Per Capita and Competitive Grants Implementation.

- _____ (1) In accordance with Title 26, Chapter 8a, awards shall be implemented by grants between the Department and the grantee.
- _____ (2) The Grant Program Guidelines, outlining the review schedule, funding amounts, eligible expenditures, and awards schedule shall be established annually by the Department and EMS Committee.
- _____ (3) The department may accept only complete applications which are submitted by the deadlines established by the Department and EMS Committee.
- _____ (4) Grant awards are effective on July 1 and must be used by June 30 of the following year. No extensions will be given.
- _____ (5) Grant funding is on a reimbursable basis after presentation of documentation of expenditures which are in accordance with the approved grant awards budget.
- _____ (6) No matching funds are required for per capita grants.
- _____ (7) Per capita funds may be used as matching funds for competitive grants.

R426-6-4. Per Capita Application and Award Formula.

- _____ (1) Per capita grants are available to eligible providers that complete a grant application by the deadline established annually by the Department.
- _____ (2) Agency applicants shall certify agency personnel rosters as part of the grant application process.
 - _____ (a) A certified individual who works for both a public and a for-profit agency may be credited only to the public or non-profit licensee or designee.
 - _____ (b) Certified individuals may be credited for only one agency. However, if a dispatcher is also an EMT, EMT-I, EMT-IA, or paramedic, the dispatcher may be credited to one agency as a dispatcher and one agency as an EMT, EMT-I, EMT-IA, or paramedic.
 - _____ (c) Certified individuals who work for providers that cover multiple counties may be credited only for the county where the certified person lives.
- _____ (3) The Department shall allocate funds by using the following point totals for agency-certified personnel: certified Dispatchers = 1; certified EMRs = 1; certified EMTs = 2; certified Advanced EMTs = 3; certified Intermediate Advanced EMTs = 3; and certified Paramedics = 4. The number of certified personnel is based upon the personnel rosters of each licensed EMS provider, designated EMS dispatch agency, and designated EMS first response unit as a date as specified by the Department immediately prior to the grant year, which begins July 1. To comply with Legislative intent, the point totals of each eligible agency will be multiplied by the current county classification as provided under Section 17-50-501.

R426-6-5. Competitive Grant Process.

- _____ (1) It is the intent of the EMS Committee that there the local EMS council or committee review of EMS grant applications.

Therefore, copies of competitive grant applications should be provided by grant applicants to their respective county EMS councils or committees and the multi-county EMS councils or committees, where organized, for review and recommendation to the State Grants subcommittee.

(2) Agencies that are licensed or designated, whose EMS service area includes multiple local EMS Committee jurisdictions will be reviewed separately by the State Grants Subcommittee.

(3) The Grants Subcommittee shall review the competitive grant applications and forward its recommendations to the EMS Committee. The EMS Committee shall review and comment on the Grants Subcommittee recommendations and forward to the Department.

(4) Grant recipients shall provide matching funds in the amount specified in the Grant Program Guidelines.

(5) The Grants Subcommittee may recommend reducing or waiving the matching fund requirements where appropriate in order to respond to special or pressing local or state EMS issues.

(6) The Grants Subcommittee shall make recommendations based upon the following criteria:

(a) the impact on patient care;

(b) a description of the size and significant impediments of the geographic service area;

(c) the population demographics of the service area;

(d) the urgency of the need;

(e) call volume;

(f) the per capita grant allocated to each agency, and its relative benefit on the agency to provide EMS service;

(g) local county recommendation;

(h) a description of the agency; and

(i) percent of responses to non-residents of the service area.

R426-6-6. Interim or Emergency Grant Awards.

(1) The Grants Subcommittee may recommend interim or emergency grants if all the following are met:

(a) Grant funds are available;

(b) The applicant clearly demonstrates the need;

(c) the application was not rejected by the Grants Subcommittee during the current grant cycle; and

(d) Delay of funding to the next scheduled grant cycle would impair the agency's ability to provide EMS care.

(2) Applicants for interim or emergency grants shall:

(a) submit an interim/emergency grant application, following the same format as annual grant applications; and

(b) submit the interim/emergency grant application to the Department at least 30 days prior to the EMS Committee meeting at which the grant application will be reviewed.

(3) The Grants Subcommittee shall review the interim/emergency grant application and forward recommendations to the EMS Committee. The EMS Committee shall review and comment on the Grants Subcommittee recommendations and forward to the Department.

KEY: emergency medical services

Date of Enactment or Last Substantive Amendment: [~~August 3, 2010~~2012]

Notice of Continuation: January 5, 2011

Authorizing, and Implemented or Interpreted Law: 26-8a

Health, Family Health and Preparedness, Emergency Medical Services **R426-7** Emergency Medical Services Prehospital Data System Rules

NOTICE OF PROPOSED RULE

(Repeal and Reenact)

DAR FILE NO.: 36979

FILED: 10/23/2012

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of this filing is to fulfill the Governor's mandate for rule review and simplification.

SUMMARY OF THE RULE OR CHANGE: The rule change eliminates redundancy, provides sequential numbering, and reflects best practice updates for all aspects of the Emergency Medical Services Act (Title 26, Chapter 8a).

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Title 26, Chapter 8a

ANTICIPATED COST OR SAVINGS TO:

♦ **THE STATE BUDGET:** No anticipated fiscal impact for the state budget because there are no changes in the rule requirements that are imposed by these amendments.

♦ **LOCAL GOVERNMENTS:** No anticipated fiscal impact for local governments because there are no changes in the rule requirements that are imposed by these amendments.

♦ **SMALL BUSINESSES:** No anticipated fiscal impact for small businesses because there are no changes in the rule requirements that are imposed by these amendments.

♦ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** No anticipated fiscal impact for businesses because there are no changes in the rule requirements that are imposed by these amendments.

COMPLIANCE COSTS FOR AFFECTED PERSONS: No anticipated fiscal impact because there are no changes in the rule requirements that are imposed by these amendments.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: In response to the Governor's Executive Order to examine all administrative rules and reduce regulatory impact that may be inhibiting economic growth, the rules governing Emergency Medical Services providers are being repealed, simplified and reenacted. Fiscal impact is expected to be positive for business as the requirements are streamlined and updated.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

HEALTH
 FAMILY HEALTH AND PREPAREDNESS,
 EMERGENCY MEDICAL SERVICES
 3760 S HIGHLAND DR
 SALT LAKE CITY, UT 84106
 or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Guy Dansie by phone at 801-273-6671, by FAX at 801-273-4165, or by Internet E-mail at gdansie@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 12/17/2012

THIS RULE MAY BECOME EFFECTIVE ON: 12/24/2012

AUTHORIZED BY: David Patton, PhD, Executive Director

R426. Health, Family Health and Preparedness, Emergency Medical Services.

[R426-7. Emergency Medical Services Prehospital Data System Rules.

R426-7-1. Authority and Purpose.

- _____ (1) This rule is established under Title 26 chapter 8a.
- _____ (2) The purpose of this rule is to establish minimum-mandatory EMS data reporting requirements.

R426-7-2. Definitions.

- _____ As used in this rule:
- _____ (1) "Emergency Medical Services Provider" means:
 - _____ (a) a licensed ground or air ambulance provider; or
 - _____ (b) a designated first responder.
- _____ (2) "EMS Incident" means an instance in which an Emergency Medical Services Provider is requested to provide emergency medical services, including a mutual aid request, and which results in:
 - _____ (a) a 911 response;
 - _____ (b) an inter-facility transport;
 - _____ (c) patient refusal of care;
 - _____ (d) no care needed;
 - _____ (e) a cancelled response; or
 - _____ (f) an instance where no patient is found.
- _____ (3) "Patient Care Report" means a record of the response by each responding Emergency Medical Services Provider unit to each patient during an EMS Incident.

R426-7-3. Prehospital Data Set.

- _____ (1) Emergency medical service providers shall collect data as identified by the Department in this rule.
- _____ (2) Emergency Medical Services Providers shall submit the data to the Department electronically in the National Emergency Medical Services Information System (NEMSIS) format. For Emergency Medical Services Providers directly using a reporting system provided by the Department, the data is considered

submitted to the Department as soon as it has been entered or updated in the Department provided system.

_____ (3) Emergency Medical Services Providers shall submit NEMSIS Demographic data elements within 30 days after the end of each calendar quarter in the format defined in the NEMSIS-EMSDemographicDataSet. Some data may change less frequently than quarterly, but Emergency Medical Services Providers shall submit all required data elements quarterly regardless of whether the data have changed.

_____ (4) Emergency Medical Services Providers shall submit NEMSIS EMS incident data elements for each Patient Care Report within 30 days of the end of the month in which the EMS incident occurred, in the format defined in the NEMSIS EMSDataSet.

_____ (5) If the Department determines that there are errors in the data, it may ask the data supplier for corrections. The data supplier shall correct the data and resubmit it to the Department within 30 days of receipt from the Department. If data is returned to the supplier for corrections, the Emergency Medical Services Provider is not in compliance with this rule until corrected data is returned, accepted and approved by the Department.

_____ (6) The minimum required demographic data elements that must be reported under this rule include the following NEMSIS EMSDemographicDataSet elements:

- _____ D01_01 EMS Agency Number
- _____ D01_02 EMS Agency Name
- _____ D01_03 EMS Agency State
- _____ D01_04 EMS Agency County
- _____ D01_05 Primary Type of Service
- _____ D01_06 Other Types of Service
- _____ D01_07 Level of Service
- _____ D01_08 Organizational Type
- _____ D01_09 Organization Status
- _____ D01_10 Statistical Year
- _____ D01_11 Other Agencies In Area
- _____ D01_12 Total Service Size Area
- _____ D01_13 Total Service Area Population
- _____ D01_14 911 Call Volume per Year
- _____ D01_15 EMS Dispatch Volume per Year
- _____ D01_16 EMS Transport Volume per Year
- _____ D01_17 EMS Patient Contact Volume per Year
- _____ D01_18 EMS Billable Calls per Year
- _____ D01_19 EMS Agency Time Zone
- _____ D01_20 EMS Agency Daylight Savings Time Use
- _____ D01_21 National Provider Identifier
- _____ D02_01 Agency Contact Last Name
- _____ D02_02 Agency Contact Middle Name/Initial
- _____ D02_03 Agency Contact First Name
- _____ D02_04 Agency Contact Address
- _____ D02_05 Agency Contact City
- _____ D02_06 Agency Contact State
- _____ D02_07 Agency Contact Zip Code
- _____ D02_08 Agency Contact Telephone Number
- _____ D02_09 Agency Contact Fax Number
- _____ D02_10 Agency Contact Email Address
- _____ D02_11 Agency Contact Web Address
- _____ D03_01 Agency Medical Director Last Name
- _____ D03_02 Agency Medical Director Middle Name/Initial
- _____ D03_03 Agency Medical Director First Name

_____ D03_04 Agency Medical Director Address	_____ E05_02 PSAP Call Date/Time
_____ D03_05 Agency Medical Director City	_____ E05_03 Dispatch Notified Date/Time
_____ D03_06 Agency Medical Director State	_____ E05_04 Unit Notified by Dispatch Date/Time
_____ D03_07 Agency Medical Director Zip Code	_____ E05_05 Unit En Route Date/Time
_____ D03_08 Agency Medical Director Telephone Number	_____ E05_06 Unit Arrived on Scene Date/Time
_____ D03_09 Agency Medical Director Fax Number	_____ E05_07 Arrived at Patient Date/Time
_____ D03_10 Agency Medical Director's Medical Specialty	_____ E05_08 Transfer of Patient Care Date/Time
_____ D03_11 Agency Medical Director Email Address	_____ E05_09 Unit Left Scene Date/Time
_____ D04_01 State Certification Licensure Levels	_____ E05_10 Patient Arrived at Destination Date/Time
_____ D04_02 EMS Unit Call Sign	_____ E05_11 Unit Back in Service Date/Time
_____ D04_04 Procedures	_____ E05_12 Unit Cancelled Date/Time
_____ D04_05 Personnel Level Permitted to Use the Procedure	_____ E05_13 Unit Back at Home Location Date/Time
_____ D04_06 Medications Given	_____ E06_01 Last Name
_____ D04_07 Personnel Level Permitted to Use the Medication	_____ E06_02 First Name
_____ D04_08 Protocol	_____ E06_03 Middle Initial/Name
_____ D04_09 Personnel Level Permitted to Use the Protocol	_____ E06_04 Patient's Home Address
_____ D04_10 Billing Status	_____ E06_05 Patient's Home City
_____ D04_11 Hospitals Served	_____ E06_06 Patient's Home County
_____ D04_13 Other Destinations	_____ E06_07 Patient's Home State
_____ D04_15 Destination Type	_____ E06_08 Patient's Home Zip Code
_____ D04_17 EMD Vendor	_____ E06_09 Patient's Home Country
_____ D05_01 Station Name	_____ E06_10 Social Security Number
_____ D05_02 Station Number	_____ E06_11 Gender
_____ D05_03 Station Zone	_____ E06_12 Race
_____ D05_04 Station GPS	_____ E06_13 Ethnicity
_____ D05_05 Station Address	_____ E06_14 Age
_____ D05_06 Station City	_____ E06_15 Age Units
_____ D05_07 Station State	_____ E06_16 Date of Birth
_____ D05_08 Station Zip	_____ E06_17 Primary or Home Telephone Number
_____ D05_09 Station Telephone Number	_____ E07_01 Primary Method of Payment
_____ D06_01 Unit/Vehicle Number	_____ E07_15 Work-Related
_____ D06_03 Vehicle Type	_____ E07_16 Patient's Occupational Industry
_____ D06_07 Vehicle Model Year	_____ E07_17 Patient's Occupation
_____ D07_02 State/Licensure ID Number	_____ E07_34 CMS Service Level
_____ D07_03 Personnel's Employment Status	_____ E07_35 Condition Code Number
_____ D08_01 EMS Personnel's Last Name	_____ E08_05 Number of Patients at Scene
_____ D08_03 EMS Personnel's First Name	_____ E08_06 Mass Casualty Incident
_____ (7) The minimum required Patient Care Report data elements that must be reported under this rule include the following NEMSIS EMSDataSet elements:	_____ E08_07 Incident Location Type
_____ E01_01 Patient Care Report Number	_____ E08_11 Incident Address
_____ E01_02 Software Creator	_____ E08_12 Incident City
_____ E01_03 Software Name	_____ E08_13 Incident County
_____ E01_04 Software Version	_____ E08_14 Incident State
_____ E02_01 EMS Agency Number	_____ E08_15 Incident ZIP Code
_____ E02_02 Incident Number	_____ E09_01 Prior Aid
_____ E02_04 Type of Service Requested	_____ E09_02 Prior Aid Performed by
_____ E02_05 Primary Role of the Unit	_____ E09_03 Outcome of the Prior Aid
_____ E02_06 Type of Dispatch Delay	_____ E09_04 Possible Injury
_____ E02_07 Type of Response Delay	_____ E09_05 Chief Complaint
_____ E02_08 Type of Scene Delay	_____ E09_06 Duration of Chief Complaint
_____ E02_09 Type of Transport Delay	_____ E09_07 Time Units of Duration of Chief Complaint
_____ E02_10 Type of Turn-Around Delay	_____ E09_11 Chief Complaint Anatomic Location
_____ E02_12 EMS Unit Call Sign (Radio Number)	_____ E09_12 Chief Complaint Organ System
_____ E02_20 Response Mode to Scene	_____ E09_13 Primary Symptom
_____ E03_01 Complaint Reported by Dispatch	_____ E09_14 Other Associated Symptoms
_____ E03_02 EMD Performed	_____ E09_15 Providers Primary Impression
_____ E04_01 Crew Member ID	_____ E09_16 Provider's Secondary Impression
_____ E05_01 Incident or Onset Date/Time	_____ E10_01 Cause of Injury
	_____ E10_02 Intent of the Injury
	_____ E10_03 Mechanism of Injury

- ~~E10_04 Vehicular Injury Indicators~~
- ~~E10_05 Area of the Vehicle impacted by the collision~~
- ~~E10_06 Seat Row Location of Patient in Vehicle~~
- ~~E10_07 Position of Patient in the Seat of the Vehicle~~
- ~~E10_08 Use of Occupant Safety Equipment~~
- ~~E10_09 Airbag Deployment~~
- ~~E10_10 Height of Fall~~
- ~~E11_01 Cardiac Arrest~~
- ~~E11_02 Cardiac Arrest Etiology~~
- ~~E11_03 Resuscitation Attempted~~
- ~~E11_04 Arrest Witnessed by~~
- ~~E11_05 First Monitored Rhythm of the Patient~~
- ~~E11_06 Any Return of Spontaneous Circulation~~
- ~~E11_08 Estimated Time of Arrest Prior to EMS Arrival~~
- ~~E11_10 Reason CPR Discontinued~~
- ~~E12_01 Barriers to Patient Care~~
- ~~E12_08 Medication Allergies~~
- ~~E12_14 Current Medications~~
- ~~E12_18 Presence of Emergency Information Form~~
- ~~E12_19 Alcohol/Drug Use Indicators~~
- ~~E12_20 Pregnancy~~
- ~~E13_01 Run Report Narrative~~
- ~~E14_01 Date/Time Vital Signs Taken~~
- ~~E14_02 Obtained Prior to this Units EMS Care~~
- ~~E14_03 Cardiac Rhythm~~
- ~~E14_04 SBP (Systolic Blood Pressure)~~
- ~~E14_05 DBP (Diastolic Blood Pressure)~~
- ~~E14_07 Pulse Rate~~
- ~~E14_09 Pulse Oximetry~~
- ~~E14_10 Pulse Rhythm~~
- ~~E14_11 Respiratory Rate~~
- ~~E14_14 Blood Glucose Level~~
- ~~E14_15 Glasgow Coma Score Eye~~
- ~~E14_16 Glasgow Coma Score Verbal~~
- ~~E14_17 Glasgow Coma Score Motor~~
- ~~E14_18 Glasgow Coma Score Qualifier~~
- ~~E14_19 Total Glasgow Coma Score~~
- ~~E14_20 Temperature~~
- ~~E14_22 Level of Responsiveness~~
- ~~E14_24 Stroke Scale~~
- ~~E14_26 APGAR~~
- ~~E14_27 Revised Trauma Score~~
- ~~E14_28 Pediatric Trauma Score~~
- ~~E15_01 NHTSA Injury Matrix External/Skin~~
- ~~E15_02 NHTSA Injury Matrix Head~~
- ~~E15_03 NHTSA Injury Matrix Face~~
- ~~E15_04 NHTSA Injury Matrix Neck~~
- ~~E15_05 NHTSA Injury Matrix Thorax~~
- ~~E15_06 NHTSA Injury Matrix Abdomen~~
- ~~E15_07 NHTSA Injury Matrix Spine~~
- ~~E15_08 NHTSA Injury Matrix Upper Extremities~~
- ~~E15_09 NHTSA Injury Matrix Pelvis~~
- ~~E15_10 NHTSA Injury Matrix Lower Extremities~~
- ~~E15_11 NHTSA Injury Matrix Unspecified~~
- ~~E16_01 Estimated Body Weight~~
- ~~E16_02 Broselow/Luten Color~~
- ~~E16_03 Date/Time of Assessment~~
- ~~E16_04 Skin Assessment~~
- ~~E16_05 Head/Face Assessment~~
- ~~E16_06 Neck Assessment~~
- ~~E16_07 Chest/Lungs Assessment~~
- ~~E16_08 Heart Assessment~~
- ~~E16_09 Abdomen Left Upper Assessment~~
- ~~E16_10 Abdomen Left Lower Assessment~~
- ~~E16_11 Abdomen Right Upper Assessment~~
- ~~E16_12 Abdomen Right Lower Assessment~~
- ~~E16_13 GU Assessment~~
- ~~E16_14 Back Cervical Assessment~~
- ~~E16_15 Back Thoracic Assessment~~
- ~~E16_16 Back Lumbar/Sacral Assessment~~
- ~~E16_17 Extremities Right Upper Assessment~~
- ~~E16_18 Extremities Right Lower Assessment~~
- ~~E16_19 Extremities Left Upper Assessment~~
- ~~E16_20 Extremities Left Lower Assessment~~
- ~~E16_21 Eyes Left Assessment~~
- ~~E16_22 Eyes Right Assessment~~
- ~~E16_23 Mental Status Assessment~~
- ~~E16_24 Neurological Assessment~~
- ~~E18_01 Date/Time Medication Administered~~
- ~~E18_02 Medication Administered Prior to this Units EMS Care~~
- ~~E18_03 Medication Given~~
- ~~E18_04 Medication Administered Route~~
- ~~E18_05 Medication Dosage~~
- ~~E18_06 Medication Dosage Units~~
- ~~E18_07 Response to Medication~~
- ~~E18_08 Medication Complication~~
- ~~E18_09 Medication Crew Member ID~~
- ~~E18_10 Medication Authorization~~
- ~~E19_01 Date/Time Procedure Performed Successfully~~
- ~~E19_03 Procedure~~
- ~~E19_04 Size of Procedure Equipment~~
- ~~E19_05 Number of Procedure Attempts~~
- ~~E19_06 Procedure Successful~~
- ~~E19_07 Procedure Complication~~
- ~~E19_08 Response to Procedure~~
- ~~E19_09 Procedure Crew Members ID~~
- ~~E19_10 Procedure Authorization~~
- ~~E19_12 Successful IV Site~~
- ~~E19_13 Tube Confirmation~~
- ~~E19_14 Destination Confirmation of Tube Placement~~
- ~~E20_01 Destination/Transferred To, Name~~
- ~~E20_03 Destination Street Address~~
- ~~E20_04 Destination City~~
- ~~E20_05 Destination State~~
- ~~E20_06 Destination County~~
- ~~E20_07 Destination Zip Code~~
- ~~E20_10 Incident/Patient Disposition~~
- ~~E20_14 Transport Mode from Scene~~
- ~~E20_15 Condition of Patient at Destination~~
- ~~E20_16 Reason for Choosing Destination~~
- ~~E20_17 Type of Destination~~
- ~~E22_01 Emergency Department Disposition~~
- ~~E22_02 Hospital Disposition~~
- ~~E23_03 Personal Protective Equipment Used~~
- ~~E23_09 Research Survey Field~~
- ~~E23_10 Who Generated this Report?~~
- ~~E23_11 Research Survey Field Title~~

~~(8) Emergency Medical Services Providers shall use elements E23_09 and E23_11 to report biosurveillance indicators. When any of the following indicators are present in an incident, the Emergency Medical Services Provider shall provide an instance of E23_09 and E23_11, with E23_09 set to "true" and E23_11 set to one of the following:~~

- ~~_____ B01_01 Abdominal Pain~~
- ~~_____ B01_02 Altered Level of Consciousness~~
- ~~_____ B01_03 Apparent Death~~
- ~~_____ B01_04 Bloody Diarrhea~~
- ~~_____ B01_05 Fever~~
- ~~_____ B01_06 Headache~~
- ~~_____ B01_07 Inhalation~~
- ~~_____ B01_08 Rash/Blistering~~
- ~~_____ B01_09 Nausea/Vomiting~~
- ~~_____ B01_10 Paralysis~~
- ~~_____ B01_11 Respiratory Arrest~~
- ~~_____ B01_12 Respiratory Distress~~
- ~~_____ B01_13 Seizures~~

~~(9) Emergency Medical Services Providers are not required to submit other NEMSIS data elements but may optionally do so. Emergency Medical Services Providers may also use additional instances of E23_09 and E23_11 for their own purposes.~~

~~(10) For each patient transported to a licensed acute care facility or a specialty hospital with an emergency department, each responding emergency medical services provider unit that cared for the patient during the incident shall provide a report of patient status, containing information critical to the ongoing care of the patient, to the receiving facility within one hour after the patient arrives at the receiving facility in at least one of the following formats:~~

- ~~_____ (a) NEMSIS XML; or~~
- ~~_____ (b) Paper form.~~

~~(11) For each patient transported to a licensed acute care facility or a specialty hospital with an emergency department, the receiving facility shall provide at least the following information to each Emergency Medical Services Provider that cared for the patient, upon request by the Emergency Medical Services Provider:~~

- ~~_____ (a) the patient's emergency department disposition; and~~
- ~~_____ (b) the patient's hospital disposition.~~

R426-7-4. ED Data Set.

~~(1) All hospitals licensed in Utah shall provide patient data as identified by the Department.~~

~~(2) This data shall be submitted at least quarterly to the Department. Corporate submittal is preferred.~~

~~(3) The data must be submitted in an electronic format determined and approved by the Department.~~

~~(4) If the Department determines that there are errors in the data, it may return the data to the data supplier for corrections. The data supplier shall correct the data and resubmit it to the Department within 30 days of receipt from the Department. If data is returned to the hospital for corrections, the hospital is not in compliance with this rule until corrected data is returned, accepted and approved by the Department.~~

~~(5) The minimum required data elements include:~~

- ~~_____ Unique Patient Control Number~~
- ~~_____ Record Type~~
- ~~_____ Provider Identifier (hospital)~~

- ~~_____ Patient Social Security Number~~
- ~~_____ Patient Control Number~~
- ~~_____ Type of Bill~~
- ~~_____ Patient Name~~
- ~~_____ Patient's Address (postal zip code)~~
- ~~_____ Patient Date of Birth~~
- ~~_____ Patient's Gender~~
- ~~_____ Admission Date~~
- ~~_____ Admission Hour~~
- ~~_____ Discharge Hour~~
- ~~_____ Discharge Status~~
- ~~_____ Disposition from Hospital~~
- ~~_____ Patient's Medical Record Number~~
- ~~_____ Revenue Code 1 ("001" sum of all charges)~~
- ~~_____ Total Charges by Revenue Code 1 ("001" last total Charge Field, is sum)~~
- ~~_____ Revenue Code 2 ("450" used for record selection)~~
- ~~_____ Total Charges by Revenue Code 2 (Charges associated with code 450)~~
- ~~_____ Primary Payer Identification~~
- ~~_____ Estimated Amount Due~~
- ~~_____ Secondary Payer Identification~~
- ~~_____ Estimated Amount Due~~
- ~~_____ Tertiary Payer Identification~~
- ~~_____ Estimated Amount Due~~
- ~~_____ Patient Estimated Amount Due~~
- ~~_____ Principal Diagnosis Code~~
- ~~_____ Secondary Diagnosis Code 1~~
- ~~_____ Secondary Diagnosis Code 2~~
- ~~_____ Secondary Diagnosis Code 3~~
- ~~_____ Secondary Diagnosis Code 4~~
- ~~_____ Secondary Diagnosis Code 5~~
- ~~_____ Secondary Diagnosis Code 6~~
- ~~_____ Secondary Diagnosis Code 7~~
- ~~_____ Secondary Diagnosis Code 8~~
- ~~_____ External Cause of Injury Code (E-Code)~~
- ~~_____ Procedure Coding Method Used~~
- ~~_____ Principal Procedure~~
- ~~_____ Secondary Procedure 1~~
- ~~_____ Secondary Procedure 2~~
- ~~_____ Secondary Procedure 3~~
- ~~_____ Secondary Procedure 4, and~~
- ~~_____ Secondary Procedure 5~~

R426-7-5. Penalty for Violation of Rule.

~~As required by Section 63G-3-201(5): Any person or agency who violates any provision of this rule, per incident, may be assessed a penalty as provided in Section 26-23-6.]~~

R426-7. Emergency Medical Services Prehospital Data System Rules.

R426-7-1. Authority and Purpose.

- ~~(1) This rule is established under Title 26 Chapter 8a.~~
- ~~(2) The purpose of this rule is to establish minimum mandatory EMS data reporting requirements.~~

R426-7-2. Prehospital Data Set.

~~(1) Emergency medical service providers shall collect data as identified by the Department in this rule.~~

(2) Emergency Medical Services Providers shall submit the data to the Department electronically in the National Emergency Medical Services Information System (NEMSIS) format. For Emergency Medical Services Providers directly using a reporting system provided by the Department, the data is considered submitted to the Department as soon as it has been entered or updated in the Department-provided system.

(3) Emergency Medical Services Providers shall submit NEMSIS Demographic data elements within 30 days after the end of each calendar quarter in the format defined in the NEMSIS EMSDemographicDataSet. Some data may change less frequently than quarterly, but Emergency Medical Services Providers shall submit all required data elements quarterly regardless of whether the data have changed.

(4) Emergency Medical Services Providers shall submit NEMSIS EMS incident data elements for each Patient Care Report within 30 days of the end of the month in which the EMS incident occurred, in the format defined in the NEMSIS EMSDataSet.

(5) If the Department determines that there are errors in the data, it may ask the data supplier for corrections. The data supplier shall correct the data and resubmit it to the Department within 30 days of receipt from the Department. If data is returned to the supplier for corrections, the Emergency Medical Services Provider is not in compliance with this rule until corrected data is returned, accepted and approved by the Department.

(6) The minimum required demographic data elements that must be reported under this rule include the following NEMSIS EMSDemographicDataSet elements:

- D01_01 EMS Agency Number
- D01_02 EMS Agency Name
- D01_03 EMS Agency State
- D01_04 EMS Agency County
- D01_05 Primary Type of Service
- D01_06 Other Types of Service
- D01_07 Level of Service
- D01_08 Organizational Type
- D01_09 Organization Status
- D01_10 Statistical Year
- D01_11 Other Agencies In Area
- D01_12 Total Service Size Area
- D01_13 Total Service Area Population
- D01_14 911 Call Volume per Year
- D01_15 EMS Dispatch Volume per Year
- D01_16 EMS Transport Volume per Year
- D01_17 EMS Patient Contact Volume per Year
- D01_18 EMS Billable Calls per Year
- D01_19 EMS Agency Time Zone
- D01_20 EMS Agency Daylight Savings Time Use
- D01_21 National Provider Identifier
- D02_01 Agency Contact Last Name
- D02_02 Agency Contact Middle Name/Initial
- D02_03 Agency Contact First Name
- D02_04 Agency Contact Address
- D02_05 Agency Contact City
- D02_06 Agency Contact State
- D02_07 Agency Contact Zip Code
- D02_08 Agency Contact Telephone Number
- D02_09 Agency Contact Fax Number
- D02_10 Agency Contact Email Address

- D02_11 Agency Contact Web Address
- D03_01 Agency Medical Director Last Name
- D03_02 Agency Medical Director Middle Name/Initial
- D03_03 Agency Medical Director First Name
- D03_04 Agency Medical Director Address
- D03_05 Agency Medical Director City
- D03_06 Agency Medical Director State
- D03_07 Agency Medical Director Zip Code
- D03_08 Agency Medical Director Telephone Number
- D03_09 Agency Medical Director Fax Number
- D03_10 Agency Medical Director's Medical Specialty
- D03_11 Agency Medical Director Email Address
- D04_01 State Certification Licensure Levels
- D04_02 EMS Unit Call Sign
- D04_04 Procedures
- D04_05 Personnel Level Permitted to Use the Procedure
- D04_06 Medications Given
- D04_07 Personnel Level Permitted to Use the Medication
- D04_08 Protocol
- D04_09 Personnel Level Permitted to Use the Protocol
- D04_10 Billing Status
- D04_11 Hospitals Served
- D04_13 Other Destinations
- D04_15 Destination Type
- D04_17 EMD Vendor
- D05_01 Station Name
- D05_02 Station Number
- D05_03 Station Zone
- D05_04 Station GPS
- D05_05 Station Address
- D05_06 Station City
- D05_07 Station State
- D05_08 Station Zip
- D05_09 Station Telephone Number
- D06_01 Unit/Vehicle Number
- D06_03 Vehicle Type
- D06_07 Vehicle Model Year
- D07_02 State/Licensure ID Number
- D07_03 Personnel's Employment Status
- D08_01 EMS Personnel's Last Name
- D08_03 EMS Personnel's First Name
- (7) The minimum required Patient Care Report data elements that must be reported under this rule include the following NEMSIS EMSDataSet elements:
- E01_01 Patient Care Report Number
- E01_02 Software Creator
- E01_03 Software Name
- E01_04 Software Version
- E02_01 EMS Agency Number
- E02_02 Incident Number
- E02_04 Type of Service Requested
- E02_05 Primary Role of the Unit
- E02_06 Type of Dispatch Delay
- E02_07 Type of Response Delay
- E02_08 Type of Scene Delay
- E02_09 Type of Transport Delay
- E02_10 Type of Turn-Around Delay
- E02_12 EMS Unit Call Sign (Radio Number)
- E02_20 Response Mode to Scene

<u>E03_01 Complaint Reported by Dispatch</u>	<u>E09_16 Provider's Secondary Impression</u>
<u>E03_02 EMD Performed</u>	<u>E10_01 Cause of Injury</u>
<u>E04_01 Crew Member ID</u>	<u>E10_02 Intent of the Injury</u>
<u>E05_01 Incident or Onset Date/Time</u>	<u>E10_03 Mechanism of Injury</u>
<u>E05_02 PSAP Call Date/Time</u>	<u>E10_04 Vehicular Injury Indicators</u>
<u>E05_03 Dispatch Notified Date/Time</u>	<u>E10_05 Area of the Vehicle impacted by the collision</u>
<u>E05_04 Unit Notified by Dispatch Date/Time</u>	<u>E10_06 Seat Row Location of Patient in Vehicle</u>
<u>E05_05 Unit En Route Date/Time</u>	<u>E10_07 Position of Patient in the Seat of the Vehicle</u>
<u>E05_06 Unit Arrived on Scene Date/Time</u>	<u>E10_08 Use of Occupant Safety Equipment</u>
<u>E05_07 Arrived at Patient Date/Time</u>	<u>E10_09 Airbag Deployment</u>
<u>E05_08 Transfer of Patient Care Date/Time</u>	<u>E10_10 Height of Fall</u>
<u>E05_09 Unit Left Scene Date/Time</u>	<u>E11_01 Cardiac Arrest</u>
<u>E05_10 Patient Arrived at Destination Date/Time</u>	<u>E11_02 Cardiac Arrest Etiology</u>
<u>E05_11 Unit Back in Service Date/Time</u>	<u>E11_03 Resuscitation Attempted</u>
<u>E05_12 Unit Cancelled Date/Time</u>	<u>E11_04 Arrest Witnessed by</u>
<u>E05_13 Unit Back at Home Location Date/Time</u>	<u>E11_05 First Monitored Rhythm of the Patient</u>
<u>E06_01 Last Name</u>	<u>E11_06 Any Return of Spontaneous Circulation</u>
<u>E06_02 First Name</u>	<u>E11_08 Estimated Time of Arrest Prior to EMS Arrival</u>
<u>E06_03 Middle Initial/Name</u>	<u>E11_10 Reason CPR Discontinued</u>
<u>E06_04 Patient's Home Address</u>	<u>E12_01 Barriers to Patient Care</u>
<u>E06_05 Patient's Home City</u>	<u>E12_08 Medication Allergies</u>
<u>E06_06 Patient's Home County</u>	<u>E12_14 Current Medications</u>
<u>E06_07 Patient's Home State</u>	<u>E12_18 Presence of Emergency Information Form</u>
<u>E06_08 Patient's Home Zip Code</u>	<u>E12_19 Alcohol/Drug Use Indicators</u>
<u>E06_09 Patient's Home Country</u>	<u>E12_20 Pregnancy</u>
<u>E06_10 Social Security Number</u>	<u>E13_01 Run Report Narrative</u>
<u>E06_11 Gender</u>	<u>E14_01 Date/Time Vital Signs Taken</u>
<u>E06_12 Race</u>	<u>E14_02 Obtained Prior to this Units EMS Care</u>
<u>E06_13 Ethnicity</u>	<u>E14_03 Cardiac Rhythm</u>
<u>E06_14 Age</u>	<u>E14_04 SBP (Systolic Blood Pressure)</u>
<u>E06_15 Age Units</u>	<u>E14_05 DBP (Diastolic Blood Pressure)</u>
<u>E06_16 Date of Birth</u>	<u>E14_07 Pulse Rate</u>
<u>E06_17 Primary or Home Telephone Number</u>	<u>E14_09 Pulse Oximetry</u>
<u>E07_01 Primary Method of Payment</u>	<u>E14_10 Pulse Rhythm</u>
<u>E07_15 Work-Related</u>	<u>E14_11 Respiratory Rate</u>
<u>E07_16 Patient's Occupational Industry</u>	<u>E14_14 Blood Glucose Level</u>
<u>E07_17 Patient's Occupation</u>	<u>E14_15 Glasgow Coma Score-Eye</u>
<u>E07_34 CMS Service Level</u>	<u>E14_16 Glasgow Coma Score-Verbal</u>
<u>E07_35 Condition Code Number</u>	<u>E14_17 Glasgow Coma Score-Motor</u>
<u>E08_05 Number of Patients at Scene</u>	<u>E14_18 Glasgow Coma Score-Qualifier</u>
<u>E08_06 Mass Casualty Incident</u>	<u>E14_19 Total Glasgow Coma Score</u>
<u>E08_07 Incident Location Type</u>	<u>E14_20 Temperature</u>
<u>E08_11 Incident Address</u>	<u>E14_22 Level of Responsiveness</u>
<u>E08_12 Incident City</u>	<u>E14_24 Stroke Scale</u>
<u>E08_13 Incident County</u>	<u>E14_26 APGAR</u>
<u>E08_14 Incident State</u>	<u>E14_27 Revised Trauma Score</u>
<u>E08_15 Incident ZIP Code</u>	<u>E14_28 Pediatric Trauma Score</u>
<u>E09_01 Prior Aid</u>	<u>E15_01 NHTSA Injury Matrix External/Skin</u>
<u>E09_02 Prior Aid Performed by</u>	<u>E15_02 NHTSA Injury Matrix Head</u>
<u>E09_03 Outcome of the Prior Aid</u>	<u>E15_03 NHTSA Injury Matrix Face</u>
<u>E09_04 Possible Injury</u>	<u>E15_04 NHTSA Injury Matrix Neck</u>
<u>E09_05 Chief Complaint</u>	<u>E15_05 NHTSA Injury Matrix Thorax</u>
<u>E09_06 Duration of Chief Complaint</u>	<u>E15_06 NHTSA Injury Matrix Abdomen</u>
<u>E09_07 Time Units of Duration of Chief Complaint</u>	<u>E15_07 NHTSA Injury Matrix Spine</u>
<u>E09_11 Chief Complaint Anatomic Location</u>	<u>E15_08 NHTSA Injury Matrix Upper Extremities</u>
<u>E09_12 Chief Complaint Organ System</u>	<u>E15_09 NHTSA Injury Matrix Pelvis</u>
<u>E09_13 Primary Symptom</u>	<u>E15_10 NHTSA Injury Matrix Lower Extremities</u>
<u>E09_14 Other Associated Symptoms</u>	<u>E15_11 NHTSA Injury Matrix Unspecified</u>
<u>E09_15 Providers Primary Impression</u>	<u>E16_01 Estimated Body Weight</u>

- E16_02 Broselow/Luten Color
- E16_03 Date/Time of Assessment
- E16_04 Skin Assessment
- E16_05 Head/Face Assessment
- E16_06 Neck Assessment
- E16_07 Chest/Lungs Assessment
- E16_08 Heart Assessment
- E16_09 Abdomen Left Upper Assessment
- E16_10 Abdomen Left Lower Assessment
- E16_11 Abdomen Right Upper Assessment
- E16_12 Abdomen Right Lower Assessment
- E16_13 GU Assessment
- E16_14 Back Cervical Assessment
- E16_15 Back Thoracic Assessment
- E16_16 Back Lumbar/Sacral Assessment
- E16_17 Extremities-Right Upper Assessment
- E16_18 Extremities-Right Lower Assessment
- E16_19 Extremities-Left Upper Assessment
- E16_20 Extremities-Left Lower Assessment
- E16_21 Eyes-Left Assessment
- E16_22 Eyes-Right Assessment
- E16_23 Mental Status Assessment
- E16_24 Neurological Assessment
- E18_01 Date/Time Medication Administered
- E18_02 Medication Administered Prior to this Units
- EMS Care
- E18_03 Medication Given
- E18_04 Medication Administered Route
- E18_05 Medication Dosage
- E18_06 Medication Dosage Units
- E18_07 Response to Medication
- E18_08 Medication Complication
- E18_09 Medication Crew Member ID
- E18_10 Medication Authorization
- E19_01 Date/Time Procedure Performed Successfully
- E19_03 Procedure
- E19_04 Size of Procedure Equipment
- E19_05 Number of Procedure Attempts
- E19_06 Procedure Successful
- E19_07 Procedure Complication
- E19_08 Response to Procedure
- E19_09 Procedure Crew Members ID
- E19_10 Procedure Authorization
- E19_12 Successful IV Site
- E19_13 Tube Confirmation
- E19_14 Destination Confirmation of Tube Placement
- E20_01 Destination/Transferred To, Name
- E20_03 Destination Street Address
- E20_04 Destination City
- E20_05 Destination State
- E20_06 Destination County
- E20_07 Destination Zip Code
- E20_10 Incident/Patient Disposition
- E20_14 Transport Mode from Scene
- E20_15 Condition of Patient at Destination
- E20_16 Reason for Choosing Destination
- E20_17 Type of Destination
- E22_01 Emergency Department Disposition
- E22_02 Hospital Disposition

- E23_03 Personal Protective Equipment Used
- E23_09 Research Survey Field
- E23_10 Who Generated this Report?
- E23_11 Research Survey Field Title
- (8) Emergency Medical Services Providers shall use elements E23_09 and E23_11 to report biosurveillance indicators. When any of the following indicators are present in an incident, the Emergency Medical Services Provider shall provide an instance of E23_09 and E23_11, with E23_09 set to "true" and E23_11 set to one of the following:
- B01_01 Abdominal Pain
- B01_02 Altered Level of Consciousness
- B01_03 Apparent Death
- B01_04 Bloody Diarrhea
- B01_05 Fever
- B01_06 Headache
- B01_07 Inhalation
- B01_08 Rash/Blistering
- B01_09 Nausea/Vomiting
- B01_10 Paralysis
- B01_11 Respiratory Arrest
- B01_12 Respiratory Distress
- B01_13 Seizures
- (9) Emergency Medical Services Providers are not required to submit other NEMSIS data elements but may optionally do so. Emergency Medical Services Providers may also use additional instances of E23_09 and E23_11 for their own purposes.
- (10) For each patient transported to a licensed acute care facility or a specialty hospital with an emergency department, each responding emergency medical services provider unit that cared for the patient during the incident shall provide a report of patient status, containing information critical to the ongoing care of the patient, to the receiving facility within one hour after the patient arrives at the receiving facility in at least one of the following formats:
- (a) NEMSIS XML; or
- (b) Paper form.
- (11) For each patient transported to a licensed acute care facility or a specialty hospital with an emergency department, the receiving facility shall provide at least the following information to each Emergency Medical Services Provider that cared for the patient, upon request by the Emergency Medical Services Provider:
- (a) the patient's emergency department disposition; and
- (b) the patient's hospital disposition.
- R426-7-3. ED Data Set.**
- (1) All hospitals licensed in Utah shall provide patient data as identified by the Department.
- (2) This data shall be submitted at least quarterly to the Department. Corporate submittal is preferred.
- (3) The data must be submitted in an electronic format determined and approved by the Department.
- (4) If the Department determines that there are errors in the data, it may return the data to the data supplier for corrections. The data supplier shall correct the data and resubmit it to the Department within 30 days of receipt from the Department. If data is returned to the hospital for corrections, the hospital is not in compliance with this rule until corrected data is returned, accepted and approved by the Department.

(5) The minimum required data elements include:

Unique Patient Control Number

Record Type

Provider Identifier (hospital)

Patient Social Security Number

Patient Control Number

Type of Bill

Patient Name

Patient's Address (postal zip code)

Patient Date of Birth

Patient's Gender

Admission Date

Admission Hour

Discharge Hour

Discharge Status

Disposition from Hospital

Patient's Medical Record Number

Revenue Code 1 ("001" sum of all charges)

Total Charges by Revenue Code 1 ("001" last total Charge Field, is sum)

Revenue Code 2 ("450" used for record selection)

Total Charges by Revenue Code 2 (Charges associated with code 450)

Primary Payer Identification

Estimated Amount Due

Secondary Payer Identification

Estimated Amount Due

Tertiary Payer Identification

Estimated Amount Due

Patient Estimated Amount Due

Principal Diagnosis Code

Secondary Diagnosis Code 1

Secondary Diagnosis Code 2

Secondary Diagnosis Code 3

Secondary Diagnosis Code 4

Secondary Diagnosis Code 5

Secondary Diagnosis Code 6

Secondary Diagnosis Code 7

Secondary Diagnosis Code 8

External Cause of Injury Code (E-Code)

Procedure Coding Method Used

Principal Procedure

Secondary Procedure 1

Secondary Procedure 2

Secondary Procedure 3

Secondary Procedure 4, and

Secondary Procedure 5

R426-7-4. Penalty for Violation of Rule.

As required by Section 63G-3-201(5): Any person or agency who violates any provision of this rule, per incident, may be assessed a penalty as provided in Section 26-23-6.

KEY: emergency medical services

Date of Enactment or Last Substantive Amendment: [March 15, 2010]2012

Notice of Continuation: January 12, 2011

Authorizing, and Implemented or Interpreted Law: 28-8a

**Health, Family Health and
Preparedness, Emergency Medical
Services
R426-8
Emergency Medical Services Per
Capita Grants Program Rules**

NOTICE OF PROPOSED RULE

(Repeal and Reenact)
DAR FILE NO.: 36980
FILED: 10/23/2012

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of this filing is to fulfill the Governor's mandate for rule review and simplification.

SUMMARY OF THE RULE OR CHANGE: The rule change eliminates redundancy, provides sequential numbering, and reflects best practice updates for all aspects of the Emergency Medical Services Act (Title 26, Chapter 8a).

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Title 26, Chapter 8a

ANTICIPATED COST OR SAVINGS TO:

- ◆ **THE STATE BUDGET:** No anticipated fiscal impact for state budgets because there are no changes in the rule requirements that are imposed by these amendments.
- ◆ **LOCAL GOVERNMENTS:** No anticipated fiscal impact for local governments because there are no changes in the rule requirements that are imposed by these amendments.
- ◆ **SMALL BUSINESSES:** No anticipated fiscal impact for small businesses because there are no changes in the rule requirements that are imposed by these amendments.
- ◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** No anticipated fiscal impacts for businesses because there are no changes in the rule requirements that are imposed by these amendments.

COMPLIANCE COSTS FOR AFFECTED PERSONS: No anticipated compliance costs for affected persons because there are no changes in the rule requirements that are imposed by these amendments.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: In response to the Governor's Executive Order to examine all administrative rules and reduce regulatory impact that may be inhibiting economic growth, the rules governing Emergency Medical Services providers are being repealed, simplified and reenacted. Fiscal impact is expected to be positive for business as the requirements are streamlined and updated.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

HEALTH
FAMILY HEALTH AND PREPAREDNESS,
EMERGENCY MEDICAL SERVICES
3760 S HIGHLAND DR
SALT LAKE CITY, UT 84106
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Guy Dansie by phone at 801-273-6671, by FAX at 801-273-4165, or by Internet E-mail at gdansie@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 12/17/2012

THIS RULE MAY BECOME EFFECTIVE ON: 12/24/2012

AUTHORIZED BY: David Patton, PhD, Executive Director

R426. Health, Family Health and Preparedness, Emergency Medical Services.

[R426-8. Emergency Medical Services Per Capita Grants Program Rules.

R426-8-1. Authority and Purpose.

- (1) This rule is established under Title 26 chapter 8a.
- (2) The purpose of this rule provides guidelines for the equitable distribution of per capita grant funds specified under the Emergency Medical Services (EMS) Grants Program.

R426-8-2. Definitions.

- (1) County EMS Council or Committee means a group of persons recognized by the county commission as the legitimate entity within the county to formulate policy regarding the provision of EMS.
- (2) Multi-county EMS council or committee means a group of persons recognized by an association of counties as the legitimate entity within the association to formulate policy regarding the provision of EMS.

R426-8-3. Eligibility.

- (1) Per capita grants are available only to licensed EMS ambulance services, paramedic services, EMS designated first response units and EMS dispatch providers that are either:
 - (a) agencies or political subdivisions of local or state government or incorporated non-profit entities; or
 - (b) for-profit EMS providers that are the primary EMS provider for a service area.
- (2)(a) A for-profit EMS provider is a primary EMS provider in a geographical service area if it is licensed for and provides service at a higher level than the public or non-profit provider;
 - (b) The levels of EMS providers are in this rank order:
 - (A) Paramedic rescue;
 - (B) Paramedic ambulance;
 - (C) EMT-Intermediate;
 - (D) EMT-IV; and

- (E) EMT-Basic;
- (c) Paramedic interfacility transfer ambulance, EMT-Interfacility ambulance transport, or paramedic tactical rescue units are not eligible for per capita funding because they cannot be the primary EMS provider for a geographical service area.
- (3) Grantees must be in compliance with the EMS Systems Act and all EMS rules during the grant period.
- (4) An applicant that is six months or more in arrears in payments owed to the Department is ineligible for competitive grant consideration.

R426-8-4. Grant Implementation.

- (1) Per Capita grants are available for use specifically related to the provision of EMS.
- (2) Grant awards are effective on July 1 and must be used by June 30 of the following year. No extensions will be given.
- (3) Grant funding is on a reimbursable basis after presentation of documentation of expenditures which are in accordance with the approved grant awards budget.
- (4) No matching funds are required for per capita grants.
- (5) Per capita funds may be used as matching funds for competitive grants.

R426-8-5. Application and Award Formula.

- (1) Grants are available to eligible providers that complete a grant application by the deadline established annually by the Department.
- (2) Agency applicants shall certify agency personnel rosters as part of the grant application process.
 - (a) A certified individual who works for both a public and a for-profit agency may be credited only to the public or non-profit licensee or designee.
 - (b) Certified individuals may be credited for only one agency. However, if a dispatcher is also an EMT, EMT-I, EMT-IA, or paramedic, the dispatcher may be credited to one agency as a dispatcher and one agency as an EMT, EMT-I, EMT-IA, or paramedic.
 - (c) Certified individuals who work for providers that cover multiple counties may be credited only for the county where the certified person lives.
- (3) The Department shall allocate funds by using the following point totals for agency-certified personnel: certified Dispatchers = 1; certified Basic EMTs = 2; certified Intermediate EMTs and Intermediate-Advanced EMTs = 3; and certified Paramedics = 4. The number of certified personnel is based upon the personnel rosters of each licensed EMS provider, designated EMS dispatch agency and designated EMS first response unit as a date as specified by the Department immediately prior to the grant year, which begins July 1. To comply with Legislative intent, the point totals of each eligible agency will be multiplied by the current county classification as provided under Section 17-50-501.]

R426-8. Emergency Medical Services Ambulance Rates and Charges.

R426-8-1. Authority and Purpose.

- (1) This rule is established under Title 26, Chapter 8a.
- (2) The purpose of this rule is to provide for the establishment of maximum ambulance transportation and rates to be charged by licensed ambulance services in the State of Utah.

R426-8-2. Ambulance Transportation Rates and Charges.

(1) Licensed services operating under R426-3 shall not charge more than the rates described in this rule. In addition, the net income of licensed services, including subsidies of any type, shall not exceed the net income limit set by this rule.

(a) The net income limit shall be the greater of eight percent of gross revenue or 14 percent return on average assets.

(b) Licensed Services may change rates at their discretion after notifying the Department, provided that the rates do not exceed the maximums specified in this rule.

(c) An agency may not charge a transportation fee for patients who are not transported.

(2) The initial regulated rates established in this rule shall be adjusted annually on July 1, based on financial data as delineated by the department to be submitted as detailed under R426-8-2(9). This data shall then be used as the basis for the annual rate adjustment.

(3) Base Rates for ground transport to care facility -

(a) Ground Ambulance - \$594.00 per transport.

(b) Intermediate/Advance EMT Ground Ambulance - \$785.00 per transport.

(c) Paramedic Ground Ambulance - \$1,148.00 per transport.

(d) Ground Ambulance with Paramedic on-board - \$1,148.00 per transport if:

(i) a dispatch agency dispatches a paramedic licensee to treat the individual;

(ii) the paramedic licensee has initiated advanced life support;

(iii) on-line medical control directs that a paramedic remain with the patient during transport; and

(iv) an ambulance service that interfaces with a paramedic rescue service and has an interlocal or equivalent agreement in place, dealing with reimbursing the paramedic agency for services provided up to a maximum of \$234.71 per transport.

(4) Mileage Rate-

(a) \$31.65 per mile or fraction thereof.

(b) In all cases mileage shall be computed from the point of pickup to the point of delivery.

(c) A fuel fluctuation surcharge of \$0.25 per mile may be added when diesel fuel prices exceed \$5.10 per gallon or gasoline exceeds \$4.25 as invoiced.

(5) Surcharge-

(a) If the ambulance is required to travel for ten miles or more on unpaved roads, a surcharge of \$1.50 per mile may be assessed.

(6) Special Provisions -

(a) If more than one patient is transported from the same point of origin to the same point of delivery in the same ambulance, the charges to be assessed to each individual will be determined as follows:

(i) Each patient will be assessed the transportation rate.

(ii) The mileage rate will be computed as specified, the sum to be divided equally between the total number of patients.

(b) A round trip may be billed as two one-way trips.

(c) An ambulance shall provide 15 minutes of time at no charge at both point of pickup and point of delivery, and may charge \$22.05 per quarter hour or fraction thereof thereafter. On round trips, 30 minutes at no charge will be allowed from the time the

ambulance reaches the point of delivery until starting the return trip. At the expiration of the 30 minutes, the ambulance service may charge \$22.05 per quarter hour or fraction thereof thereafter.

(7) Supplies and Medications -

(a) An ambulance licensee may charge for supplies and providing supplies, medications, and administering medications used on any response if:

(i) supplies shall be priced fairly and competitively with similar products in the local area;

(ii) the individual does not refuse services; and

(iii) the ambulance personnel assess or treats the individual.

(8) Uncontrollable Cost Escalation -

(a) In the event of a temporary escalation of costs, an ambulance service may petition the Department for permission to make a temporary service-specific surcharge. The petition shall specify the amount of the proposed surcharge, the reason for the surcharge, and provide sufficient financial data to clearly demonstrate the need for the proposed surcharge. Since this is intended to only provide temporary relief, the petition shall also include a recommended time limit.

(b) The Department will make a final decision on the proposed surcharge within 30 days of receipt of the petition.

(9) Operating report -

(a) The licensed service shall file with the Department within 90 days of the end of each licensed service's fiscal year, an operating report in accordance with the instructions, guidelines and review criteria as specified by the Department. The Department shall provide a summary of operating reports received during the previous state fiscal year to the EMS Committee in the October quarterly meeting.

(10) Fiscal audits -

(a) Upon receipt of licensed service fiscal reports, the Department shall review them for compliance to standards established.

(b) Where the Department determines that the audited service is not in compliance with this rule, the Department shall proceed in accordance with Section 26-8a-504.

R426-8-3. Penalty for Violation of Rule.

As required by Subsection 63G-3-201(5): Any person that violates any provisions of this rule may be assessed a civil money penalty as provided in Section 26-23-6.

KEY: emergency medical services, ambulance rates

Date of Enactment or Last Substantive Amendment: [August 3, 2010]2012

Notice of Continuation: January 5, 2011

Authorizing, and Implemented or Interpreted Law: 26-8a

Health, Family Health and
Preparedness, Emergency Medical
Services
R426-9
Statewide Trauma System Standards

NOTICE OF PROPOSED RULE

(New Rule)

DAR FILE NO.: 36981

FILED: 10/23/2012

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of this rule is to fulfill the Governor's mandate for rule review and simplification.

SUMMARY OF THE RULE OR CHANGE: The rule change eliminates redundancy, provides sequential numbering, and reflects best practice updates for all aspects of the Emergency Medical Services Act (Title 26, Chapter 8a).

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Title 26, Chapter 8a

ANTICIPATED COST OR SAVINGS TO:

- ◆ THE STATE BUDGET: No anticipated fiscal impact to the state budget because there are no changes in the rule requirements that are imposed by these amendments.
- ◆ LOCAL GOVERNMENTS: No anticipated fiscal impact to local governments because there are no changes in the rule requirements that are imposed by these amendments.
- ◆ SMALL BUSINESSES: No anticipated fiscal impact to small businesses because there are no changes in the rule requirements that are imposed by these amendments.
- ◆ PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES: No anticipated fiscal impact to businesses because there are no changes in the rule requirements that are imposed by these amendments.

COMPLIANCE COSTS FOR AFFECTED PERSONS: No anticipated fiscal impact to affected persons because there are no changes in the rule requirements that are imposed by these amendments.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: In response to the Governor's Executive Order to examine all administrative rules and reduce regulatory impact that may be inhibiting economic growth, the rules governing Emergency Medical Services providers are being repealed, simplified and reenacted. Fiscal impact is expected to be positive for business as the requirements are streamlined and updated.

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 EMERGENCY MEDICAL SERVICES
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 SALT LAKE CITY, UT 84106
 or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

◆ Guy Dansie by phone at 801-273-6671, by FAX at 801-273-4165, or by Internet E-mail at gdansie@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 12/17/2012

THIS RULE MAY BECOME EFFECTIVE ON: 12/24/2012

AUTHORIZED BY: David Patton, PhD, Executive Director

R426. Health, Family Health and Preparedness, Emergency Medical Services.

R426-9. Statewide Trauma System Standards.

R426-9-1. Authority and Purpose.

(1) Authority - This rule is established under Title 26, Chapter 8a, Part 2A, Statewide Trauma System, which authorizes the Department to:

(a) establish and actively supervise a statewide trauma system;

(b) establish, by rule, trauma center designation requirements and model state guidelines for triage, treatment, transport, and transfer of trauma patients to the most appropriate health care facility; and

(c) designate trauma care facilities consistent with the trauma center designation requirements and verification process.

(2) This rule provides standards for the categorization of all hospitals and the voluntary designation of Trauma Centers to assist physicians in selecting the most appropriate physician and facility based upon the nature of the patient's critical care problem and the capabilities of the facility.

(3) It is intended that the categorization process be dynamic and updated periodically to reflect changes in national standards, medical facility capabilities, and treatment processes. Also, as suggested by the Utah Medical Association, the standards are in no way to be construed as mandating the transfer of any patient contrary to the wishes of his attending physician, rather the standards serve as an expression of the type of facilities and care available in the respective hospitals for the use of physicians requesting transfer of patients requiring skills and facilities not available in their own hospitals.

R426-9-2. Trauma System Advisory Committee.

(1) The trauma system advisory committee, created pursuant to 26-8a-251, shall:

(a) be a broad and balanced representation of healthcare providers and health care delivery systems; and

(b) conduct meetings in accordance with committee procedures established by the Department and applicable statutes.

(2) The Department shall appoint committee members to serve terms from one to four years.

(3) The Department may re-appoint committee members for one additional term in the position initially appointed by the Department.

(4) Causes for removal of a committee member include the following:

(a) more than two unexcused absences from meetings within 12 calendar months;

(b) more than three excused absences from meetings within 12 calendar months;

(c) conviction of a felony; or

(d) change in organizational affiliation or employment which may affect the appropriate representation of a position on the committee for which the member was appointed.

R426-9-3. Trauma Center Categorization Guidelines.

The Department adopts as criteria for Level I, Level II, Level III, and Pediatric trauma center designation, compliance with national standards published in the American College of Surgeons document: Resources for Optimal Care of the Injured Patient 2006. The Department adopts as criteria for Level IV and Level V trauma center designation the American College of Surgeons document: Resources for Optimal Care of the Injured Patient 1999, except that a Level V trauma center need not have a general surgeon on the medical staff and may be staffed by nurse practitioners or certified physician assistants.

R426-9-4. Trauma Review.

(1) The Department shall evaluate trauma centers and applicants to verify compliance with standards set in R426-5-2. In conducting each evaluation, the Department shall consult with experts from the following disciplines:

(a) trauma surgery;

(b) emergency medicine;

(c) emergency or critical care nursing; and

(d) hospital administration.

(2) A consultant shall not assist the Department in evaluating a facility in which the consultant is employed, practices, or has any financial interest.

R426-5-5. Trauma Center Categorization Process.

The Department shall:

(1) Develop a survey document based upon the Trauma Center Criteria described in R426-5.

(2) Periodically survey all Utah hospitals which provide emergency trauma care to determine the maximum level of trauma care which each is capable of providing.

(3) Disseminate survey results to all Utah hospitals, and as appropriate, to state EMS agencies.

R426-5-6. Trauma Center Designation Process.

(1) Hospitals seeking voluntary designation and all designated Trauma Centers desiring to remain designated, shall apply for designation by submitting the following information to the Department at least 30 days prior to the date of the scheduled site visit:

(a) A completed and signed application and appropriate fees for trauma center verification;

(b) A letter from the hospital administrator of continued commitment to comply with current trauma center designation standards as applicable to the applicant's designation level;

(c) The data specified under R426-5-8 are current;

(d) Level I and Level II Trauma Centers must submit a copy of the Pre-review Questionnaire (PRO) from the American College of Surgeons in lieu of the application in 1a above.

(e) Level III Level IV and Level V trauma centers must submit a complete Department approved application.

(2) Hospitals desiring to be designated as Level I and Level II Trauma Centers must be verified by the American College of Surgeons (ACS) within three (3) months of the expiration date of previous designation and must submit a copy of the full ACS report detailing the results of the ACS site visit. A Department representative must be present during the entire ACS verification visit. Hospitals desiring to be Level III, Level IV or Level V Trauma Centers must be designated by hosting a formal site visit by the Department.

(3) The Department and its consultants may conduct observation, review and monitoring activities with any designated trauma center to verify compliance with designation requirements.

(4) Trauma centers shall be designated for a period of three years unless the designation is rescinded by the Department for non-compliance to standards set forth in R426-9-6 or adjusted to coincide with the American College of Surgeons verification timetable.

(5) The Department shall disseminate a list of designated trauma centers to all Utah hospitals, and state EMS agencies, and as appropriate, to hospitals in nearby states which refer patients to Utah hospitals.

R426-9-7. Data Requirements for an Inclusive Trauma System.

(1) All hospitals shall collect, and quarterly submit to the Department, Trauma Registry information necessary to maintain an inclusive trauma system. The Department shall provide funds to hospitals, excluding designated trauma centers, for the data collection process. The inclusion criteria for a trauma patient are as follows:

(a) ICD9 Diagnostic Codes between 800 and 959.9 (trauma); and

(b) At least one of the following patient conditions: admitted to the hospital for 24 hours or longer; transferred in or out of your hospital via EMS transport (including air ambulance); death resulting from the traumatic injury (independent of hospital admission or hospital transfer status; all air ambulance transports (including death in transport and patients flown in but not admitted to the hospital).

(c) Exclusion criteria are ICD9 Diagnostic Codes:

930-939.9 (foreign bodies)

905-909.9 (late effects of injury)

910-924.9 (superficial injuries, including blisters, contusions, abrasions, and insect bites)

The information shall be in a standardized electronic format specified by the Department which includes:

(i) Demographics;

Database Record Number

Institution ID number

Medical Record Number

Social Security Number

Patient Home Zip Code

Sex

Date of Birth

<u>Age Number and Units</u>	<u>Capillary Refill</u>
<u>Patient's Home Country</u>	<u>Respiratory Rate</u>
<u>Patient's Home State</u>	<u>Respiratory Effort</u>
<u>Patient's Home County</u>	<u>Blood Pressure</u>
<u>Patient's Home City</u>	<u>Eye Movement</u>
<u>Alternate Home Residence</u>	<u>Verbal Response</u>
<u>Race</u>	<u>Motor Response</u>
<u>Ethnicity</u>	<u>Glasgow Coma Score Total</u>
<u>(ii) Injury:</u>	<u>Revised Trauma Score Total</u>
<u>Date of Injury</u>	<u>(v) Emergency Department Information:</u>
<u>Time of Injury</u>	<u>Mode of Transport</u>
<u>Blunt, Penetrating, or Burn Injury</u>	<u>Arrival Date</u>
<u>Cause of Injury Description</u>	<u>Arrival Time</u>
<u>Cause of Injury Code</u>	<u>Discharge Time</u>
<u>Work Related Injury (y/n)</u>	<u>Discharge Date</u>
<u>Patient's Occupational Industry</u>	<u>Initial ED/Hospital Pulse Rate</u>
<u>Patient's Occupation</u>	<u>Initial ED/Hospital Temperature</u>
<u>Primary E-Code</u>	<u>Initial ED/Hospital Respiratory Rate</u>
<u>Location E-Code</u>	<u>Initial ED/Hospital Respiratory Assistance</u>
<u>Additional E-Code</u>	<u>Initial ED/Hospital Oxygen Saturation</u>
<u>Incident Location Zip Code</u>	<u>Initial ED/Hospital Systolic Blood Pressure</u>
<u>Incident State</u>	<u>Initial ED/Hospital GCS-Eye</u>
<u>Incident County</u>	<u>Initial ED/Hospital GCS-Verbal</u>
<u>Incident City</u>	<u>Initial ED/Hospital GCS-Motor</u>
<u>Protective Devices</u>	<u>Initial ED/Hospital GCS-Total</u>
<u>Child Specific Restraint</u>	<u>Initial ED/Hospital GCS Assessment Qualifiers</u>
<u>Airbag Deployment</u>	<u>Revised Trauma Score Total</u>
<u>(iii) Prehospital:</u>	<u>Alcohol Use Indicator</u>
<u>Name of EMS Service</u>	<u>Drug Use Indicator</u>
<u>Transport Origin Scene or Referring Facility</u>	<u>ED Discharge Disposition</u>
<u>Trip Form Obtained (y/n)</u>	<u>ED Death</u>
<u>EMS Dispatch Date</u>	<u>ED Discharge Date</u>
<u>EMS Dispatch Time</u>	<u>ED Discharge Time</u>
<u>EMS Unit Arrival on Scene Date</u>	<u>(vi) Emergency Department Treatment:</u>
<u>EMS Unit Arrival on Scene Time</u>	<u>Procedures Done (pick list)</u>
<u>EMS Unit Scene Departure Date</u>	<u>Paralytics used prior to GCS (y/n)</u>
<u>EMS Unit Scene Departure Time</u>	<u>(vii) Admission Information:</u>
<u>Transport Mode</u>	<u>Admit from ER or Direct Admit</u>
<u>Other Transport Mode</u>	<u>Admitted from what Source</u>
<u>Initial Field Systolic Blood Pressure</u>	<u>Time of Hospital Admission</u>
<u>Initial Field Pulse Rate</u>	<u>Date of Hospital Admission</u>
<u>Initial Field Respiratory Rate</u>	<u>Hospital Procedures</u>
<u>Initial Field Oxygen Saturation</u>	<u>Hospital Procedure Start Date</u>
<u>Initial Field GCS-Eye</u>	<u>Hospital Procedure Start Time</u>
<u>Initial Field GCS-Verbal</u>	<u>(viii) Hospital Diagnosis:</u>
<u>Initial Field GCS-Motor</u>	<u>ICD9 Diagnosis Codes</u>
<u>Initial Field GCS-Total</u>	<u>Injury Diagnoses</u>
<u>Inter-Facility Transfer</u>	<u>Co-Morbid Conditions</u>
<u>(iv) Referring Hospital:</u>	<u>AIS Score for Diagnosis (calculated)</u>
<u>Transfer from Another Hospital (y/n)</u>	<u>Injury Severity Score</u>
<u>Name or Code</u>	<u>(ix) Quality Assurance Indicators:</u>
<u>Arrival Date</u>	<u>Hospital Complications</u>
<u>Arrival Time</u>	<u>(x) Outcome:</u>
<u>Discharge Date</u>	<u>Discharge Time</u>
<u>Discharge time</u>	<u>Discharge Date</u>
<u>Transfer Mode</u>	<u>Total Days Length of Stay</u>
<u>Admitted or ER</u>	<u>Total ICU Length of Stay</u>
<u>Procedures</u>	<u>Total Ventilator Days</u>
<u>Pulse</u>	<u>Disposition from Hospital</u>

Destination Facility

(xi)Charges:

Payment Sources

R426-9-8. Trauma Triage and Transfer Guidelines.

The Department adopts by reference the 2009 Resources and Guidelines for the Triage and Transfer of Trauma Patients published by the Utah Department of Health as model guidelines for triage, transfer, and transport of trauma patients. The guidelines do not mandate the transfer of any patient contrary to the judgment of the attending physician. They are a resource for pre-hospital and hospital providers to assist in the triage, transfer and transport of trauma patients to designated trauma centers or acute care hospitals which are appropriate to adequately receive trauma patients.

R426-9-9. Noncompliance to Standards.

(1) The Department may warn, reduce, deny, suspend, revoke, or place on probation a facility designation, if the Department finds evidence that the facility has not been or will not be operated in compliance to standards adopted under R426-9.

(2) A hospital, clinic, health care provider, or health care delivery system may not profess or advertise to be designated as a trauma center if the Department has not designated it as such pursuant to this rule.

R426-9-10. Statutory Penalties.

As required by Section 63G-3-201(5): Any person or agency who violates any provision of this rule, per incident, may be assessed a penalty as provided in Section 26-23-6.

KEY: emergency medical services, trauma, reporting, trauma center designation

Date of Enactment or Last Substantive Amendment: 2012

Authorizing, and Implemented or Interpreted Law: 26-8a-252

Health, Family Health and Preparedness, Emergency Medical Services

R426-11

General Provisions

NOTICE OF PROPOSED RULE

(Repeal)

DAR FILE NO.: 36982

FILED: 10/23/2012

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of this filing is to fulfill the Governor's mandate for rule review and simplification.

SUMMARY OF THE RULE OR CHANGE: The rule change eliminates redundancy, provides sequential numbering, and reflects best practice updates for all aspects of the Emergency Medical Services Act (Title 26, Chapter 8a).

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Title 26, Chapter 8a

ANTICIPATED COST OR SAVINGS TO:

- ◆ THE STATE BUDGET: No anticipated fiscal impact to the state budget because there are no changes in the rule requirements that are imposed by these amendments.
- ◆ LOCAL GOVERNMENTS: No anticipated fiscal impact to local governments because there are no changes in the rule requirements that are imposed by these amendments.
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DIRECT QUESTIONS REGARDING THIS RULE TO:

- ◆ Guy Dansie by phone at 801-273-6671, by FAX at 801-273-4165, or by Internet E-mail at gdansie@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 12/17/2012

THIS RULE MAY BECOME EFFECTIVE ON: 12/24/2012

AUTHORIZED BY: David Patton, PhD, Executive Director

R426. Health, Family Health and Preparedness, Emergency Medical Services.

[R426-11. General Provisions.

R426-11-1. Authority and Purpose.

— This rule establishes uniform definitions for all R426 rules. It also provides administration standards applicable to all R426 rules.

R426-11-2. General Definitions.

— The definitions in Title 26, Chapter 8a are adopted and incorporated by reference into this rule, in addition:

— (1) "Air Ambulance" means any privately or publicly owned air vehicle specifically designed, constructed, or modified, which is intended to be used for and is maintained or equipped with the intent to be used for, maintained or operated for the transportation of individuals who are sick, injured, or otherwise incapacitated or helpless.

— (2) "Air medical personnel" means the pilot and patient care personnel who are involved in an air medical transport.

— (3) "Air Medical Service" means any publicly or privately owned organization that is licensed or applies for licensure under R426-2.

— (4) "Air Medical Service Medical Director" means a physician knowledgeable of potential medical complications which may arise because of air medical transport, and is responsible for overseeing and assuring that the appropriate air ambulance, medical personnel, and equipment are provided for patients transported by the air ambulance service.

— (5) "Air Medical Transport Service" means the transportation and care of patients by air ambulance.

— (6) "CAMTS" is the acronym for the Commission on Accreditation of Medical Transport Systems, which is a non-profit organization dedicated to improving the quality of air medical services.

— (7) "Categorization" means the process of identifying and developing a stratified profile of Utah hospital trauma critical care capabilities in relation to the standards defined under R426-5-7.

— (8) "Certify," "Certification," and "Certified" mean the official Department recognition that an individual has completed a specific level of training and has the minimum skills required to provide emergency medical care at the level for which he is certified.

— (9) "Committee" or "EMS Committee" means the State Emergency Medical Services Committee created by Section 26-1-7.

— (10) "Competitive grant" means a grant awarded through the Emergency Medical Services Grants Program on a competitive basis for a share of available funds.

— (11) "Continuing Medical Education" means Department approved training relating specifically to the appropriate level of certification designed to maintain or enhance an individual's emergency medical skills.

— (12) "Course Coordinator" means an individual who has completed a Department course coordinator course and is certified by the Department as capable to conduct Department authorized EMS courses.

— (13) "Department" means the Utah Department of Health.

— (14) "Emergency Medical Dispatcher" or "EMD" means an individual who has completed an EMD training program,

approved by the Bureau, who is certified by the Department as qualified to render services enumerated in this rule.

— (15) "Emergency Medical Dispatch Center" means an agency designated by the Department for the routine acceptance of calls for emergency medical assistance from the public, utilizing a selective medical dispatch system to dispatch licensed ambulance, and paramedic services.

— (16) "EMS" means emergency medical services.

— (17) "Field EMS Personnel" means a certified individual or individuals who are on-scene providing direct care to a patient.

— (18) Grants Review Subcommittee means a subcommittee appointed by the EMS Committee to review, evaluate, prioritize and make grant funding recommendations to the EMS Committee.

— (19) "Inclusive Trauma System" means the coordinated component of the State emergency medical services (EMS) system composed of all general acute hospitals licensed under Title 26, Chapter 21, trauma centers, and prehospital providers which have established communication linkages and triage protocols to provide for the effective management, transport and care of all injured patients from initial injury to complete rehabilitation.

— (19) "Individual" means a human being.

— (20) "EMS Instructor" means an individual who has completed a Department EMS instructor course and is certified by the Department as capable to teach EMS personnel.

— (21) "Level of Care" means the capabilities and commitment to the care of the trauma patient available within a specified facility.

— (22) "Matching Funds" means that portion of funds, in cash, contributed by the grantee to total project expenditures.

— (23) "Medical Control" means a person who provides medical supervision to an EMS provider as either:

— (a) on-line medical control which refers to physician medical direction of prehospital personnel during a medical emergency; and

— (b) off-line medical control which refers to physician oversight of local EMS services and personnel to assure their medical accountability.

— (24) "Medical Director" means a physician certified by the Department to provide off-line medical control.

— (25) "Net Income" The sum of net service revenue, plus other operating revenue and subsidies of any type, less operating expenses, interest expense, and income.

— (26) "Paramedic Rescue Service" means the provision of rescue, extrication and patient care by paramedic personnel, without actual transporting capabilities.

— (27) "Paramedic Rescue Unit" means a vehicle which is properly equipped, maintained and used to transport paramedics to the scene of emergencies to perform paramedic rescue services.

— (28) "Paramedic Tactical Rescue Service" means the retrieval and field treatment of injured peace officers or victims of traumatic confrontations by paramedics who are trained in combat medical response.

— (29) "Paramedic Tactical Rescue Unit" means a vehicle which is properly equipped, maintained and used to transport paramedics to the scene of traumatic confrontations to provide paramedic tactical rescue services.

— (30) "Patient" means an individual who, as the result of illness or injury, meets any of the criteria in Section 26-8a-305.

(31) "Per-Capita grants" mean block grants determined by prorating available funds on a per capita basis as delineated in 26-8a-207, as part of the Emergency Medical Services Grants Program.

(32) "Permit" means the document issued by the Department that authorizes a vehicle to be used in providing emergency medical services.

(33) "Person" means an individual, firm, partnership, association, corporation, company, group of individuals acting together for a common purpose, agency or organization of any kind, public or private.

(34) "Physician" means a medical doctor licensed to practice medicine in Utah.

(35) "Pilot" means any individual licensed under Federal Aviation Regulations, Part 135.

(36) "Primary emergency medical services" means a for-profit organization that is the only licensed or designated service in a geographical area.

(37) "Quick Response Unit" means an organization that provides emergency medical services to supplement local ambulance services or provide unique services such as search and rescue and ski patrol.

(38) "Resource Hospital" means a facility designated by the EMS Committee to provide on-line medical control for the provision of prehospital emergency care.

(39) "Selective Medical Dispatch System" means a department-approved reference system used by a local dispatch agency to dispatch aid to medical emergencies which includes:

- (a) systemized caller interrogation questions;
- (b) systemized pre-arrival instructions; and
- (c) protocols matching the dispatcher's evaluation of injury or illness severity with vehicle response mode and configuration.

(40) "Specialized Life Support Air Medical Service" means a level of care which requires equipment or speciality patient care by one or more medical personnel in addition to the regularly scheduled air medical team.

(41) "Training Officer" means an individual who has completed a department Training Officer Course and is certified by the Department to be responsible for an EMS provider organization's continuing medical education, recertification records, and testing.

R426-11-3. Quality Assurance Reviews.

(1) The Department may conduct quality assurance reviews of licensed and designated organizations and training programs on an annual basis or more frequently as necessary to enforce this rule;

(2) The Department shall conduct a quality assurance review prior to issuing a new license or designation.

(3) The Department may conduct quality assurance reviews on all personnel, vehicles, facilities, communications, equipment, documents, records, methods, procedures, materials and all other attributes or characteristics of the organization, which may include audits, surveys, and other activities as necessary for the enforcement of the Emergency Medical Services System Act and the rules promulgated pursuant to it.

(a) The Department shall record its findings and provide the organization with a copy.

(b) The organization must correct all deficiencies within 30 days of receipt of the Department's findings.

(c) The organization shall immediately notify the Department on a Department-approved form when the deficiencies have been corrected.

R426-11-4. Critical Incident Stress Management.

(1) The Department may establish a critical incident stress management (CISM) team to meet its public health responsibilities under Utah Code Section 26-8a-206.

(2) The CISM team may conduct stress debriefings and defusings upon request for persons who have been exposed to one or more stressful incidents in the course of providing emergency services.

(3) Individuals who serve on the CISM team must complete initial and ongoing training.

(4) While serving as a CISM team member, the individual is acting on behalf of the Department. All records collected by the CISM team are Department records. CISM team members shall maintain all information in strict confidence as provided in Utah Code Title 26, Chapter 3.

(5) The Department may reimburse a CISM team member for mileage expenses incurred in performing his or her duties in accordance with state finance mileage reimbursement policy.

KEY: emergency medical services

Date of Enactment or Last Substantive Amendment: August 22, 2003

Notice of Continuation: July 28, 2009

Authorizing, and Implemented or Interpreted Law: 26-8a]

Health, Family Health and Preparedness, Emergency Medical Services **R426-12** Emergency Medical Services Training and Certification Standards

NOTICE OF PROPOSED RULE

(Repeal)

DAR FILE NO.: 36983

FILED: 10/23/2012

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of this filing is to fulfill the Governor's mandate for rule review and simplification.

SUMMARY OF THE RULE OR CHANGE: The rule change eliminates redundancy, provides sequential numbering, and reflects best practice updates for all aspects of the Emergency Medical Services Act (Title 26, Chapter 8a).

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Title 26, Chapter 8a

ANTICIPATED COST OR SAVINGS TO:

- ◆ THE STATE BUDGET: No anticipated fiscal impact to the state budget because there are no changes in the rule requirements that are imposed by these amendments.
- ◆ LOCAL GOVERNMENTS: No anticipated fiscal impact to local governments because there are no changes in the rule requirements that are imposed by these amendments.
- ◆ SMALL BUSINESSES: No anticipated fiscal impact to small businesses because there are no changes in the rule requirements that are imposed by these amendments.
- ◆ PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES: No anticipated fiscal impact to businesses because there are no changes in the rule requirements that are imposed by these amendments.

COMPLIANCE COSTS FOR AFFECTED PERSONS: No anticipated fiscal impact for affected persons because there are no changes in the rule requirements that are imposed by these amendments.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: In response to the Governor's Executive Order to examine all administrative rules and reduce regulatory impact that may be inhibiting economic growth, the rules governing Emergency Medical Services providers are being repealed, simplified and reenacted. Fiscal impact is expected to be positive for business as the requirements are streamlined and updated.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

HEALTH
 FAMILY HEALTH AND PREPAREDNESS,
 EMERGENCY MEDICAL SERVICES
 3760 S HIGHLAND DR
 SALT LAKE CITY, UT 84106
 or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

- ◆ Guy Dansie by phone at 801-273-6671, by FAX at 801-273-4165, or by Internet E-mail at gdansie@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 12/17/2012

THIS RULE MAY BECOME EFFECTIVE ON: 12/24/2012

AUTHORIZED BY: David Patton, PhD, Executive Director

R426. Health, Family Health and Preparedness, Emergency Medical Services.

~~[R426-12. Emergency Medical Services Training and Certification Standards.~~

~~R426-12-100. Authority and Purpose.~~

~~————— This rule is established under Title 26, Chapter 8a to provide uniform minimum standards to be met by those providing emergency medical services in the State of Utah; and for the training, certification, and recertification of individuals who provide emergency medical service and for those providing instructions and training to pre-hospital emergency medical care providers.~~

~~R426-12-101. Written and Practical Test Requirements.~~

- ~~————— (1) The Department shall:

 - ~~————— (a) develop written and practical tests for each certification; and~~
 - ~~————— (b) establish the passing score for certification and recertification written and practical tests.~~~~
- ~~————— (2) The Department may administer the tests or delegate the administration of any test to another entity.~~
- ~~————— (3) The Department may release only to the individual who took the test and to persons who have a signed release from the individual who took the test:

 - ~~————— (a) whether the individual passed or failed a written or practical test; and~~
 - ~~————— (b) the subject areas where items were missed on a written or practical test.~~~~

~~R426-12-102. Emergency Medical Care During Clinical Training.~~

~~————— A student enrolled in a Department approved training program may, under the direct supervision of the course coordinator, an instructor in the course, or a preceptor for the course, perform activities delineated within the training curriculum that otherwise require certification to perform.~~

~~R426-12-103. Certification at a Lower Level.~~

- ~~————— (1) An individual who has taken an Emergency Medical Technician-Intermediate Advanced (EMT-IA) course, but has not been recommended for certification, may request to become certified at the Emergency Medical Technician-Intermediate (EMT-I) level if:

 - ~~————— (a) the EMT-IA course coordinator submits to the Department a favorable letter of recommendation stating that the individual has successfully obtained the knowledge and skills of the EMT-I level as required by R426-12-300(2); and~~
 - ~~————— (b) the individual successfully completes all requirements of R426-12-301, except for R426-12-301(2)(a).~~~~
- ~~————— (2) An individual who has taken a Paramedic course, but has not been recommended for certification, may request to become certified at the EMT-IA or EMT-I levels if:

 - ~~————— (a) the paramedic course coordinator submits to the Department a favorable letter of recommendation stating that the individual has successfully obtained the knowledge and skills of the EMT-I level as required by R426-12-300(2) or the EMT-IA level as required by R426-12-400(2), as appropriate; and~~~~

~~_____ (b) the individual successfully completes all requirements of;~~
~~_____ (i) R426-12-301, except for R426-12-301(2)(a) for EMT-E; or~~
~~_____ (ii) R426-12-401, except for R426-12-401(2)(a) for EMT-IA respectively.~~

R426-12-104. TB Test Requirements.

~~_____ All levels of certification and recertification must submit a statement from a physician or other health care provider, confirming the applicant's negative results of a Tuberculin Skin Test or equivalent (TB test) examination conducted within the prior year, or complete the following requirements:~~

~~_____ (1) If the test is positive, and there is no documented history of prior Latent TB Infection (LTBI) treatment, the applicant must see his primary care physician for a chest x-ray (CXR) in accordance with current Center for Disease Control and Prevention (CDC) guidelines and further evaluation. Results of CXR and medical history must be submitted to the Bureau.~~

~~_____ (a) If the CXR is negative, the applicant's medical history will be reviewed by the State EMS Medical Director. For individuals at high risk for developing active TB, treatment will be strongly recommended.~~

~~_____ (b) If the CXR is positive, the applicant is considered to be suspect Active TB. Should the diagnosis be confirmed, completion of treatment or release by an appropriate physician will be required prior to certification. Each such case will be reviewed by the State EMS Medical Director.~~

~~_____ (c) In the event that an applicant who is required to get treatment refuses the treatment, BEMS may deny certification.~~

~~_____ (2) A TB test should not be performed on a person who has a documented history of either a prior positive TB test or prior treatment for tuberculosis. The applicant must instead have a CXR in accordance with current CDC guidelines and provide documentation of negative CXR results to the Bureau.~~

~~_____ (3) If the applicant has had prior treatment for active TB or LTBI, the applicant must provide documentation of this treatment prior to certification. Documentation of this treatment will be maintained by the Bureau, and needs only to be provided once. Each such case will be reviewed by the State EMS Medical Director.~~

R426-12-200. Emergency Medical Technician-Basic (EMT-B) Requirements and Scope of Practice.

~~_____ (1) The Department may certify as an EMT-B an individual who meets the initial certification requirements in R426-12-201.~~

~~_____ (2) The Committee adopts as the standard for EMT-Basic training and competency in the state, the following affective, cognitive and psychomotor objectives for patient care and treatment from the 1994 United States Department of Transportation's "EMT-Basic Training Program: National Standard Curriculum" (EMT-B Curriculum), which is incorporated by reference, with the exceptions of Module 8: Advanced Airway and Appendices C, D, J, and K.~~

~~_____ (3) An EMT-B may perform the skills as described in the EMT-B Curriculum, as adopted in this section.~~

R426-12-201. EMT-B Initial Certification.

~~_____ (1) The Department may certify an EMT-B for a four-year period.~~

~~_____ (2) An individual who wishes to become certified as an EMT-B must:~~

~~_____ (a) successfully complete a Department-approved EMT-B course as described in R426-12-200(2);~~

~~_____ (b) be able to perform the functions listed in the objectives of the EMT-B Curriculum adopted in R426-12-200(2) as verified by personal attestation and successful accomplishment during the course of all cognitive, affective, and psychomotor skills and objectives listed in the adopted EMT-B Curriculum;~~

~~_____ (c) achieve a favorable recommendation from the course coordinator and course medical director stating technical competence during field and clinical training and successful completion of all training requirements for EMT-B certification;~~

~~_____ (d) be 18 years of age or older;~~

~~_____ (e) submit the applicable fees and a completed application, including social security number and signature, to the Department;~~

~~_____ (f) submit to and pass a background investigation, including an FBI background investigation if the applicant has not resided in Utah for the past consecutive five years;~~

~~_____ (g) maintain and submit documentation of having completed a CPR course within the prior two years that is consistent with the most current version of the American Heart Association Guidelines for Cardiopulmonary Resuscitation (CPR) and Emergency Cardiac Care (ECC);~~

~~_____ (h) submit to the Department a statement from a physician, confirming the applicant's results of a TB examination conducted within one year prior to completing the EMT-B course;~~

~~_____ (i) within 120 days after the official course end date the applicant must successfully complete the Department written and practical EMT-B examinations, or reexaminations, if necessary.~~

~~_____ (3) The Department may extend the time limit in Subsection (2)(i) for an individual who demonstrates that the inability to meet the requirements within the 120 days was due to circumstances beyond the applicant's control, such as for documented medical circumstances that prevent completion of testing, military deployment out of the state, extreme illness in the immediate family, or the like.~~

R426-12-202. EMT-B Certification Challenges.

~~_____ (1) The Department may certify as an EMT-B, a registered nurse licensed in Utah, a physician assistant licensed in Utah, or a physician licensed in Utah who:~~

~~_____ (a) is able to demonstrate knowledge, proficiency and competency to perform all the functions listed in the EMT-B Curriculum as verified by personal attestation and successful demonstration to a currently certified course coordinator and an off-line medical director of all cognitive, affective, and psychomotor skills and objectives listed in the EMT-B Curriculum;~~

~~_____ (b) has a knowledge of:~~

~~_____ (i) medical control protocols;~~

~~_____ (ii) state and local protocols; and~~

~~_____ (iii) the role and responsibilities of an EMT-B;~~

- ~~_____ (e) maintain and submit documentation of having completed a CPR course within the prior two years that is consistent with the most current version of the American Heart Association Guidelines for CPR and ECC; and~~
- ~~_____ (d) is 18 years of age or older.~~
- ~~_____ (2) To become certified, the applicant must:~~
 - ~~_____ (a) submit three letters of recommendation from health care providers attesting to the applicant's patient care skills and abilities;~~
 - ~~_____ (b) submit a favorable recommendation from a currently certified course coordinator attesting to competency of all knowledge and skills contained within the EMT-B Curriculum.~~
 - ~~_____ (c) submit the applicable fees and a completed application, including social security number, signature, and, proof of current Utah license as a Registered Nurse, a Physician Assistant, or a Medical Doctor;~~
 - ~~_____ (d) within 120 days after submitting the challenge application, successfully complete the Department written and practical EMT-B examinations, or reexaminations, if necessary;~~
 - ~~_____ (e) The Department may extend the time limit in Subsection (2)(i) for an individual who demonstrates that the inability to meet the requirements within 120 days was due to circumstances beyond the applicants control, such as for documented medical circumstances that prevent completion of testing, military deployment out of the state, extreme illness in the immediate family, or the like.~~
 - ~~_____ (f) submit to and pass a background investigation, including an FBI background investigation if the applicant has not resided in Utah for the past consecutive five years; and~~
 - ~~_____ (g) submit a statement from a physician, confirming the applicant's results of a TB examination conducted within one year prior to submitting the application.~~

R426-12-203. EMT-B Reciprocity.

- ~~_____ (1) The Department may certify an individual as an EMT-B an individual certified outside of the State of Utah if the applicant can demonstrate the applicant's out-of-state training and experience requirements are equivalent to or greater than what is required in Utah.~~
- ~~_____ (2) An individual seeking reciprocity for certification in Utah based on out-of-state training and experience must:~~
 - ~~_____ (a) submit the applicable fees and a completed application, including social security number and signature, to the Department and complete all of the following within 120 days of submitting the application;~~
 - ~~_____ (b) submit to and pass a background investigation, including an FBI background investigation if the applicant has not resided in Utah for the past consecutive five years;~~
 - ~~_____ (c) maintain and submit documentation of having completed a CPR course within the prior two years that is consistent with the most current version of the American Heart Association Guidelines for CPR and ECC;~~
 - ~~_____ (d) submit a statement from a physician, confirming the applicant's results of a TB examination conducted within the prior year;~~
 - ~~_____ (e) successfully complete the Department written and practical EMT-B examinations, or reexaminations, if necessary;~~
 - ~~_____ (f) submit a current certification from one of the states of the United States or its possessions, or current registration and the~~

- ~~name of the training institution if registered with the National Registry of EMTs; and~~
- ~~_____ (g) provide documentation of completion of 25 hours of continuing medical education (CME) within the prior year.~~

R426-12-204. EMT-B Recertification Requirements.

- ~~_____ (1) The Department may recertify an EMT-B for a four year period or for a shorter period as modified by the Department to standardize recertification cycles.~~
- ~~_____ (2) An individual seeking recertification must:~~
 - ~~_____ (a) submit the applicable fees and a completed application, including social security number and signature, to the Department;~~
 - ~~_____ (b) submit to and pass a background investigation, including an FBI background investigation if the applicant has not resided in Utah for the past consecutive five years;~~
 - ~~_____ (c) maintain and submit documentation of having completed a CPR course within the prior two years that is consistent with the most current version of the American Heart Association Guidelines for CPR and ECC. CPR must be kept current during certification;~~
 - ~~_____ (d) submit a statement from the applicant's EMS provider organization or a physician, confirming the applicant's results of a TB examination; and~~
 - ~~_____ (e) successfully complete the Department applicable written and practical recertification examinations, or reexaminations if necessary, within one year prior to expiration;~~
 - ~~_____ (f) provide documentation of completion of 98 hours of Department-approved CME meeting the requirements of subsections (3), (4), and (5).~~
- ~~_____ (3) The EMT-B must take the following required CME hours by subject in accordance with the National EMS Education Standards. The hours must be completed throughout the prior four years:~~
 - ~~_____ (a) Preparatory - 4 hours;~~
 - ~~_____ (b) Anatomy and Physiology - 2 hours;~~
 - ~~_____ (c) Medical Terminology - 2 hours;~~
 - ~~_____ (d) Pathophysiology - 4 hours;~~
 - ~~_____ (e) Life Span Development - 2 hours;~~
 - ~~_____ (f) Public Health - 1 hour;~~
 - ~~_____ (g) Pharmacology - 3 hours;~~
 - ~~_____ (h) Airway Management, Respiration and Artificial Ventilation - 2 hours;~~
 - ~~_____ (i) Assessment - 12 hours;~~
 - ~~_____ (j) Medicine - 20 hours;~~
 - ~~_____ (k) Shock and Resuscitation - 2 hours;~~
 - ~~_____ (l) Trauma - 22 hours;~~
 - ~~_____ (m) Special Patient Populations - 7 hours;~~
 - ~~_____ (n) EMS Operations - 7 hours;~~
 - ~~_____ (o) CPR - 8 hours (two CPR renewal courses fulfill this requirement. CPR refresher courses can only be counted towards the CPR CME requirement.)~~
- ~~_____ (4) An EMT-B may complete CME hours through methodologies, but 30 of the CME hours must be practical hands-on training. All CME must be related to the required skills and knowledge of an EMT. Instructors need not be EMS instructors, but must be knowledgeable in the field of instruction.~~

~~_____ (5) The EMT-B must complete and document the psychomotor skills listed in the current National EMS Education Standards, on at least two separate occasions.~~

~~_____ (6) An EMT-B who is affiliated with an EMS organization should have the training officer from the EMS organization submit a letter verifying the EMT-B's completion of the recertification requirements. An EMT-B who is not affiliated with an agency must submit verification of all recertification requirements directly to the Department.~~

~~_____ (7) Each EMT-B is individually responsible to complete and submit the required recertification material to the Department. Each EMT-B should submit all recertification materials to the Department at one time, no later than 30 days and no earlier than one year prior to the EMT-B's current certification expiration date. If the Department receives incomplete or late recertification materials, the Department may not be able to process the recertification before the certification expires. The Department processes recertification material in the order received.~~

~~_____ (8) An EMS provider or an entity that provides CME may compile and submit recertification materials on behalf of an EMT-B; however, the EMT-B remains responsible for a timely and complete submission.~~

~~_____ (9) The Department may shorten recertification periods. An EMT-B whose recertification period is shortened must meet the CME requirements in each of the required and elective subdivisions on a prorated basis by the expiration of the shortened period.~~

~~_____ (10) The Department may not lengthen certification periods more than the four year certification, unless the individual is a member of the National Guard or reserve component of the armed forces and is on active duty when certification expired. If this happens, the individual shall recertify in accordance with Utah Code 39-1-64.~~

R426-12-205. EMT-B Lapsed Certification.

~~_____ (1) An individual whose EMT-B certification has expired for less than one year may, within one year after expiration, complete all recertification requirements and pay a late recertification fee to become certified. The individual's new expiration date will be four years from the old expiration date.~~

~~_____ (2) An individual whose certification has expired for more than one year must take an EMT-B course and reapply for initial certification.~~

~~_____ (3) An individual whose certification has lapsed, is not authorized to provide care as an EMT until the individual completes the recertification process.~~

R426-12-206. EMT-B Testing Failures.

~~_____ (1) An individual who fails any part of the EMT-B certification or recertification written or practical examination may retake the EMT-B examination twice without further course work.~~

~~_____ (2) If the individual fails both re-examinations, he must take a complete EMT-B training course to be eligible for further examination.~~

~~_____ (3) The individual may retake the course as many times as he desires, but may only take the examinations three times for each completed course. If an individual retakes the course because of failure to pass the examinations, the individual must pass both the practical and written test administered after completion of the new course.~~

~~R426-12-300. Emergency Medical Technician-Intermediate (EMT-I) Requirements and Scope of Practice.~~

~~_____ (1) The Department may certify as an EMT-I, an EMT-B who meets the initial certification requirements in R426-12-301;~~

~~_____ (2) The Committee adopts as the standard for EMT-I training and competency in the state the following affective, cognitive, and psychomotor objectives for patient care and treatment from the 1998 United States Department of Transportation's "Emergency Medical Technician-Intermediate Training Program: National Standard Curriculum" (EMT-I Curriculum): 1-1, 1-3, 1-4, 2-1, 3-2, 3-3, 3-5, 4-2, 5-1, 5-2, 5-3, 5-4, 5-5, 6-3, which is incorporated by reference, with the exception of the following objectives: 1-1.18-24, 1-1.54, 1-3.14-15, 1-3.17, 1-4.18, 1-4.24-25, 1-4.38, 2-1.7-8, 2-1.21, 2-1.33, 2-1.82-83, 2-1.92, 2-1.94, 2-1.96, 4-2.14-16, 5-1.3-5, 5-2.6-11, 5-2.13-14, 5-2.16-18, 5-2.20, 5-2.22-33, 5-2.39, 5-2.41, 5-2.44-46, 5-3.5-16, 5-4.3-5, 5-4.8-11, 5-5.3, 5-5.8-9, and 5-5.13;~~

~~_____ (3) In addition to the skills that an EMT-B may perform, an EMT-I may perform the adopted skills described in section R426-12-300(2).~~

R426-12-301. EMT-I Initial Certification.

~~_____ (1) The Department may certify an EMT-I for a four year period.~~

~~_____ (2) An individual who wishes to become certified as an EMT-I must:~~

~~_____ (a) successfully complete a Department approved EMT-I course as described in R426-12-300(2);~~

~~_____ (b) be able to perform the functions listed in the objectives of the EMT-I Curriculum adopted in R426-12-300(2) as verified by personal attestation and successful accomplishment during the course of all cognitive, affective, and psychomotor skills and objectives;~~

~~_____ (c) achieve a favorable recommendation from the course coordinator and course medical director stating technical competence during field and clinical training and successful completion of all training requirements for EMT-I certification;~~

~~_____ (d) be currently certified as an EMT-B prior to the start of the Intermediate course;~~

~~_____ (e) submit the applicable fees and a completed application, including social security number and signature, to the Department;~~

~~_____ (f) submit to and pass a background investigation, including an FBI background investigation if the applicant has not resided in Utah for the past consecutive five years;~~

~~_____ (g) maintain and submit verification of completion of a Department approved course in CPR, adult and pediatric advanced life support and maintain current status as set by the entity sponsoring the course;~~

~~_____ (h) submit to the Department a statement from a physician, confirming the applicant's results of a TB examination conducted within one year prior to completing the EMT-I course; and~~

~~_____ (i) within 120 days after the official course end date the applicant must, successfully complete the Department written and practical EMT-I examinations, or reexaminations, if necessary.~~

~~_____ (3) The Department may extend the time limit in Subsection (2)(i) for an individual who demonstrates that the inability to meet the requirements within the 120 days was due to~~

circumstances beyond the applicant's control, such as for documented medical circumstances that prevent completion of testing, military deployment out of the state, extreme illness in the immediate family, or the like.

(4) If an individual's basic EMT certification lapses before he has completed all course requirements for an EMT-I, the individual must recertify as an EMT-B, including a practical test and CME documentation, before he can certify as an EMT-I. The individual may take the EMT-I written certification test to satisfy the written EMT-Basic recertification and EMT-I written certification requirements.

R426-12-302. EMT-I Reciprocity.

(1) The Department may certify as an EMT-I an individual certified outside of the State of Utah if the applicant can demonstrate the applicant's out-of-state training and experience requirements are equivalent to or greater to than what is required in Utah.

(2) An individual seeking reciprocity for certification in Utah based on out-of-state training and experience must:

(a) submit the applicable fees and a completed application, including social security number and signature, to the Department and complete all of the following within 120 days of submitting the application;

(b) submit to and pass a background investigation, including an FBI background investigation if the applicant has not resided in Utah for the past consecutive five years;

(c) maintain and submit verification of completion of a Department-approved course in CPR, adult and pediatric advanced life support and maintain current status as set by the entity sponsoring the course;

(d) submit a statement from a physician, confirming the applicant's results of a TB examination conducted within the prior year;

(e) successfully complete the Department written and practical examinations, or reexaminations, if necessary;

(f) submit a current certification from one of the states of the United States or its possessions, or current registration and the name of the training institution if registered with the National Registry of EMTs;

(g) provide documentation of completion of 25 hours of continuing medical education (CME) within the prior year.

R426-12-303. EMT-I Recertification Requirements.

(1) The Department may recertify an EMT-I for a four-year period or for a shorter period as modified by the Department to standardize recertification cycles.

(2) An individual seeking recertification must:

(a) submit the applicable fees and a completed application, including social security number and signature, to the Department;

(b) submit to and pass a background investigation, including an FBI background investigation if the applicant has not resided in Utah for the past consecutive five years;

(c) maintain and submit verification of completion of a Department-approved course in CPR, adult and pediatric advanced life support and maintain current status as set by the entity sponsoring the course. CPR, ACLS, and PEPP or PALS must be kept current during certification.

(d) submit a statement from the EMS provider organization or a physician, confirming the applicant's results of a TB examination

(e) successfully complete the Department applicable written and practical recertification examinations, or reexaminations if necessary, within one year prior to expiration;

(f) submit a letter from a certified off-line medical director recommending the individual for recertification and verifying the individual's demonstrated proficiency in the following EMT-I skills:

(i) initiating and terminating intravenous infusion;

(ii) completion of pediatric vascular access skills station;

(iii) insertion and removal of intraosseous needle;

(iv) insertion and removal of endotracheal tube;

(v) administration of medications via intramuscular, subcutaneous, and intravenous routes; and

(vi) EKG rhythm recognition; and

(g) provide documentation of completion of 100 hours of Department-approved CME meeting the requirements of subsections (3), (4), and (5).

(3) The EMT-I must take the following required CME hours by subject in accordance with the National EMS Education Standards. The hours must be completed throughout the prior four years:

(a) Preparatory - 5 hours;

(b) Anatomy and Physiology - 2 hours;

(c) Medical Terminology - 1 hour;

(d) Pathophysiology - 3 hours;

(e) Life Span Development - 1 hour;

(f) Public Health - 1 hour;

(g) Pharmacology - 2 hours;

(h) Airway Management, Respiration and Artificial Ventilation - 2 hours;

(i) Assessment - 10 hours;

(j) Medicine - 12 hours;

(k) Shock and Resuscitation - 2 hours;

(l) Trauma - 17 hours;

(m) Special Patient Populations - 3 hours;

(n) EMS Operations - 7 hours;

(o) Pediatric Advanced Life Support (PALS) or Pediatric Emergency Preparedness Program (PEPP) Course - 16 hours;

(p) Advanced Cardiac Life Support Course - 16 hours;

(q) CPR - 8 hours (two CPR renewal courses fulfill this requirement. CPR refresher courses can only be counted towards the CPR CME requirement.)

(4) An EMT-I may complete CME hours through different methodologies, but 35 of the CME hours must be practical hands-on training. All CME must be approved by the Department or CECBEMS. All CME must be related to the required skills and knowledge of an EMT. Instructors need not be EMS instructors, but must be knowledgeable in the field of instruction.

(5) The EMT-I must complete and document the psychomotor skills listed in the current National EMS Education Standards on at least two separate occasions.

(6) An EMT-I who is affiliated with an EMS organization should have the training officer from the EMS organization submit a letter verifying the EMT-I's completion of the recertification requirements. An EMT-I who is not affiliated with an agency must

submit verification of all recertification requirements directly to the Department.

(7) Each EMT-I is individually responsible to complete and submit the required recertification material to the Department. Each EMT-I should submit all recertification materials to the Department at one time, no later than 30 days and no earlier than one year prior to the EMT-I's current certification expiration date. If the Department receives incomplete or late recertification materials, the Department may not be able to process the recertification before the certification expires. The Department processes recertification material in the order received.

(8) An EMS provider or an entity that provides CME may compile and submit recertification materials on behalf of an EMT-I; however, the EMT-I remains responsible for a timely and complete submission.

(9) The Department may shorten recertification periods. An EMT-I whose recertification period is shortened must meet the CME requirements in each of the required and elective subdivisions on a prorated basis by the expiration of the shortened period.

(10) The Department may not lengthen recertification periods more than the four year certification, unless the individual is a member of the National Guard or reserve component of the armed forces and is on active duty when certification expires. If this happens, the individual shall recertify following Utah Code 39-1-64.

R426-12-304. EMT-I Lapsed Certification.

(1) An individual whose EMT-I certification has expired for less than one year, may, within one year after expiration, complete all recertification requirements and pay a late recertification fee to become certified. The individual's new expiration date will be four years from the individual's old expiration date.

(2) An individual whose certification has expired for more than one year must take the EMT-B and EMT-I courses and reapply for initial certification.

(3) An individual whose certification has lapsed, is not authorized to provide care as an EMT-I until the individual completes the recertification process.

R426-12-305. EMT-I Testing Failures.

(1) An individual who fails any part of the EMT-I certification or recertification written or practical examination may retake the EMT-I examination twice without further course work.

(2) If the individual fails both re-examinations, he must take a complete EMT-I training course to be eligible for further examination.

(3) The individual may retake the course as many times as he desires, but may only take the examinations three times for each completed course. If an individual retakes the course because of failure to pass the examinations, the individual must pass both the practical and written test administered after completion of the new course.

(4) If an EMT-I fails the recertification written test three times or the practical tests three times, he may request in writing, within 30 days of the date of the third failure notification letter, that he be allowed to apply for EMT-Basic recertification. The failed EMT-I cannot retake the EMT-I course until the failed EMT-I

recertifies as an EMT-B. If he applies for EMT-Basic recertification in this circumstance, he has three opportunities to test to that level. The failed EMT-I must complete all recertification requirements at the EMT-B level within one year of the lapse of the EMT-I certification. If the requirements for the EMT-B certification are not completed within one year of the lapse of the EMT-I certification, the applicant must retake a complete EMT-Basic course.

R426-12-400. Emergency Medical Technician-Intermediate-Advanced (EMT-IA) Requirements and Scope of Practice.

(1) The Department may certify as an EMT-IA, an EMT-B or an EMT-I who meets the initial certification requirements in R426-12-401;

(2) The Committee adopts as the standard for EMT-IA training and competency in the state the following affective, cognitive, and psychomotor objectives for patient care and treatment from the 1998 United States Department of Transportation's "Emergency Medical Technician-Intermediate Training Program: National Standard Curriculum" (EMT-I Curriculum) which is incorporated by reference, with the exception of the following objectives: 1-1.18-24, 1-1.54, 2-1.8, 2-1.31(f), 2-1.33, 2-1.75(e), (e), and (f), 6-3.1, 6-3.102-106.

(3) In addition to the skills that an EMT-B and an EMT-I may perform, an EMT-IA may perform the adopted skills described in section R426-12-400(2).

R426-12-401. EMT-IA Initial Certification.

(1) The Department may certify an EMT-IA for a four-year period.

(2) An individual who wishes to become certified as an EMT-IA must:

(a) successfully complete a Department-approved EMT-IA course as described in R426-12-400(2);

(b) be able to perform the functions listed in the objectives of the EMT-I Curriculum adopted in R426-12-400(2) as verified by personal attestation and successful accomplishment during the course of all cognitive, affective, and psychomotor skills and objectives;

(c) achieve a favorable recommendation from the course coordinator and course medical director stating technical competence during field and clinical training and successful completion of all training requirements for EMT-IA certification;

(d) be currently certified as an EMT-B or EMT-I prior to the start of the course;

(e) submit the applicable fees and a completed application, including social security number and signature, to the Department;

(f) submit to and pass a background investigation, including an FBI background investigation if the applicant has not resided in Utah for the past consecutive five years;

(g) maintain and submit verification of completion of a Department-approved course in CPR, adult and pediatric advanced cardiac life support and maintain current status as set by the entity sponsoring the course;

(h) submit a statement from a physician, confirming the applicant's results of a TB examination conducted within the prior year; and

(i) within 120 days after the official course end, the applicant must successfully complete the Department written and practical EMT-IA examinations, or reexaminations, if necessary;

(3) The Department may extend the time limit in Subsection (2)(i) for an individual who demonstrates that the inability to meet the requirements within the 120 days was due to circumstances beyond the applicant's control, such as for documented medical circumstances that prevent completion of testing, military deployment out of the state, extreme illness in the immediate family, or the like.

(4) If an individual's basic EMT or intermediate EMT certification lapses before he has completed all course requirements for an EMT-IA, the individual must recertify at his current certification level, including a practical test and CME documentation, before he can certify as an EMT-IA. The individual may take the EMT-IA written certification test to satisfy the written EMT-Basic or EMT-Intermediate recertification and EMT-IA written certification requirements.

R426-12-402. EMT-IA Reciprocity.

(1) The Department may certify as an EMT-IA an individual certified outside of the State of Utah if the applicant can demonstrate the applicant's out-of-state training and experience requirements are equivalent to or greater than what is required in Utah.

(2) An individual seeking reciprocity for certification in Utah based on out of state training and experience must:

(a) submit the applicable fees and a completed application, including social security number and signature, to the Department and complete all of the following within 120 days of submitting the application;

(b) submit to and pass a background investigation, including an FBI background investigation if the applicant has not resided in Utah for the past consecutive five years;

(c) maintain and submit verification of completion of a Department approved course in CPR, adult and pediatric advanced cardiac life support and maintain current status as set by the entity sponsoring the course;

(d) submit a statement from a physician, confirming the applicant's results of a TB examination conducted within the prior year;

(e) successfully complete the Department written and practical EMT-IA examinations, or reexaminations, if necessary;

(f) submit a current certification from one of the states of the United States or its possessions, or current registration and the name of the training institution if registered with the National Registry of EMTs; and

(g) provide documentation of completion of 25 hours of continuing medical education (CME) within the prior year.

R426-12-403. EMT-IA Recertification Requirements.

(1) The Department may recertify an EMT-IA for a four year period or for a shorter period as modified by the Department to standardize recertification cycles.

(2) An individual seeking recertification must:

(a) submit the applicable fees and a completed application, including social security number and signature, to the Department;

(b) submit to and pass a background investigation, including an FBI background investigation if the applicant has not resided in Utah for the past consecutive five years;

(c) maintain and submit verification of completion of a Department approved course in CPR, adult and pediatric advanced cardiac life support and maintain current status as set by the entity sponsoring the course; CPR, ACLS, and PALS/PEPP must be current during certification.

(d) submit a statement from the applicant's EMS provider organization or a physician, confirming the applicant's results of a TB examination;

(e) successfully complete the Department applicable written and practical EMT-IA recertification examinations, or reexaminations, if necessary within one year prior to expiration;

(f) submit a letter from a certified off-line medical director recommending the individual for recertification and verifying the individual's demonstrated proficiency in the following EMT-IA skills:

(i) initiating and terminating intravenous infusion;

(ii) completion of pediatric vascular access skills station;

(iii) insertion and removal of intraosseous needle;

(iv) insertion and removal of endotracheal tube;

(v) administration of medications via intramuscular, subcutaneous, and intravenous routes; and

(vi) EKG rhythm recognition; and

(g) provide documentation of completion of 108 hours of Department approved CME meeting the requirements of subsections (3), (4), and (5).

(3) The EMT-IA must take the following required CME hours by subject in accordance with the National EMS Education Standards. The hours must be completed throughout the prior four years.

(a) Preparatory - 5 hours;

(b) Anatomy and Physiology - 2 hours;

(c) Medical Terminology - 1 hours;

(d) Pathophysiology - 3 hours;

(e) Life Span Development - 1 hours;

(f) Public Health - 1 hour;

(g) Pharmacology - 2 hours;

(h) Airway Management, Respiration and Artificial Ventilation - 2 hours;

(i) Assessment - 10 hours;

(j) Medicine - 12 hours;

(k) Shock and Resuscitation - 2 hours;

(l) Trauma - 17 hours;

(m) Special Patient Populations - 3 hours;

(n) EMS Operations - 7 hours;

(o) Pediatric Advanced Life Support (PALS) or Pediatric Emergency Preparedness Program (PEPP) Course - 16 hours;

(p) Advanced Cardiac Life Support Course - 16 hours;

(q) CPR - 8 hours (two CPR renewal courses fulfill this requirement. CPR refresher courses can only be counted towards the CPR CME requirement.)

(4) An EMT-IA may complete CME hours through different methodologies, but 35 of the CME hours must be practical hands-on training. All CME must be approved by the Department or CECBEMS. All CME must be related to the required skills and knowledge of an EMT-IA. Instructors need not be EMS instructors, but must be knowledgeable in the field of instruction.

(5) The EMT-IA must complete and document the psychomotor skills listed in the current National EMS Education Standards on at least two separate occasions.

(6) An EMT-IA who is affiliated with an EMS organization should have the training officer from the EMS organization submit a letter verifying the EMT-IA's completion of the recertification requirements. An EMT-I who is not affiliated with an agency must submit verification of all recertification requirements directly to the Department.

(7) Each EMT-IA is individually responsible to complete and submit the required recertification material to the Department. Each EMT-IA should submit all recertification materials to the Department at one time, no later than 30 days and no earlier than one year prior to the EMT-IA's current certification expiration date. If the Department receives incomplete or late recertification materials, the Department may not be able to process the recertification before the certification expires. The Department processes recertification material in the order received.

(8) An EMS provider or an entity that provides CME may compile and submit recertification materials on behalf of an EMT-IA; however, the EMT-IA remains responsible for a timely and complete submission.

(9) The Department may shorten recertification periods. An EMT-IA whose recertification period is shortened must meet the CME requirements in each of the required and elective subdivisions on a prorated basis by the expiration of the shortened period.

(10) The Department may not lengthen recertification periods more than the four year certification, unless the individual is a member of the National Guard or reserve component of the armed forces and is on active duty when certification expires. If this happens, the individual shall recertify following Utah Code 39-1-64.

R426-12-404. EMT-IA Lapsed Certification.

(1) An individual whose EMT-IA certification has lapsed for less than one year, and who wishes to become recertified as an EMT-IA must complete all recertification requirements and pay a recertification late fee to become certified. The individual's new expiration date will be four years from the old expiration date.

(2) An individual whose EMT-IA certification has expired for more than one year, and who wishes to become recertified as a EMT-IA must:

(a) submit a completed application, including social security number and signature to the Department;

(b) submit to and pass a background investigation, including an FBI background investigation if the applicant has not resided in Utah for the past consecutive five years;

(c) submit to the Department evidence of having completed 100 hours of Department-approved continuing medical education within the prior four years following R426-12-403 EMT-IA Recertification Requirements;

(d) submit a statement from a physician, confirming the applicant's results of a TB examination;

(e) submit verification of current completion of a Department-approved course in CPR, adult and pediatric advanced life support and maintain current status as set by the entity sponsoring the course;

(f) submit a letter of recommendation including results of an oral examination, from a certified off-line medical director, verifying proficiency in EMT-IA skills;

(g) successfully complete the applicable Department written and practical examinations; and

(h) pay all applicable fees.

(3) The individual's new expiration date will be four years from the completion of all recertification materials.

(4) An Individual whose certification has lapsed is not authorized to provide care as an EMT-IA until the individual completes the recertification process.

R426-12-405. EMT-IA Testing Failures.

(1) An individual who fails any part of the EMT-IA written or practical certification or recertification examination may retake the EMT-IA examination twice without further course work.

(2) If the individual fails on both re-examinations, he must take a complete EMT-IA training course to be eligible for further examination at the EMT-IA level.

(3) The individual may retake the course as many times as he desires, but may only take the examinations three times for each completed course. If an individual retakes the course because of failure to pass the examinations, the individual must pass both the practical and written tests administered after completion of the new course.

(4) If an EMT-IA fails the recertification written test three times or the practical test three times, he may request in writing, within 30 days of the date of the third failure notification letter, that he be allowed to apply for EMT-I or EMT-B recertification. The failed EMT-IA cannot retake the EMT-IA course until the failed EMT-IA recertifies as an EMT-I or EMT-B. If he applies for EMT-Basic recertification in this circumstance, he has three opportunities to test to that level. The failed EMT-IA must complete all recertification requirements at the EMT-B or EMT-I level within one year of the lapse of the EMT-IA certification. If the requirements for the EMT-Basic or EMT-Intermediate recertification are not completed within one year of the lapse of the EMT-IA certification, the applicant must retake a complete EMT-Basic course.

R426-12-500. Paramedic Requirements and Scope of Practice.

(1) The Department may certify as a paramedic, an EMT-B, an EMT-I or an EMT-IA who meets the initial certification requirements in R426-12-501;

(2) The Committee adopts as the standard for paramedic training and competency in the state the following affective, cognitive and psychomotor objectives for patient care and treatment from the 1998 United States Department of Transportation's "EMT-Paramedic Training Program: National Standard Curriculum" (Paramedic Curriculum) which is incorporated by reference.

(3) In addition to the skills that an EMT-B, an EMT-I and an EMT-IA may perform, a Paramedic may perform the adopted skills described in section R426-12-500(2).

R426-12-501. Paramedic Initial Certification.

(1) The Department may certify a paramedic for a four year period.

~~(2) An individual who wishes to become certified must:~~

~~(a) successfully complete a Department-approved Paramedic course as described in R426-12-500(2);~~

~~(b) be able to perform the functions listed in the objectives of the Paramedic Curriculum adopted in R426-12-500(2) as verified by personal attestation and successful accomplishment during the course of all cognitive, affective, and psychomotor skills and objectives;~~

~~(c) achieve a favorable recommendation from the course coordinator and course medical director stating technical competence during field and clinical training and successful completion of all training requirements for paramedic certification;~~

~~(d) be currently certified as an EMT-B, EMT-I, or EMT-IA prior to the start of the course;~~

~~(e) submit the applicable fees and a completed application, including social security number and signature, to the Department;~~

~~(f) submit to and pass a background investigation, including an FBI background investigation if the applicant has not resided in Utah for the past consecutive five years;~~

~~(g) maintain and submit verification of completion of a Department-approved course in CPR, adult and pediatric advanced cardiac life support and maintain current status as set by the entity sponsoring the course;~~

~~(h) submit a statement from a physician, confirming the applicant's results of a TB examination conducted within the prior year; and~~

~~(i) within 120 days after the official end date, the applicant must, successfully complete the Department-approved written and practical paramedic examinations, or reexaminations, if necessary.~~

~~(3) The Department may extend the time limit in Subsection (2)(i) for an individual who demonstrates that the inability to meet the requirements within the 120 days was due to circumstances beyond the applicant's control, such as for documented medical circumstances that prevent completion of testing, military deployment out of the state, extreme illness in the immediate family, or the like.~~

~~(4) If an individual's EMT-B, EMT-I, or EMT-IA certification lapses before he has completed all course requirements for a paramedic, the individual must recertify at his current certification level, including a practical test and CME documentation, before he can be certified as a paramedic. The individual may take the paramedic written test to satisfy the written EMT-Basic, EMT-Intermediate, or EMT-Intermediate Advanced recertification and paramedic written certification requirements.~~

R426-12-502. Paramedic Reciprocity.

~~(1) The Department may certify as a Paramedic an individual certified outside of the State of Utah if the applicant can demonstrate the applicant's out-of-state training and experience requirements are equivalent to or greater than what is required in Utah.~~

~~(2) An individual seeking reciprocity for certification in Utah based on out-of-state training and experience must:~~

~~(a) submit the applicable fees and a completed application, including social security number and signature, to the Department and complete all of the following within 120 days of submitting the application;~~

~~(b) submit to and pass a background investigation, including an FBI background investigation if the applicant has not resided in Utah for the past consecutive five years;~~

~~(c) maintain and submit verification of completion of a Department-approved course in CPR, adult and pediatric advanced cardiac life support and maintain current status as set by the entity sponsoring the course and maintain current status as set by the entity sponsoring the course;~~

~~(d) submit a statement from a physician, confirming the applicant's results of a TB examination conducted within the prior year;~~

~~(e) successfully complete the Department written and practical Paramedic examinations, or reexaminations, if necessary;~~

~~(f) submit a current certification from one of the states of the United States or its possessions, or current registration and the name of the training institution if registered with the National Registry of EMTs; and~~

~~(g) provide documentation of completion of 25 hours of continuing medical education (CME) within the prior year.~~

~~(3) A candidate for paramedic reciprocity who fails the written or practical tests three times can request further consideration of reciprocity after five years if the candidate has worked for an out of state EMS provider and can verify steady employment as a paramedic for at least three of the five years.~~

R426-12-503. Paramedic Recertification Requirements.

~~(1) The Department may recertify a paramedic for a four year period or for a shorter period as modified by the Department to standardize recertification cycles.~~

~~(2) An individual seeking recertification must:~~

~~(a) submit the applicable fees and a completed application, including social security number and signature, to the Department;~~

~~(b) submit to and pass a background investigation, including an FBI background investigation if the applicant has not resided in Utah for the past consecutive five years;~~

~~(c) maintain and submit verification of completion of a Department-approved course in Adult and Pediatric Advanced Cardiac Life Support;~~

~~(d) submit a statement from the applicant's EMS provider organization or a physician, confirming the applicant's results of a TB examination;~~

~~(e) successfully complete the applicable Department paramedic recertification examinations, or reexaminations if necessary, within one year prior to expiration;~~

~~(f) submit a letter from a certified off-line medical director recommending the individual for recertification and verifying the individual's demonstrated proficiency in the following paramedic skills:~~

~~(i) initiating and terminating intravenous infusion;~~

~~(ii) completion of pediatric vascular access skills station;~~

~~(iii) insertion and removal of intraosseous needle;~~

~~(iv) insertion and removal of endotracheal tube;~~

~~(v) administration of medications via intramuscular, subcutaneous, and intravenous routes; and~~

~~(vi) EKG rhythm recognition; and~~

~~(g) provide documentation of completion of 128 hours of Department-approved CME meeting the requirements of subsections (3), (4), and (5).~~

(3) The Paramedic must take the following required CME hours by subject in accordance with the National EMS Education Standards. The hours must be completed throughout the prior four years.

- (a) Preparatory - 5 hours;
- (b) Anatomy and Physiology - 3 hours;
- (c) Medical Terminology - 2 hours;
- (d) Pathophysiology - 3 hours;
- (e) Life Span Development - 1 hour;
- (f) Public Health - 1 hour;
- (g) Pharmacology - 2 hours;
- (h) Airway Management, Respiration and Artificial Ventilation - 2 hours;
- (i) Assessment - 10 hours;
- (j) Medicine - 23 hours;
- (k) Shock and Resuscitation - 3 hours;
- (l) Trauma - 23 hours;
- (m) Special Patient Populations - 3 hours;
- (n) EMS Operations - 7 hours;
- (o) Pediatric Advanced Life Support (PALS) or Pediatric Emergency Preparedness Program (PEPP) Course - 16 hours;
- (p) Advanced Cardiac Life Support Course - 16 hours;
- (q) CPR - 8 hours (two CPR renewal courses fulfill this requirement. CPR refresher courses can only be counted towards the CPR CME requirement.)

(4) A Paramedic may complete CME hours through different methodologies, but 42 of the CME hours must be practical hands-on training. All CME must be approved by the Department or CECBEMS. All CME must be related to the required skills and knowledge of a paramedic. Instructors need not be EMS instructors, but must be knowledgeable in the field of instruction.

(5) The paramedic must complete and document the psychomotor skills listed in the current National EMS Education Standards on at least two separate occasions.

(6) A Paramedic who is affiliated with an EMS organization should have the training officer from the EMS organization submit a letter verifying the Paramedic's completion of the recertification requirements. A Paramedic who is not affiliated with an agency must submit verification of all recertification requirements directly to the Department.

(7) Each Paramedic is individually responsible to complete and submit the required recertification material to the Department. Each Paramedic should submit all recertification materials to the Department at one time, no later than 30 days and no earlier than one year prior to the Paramedic's current certification expiration date. If the Department receives incomplete or late recertification materials, the Department may not be able to process the recertification before the certification expires. The Department processes recertification material in the order received.

(8) An EMS provider or an entity that provides CME may compile and submit recertification materials on behalf of a Paramedic; however, the Paramedic remains responsible for a timely and complete submission.

(9) The Department may shorten recertification periods. A paramedic whose recertification period is shortened must meet the CME requirements in each of the required and elective subdivisions on a prorated basis by the expiration of the shortened period.

(10) The Department may not lengthen recertification periods more than the four year certification, unless the individual is a member of the National Guard or reserve component of the armed forces and is on active duty when certification expires. If this happens, the individual shall recertify following Utah Code 39-1-64.

R426-12-504. Paramedic Lapsed Certification.

(1) An individual whose paramedic certification has lapsed for less than one year, and who wishes to become recertified as a paramedic must complete all recertification requirements and pay a recertification late fee.

(2) An individual whose paramedic certification has expired for more than one year, and who wishes to become recertified as a paramedic must:

(a) submit a completed application, including social security number and signature to the Department;

(b) submit to and pass a background investigation, including an FBI background investigation if the applicant has not resided in Utah for the past consecutive five years;

(c) submit to the Department evidence of having completed 128 hours of Department-approved continuing medical education within the prior four years, following R426-12-503 Paramedic Recertification Requirements;

(d) submit a statement from a physician, confirming the applicant's results of a TB examination;

(e) submit verification of current completion of a Department-approved course in CPR, adult and pediatric advanced life support;

(f) submit a letter of recommendation including results of an oral examination, from a certified off-line medical director, verifying proficiency in paramedic skills;

(g) successfully complete the applicable Department written and practical examinations; and

(h) pay all applicable fees.

(3) The individual's new expiration date will be four years from the completion of all recertification materials.

(4) An individual whose certification has lapsed is not authorized to provide care as a paramedic until the individual completes the recertification process.

R426-12-505. Paramedic Testing Failures.

(1) An individual who fails any part of the paramedic certification or recertification written or practical examination may retake the Paramedic examination twice without further course work.

(2) If the individual fails both re-examinations, he must take a complete Paramedic course to be eligible for further examination at the paramedic level.

(3) The individual may retake the course as many times as he desires, but may only take the examinations three times for each completed course. If an individual retakes the course because of failure to pass the examinations, the individual must pass both the practical and written test administered after completion of the new course.

(4) If a paramedic fails the recertification written or practical tests three times, he may request in writing, within 30 days of the date of the third failure notification letter, that he be allowed

to apply for EMT-IA, EMT-I, or EMT-B certification. He has 120 days to complete recertification requirements at a lower level.

R426-12-600. Emergency Medical Dispatcher (EMD) Requirements and Scope of Practice.

(1) The Department may certify as an EMD an individual who meets the initial certification requirements in R426-12-601.

(2) The Committee adopts the 1995 United States Department of Transportation's "EMD Training Program: National Standard Curriculum" (EMD Curriculum) as the standard for EMD training and competency in the state, which is incorporated by reference.

(3) An EMD may perform the job functions as described in the EMD curriculum, as adopted in this section.

R426-12-601. EMD Initial Certification.

(1) The Department may certify an EMD for a four year period.

(2) An individual who wishes to become certified as an EMD must:

(a) successfully complete a Department-approved EMD course as described in R426-12-600(2);

(b) be able to perform the functions listed in the objectives of the EMD Curriculum adopted in R426-12-600(2) as verified by personal attestation and successful accomplishment during the course of all cognitive, affective and psychomotor skills and objectives listed in the EMD Curriculum;

(c) achieve a favorable recommendation from the course coordinator and course medical director stating technical competence and successful completion of all training requirements for EMD certification;

(d) be 18 years of age or older;

(e) submit the applicable fees and a completed application, including social security number and signature, to the Department;

(f) submit to and pass a background investigation, including an FBI background investigation if the applicant has not resided in Utah for the past consecutive five years; and;

(g) maintain and submit documentation of having completed a CPR course that is consistent with the most current version of the American Heart Association Guidelines for CPR and ECC; and

(h) within 120 days after the official course end date, the applicant must successfully complete the Department written and practical EMD examinations, or reexaminations, if necessary.

(3) The Department may extend the time limit in Subsection (2)(h) for an individual who demonstrates that the inability to meet the requirements within the 120 days was due to circumstances beyond the applicant's control, such as for documented medical circumstances that prevent completion of testing, military deployment out of the state, extreme illness in the immediate family, or the like.

R426-12-602. EMD Reciprocity.

(1) The Department may certify as an EMD an individual certified outside of the State of Utah if the applicant can demonstrate the applicant's out-of-state training and experience requirements are equivalent to or greater than what is required in Utah.

(2) An individual seeking reciprocity for certification in Utah based on out-of-state training and experience must:

(a) submit the applicable fees and a completed application, including social security number and signature, to the Department and complete all of the following within 120 days of submitting the application;

(b) submit to and pass a background investigation, including an FBI background investigation if the applicant has not resided in Utah for the past consecutive five years;

(c) maintain and submit documentation of having completed a CPR course within the prior two years that is consistent with the most current version of the American Heart Association Guidelines for CPR and ECC;

(d) successfully complete the Department written and practical EMD examination, or re-examinations, if necessary;

(e) submit a current certification from one of the states of the United States or its possessions; and

(f) provide documentation of completion of 12 hours of continuing medical education within the prior year.

(3) The Department may certify as an EMD an individual certified by the National Academy of Emergency Medical Dispatch (NAEMD). An individual seeking reciprocity for certification in Utah based on NAEMD certification must:

(a) submit the applicable fees and a completed application, including social security number and signature, to the Department and complete all of the following within one year of submitting the application;

(b) submit to and pass a background investigation, including an FBI background investigation if the applicant has not resided in Utah for the past consecutive five years;

(c) maintain and submit documentation of having completed within the prior two years:

(i) a CPR course that is consistent with the most current version of the American Heart Association Guidelines for CPR and ECC; and

(ii) a minimum of a two-hour course in critical incident stress management (CISM);

(d) submit documentation of current NAEMD certification.

R426-12-603. EMD Recertification.

(1) The Department may recertify an EMD for a four year period or for a shorter period as modified by the Department to standardize recertification cycles.

(2) An individual seeking recertification must:

(a) submit the applicable fees and a completed application, including social security number and signature, to the Department;

(b) submit to and pass a background investigation, including an FBI background investigation if the applicant has not resided in Utah for the past consecutive five years;

(c) maintain and submit documentation of having completed a CPR course within the prior two years that is consistent with the most current version of the American Heart Association Guidelines for CPR and ECC. CPR must be current during certification;

(d) successfully complete the applicable Department recertification examinations, or reexaminations if necessary, within one year prior to expiration of the certification to be renewed; and

~~(e) provide documentation of completion of 48 hours of Department-approved CME meeting the requirements of subsections (3), (4), and (5).~~

~~(3) The EMD must take the following CME hours by subject throughout each of the prior four years:~~

- ~~(a) Roles and Responsibilities – 5 hours;~~
- ~~(b) Obtaining Information from callers – 7 hours;~~
- ~~(c) Resource allocation – 4 hours;~~
- ~~(d) Providing emergency care instruction – 2 hours;~~
- ~~(e) Legal and Liability Issues – 5 hours;~~
- ~~(f) Critical Incident Stress Management – 5 hours;~~
- ~~(g) Basic Emergency Medical Concepts – 5 hours; and~~
- ~~(h) Chief complaint types – 7 hours.~~

~~(i) CPR – 8 hours. Two CPR courses fulfill this requirement. CPR refresher courses can only be counted towards CPR CME requirements.~~

~~(4) An EMD may complete CME hours through different methodologies, but 16 hours of the CME must be practical hands-on training. All CME must be approved by the Department or CECBEMS. All CME must be related to the required skills and knowledge of an EMD. Instructors need not be EMS instructors, but must be knowledgeable in the field of instruction.~~

~~(5) Notwithstanding the provisions of subsections (2), (3), and (4), an EMD who has been certified or recertified by the National Academy of Emergency Medical Dispatch (NAEMD) may be recertified by the Department upon the following conditions:~~

~~(a) the EMD must, as part of meeting the EMD's continuing medical education requirements, take a minimum of a two-hour course in critical incident stress management (CISM);~~

~~(b) an individual who takes a NAEMD course offered in Utah must successfully pass a class that follows the CISM section of the Department-established EMD curriculum; and~~

~~(c) the individual must:~~

~~(i) submit the applicable fees and a completed application, including social security number and signature, to the Department;~~

~~(ii) submit to and pass a background investigation, including an FBI background investigation if the applicant has not resided in Utah for the past consecutive five years;~~

~~(iii) maintain and submit documentation of having completed a CPR course within the prior two years that is consistent with the most current version of the American Heart Association Guidelines for CPR and ECC; and~~

~~(iv) submit documentation of current NAEMD certification.~~

~~(6) An EMD who is affiliated with an EMS organization should have the training officer from the EMS organization submit a letter verifying the EMD's completion of the recertification requirements. An EMD who is not affiliated with an EMS agency must submit verification of all recertification requirements directly to the Department.~~

~~(7) Each EMD is individually responsible to complete and submit the required recertification material to the Department. Each EMD should submit all recertification materials to the Department at one time and no later than 30 days and no earlier than one year prior to the EMD's current certification expiration date. If the Department receives incomplete or late recertification materials, the Department may not be able to process the~~

~~recertification before the certification expires. The Department processes recertification material in the order received.~~

~~(8) An EMS provider or an entity that provides CME may compile and submit recertification materials on behalf of an EMD; however, the EMD remains responsible for a timely and complete submission.~~

~~(9) The Department may shorten recertification periods. An EMD whose recertification period is shortened must meet the CME requirements in each of the required and elective subdivisions on a prorated basis by the expiration of the shortened period.~~

~~(10) The Department may not lengthen recertification periods more than the four year certification, unless the individual is a member of the National Guard or reserve component of the armed forces and is on active duty when certification expired. If this happens, the individual shall recertify in accordance with Utah Code 39-1-64.~~

R426-12-604. EMD Lapsed Certification.

~~(1) An individual whose EMD certification has expired for less than one year may, within one year after expiration, complete all recertification requirements and pay a late recertification fee to become recertified.~~

~~(2) An individual whose certification has expired for more than one year must take an EMD course and reapply for initial certification.~~

~~(3) The individual's new expiration date will be four years from the old expiration date.~~

~~(4) An individual whose certification has lapsed, is not authorized to provide dispatch services until he has completed the recertification process.~~

R426-12-605. EMD Testing Failures.

~~(1) An individual who fails any part of the EMD certification or recertification written or practical examination may retake the EMD examination twice without further course work.~~

~~(2) If the individual fails both re-examinations, he must take a complete EMD training course to be eligible for further examination at the EMD level.~~

~~(3) The individual may retake the course as many times as he desires, but may only take the examinations three times for each completed course. If an individual retakes the course because of failure to pass the examinations, the individual must pass both the practical and written tests administered after completion of the new course.~~

R426-12-700. Emergency Medical Responder (EMR) Requirements and Scope of Practice.

~~(1) The Department may certify as an EMR an individual who meets the initial certification requirements in R426-12-701.~~

~~(2) The Committee adopts as the standard for EMR training and competency in the state, the following affective, cognitive and psychomotor objectives for patient care and treatment from the current National Highway Traffic Safety Administration's National EMS Education Standards for EMR's, which is incorporated by reference.~~

~~(3) An EMR may perform the skills as described in the EMR Educational Standards, as adopted in this section.~~

R426-12-701. EMR Initial Certification.

~~(1) The Department may certify an EMR for a four year period.~~

~~(2) An individual who wishes to become certified as an EMR must:~~

~~(a) successfully complete a Department-approved EMR course as described in R426-12-700(2);~~

~~(b) be able to perform the functions listed in the objectives of the EMR Educational Standards adopted in R426-12-700(2) as verified by personal attestation and successful accomplishment during the course of all cognitive, affective, and psychomotor skills and objectives listed in the current National Highway Traffic Safety Administration's National EMS Education Standards for EMR's;~~

~~(c) achieve a favorable recommendation from the course coordinator and course medical director stating technical competence during field and clinical training and successful completion of all training requirements for EMR certification;~~

~~(d) be 16 years of age or older;~~

~~(e) submit the applicable fees and a completed application, including social security number and signature, to the Department;~~

~~(f) submit to and pass a background investigation, including an FBI background investigation if the applicant has not resided in Utah for the past consecutive five years;~~

~~(g) maintain and submit documentation of having completed a CPR provider course within the prior two years that is consistent with the most current version of the American Heart Association guidelines for CPR and Emergency Cardiac Care;~~

~~(h) submit to the Department a statement from a physician, confirming the applicant's results of a TB examination conducted within one year prior to completing the EMR course;~~

~~(i) within 120 days after the official course end date the applicant must successfully complete the Department written and practical EMR examinations, or reexaminations, if necessary.~~

~~(3) The Department may extend the time limit in Subsection (2)(i) for an individual who demonstrates that the inability to meet the requirements within the 120 days was due to circumstances beyond the applicant's control, such as for documented medical circumstances that prevent completion of testing, military deployment out of the state, extreme illness in the immediate family, or the like.~~

R426-12-702. EMR Reciprocity.

~~(1) The Department may certify an individual as an EMR an individual certified outside of the State of Utah if the applicant can demonstrate the applicant's out-of-state training and experience requirements are equivalent to or greater than what is required in Utah.~~

~~(2) An individual seeking reciprocity for certification in Utah based on out-of-state training and experience must:~~

~~(a) submit the applicable fees and a completed application, including social security number and signature, to the Department and complete all of the following within 120 days of submitting the application;~~

~~(b) submit to and pass a background investigation, including an FBI background investigation if the applicant has not resided in Utah for the past consecutive five years;~~

~~(c) maintain and submit documentation of having completed a CPR provider course within the prior two years that is consistent with the most current version of the American Heart Association Guidelines for CPR and Emergency Cardiac Care;~~

~~(d) submit a statement from a physician, confirming the applicant's results of a TB examination conducted within the prior year;~~

~~(e) successfully complete the Department written and practical EMR examinations, or reexaminations, if necessary;~~

~~(f) submit a current certification from one of the states of the United States or its possessions, or current registration and the name of the training institution if registered with the National Registry of EMTs; and~~

~~(g) provide documentation of completion of 15 hours of continuing medical education (CME) within the prior year.~~

R426-12-703. EMR Recertification Requirements.

~~(1) The Department may recertify an EMR for a four year period or for a shorter period as modified by the Department to standardize recertification cycles.~~

~~(2) An individual seeking recertification must:~~

~~(a) submit the applicable fees and a completed application, including social security number and signature, to the Department;~~

~~(b) submit to and pass a background investigation, including an FBI background investigation if the applicant has not resided in Utah for the past consecutive five years;~~

~~(c) maintain and submit documentation of having completed a CPR provider course within the prior two years that is consistent with the most current version of the American Heart Association Guidelines for CPR and ECC (Emergency Cardiac Care). CPR must be current during certification.~~

~~(d) submit a statement from the applicant's EMS provider organization or a physician, confirming the applicant's results of a TB examination; and~~

~~(e) successfully complete the Department applicable recertification examinations, or reexaminations if necessary, within one year prior to expiration;~~

~~(f) provide documentation of completion of 58 hours of Department-approved CME meeting the requirements of subsections (3), (4), (5), and (6).~~

~~(3) The EMR must take at least the following required CME hours by subject in accordance with the National EMS Education Standards. The hours must be throughout the prior four years:~~

~~(a) Preparatory - 3 hours;~~

~~(b) Anatomy and Physiology - 1 hour;~~

~~(c) Medical Terminology - 1 hour;~~

~~(d) Pathophysiology - 2 hours;~~

~~(e) Life Span Development - 1 hour;~~

~~(f) Public Health - 30 minutes;~~

~~(g) Pharmacology - 2 hours;~~

~~(h) Airway Management, Respiration and Artificial Ventilation - 2 hours 30 minutes;~~

~~(i) Assessment - 4 hours 30 minutes;~~

~~(j) Medicine - 8 hours;~~

~~(k) Shock and Resuscitation - 1 hour;~~

~~(l) Trauma - 13 hours;~~

- ~~_____ (m) Special Patient Populations - 4 hours;~~
- ~~_____ (n) EMS Operations - 6 hours 30 minutes.~~
- ~~_____ (4) An EMR may complete CME hours through different methodologies, but 17 of the CME hours must be practical hands-on training. All CME must be approved by the Department or the Continuing Education Coordinating Board for EMS (CECBEMS). All CME must be related to the required skills and knowledge of an EMR. Instructors need not be EMS instructors, but must be knowledgeable in the field of instruction.~~
- ~~_____ (5) The EMR must complete and document the psychomotor skills listed in the current National EMS Education Standards at least two times as part of the CME training.~~
- ~~_____ (6) An EMR who is affiliated with a Department-recognized organization should have a certified training officer from the organization submit a letter verifying the EMR's completion of the recertification requirements. An EMR who is not affiliated with a Department-recognized agency must submit verification of all recertification requirements directly to the Department.~~
- ~~_____ (7) Each EMR is individually responsible to complete and submit the required recertification material to the Department. Each EMR should submit all recertification materials to the Department at one time, no later than 30 days and no earlier than one year prior to the EMR's current certification expiration date. If the Department receives incomplete or late recertification materials, the Department may not be able to process the recertification before the certification expires. The Department processes recertification material in the order received.~~
- ~~_____ (8) A Department-recognized organization or an entity that provides CME may compile and submit recertification materials on behalf of an EMR; however, the EMR remains responsible for a timely and complete submission.~~
- ~~_____ (9) The Department may shorten recertification periods. An EMR whose recertification period is shortened must meet the CME requirements in each of the required subdivisions on a prorated basis by the expiration of the shortened period.~~
- ~~_____ (10) The Department may not lengthen certification periods more than the four year certification, unless the individual is a member of the National Guard or reserve component of the armed forces and is on active duty when certification expired. If this happens, the individual shall recertify in accordance with Utah Code 39-1-64.~~

R426-12-704. EMR Lapsed Certification.

- ~~_____ (1) An individual whose EMR certification has expired for less than one year may, within one year after expiration, complete all recertification requirements and pay a late recertification fee to become certified. The individual's new expiration date will be four years from the old expiration date.~~
- ~~_____ (2) An individual whose certification has expired for more than one year must take an EMR course and reapply for initial certification.~~
- ~~_____ (3) An individual whose certification has lapsed, is not authorized to provide care as an EMR until the individual has current certification.~~

R426-12-705. EMR Testing Failures.

- ~~_____ (1) An individual who fails any part of the EMR certification or recertification written or practical examination may retake the EMR examination twice without further course work.~~

- ~~_____ (2) If the individual fails both re-examinations, he must take a complete EMR training course to be eligible for further examination.~~
- ~~_____ (3) The individual may retake the course as many times as he desires, but may only take the examinations three times for each completed course. If an individual retakes the course because of failure to pass the examinations, the individual must pass both the practical and written test administered after completion of the new course.~~

R426-12-800. Emergency Medical Services Instructor Requirements.

- ~~_____ (1) The Department may certify as an EMS Instructor an individual who:~~
 - ~~_____ (a) meets the initial certification requirements in R426-12-801; and~~
 - ~~_____ (b) is currently certified in Utah as an EMR, EMT-B, EMT-I, EMT-IA, Paramedic, or Dispatcher.~~
- ~~_____ (2) The Committee adopts the 1995 United States Department of Transportation's "EMS Instructor Training Program: National Standard Curriculum" (EMS Instructor Curriculum) as the standard for EMS Instructor training and competency in the state, which is adopted and incorporated by reference.~~
- ~~_____ (3) An EMS instructor may only teach up to the certification level to which the instructor is certified. An EMS instructor who is only certified as an EMD may only teach EMD courses.~~
- ~~_____ (4) An EMS instructor must abide by the terms of the "EMS Instructor Contract," teach according to the contract, and comply with the teaching standards and procedures in the EMS Instructor Manual or EMD Instructor Manual as incorporated into the respective "EMS Instructor Contract" or "EMD Instructor Contract."~~
- ~~_____ (5) An EMS instructor must maintain the EMS certification for the level that the instructor is certified to teach. If an individual's EMS certification lapses, the instructor certification is invalid until EMS certification is renewed.~~
- ~~_____ (6) The Department may waive a particular instructor certification requirement if the applicant can demonstrate that the applicant's training and experience requirements are equivalent or greater to what are required in Utah.~~

R426-12-801. EMS Instructor Certification.

- ~~_____ (1) The Department may certify an individual who is an EMR, EMT-B, EMT-I, EMT-IA, Paramedic, or EMD as an EMS Instructor for a two year period.~~
- ~~_____ (2) An individual who wishes to become certified as an EMS Instructor must:~~
 - ~~_____ (a) submit an application and pay all applicable fees;~~
 - ~~_____ (b) submit three letters of recommendation regarding EMS skills and teaching abilities;~~
 - ~~_____ (c) submit documentation of 15 hours of teaching experience;~~
 - ~~_____ (d) successfully complete all required examinations;~~
 - ~~_____ (e) submit biennially a completed and signed "EMS Instructor Contract" to the Department agreeing to abide by the standards and procedures in the current EMS Instructor Manual or EMD Instructor Manual; and~~

~~(f) successfully complete the Department-sponsored initial EMS instructor training course.~~

~~(3) An individual who wishes to become certified as an EMS Instructor to teach EMR, EMT-B, EMT-I, EMT-IA, or paramedic courses must also:~~

~~(a) provide documentation of 30 hours of patient care within the prior year; and~~

~~(b) submit verification that the individual is recognized as a CPR instructor by the National Safety Council, the American Red Cross, or the American Heart Association; and~~

~~(4) An individual who wishes to become certified as an EMS Instructor to teach EMD courses must also successfully complete the Department-sponsored initial EMS instructor training course.~~

~~(5) The Department may waive portions of the initial EMS instructor training courses for previously completed Department-approved instructor programs.~~

R426-12-802. EMS Instructor Recertification.

~~An EMS instructor who wishes to recertify as an instructor must:~~

~~(1) maintain current EMS certification;~~

~~(2) attend the required Department-approved recertification training;~~

~~(3) submit verification of 30 hours of EMS teaching experience in the prior two years;~~

~~(4) submit verification that the instructor is currently recognized as a CPR instructor by the National Safety Council, the American Red Cross, or the American Heart Association, if teaching an EMR, EMT-B, EMT-I, EMT-IA, or Paramedic course;~~

~~(5) submit an application and pay all applicable fees;~~

~~(6) successfully complete any Department-required examination; and~~

~~(7) submit biennially a completed and signed "EMS Instructor Contract" to the Department agreeing to abide by the standards and procedures in the current EMS Instructor Manual.~~

R426-12-803. EMS Instructor Lapsed Certification.

~~(1) An EMS instructor whose instructor certification has expired for less than two years may again become certified by completing the recertification requirements in R426-12-702.~~

~~(2) An EMS instructor whose instructor certification has expired for more than two years must complete all initial instructor certification requirements and reapply as if there were no prior certification.~~

R426-12-900. Emergency Medical Services Training Officer Requirements.

~~(1) The Department may certify as an EMS Training Officer an individual who:~~

~~(a) meets the initial certification requirements in R426-12-901; and~~

~~(b) is currently certified in Utah and has been certified as an EMR, EMT-B, EMT-I, EMT-IA, Paramedic, or Dispatcher for 12 months.~~

~~(2) An EMS training officer must abide by the terms of the Training Officer Contract, and comply with the standards and procedures in the Training Officer Manual as incorporated into the respective Training Officer Contract.~~

R426-12-901. EMS Training Officer Certification.

~~(1) The Department may certify an individual who is certified as an EMR, EMT-B, EMT-I, EMT-IA, Paramedic, or EMD as a training officer for a two year period.~~

~~(2) An individual who wishes to become certified as an EMS Training officer must:~~

~~(a) be currently certified as an EMS instructor;~~

~~(b) successfully complete the Department's course for new training officers;~~

~~(c) successfully complete any Department examinations;~~

~~(d) submit an application and pay all applicable fees; and~~

~~(e) submit biennially a completed and signed "Training Officer Contract" to the Department agreeing to abide by the standards and procedures in the then current Training Officer Manual.~~

~~(3) A training officer must maintain EMS instructor certification to retain training officer certification.~~

R426-12-902. EMS Training Officer Recertification.

~~A training officer who wishes to recertify as a training officer must:~~

~~(1) attend a training officer seminar every two years;~~

~~(2) maintain current EMS instructor and EMR, EMT-B, EMT-I, EMT-IA, Paramedic, or EMD certification;~~

~~(3) submit an application and pay all applicable fees;~~

~~(4) successfully complete any Department examination requirements; and~~

~~(5) submit biennially a completed and signed new "Training Officer Contract" to the Department agreeing to abide by the standards and procedures in the current training officer manual.~~

R426-12-903. EMS Training Officer Lapsed Certification.

~~(1) An individual whose training officer certification has expired for less than one year may again become certified by completing the recertification requirements in R426-12-902. The individuals new expiration date will be two years from the old expiration date.~~

~~(2) An individual whose training officer certification has expired for more than one year must complete all initial training officer certification requirements and reapply as if there were no prior certification.~~

R426-12-1000. Course Coordinator Certification.

~~(1) The Department may certify as a course coordinator an individual who:~~

~~(a) meets the initial certification requirements in R426-12-1001; and~~

~~(b) is certified in Utah as an EMS Instructor and as an EMR, EMT-B, EMT-I, EMT-IA, Paramedic or Dispatcher.~~

~~(2) A Course Coordinator may only coordinate courses up to the certification level to which the course coordinator is certified. A course coordinator who is only certified as an EMD, may only coordinate EMD courses.~~

~~(3) A course coordinator must abide by the terms of the "Course Coordinator Contract" and comply with the standards and procedures in the Course Coordinator Manual as incorporated into the "Course Coordinator Contract."~~

~~(4) A Course Coordinator must maintain an EMS Instructor certification and the EMS certification for the level that~~

the course coordinator is certified to coordinate. If an individual's EMS certification lapses, the Course Coordinator certification is invalid until EMS certification is renewed.

R426-12-1001. Course Coordinator Certification.

The Department may certify an individual who is an EMR, EMT-B, EMT-I, EMT-IA, Paramedic, or EMD as a course coordinator for a two year period. An individual who wishes to certify as a course coordinator must:

- (1) be certified as an EMS instructor for one year;
- (2) be an instructor of record for at least one Department-approved course;
- (3) have taught a minimum of 15 hours in a Department-approved course;
- (4) have co-coordinated one Department-approved course with a certified course coordinator;
- (5) submit a written evaluation and recommendation from the course coordinator in the co-coordinated course;
- (6) complete certification requirements prior to application to the Department's course for new course coordinators;
- (7) submit an application and pay all applicable fees;
- (8) complete the Department's course for new course coordinators;
- (9) successfully complete all examination requirements;
- (10) sign and submit annually the "Course Coordinator Contract" to the Department agreeing to abide to the standards and procedures in the then current Course Coordinator Manual; and
- (11) maintain EMS instructor certification.

R426-12-1002. Course Coordinator Recertification.

A course coordinator who wishes to recertify as a course coordinator must:

- (1) maintain current EMS instructor and EMR, EMT-B, EMT-I, EMT-IA, Paramedic, or EMD certification;
- (2) coordinate or co-coordinate at least one Department-approved course every two years;
- (3) attend a course coordinator seminar every two years;
- (4) submit an application and pay all applicable fees;
- (5) successfully complete all examination requirements; and
- (6) sign and submit biennially a Course Coordinator Contract to the Department agreeing to abide by the policies and procedures in the then current Course Coordinator Manual.

R426-12-1003. Emergency Medical Services Course Coordinator Lapsed Certification.

(1) An individual whose course coordinator certification has expired for less than one year may again become certified by completing the recertification requirements in R426-12-1002. The individual's new expiration date will be two years from the old expiration date.

(2) An individual whose course coordinator certification has expired for more than one year must complete all initial course coordinator certification requirements and reapply as if there were no prior certification.

R426-12-1100. Paramedic Training Institutions Standards Compliance.

(1) A person must be authorized by the Department to provide training leading to the certification of a paramedic.

(2) To become authorized and maintain authorization to provide paramedic training, a person must:

- (a) enter into the Department's standard paramedic training contract; and
- (b) adhere to the terms of the contract, including the requirement to provide training in compliance with the Course Coordinator Manual and the Utah Paramedic Training Program Accreditation Standards Manual.

R426-12-1200. Course Approvals.

A course coordinator offering EMS training to individuals who wish to become certified as an EMR, EMT-B, EMT-I, EMT-IA, Paramedic, or EMD, must obtain Department approval prior to initiating an EMS training course. The Department shall approve a course if:

- (1) the applicant submits the course application and fees no earlier than 90 days and no later than 30 days prior to commencing the course;
- (2) the applicant has sufficient equipment available for the training or if the equipment is available for rental from the Department;
- (3) the Department finds that the course meets all the Department rules and contracts governing training;
- (4) the course coordinators and instructors hold current respective course coordinator and EMS instructor certifications; and
- (5) the Department has the capacity to offer the applicable examinations in a timely manner after the conclusion of the course.

R426-12-1300. Off-line Medical Director Requirements.

(1) The Department may certify an off-line medical director for a four year period.

(2) An off-line medical director must be:

- (a) a physician actively engaged in the provision of emergency medical care;
- (b) familiar with the Utah EMS Systems Act, Title 26, Chapter 8a, and applicable state rules; and
- (c) familiar with medical equipment and medications required under "R426 Equipment, Drugs and Supplies List."

R426-12-1301. Off-line Medical Director Certification.

(1) An individual who wishes to certify as an off-line medical director must:

- (a) have completed an American College of Emergency Physicians or National Association of Emergency Medical Services Physicians medical director training course or the Department's medical director training course within twelve months of becoming a medical director;
- (b) submit an application and;
- (c) pay all applicable fees.

~~_____ (2) An individual who wishes to recertify as an off-line medical director must:~~

- ~~_____ (a) retake the medical director training course every four years;~~
- ~~_____ (b) submit an application; and~~
- ~~_____ (c) pay all applicable fees.~~

~~R426-12-1400. Refusal, Suspension or Revocation of Certification.~~

~~_____ (1) The Department shall exclude from EMS certification an individual who may pose an unacceptable risk to public health and safety, as indicated by his criminal history. The Department shall conduct a background check on each individual who seeks to certify or recertify as an EMS personnel, including an FBI background investigation if not a Utah resident for the past consecutive five years;~~

~~_____ (a) An individual convicted of certain crimes presents an unreasonable risk and the Department shall deny all applications for certification or recertification from individuals convicted of any of the following crimes:~~

- ~~_____ (i) sexual misconduct if the victim's failure to affirmatively consent is an element of the crime, such as forcible rape;~~
- ~~_____ (ii) sexual or physical abuse of children, the elderly or infirm, such as sexual misconduct with a child, making or distributing child pornography or using a child in a sexual display, incest involving a child, assault on an elderly or infirm person;~~
- ~~_____ (iii) abuse, neglect, theft from, or financial exploitation of a person entrusted to the care or protection of the applicant, if the victim is an out-of-hospital patient or a patient or resident of a health care facility; and~~
- ~~_____ (iv) crimes of violence against persons, such as aggravated assault, murder or attempted murder, manslaughter except involuntary manslaughter, kidnapping, robbery of any degree; or arson; or attempts to commit such crimes;~~

~~_____ (b) Except in extraordinary circumstances, established by clear and convincing evidence that certification or recertification will not jeopardize public health and safety, the Department shall deny applicants for certification or recertification in the following categories:~~

- ~~_____ (i) persons who are convicted of any crime not listed in (a) and who are currently incarcerated, on work release, on probation or on parole;~~
- ~~_____ (ii) conviction of crimes in the following categories, unless at least three years have passed since the conviction or at least three years have passed since release from custodial confinement, whichever occurs later:~~

- ~~_____ (A) crimes of violence against persons, such as assault;~~
- ~~_____ (B) crimes defined as domestic violence under Section 77-36-1;~~
- ~~_____ (C) crimes involving controlled substances or synthetics, or counterfeit drugs, including unlawful possession or distribution, or intent to distribute unlawfully, Schedule I through V drugs as defined by the Uniform Controlled Dangerous Substances Act; and~~
- ~~_____ (D) crimes against property, such as grand larceny, burglary, embezzlement or insurance fraud.~~

~~_____ (e) The Department may deny certification or recertification to individuals convicted of crimes, including DUIs,~~

~~but not including minor traffic violations chargeable as infractions after consideration of the following factors:~~

- ~~_____ (i) the seriousness of the crime;~~
- ~~_____ (ii) whether the crime relates directly to the skills of pre-hospital care service and the delivery of patient care;~~
- ~~_____ (iii) the amount of time that has elapsed since the crime was committed;~~
- ~~_____ (iv) whether the crime involved violence to or abuse of another person;~~
- ~~_____ (v) whether the crime involved a minor or a person of diminished capacity as a victim;~~
- ~~_____ (vi) whether the applicant's actions and conduct since the crime occurred are consistent with the holding of a position of public trust;~~
- ~~_____ (vii) the total number of arrests and convictions; and~~
- ~~_____ (viii) whether the applicant was truthful regarding the crime on his or her application.~~

~~_____ (2) Certified EMS personnel must notify the Department of any arrest, charge, or conviction within seven days of the arrest, charge or conviction. If the person works for a licensed or designated EMS agency, the agency is also responsible to inform the Bureau of the arrest, charge or conviction.~~

~~_____ (3) An official EMS agency representative verified by the Supervisor of the agency, may receive information pertaining to Department actions about an employee or a potential employee of the agency if a Criminal History Non-Disclosure Agreement is signed by the EMS agency representative.~~

~~_____ (4) The Department may require EMS personnel to submit to a background examination or a drug test upon Department request.~~

~~_____ (5) The Department may refuse to issue a certification or recertification, or suspend or revoke a certification, or place a certification on probation, for any of the following causes:~~

- ~~_____ (a) any of the reasons for exclusion listed in Subsection (1);~~
- ~~_____ (b) a violation of Subsection (2);~~
- ~~_____ (c) a refusal to submit to a background examination pursuant to Subsection (3);~~
- ~~_____ (d) habitual or excessive use or addiction to narcotics or dangerous drugs;~~
- ~~_____ (e) refusal to submit to a drug test administered by the individual's EMS provider organization or the Department;~~
- ~~_____ (f) habitual abuse of alcoholic beverages or being under the influence of alcoholic beverages while on call or on duty as an EMS personnel or while driving any Department-permitted vehicle;~~
- ~~_____ (g) failure to comply with the training, certification, or recertification requirements for the certification;~~
- ~~_____ (h) failure to comply with a contractual agreement as an EMS instructor, a training officer, or a course coordinator;~~
- ~~_____ (i) fraud or deceit in applying for or obtaining a certification;~~
- ~~_____ (j) fraud, deceit, incompetence, patient abuse, theft, or dishonesty in the performance of duties and practice as a certified individual;~~
- ~~_____ (k) unauthorized use or removal of narcotics, drugs, supplies or equipment from any emergency vehicle or health care facility;~~

~~(l) performing procedures or skills beyond the level of certification or agency licensure;~~
~~(m) violation of laws pertaining to medical practice, drugs, or controlled substances;~~
~~(n) conviction of a felony, misdemeanor, or a crime involving moral turpitude, excluding minor traffic violations chargeable as infractions;~~
~~(o) mental incompetence as determined by a court of competent jurisdiction;~~
~~(p) demonstrated inability and failure to perform adequate patient care;~~
~~(q) inability to provide emergency medical services with reasonable skill and safety because of illness, drunkenness, use of drugs, narcotics, chemicals, or any other type of material, or as a result of any other mental or physical condition, when the individual's condition demonstrates a clear and unjustifiable threat or potential threat to oneself, coworkers, or the public health, safety, or welfare that cannot be reasonably mitigated; and~~
~~(r) misrepresentation of an individual's level of certification;~~
~~(s) failure to display a state-approved emblem with level of certification during an EMS response, and~~
~~(t) other or good cause, including conduct which is unethical, immoral, or dishonorable to the extent that the conduct reflects negatively on the EMS profession or might cause the public to lose confidence in the EMS system.~~
~~(6)(a) The Department may suspend an individual for a felony or misdemeanor arrest or charge pending the resolution of the charge if the nature of the charge is one that, if true, the Department could revoke the certification under subsection (1); and~~
~~(b) The Department may order EMS personnel not to practice when an active criminal or administrative investigation is being conducted.~~

R426-12-1500. Penalties.

~~As required by Subsection 63G-3-201(5): Any person that violates any provision of this rule may be assessed a civil money penalty as provided in Section 26-23-6.~~

KEY: emergency medical services**Date of Enactment or Last Substantive Amendment: March 15, 2010****Notice of Continuation: July 29, 2009****Authorizing, and Implemented or Interpreted Law: 26-8a-302]**

Health, Family Health and
Preparedness, Emergency Medical
Services
R426-13
Emergency Medical Services Provider
Designations

NOTICE OF PROPOSED RULE

(Repeal)

DAR FILE NO.: 36984

FILED: 10/23/2012

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of this filing is to fulfill the Governor's mandate for rule review and simplification.

SUMMARY OF THE RULE OR CHANGE: The rule change eliminates redundancy, provides sequential numbering, and reflects best practice updates for all aspects of the Emergency Medical Services Act (Title 26, Chapter 8a).

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Title 26, Chapter 8a

ANTICIPATED COST OR SAVINGS TO:

◆ **THE STATE BUDGET:** No anticipated fiscal impact to the state budget because there are no changes in the rule requirements that are imposed by these amendments.

◆ **LOCAL GOVERNMENTS:** No anticipated fiscal impact to local governments because there are no changes in the rule requirements that are imposed by these amendments.

◆ **SMALL BUSINESSES:** No anticipated fiscal impact to small businesses because there are no changes in the rule requirements that are imposed by these amendments.

◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** No anticipated fiscal impact to businesses because there are no changes in the rule requirements that are imposed by these amendments.

COMPLIANCE COSTS FOR AFFECTED PERSONS: No anticipated fiscal impact for affected persons because there are no changes in the rule requirements that are imposed by these amendments.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: In response to the Governor's Executive Order to examine all administrative rules and reduce regulatory impact that may be inhibiting economic growth, the rules governing Emergency Medical Services providers are being repealed, simplified and reenacted. Fiscal impact is expected to be positive for business as the requirements are streamlined and updated.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

HEALTH
FAMILY HEALTH AND PREPAREDNESS,
EMERGENCY MEDICAL SERVICES
3760 S HIGHLAND DR
SALT LAKE CITY, UT 84106
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Guy Dansie by phone at 801-273-6671, by FAX at 801-273-4165, or by Internet E-mail at gdansie@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 12/17/2012

THIS RULE MAY BECOME EFFECTIVE ON: 12/24/2012

AUTHORIZED BY: David Patton, PhD, Executive Director

R426. Health, Family Health and Preparedness, Emergency Medical Services.

[R426-13. Emergency Medical Services Provider Designations. R426-13-100. Authority and Purpose.

~~This rule is established under Title 26, Chapter 8a. It establishes standards for the designation of emergency medical service providers.~~

R426-13-200. Designation Types.

~~(1)(a) An entity that provides pre-hospital emergency medical care, but that does not provide ambulance transport or paramedic service, may obtain a designation from the Department as a quick response unit.~~

~~(b) An entity that accepts calls for 911 EMS assistance from the public, and dispatches emergency medical vehicles and field EMS personnel must first obtain a designation from the Department as an emergency medical dispatch center.~~

~~(2) A hospital that provides on-line medical control for prehospital emergency care must first obtain a designation from the Department as a resource hospital.~~

R426-13-300. Service Levels.

~~A quick response unit may only operate and perform the skills at the service level at which it is designated. The Department may issue designations for the following types of service at the given levels:~~

- ~~(a) quick response unit;~~
- ~~(i) Basic; and~~
- ~~(ii) Intermediate.~~
- ~~(b) emergency medical dispatch center; and~~
- ~~(c) resource hospital.~~

R426-13-400. Quick Response Unit Minimum Designation Requirements.

~~A quick response unit must meet the following minimum requirements:~~

- ~~(1) Have sufficient vehicles, equipment, and supplies that meet the requirements of this rule and as may be necessary to carry out its responsibilities under its designation;~~
- ~~(2) Have locations for stationing its vehicles;~~
- ~~(3) Have a current dispatch agreement with a public safety answering point that answers and responds to 911 or E911 calls, or with a local single access public safety answering point that answers and responds to requests for emergency assistance;~~
- ~~(4) Have a Department-certified training officer;~~

~~(5) Have a current plan of operations, which shall include:~~

- ~~(a) the number, training, and certification of personnel;~~
- ~~(b) operational procedures; and~~
- ~~(c) a description of how the designee proposes to interface with other EMS agencies;~~
- ~~(6) Have sufficient trained and certified staff that meet the requirements of R426-15 Licensed and Designated provider Operations;~~
- ~~(7) Have a current agreement with a Department-certified off-line medical director;~~
- ~~(8) Have current treatment protocols approved by the agencies off-line medical director for the designated service level;~~
- ~~(9) Provide the Department with a copy of its certificate of insurance; and~~
- ~~(10) Not be disqualified for any of the following reasons:~~
 - ~~(a) violation of Subsection 26-8a-504; or~~
 - ~~(b) a history of disciplinary action relating to an EMS license, permit, designation or certification in this or any other state.~~

R426-13-500. Emergency Medical Dispatch Center Minimum Designation Requirements.

~~An emergency medical dispatch center must:~~

- ~~(1) Have in effect a selective medical dispatch system approved by the off-line medical directors and the Department, which includes:~~
 - ~~(a) systemized caller interrogation questions;~~
 - ~~(b) systemized pre-arrival instructions; and~~
 - ~~(c) protocols matching the dispatcher's evaluation of injury or illness severity with vehicle response mode and configuration;~~
- ~~(2) Have a current updated plan of operations, which shall include:~~
 - ~~(a) the number, training, and certification of Emergency Medical Dispatch personnel;~~
 - ~~(b) operational procedures; and~~
 - ~~(c) a description of how the designee proposes to communicate with EMS agencies;~~
- ~~(3) Have a certified off-line medical director;~~
- ~~(4) have an ongoing medical call review quality assurance program; and~~
- ~~(5) provide pre-hospital arrival instructions by a certified Emergency Medical Dispatcher at all times.~~

R426-13-600. Quick Response Unit and Emergency Medical Dispatch Center Application.

~~An entity desiring a designation or a renewal of its designation as a quick response unit or an emergency medical dispatch center shall submit the applicable fees and an application on Department-approved forms to the Department. As part of the application, the applicant shall submit documentation that it meets the minimum requirements for the designation listed in this rule and the following:~~

- ~~(1) Identifying information about the entity and its principals;~~
- ~~(2) The name of the person or governmental entity financially and otherwise responsible for the service provided by the designee and documentation from that entity accepting the responsibility;~~

~~_____ (3) Identifying information about the entity that will provide the service and its principals;~~

~~_____ (4) If the applicant is not a governmental entity, a statement of type of entity and certified copies of the documents creating the entity;~~

~~_____ (5) A description of the geographical area that it will serve;~~

~~_____ (6) Documentation of the on-going medical call review and quality assurance program;~~

~~_____ (7) Documentation of any modifications to the medical dispatch protocols; and~~

~~_____ (8) Other information that the Department determines necessary for the processing of the application and the oversight of the designated entity.~~

~~R426-13-700. Resource Hospital Minimum Requirements.~~

~~_____ A resource hospital must meet the following minimum requirements:~~

~~_____ (1) Be licensed in Utah or another state as a general acute hospital or be a Veteran's Administration hospital operating in Utah;~~

~~_____ (2) Have protocols for providing on-line medical direction to pre-hospital emergency medical care providers;~~

~~_____ (3) Have the ability to communicate with other EMS providers operating in the area; and~~

~~_____ (4) Be willing and able to provide on-line medical direction to quick response units, ambulance services and paramedic services operating within the state;~~

~~R426-13-800. Resource Hospital Application.~~

~~_____ A hospital desiring to be designated as a resource hospital shall submit the applicable fees and an application on Department-approved forms to the Department. As part of the application, the applicant shall provide:~~

~~_____ (1) The name of the hospital to be designated;~~

~~_____ (2) The hospital's address;~~

~~_____ (3) The name and phone number of the individual who supervises the hospital's responsibilities as a designated resource hospital; and~~

~~_____ (4) Other information that the Department determines necessary for the processing of the application and the oversight of the designated entity.~~

~~R426-13-900. Criteria for Denial of Designation.~~

~~_____ (1) The Department may deny an application for a designation for any of the following reasons:~~

~~_____ (a) failure to meet requirements as specified in the rules governing the service;~~

~~_____ (b) failure to meet vehicle, equipment, or staffing requirements;~~

~~_____ (c) failure to meet requirements for renewal or upgrade;~~

~~_____ (d) conduct during the performance of duties relating to its responsibilities as an EMS provider that is contrary to accepted standards of conduct for EMS personnel described in Sections 26-8a-502 and 26-8a-504;~~

~~_____ (e) failure to meet agreements covering training standards or testing standards;~~

~~_____ (f) a history of disciplinary action relating to a license, permit, designation, or certification in this or any other state;~~

~~_____ (g) a history of criminal activity by the licensee or its principals while licensed or designated as an EMS provider or while operating as an EMS service with permitted vehicles;~~

~~_____ (h) falsifying or misrepresenting any information required for licensure or designation or by the application for either;~~

~~_____ (i) failure to pay the required designation or permitting fees or failure to pay outstanding balances owed to the Department;~~

~~_____ (j) failure to submit records and other data to the Department as required by statute or rule;~~

~~_____ (k) misuse of grant funds received under Section 26-8a-207; and~~

~~_____ (1) violation of OSHA or other federal standards that it is required to meet in the provision of the EMS service.~~

~~_____ (2) An applicant who has been denied a designation may request a Department review by filing a written request for reconsideration within thirty calendar days of the issuance of the Department's denial.~~

~~R426-13-1000. Application Review and Award.~~

~~_____ (1) If the Department finds that an application for designation is complete and that the applicant meets all requirements, it may approve the designation.~~

~~_____ (2) Issuance of a designation by the Department is contingent upon the applicant's demonstration of compliance with all applicable rules and a successful Department quality assurance review.~~

~~_____ (3) A designation may be issued for up to a four-year period. The Department may alter the length of the designation to standardize renewal cycles.~~

~~R426-13-1100. Change in Service Level.~~

~~_____ (1) A quick response unit EMT-Basic may apply to provide a higher level of service at the EMT-Intermediate service level by:~~

~~_____ (a) submitting the applicable fees; and~~

~~_____ (b) submitting an application on Department-approved forms to the Department.~~

~~_____ (2) As part of the application, the applicant shall provide:~~

~~_____ (a) a copy of the new treatment protocols for the higher level of service approved by the off-line medical director;~~

~~_____ (b) an updated plan of operations demonstrating the applicant's ability to provide the higher level of service; and~~

~~_____ (c) a written assessment of the performance of the applicant's field performance by the applicant's off-line medical director.~~

~~_____ (3) If the Department finds that the applicant has demonstrated the ability to provide the upgraded service, it shall issue a new designation reflecting the higher level of service.~~

~~R426-13-1300. Penalties.~~

~~_____ As required by Subsection 63G-3-201(5): Any person that violates any provision of this rule may be assessed a civil-money penalty not to exceed the sum of \$10,000 for each occurrence as provided in Section 26-23-6.~~

~~KEY: emergency medical services~~

~~Date of Enactment or Last Substantive Amendment: December 15, 2009~~

~~Notice of Continuation: July 28, 2009
 Authorizing, and Implemented or Interpreted Law: 26-8a]~~

**Health, Family Health and
 Preparedness, Emergency Medical
 Services
 R426-14
 Ambulance Service and Paramedic
 Service Licensure**

NOTICE OF PROPOSED RULE

(Repeal)
 DAR FILE NO.: 36985
 FILED: 10/23/2012

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of this filing is to fulfill the Governor's mandate for rule review and simplification.

SUMMARY OF THE RULE OR CHANGE: The rule change eliminates redundancy, provides sequential numbering, and reflects best practice updates for all aspects of the Emergency Medical Services Act (Title 26, Chapter 8a).

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Title 26, Chapter 8a

ANTICIPATED COST OR SAVINGS TO:
 ♦ **THE STATE BUDGET:** No anticipated fiscal impact to the state budget because there are no changes in the rule requirements that are imposed by these amendments.
 ♦ **LOCAL GOVERNMENTS:** No anticipated fiscal impact to local governments because there are no changes in the rule requirements that are imposed by these amendments.
 ♦ **SMALL BUSINESSES:** No anticipated fiscal impact to small businesses because there are no changes in the rule requirements that are imposed by these amendments.
 ♦ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** No anticipated fiscal impact to businesses because there are no changes in the rule requirements that are imposed by these amendments.

COMPLIANCE COSTS FOR AFFECTED PERSONS: No anticipated fiscal impact for affected persons because there are no changes in the rule requirements that are imposed by these amendments.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: In response to the Governor's Executive Order to examine all administrative rules and reduce regulatory impact that may be inhibiting economic growth, the rules governing Emergency

Medical Services providers are being repealed, simplified and reenacted. Fiscal impact is expected to be positive for business as the requirements are streamlined and updated.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:
 HEALTH
 FAMILY HEALTH AND PREPAREDNESS,
 EMERGENCY MEDICAL SERVICES
 3760 S HIGHLAND DR
 SALT LAKE CITY, UT 84106
 or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:
 ♦ Guy Dansie by phone at 801-273-6671, by FAX at 801-273-4165, or by Internet E-mail at gdansie@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 12/17/2012

THIS RULE MAY BECOME EFFECTIVE ON: 12/24/2012

AUTHORIZED BY: David Patton, PhD, Executive Director

R426. Health, Family Health and Preparedness, Emergency Medical Services.

~~**R426-14. Ambulance Service and Paramedic Service Licensure.**~~

~~**R426-14-100. Authority and Purpose.**~~

~~———— This rule is established under Title 26, Chapter 8a. It establishes standards for the licensure of ambulance and paramedic services.~~

~~**R426-14-101. Requirement for Licensure.**~~

~~———— A person or entity that provides or represents that it provides ambulance or paramedic services must first be licensed by the Department.~~

~~**R426-14-200. Licensure Types.**~~

~~———— The Department issues licenses for a type of service at a certain service level.~~

~~———— (1) The Department may issue ambulance licenses for the following types of service at the given levels:~~

- ~~———— (a) Basic;~~
- ~~———— (b) Intermediate;~~
- ~~———— (c) Intermediate Advanced; and~~
- ~~———— (d) Paramedic.~~

~~———— (2) The Department may issue ground ambulance inter-facility transfer licenses for the following types of service at the given levels:~~

- ~~———— (a) Basic;~~
- ~~———— (b) Intermediate;~~
- ~~———— (c) Intermediate Advanced; and~~
- ~~———— (d) Paramedic.~~

~~———— (3) The Department may issue paramedic, non-transport licenses for the following types of service at the given response configurations:~~

- ~~_____ (a) Paramedic Rescue; and~~
- ~~_____ (b) Paramedic Tactical Rescue.~~

R426-14-201. Scope of Operations.

~~_____ (1) A licensee may only provide service to its specific licensed geographic service area and is responsible to provide service to its entire specific geographic service area. It may provide emergency medical services for its category of licensure that corresponds to the certification levels in R426-12 Emergency Medical Services Training and Certification Standards.~~

~~_____ (2) A licensee may not subcontract. A subcontract is present if a licensee engages a person that is not licensed to provide emergency medical services to all or part of its specific geographic service area. A subcontract is not present if multiple licensees allocate responsibility to provide ambulance services between them within a specific geographic service area for which they are licensed to provide ambulance service.~~

~~_____ (3) A ground ambulance inter-facility transfer licensee may only transport patients from a hospital, nursing facility, emergency patient receiving facility, mental health facility, or other medical facility when arranged by the transferring physician for the particular patient.~~

R426-14-300. Minimum Licensure Requirements.

~~_____ (1) A licensee must meet the following minimum requirements:~~

~~_____ (a) have sufficient ambulances, emergency response vehicles, equipment, and supplies that meet the requirements of this rule and as may be necessary to carry out its responsibilities under its license or proposed license without relying upon aid agreements with other licensees;~~

~~_____ (b) have locations or staging areas for stationing its vehicles;~~

~~_____ (c) have a current written dispatch agreement with a public safety answering point that answers and responds to 911 or E911 calls, or with a local single access public safety answering point that answers and responds to requests for emergency assistance;~~

~~_____ (d) have current written aid agreements with other licensees to give assistance in times of unusual demand;~~

~~_____ (e) have a Department certified EMS training officer;~~

~~_____ (f) have a current plan of operations, which shall include:~~

~~_____ (i) a business plan demonstrating its:~~

~~_____ (A) ability to provide the service; and~~

~~_____ (B) financial viability.~~

~~_____ (ii) the number, training, and certification of personnel;~~

~~_____ (iii) operational procedures; and~~

~~_____ (iv) a description of the how the licensee or applicant proposes to interface with other EMS agencies;~~

~~_____ (g) have sufficient trained and certified staff that meet the requirements of R426-15 Licensed and Designated Provider Operations;~~

~~_____ (h) have a current written agreement with a Department-certified off-line medical director;~~

~~_____ (i) have current treatment protocols approved by the agency's off-line medical director for the existing service level or new treatment protocols if seeking approval under 26-8a-405;~~

~~_____ (j) be able to pay its debts as they become due;~~

~~_____ (k) provide the Department with a copy of its certificate of insurance or if seeking application approval under 26-8a-405, provide proof of the ability to obtain insurance to respond to damages due to operation of a vehicle in the manner and minimum amounts specified in R426-15-204. All licensees shall:~~

~~_____ (i) obtain insurance from an insurance carrier authorized to write liability coverage in Utah or through a self-insurance program;~~

~~_____ (ii) report any coverage change to the Department within 60 days after the change; and~~

~~_____ (iii) direct the insurance carrier or self-insurance program to notify the Department of all changes in insurance coverage.~~

~~_____ (l) not be disqualified for any of the following reasons:~~

~~_____ (i) violation of Subsection 26-8a-504; or~~

~~_____ (ii) disciplinary action relating to an EMS license, permit, designation, or certification in this or any other state that adversely affect its service under its license.~~

~~_____ (2) A paramedic tactical rescue must be a public safety agency or have a letter of recommendation from a county or city law enforcement agency within the paramedic tactical rescue's geographic service area.~~

R426-14-301. Application, Department Review, and Issuance.

~~_____ (1) An applicant desiring to be licensed or to renew its license shall submit the applicable fees and an application on Department-approved forms to the Department. As part of the application, the applicant shall submit documentation that it meets the requirements listed in R426-14-300 and the following:~~

~~_____ (a) a detailed description and detailed map of the exclusive geographical area that it will serve;~~

~~_____ (i) if the requested geographical service area is for less than all ground ambulance or paramedic services, the applicant shall include a written description and detailed map showing how the areas not included will receive ground ambulance or paramedic services;~~

~~_____ (ii) if an applicant is responding to a public bid as described in 26-8a-405.2 the applicant shall include detailed maps and descriptions of all geographical areas served in accordance with 26-8a-405.2 (2);~~

~~_____ (b) for an applicant for a new service, documentation showing that the applicant meets all local zoning and business licensing standards within the exclusive geographical service area that it will serve;~~

~~_____ (c) a written description of how the applicant will communicate with dispatch centers, law enforcement agencies, on-line medical control, and patient transport destinations;~~

~~_____ (d) for renewal applications, a written assessment of field performance from the applicant's off-line medical director; and~~

~~_____ (e) other information that the Department determines necessary for the processing of the application and the oversight of the licensed entity.~~

~~_____ (2) A ground ambulance or paramedic service holding a license under 26-8a-404, including any political subdivision that is part of a special district or unified fire authority holding such a license, may respond to a request for proposal if it complies with 26-8a-405(2).~~

~~_____ (3) If, upon Department review, the application is complete and meets all the requirements, the Department shall:~~

~~(a) for a new license application, issue a notice of approved application as required by 26-8a-405 and 406;~~
~~(b) issue a renewal license to an applicant in accordance with 26-8a-413(1) and (2);~~
~~(c) issue a license to an applicant selected by a political subdivision in accordance with 26-8a-405.1(3);~~
~~(d) issue a four-year renewal license to a license selected by a political subdivision if the political subdivision certifies to the Department that the licensee has met all of the specifications of the original bid and requirements of 26-8a-413(1) through (3); or~~
~~(e) issue a second four-year renewal license to a licensee selected by a political subdivision if:~~
~~(i) the political subdivision certifies to the Department that the licensee has met all of the specifications of the original bid and requirements of 26-8a-413(1) through (3); and~~
~~(ii) if the Department or the political subdivision has not received, prior to the expiration date, written notice from an approved applicant desiring to submit a bid for ambulance or paramedic services.~~
~~(4) Award of a new license or a renewal license is contingent upon the applicant's demonstration of compliance with all applicable statutes and rules and a successful Department quality assurance review.~~
~~(5) A license may be issued for up to a four-year period. The Department may alter the length of the license to standardize renewal cycles.~~
~~(6) Upon the request of the political subdivision and the agreement of all interested parties and the Department that the public interest would be served, the renewal license may be issued for a period of less than four years or a new request for the proposal process may be commenced at any time.~~

R426-14-302. Selection of a Provider by Public Bid.

~~(1) A political subdivision that desires to select a provider through a public bid process as provided in 26-8a-405.1, shall submit its draft request for proposal to the Department in accordance with 26-8a-405.2(2), together with a cover letter listing all contact information. The proposal shall include all the criteria listed in 26-8a-405.1 and 405.2.~~
~~(2) The Department shall, within 14 business days of receipt of a request for proposal from a political subdivision, review the request according to 26-8a-405.2(2) and:~~
~~(a) approve the proposal by sending a letter of approval to the political subdivision;~~
~~(b) require the political subdivision to alter the request for proposal to meet statutory and rule requirements; or~~
~~(c) deny the proposal by sending a letter detailing the reasons for the denial and process for appeal.~~

R426-14-303. Application Denial.

~~(1) The Department may deny an application for a license or a renewal of a license without reviewing whether a license must be granted or renewed to meet public convenience and necessity for any of the following reasons:~~
~~(a) failure to meet substantial requirements as specified in the rules governing the service;~~
~~(b) failure to meet vehicle, equipment, staffing, or insurance requirements;~~

~~(c) failure to meet agreements covering training standards or testing standards;~~
~~(d) substantial violation of Subsection 26-8a-504(1);~~
~~(e) a history of disciplinary action relating to a license, permit, designation, or certification in this or any other state;~~
~~(f) a history of serious or substantial public complaints;~~
~~(g) a history of criminal activity by the licensee or its principals while licensed or designated as an EMS provider or while operating as an EMS service with permitted vehicles;~~
~~(h) falsification or misrepresentation of any information in the application or related documents;~~
~~(i) failure to pay the required licensing or permitting fees or other fees or failure to pay outstanding balances owed to the Department;~~
~~(j) financial insolvency;~~
~~(k) failure to submit records and other data to the Department as required by R426-7;~~
~~(l) a history of inappropriate billing practices, such as:~~
~~(i) charging a rate that exceeds the maximum rate allowed by rule;~~
~~(ii) charging for items or services for which a charge is not allowed by statute or rule; or~~
~~(iii) Medicare or Medicaid fraud.~~
~~(m) misuse of grant funds received under Section 26-8a-207; and~~
~~(n) violation of OSHA or other federal standards that it is required to meet in the provision of the EMS service.~~
~~(2) An applicant that has been denied a license may appeal by filing a written appeal within thirty calendar days of the issuance of the Department's denial.~~

R426-14-400. Change in Service Level.

~~(1) A ground ambulance service licensee may apply to provide a higher level of non-911 ambulance or paramedic service. The applicant shall submit:~~
~~(a) the applicable fees; and~~
~~(b) an application on Department-approved forms to the Department.~~
~~(c) a copy of the new treatment protocols for the higher level of service approved by the off-line medical director;~~
~~(d) an updated plan of operations demonstrating the applicant's ability to provide the higher level of service; and~~
~~(e) a written assessment of the performance of the applicant's field performance by the applicant's off-line medical director.~~
~~(2) If the Department determines that the applicant has demonstrated the ability to provide the higher level of service, it shall issue a revised license reflecting the higher level of service without making a separate finding of public convenience and necessity.~~

R426-14-401. Change of Owner.

~~A license and the vehicle permits terminate if the holder of a licensed service transfers ownership of the service to another party. As outlined in 26-8a-415, the new owner must submit, within ten business days of acquisition, applications and fees for a new license and vehicle permits.~~

R426-14-500. Aid Agreements.

~~(1) A ground ambulance service must have in place aid agreements with other ground ambulance services to call upon them for assistance during times of unusual demand.~~

~~(2) Aid agreements shall be in writing, signed by both parties, and detail the:~~

~~(a) purpose of the agreement;~~

~~(b) type of assistance required;~~

~~(c) circumstances under which the assistance would be given; and~~

~~(d) duration of the agreement.~~

~~(3) The parties shall provide a copy of the aid agreement to the emergency medical dispatch centers that dispatch the licensees.~~

~~(4) A ground ambulance licensee must provide all ambulance service, including standby services, for any special event that requires ground ambulance service within its geographic service area. If the ground ambulance licensee is unable or unwilling to provide the special event coverage, the licensee may arrange with a ground ambulance licensee through the use of aid agreements to provide all ground ambulance service for the special event.~~

R426-14-600. Penalties.

~~As required by Subsection 63G-3-201(5). Any person that violates any provision of this rule may be assessed a civil money penalty as provided in Section 26-23-6.~~

KEY: emergency medical services

Date of Enactment or Last Substantive Amendment: March 15, 2010

Notice of Continuation: July 28, 2009

Authorizing, and Implemented or Interpreted Law: 26-8a]

Health, Family Health and
Preparedness, Emergency Medical
Services
R426-15
Licensed and Designated Provider
Operations

NOTICE OF PROPOSED RULE

(Repeal)

DAR FILE NO.: 36986

FILED: 10/23/2012

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of this filing is to fulfill the Governor's mandate for rule review and simplification.

SUMMARY OF THE RULE OR CHANGE: The rule change eliminates redundancy, provides sequential numbering, and

reflects best practice updates for all aspects of the Emergency Medical Services Act (Title 26, Chapter 8a).

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Title 26, Chapter 8a

ANTICIPATED COST OR SAVINGS TO:

◆ **THE STATE BUDGET:** No anticipated fiscal impact to the state budget because there are no changes in the rule requirements that are imposed by these amendments.

◆ **LOCAL GOVERNMENTS:** No anticipated fiscal impact to local governments because there are no changes in the rule requirements that are imposed by these amendments.

◆ **SMALL BUSINESSES:** No anticipated fiscal impact to small businesses because there are no changes in the rule requirements that are imposed by these amendments.

◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** No anticipated fiscal impact to businesses because there are no changes in the rule requirements that are imposed by these amendments.

COMPLIANCE COSTS FOR AFFECTED PERSONS: No anticipated fiscal impact for affected persons because there are no changes in the rule requirements that are imposed by these amendments.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: In response to the Governor's Executive Order to examine all administrative rules and reduce regulatory impact that may be inhibiting economic growth, the rules governing Emergency Medical Services providers are being repealed, simplified and reenacted. Fiscal impact is expected to be positive for business as the requirements are streamlined and updated.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

HEALTH
FAMILY HEALTH AND PREPAREDNESS,
EMERGENCY MEDICAL SERVICES
3760 S HIGHLAND DR
SALT LAKE CITY, UT 84106
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

◆ Guy Dansie by phone at 801-273-6671, by FAX at 801-273-4165, or by Internet E-mail at gdansie@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 12/17/2012

THIS RULE MAY BECOME EFFECTIVE ON: 12/24/2012

AUTHORIZED BY: David Patton, PhD, Executive Director

R426. Health, Family Health and Preparedness, Emergency Medical Services.

[R426-15. Licensed and Designated Provider Operations.

R426-15-100. Authority and Purpose.

~~_____ This rule is established under Title 26, Chapter 8a. It establishes standards for the operation of EMS providers licensed or designated under the provisions of the Emergency Medical Services System Act.~~

R426-15-200. Staffing.

~~_____ (1) EMT ground ambulances, while providing ambulance services, shall have the following minimum complement of personnel:~~

~~_____ (a) two attendants, each of whom is a certified EMT-Basic, EMT-Intermediate, EMT-Intermediate Advanced, or Paramedic.~~

~~_____ (b) a driver, 18 years of age or older, who is the holder of a valid driver's license. If the driver is also an EMT-Basic, EMT-Intermediate, EMT-Intermediate Advanced, or Paramedic, the driver qualifies as one of the two required attendants.~~

~~_____ (c) EMT ground ambulance services authorized by the Department to provide Intermediate or Intermediate Advanced services shall assure that at least one EMT-Intermediate or EMT-Intermediate Advanced responds on each call along with another certified EMT.~~

~~_____ (d) if on-line medical control determines the condition of the patient to be "serious or potentially critical," at least one paramedic shall accompany the patient on board the ambulance to the hospital, if a Paramedic rescue is on scene.~~

~~_____ (e) if on-line medical control determines the condition of the patient to be "critical," the ambulance driver and two Paramedics shall accompany the patient on board the ambulance to the hospital, if Paramedics are on scene.~~

~~_____ (2) Quick response units, while providing services, shall have the following minimum complement of personnel:~~

~~_____ (a) one attendant, who is an EMT-Basic, EMT-Intermediate, EMT-Intermediate Advanced, or Paramedic.~~

~~_____ (b) quick response units authorized by the Department to provide Intermediate services shall assure that at least one EMT-Intermediate, EMT-Intermediate Advanced or Paramedic responds on each call.~~

~~_____ (3) Paramedic ground ambulance or rescue services shall have the following minimum complement of personnel:~~

~~_____ (a) staffing at the scene of an accident or medical emergency shall be no less than two persons, each of whom is a Paramedic;~~

~~_____ (b) a paramedic ground ambulance service, while providing paramedic ambulance services, shall have:~~

~~_____ (i) a driver, 18 years of age or older, who is the holder of a valid driver's license;~~

~~_____ (ii) if on-line medical control determines the condition of the patient as "serious or potentially critical," a minimum staffing of one Paramedic, and one EMT-Basic, EMT-Intermediate, or EMT-Intermediate Advanced; and~~

~~_____ (iii) if on-line medical control determines the condition of the patient as "critical," a minimum staffing of an ambulance driver and two Paramedics.~~

~~_____ (4) Paramedic inter-facility transfer services shall have the following minimum complement of personnel:~~

~~_____ (a) if the physician describes the condition of the patient as "serious or potentially critical," minimum staffing shall be one Paramedic, and one EMT-Basic, EMT-Intermediate, or EMT-Intermediate Advanced;~~

~~_____ (b) if the physician describes the condition of the patient as "critical," minimum staffing shall be two Paramedics and an ambulance driver.~~

~~_____ (5) Each licensee shall maintain a personnel file for each certified individual. The personnel file must include records documenting the individual's qualifications, training, certification, immunizations, and continuing medical education.~~

~~_____ (6) An EMT or Paramedic may only perform to the service level of the licensed or designated service, regardless of the certification level of the EMT or Paramedic.~~

R426-15-201. Vehicle Permit.

~~_____ (1) EMS provider organizations that operate vehicles that Section 26-8a-304 requires to have a permit must annually obtain a permit and display a permit decal for each of its vehicles used in providing the service.~~

~~_____ (2) The Department shall issue annual permits for vehicles used by licensees only if the new or replacement ambulance meets the:~~

~~_____ (a) Federal General Services Administration Specification for ground ambulances as of the date of manufacture; and~~

~~_____ (b) equipment and vehicle supply requirements.~~

~~_____ (3) The Department may give consideration for a variance from the requirements of Subsection (2) to communities with limited populations or unique problems for purchase and use of ambulance vehicles.~~

~~_____ (4) The permittee shall display the permit decal showing the expiration date and number issued by the Department on a publicly visible place on the vehicle.~~

~~_____ (5) Permits and decals are not transferrable to other vehicles.~~

R426-15-202. Permitted Vehicle Operations.

~~_____ (1) Ambulance licensees shall notify the Department of the permanent location or where the vehicles will be staged if using staging areas. The licensee shall notify the Department in writing whenever it changes the permanent location for each vehicle.~~

~~_____ (2) Vehicles shall be maintained on a premises suitable to make it available for immediate use, in good mechanical repair, properly equipped, and in a sanitary condition.~~

~~_____ (3) Each ambulance shall be maintained in a clean condition with the interior being thoroughly cleaned after each use in accordance with OSHA standards.~~

~~_____ (4) Each ambulance shall be equipped with adult and child safety restraints and to the point practicable all occupants must be restrained.~~

R426-15-203. Vehicle Supply Requirements.

~~_____ (1) In accordance with the licensure or designation type and level, the permittee shall carry on each permitted vehicle the minimum quantities of supplies, medications, and equipment as described in this subsection. Optional items are marked with an asterisk.~~

~~_____ EQUIPMENT AND SUPPLIES FOR BASIC QUICK RESPONSE~~

~~2 Blood pressure cuffs, one adult, one pediatric~~
~~2 Stethoscopes, one adult and one pediatric or combination~~
~~2 Heavy duty shears~~
~~2 Universal sterile dressings, 9"x5", 10"x8", 8"x9", or equivalent~~
~~12 Gauze pads, sterile, 4"x4"~~
~~8 Bandages, self-adhering, soft roller type, 4"x5 yards or equivalent~~
~~2 Rolls of tape~~
~~4 Cervical collars, one adult, one child, one infant, plus one other size~~
~~2 Triangular bandages~~
~~2 Boxes of gloves, one box non-sterile and one box latex free or equivalent~~
~~1 Portable jump kit stocked with appropriate medical supplies~~
~~AIRWAY EQUIPMENT AND SUPPLIES~~
~~1 Portable or fixed suction, with wide bore tubing and rigid pharyngeal suction tip~~
~~2 Bag mask ventilation units, one adult, one pediatric, with adult, child, and infant size masks~~
~~1 Baby syringe, bulb type, separate from the OB kit~~
~~3 Oropharyngeal airways, with one adult, one child, and one infant size~~
~~3 Nasopharyngeal airways, one adult, one child, and one infant~~
~~2 Non-rebreather or partial non-rebreather oxygen masks, one adult and one pediatric~~
~~1 Nasal cannula, adult~~
~~1 Portable oxygen apparatus, capable of metered flow with adequate tubing~~
~~AUTOMATIC DEFIBRILLATOR EQUIPMENT AND SUPPLIES~~
~~1 Defibrillator, automatic portable battery operated, per vehicle or response unit~~
~~2 Sets of electrode pads for defibrillation~~
~~REQUIRED DRUGS~~
~~650mg Aspirin~~
~~2 Epinephrine auto-injectors, one standard and one junior (Preloaded syringes with age appropriate dosage of epinephrine 1:1000 is an acceptable substitute for auto-injectors)~~
~~2 Concentrated oral glucose tubes or equivalent~~
~~50 Grams Activated Charcoal~~
~~OPTIONAL DRUGS~~
~~Acetaminophen elixir 160mg/5ml~~
~~Nerve Antidote Kits (Mark I Kits or DuoDote)~~
~~EQUIPMENT AND SUPPLIES FOR AN INTERMEDIATE QUICK RESPONSE~~
~~2 Blood pressure cuffs, one adult, one pediatric~~
~~2 Stethoscopes, one adult and one pediatric or combination~~
~~2 Heavy duty shears~~
~~2 Universal sterile dressings, 9"x5", 10"x8", 8"x9", or equivalent~~
~~12 Gauze pads, sterile, 4"x4"~~
~~8 Bandages, self-adhering, soft roller type, 4"x5 yards or equivalent~~
~~2 Rolls of tape~~

~~4 Cervical collars, one adult, one child, one infant, plus one other size~~
~~2 Triangular bandages~~
~~2 Boxes of gloves, one box non-sterile and one box latex free or equivalent~~
~~2 Concentrated oral glucose tubes or equivalent~~
~~1 Portable jump kit stocked with appropriate medical supplies~~
~~1 Glucose measuring device~~
~~AIRWAY EQUIPMENT AND SUPPLIES~~
~~1 Portable or fixed suction, with wide bore tubing and rigid pharyngeal suction tip~~
~~2 Bag mask ventilation units, one adult, one pediatric, with adult, child, and infant size masks~~
~~1 Baby syringe, bulb type, separate from the OB kit~~
~~3 Oropharyngeal airways, with one adult, one child, and one infant size~~
~~3 Nasopharyngeal airways, one adult, one child, and one infant~~
~~2 O2 masks, non-rebreather or partial non-rebreather, one adult and one pediatric~~
~~1 Nasal cannula, adult~~
~~1 Portable oxygen apparatus, capable of metered flow with adequate tubing~~
~~2 Small volume nebulizer container for aerosol solutions~~
~~1 Laryngoscope with batteries curved and straight blades with bulbs and two extra batteries and two extra bulbs*~~
~~1 Water based lubricant, one tube or equivalent*~~
~~7 Endotracheal tubes, one each: cuffed 8, 7.5, 7, 6, uncuffed 5, 4, 3*~~
~~2 Stylets, one adult and one pediatric*~~
~~1 Device for securing the endotracheal tube*~~
~~2 Endotracheal tube confirmation device*~~
~~2 Flexible sterile endotracheal suction catheters from 5-12 french*~~
~~2 Oro-nasogastric tubes, one adult, and one pediatric*~~
~~AUTOMATIC DEFIBRILLATOR EQUIPMENT AND SUPPLIES~~
~~1 Defibrillator, automatic portable battery operated, per vehicle or response unit~~
~~2 Sets of electrode pads for defibrillation~~
~~IV SUPPLIES~~
~~10 Alcohol or Iodine preps~~
~~2 IV start kits or equivalent~~
~~12 Over-the-needle catheters, two each, sizes 14g, 16g, 18g, 20g, 22g and 24g~~
~~2 Arm boards, two different sizes~~
~~2 IV tubings with micro drip chambers~~
~~3 IV tubings with standard drip chambers~~
~~5 Extension tubings~~
~~4 Syringes, one 30 or 60cc, one 10cc, one 5cc, and one 3cc~~
~~1 Sharps container~~
~~1 Safety razor~~
~~1 Vacutainer holder~~
~~4 Vacutainer tubes~~
~~REQUIRED DRUGS~~
~~2 25gm Activated Charcoal~~
~~1 2.5mg premixed Albuterol Sulfate~~

- ~~2 Atropine Sulfate 1mg each~~
- ~~2 25gm preload Dextrose 50% or Glucagon (must have at least 1 D50)~~
- ~~1 1cc (1mg/1cc) Epinephrine 1:1,000~~
- ~~2 Epinephrine 1:10,000 1mg each~~
- ~~2 Naloxone HCL 2mg each~~
- ~~1 bottle 0.4mg Nitroglycerine (tablets or spray)~~
- ~~650mg Aspirin~~
- ~~4,000cc Ringers Lactate or Normal Saline~~
- ~~OPTIONAL DRUGS~~
- ~~Acetaminophen elixerir 160mg/5ml~~
- ~~Nerve Agent Antidote kits (Mark I Kits or DuoDote)~~
- ~~CyanoKit~~
- ~~EQUIPMENT AND SUPPLIES FOR A BASIC~~
- ~~AMBULANCE~~
- ~~2 Blood pressure cuffs, one adult, one pediatric~~
- ~~2 Stethoscopes, one adult and one pediatric or combination~~
- ~~2 Pillows, with vinyl cover or single use disposable pillows~~
- ~~2 Emesis basins, emesis bags, or large basins~~
- ~~1 Fire extinguisher, with current inspection sticker, of the dry chemical type with a rating of 2A10BC or halogen extinguisher of minimum weight 2.5 - 10 pounds~~
- ~~2 Head immobilization devices or equivalent~~
- ~~2 Lower extremity traction splints or equivalent, one adult and one pediatric~~
- ~~2 Non-traction extremity splints, one upper, one lower, or PASG pants~~
- ~~2 Spine boards, one short and one long (Wood must be coated or sealed)~~
- ~~2 Heavy duty shears~~
- ~~2 Urinals, one male, one female, or two universal~~
- ~~1 Printed Pediatric Reference Material~~
- ~~2 Blankets~~
- ~~2 Sheets~~
- ~~6 Towels~~
- ~~2 Universal sterile dressings, 9"x5", 10"x8", 8"x9", or equivalent~~
- ~~12 Gauze pads, sterile, 4"x4"~~
- ~~8 Bandages, self-adhering, soft roller type, 4"x5 yards or equivalent~~
- ~~2 Rolls of tape~~
- ~~4 Cervical collars, one adult, one child, one infant, plus one other size~~
- ~~2 Triangular bandages~~
- ~~2 Boxes of gloves, one box non-sterile and one box latex free or equivalent~~
- ~~1 Obstetrical kit, sterile~~
- ~~2 Occlusive sterile dressings or equivalent~~
- ~~1 Car seat, approved by Federal Safety standard~~
- ~~1 Portable jump kit stocked with appropriate medical supplies~~
- ~~2 Preventive T.B. transmission masks~~
- ~~2 Protective eye wear (goggles or face shields)~~
- ~~2 Full body substance isolation protection, or one for each crew member~~
- ~~1 Thermometer or equivalent~~
- ~~1 Water based lubricant, one tube or equivalent~~

- ~~2 Biohazard bags~~
- ~~1 Disinfecting agent for cleaning vehicle and equipment of body fluids~~
- ~~1 Glucose measuring device~~
- ~~AIRWAY EQUIPMENT AND SUPPLIES~~
- ~~1 Portable or fixed suction, with wide bore tubing and rigid pharyngeal suction tip~~
- ~~2 Bag mask ventilation units, one adult, one pediatric, with adult, child, and infant size masks~~
- ~~1 Baby syringe, bulb type, separate from the OB kit~~
- ~~3 Oropharyngeal airways, with one adult, one child, and one infant size~~
- ~~3 Nasopharyngeal airways, one adult, one child, and one infant~~
- ~~4 Non-rebreather or partial non-rebreather oxygen masks, two adult and two pediatric~~
- ~~2 Nasal cannulas, adult~~
- ~~1 Portable oxygen apparatus, capable of metered flow with adequate tubing~~
- ~~1 Permanent large capacity oxygen delivery system~~
- ~~AUTOMATIC DEFIBRILLATOR EQUIPMENT AND SUPPLIES~~
- ~~1 Defibrillator, automatic portable battery operated, per vehicle or response unit~~
- ~~2 Sets of electrode pads for defibrillation~~
- ~~REQUIRED DRUGS~~
- ~~1 500cc Irrigation solution~~
- ~~650mg Aspirin~~
- ~~2 Epinephrine auto-injectors, one standard and one junior (Preloaded syringes with age appropriate dosage of epinephrine 1:1000 is an acceptable substitute for auto-injectors)~~
- ~~2 Concentrated oral glucose tubes or equivalent~~
- ~~50 Grams Activated Charecoal~~
- ~~OPTIONAL DRUGS~~
- ~~Acetaminophen elixir 160mg/5ml~~
- ~~Nerve Antidote Kits (Mark I Kits or DuoDote)~~
- ~~EQUIPMENT AND SUPPLIES FOR AN~~
- ~~INTERMEDIATE AMBULANCE~~
- ~~2 Blood pressure cuffs, one adult, one pediatric~~
- ~~2 Stethoscopes, one adult and one pediatric or combination~~
- ~~2 Pillows, with vinyl cover or single use disposable pillows~~
- ~~2 Emesis basins, emesis bags, or large basins~~
- ~~1 Fire extinguisher, with current inspection sticker, of the dry chemical type with a rating of 2A10BC or halogen extinguisher of minimum weight 2.5 - 10 pounds~~
- ~~2 Head immobilization devices or equivalent~~
- ~~2 Lower extremity traction splints or equivalent, one adult and one pediatric~~
- ~~2 Non-traction extremity splints, one upper, one lower, or PASG pants~~
- ~~2 Spine boards, one short and one long (Wood must be coated or sealed)~~
- ~~2 Heavy duty shears~~
- ~~2 Urinals, one male, one female, or two universal~~
- ~~1 Printed Pediatric Reference Material~~
- ~~2 Blankets~~
- ~~2 Sheets~~

_____ 6 Towels
 _____ 2 Universal sterile dressings, 9"x5", 10"x8", 8"x9", or equivalent
 _____ 12 Gauze pads, sterile, 4"x4"
 _____ 8 Bandages, self-adhering, soft roller type, 4"x5 yards or equivalent
 _____ 2 Rolls of tape
 _____ 4 Cervical collars, three adult and one pediatric or equivalent
 _____ 2 Triangular bandages
 _____ 2 Boxes of gloves, one box non-sterile and one box latex free or equivalent
 _____ 1 Obstetrical kit, sterile
 _____ 2 Concentrated oral glucose tubes or equivalent
 _____ 2 Occlusive sterile dressings or equivalent
 _____ 1 Car seat, approved by Federal Safety standard
 _____ 1 Portable jump kit stocked with appropriate medical supplies
 _____ 2 Preventive T.B. transmission masks
 _____ 2 Protective eye wear (goggles or face shields)
 _____ 2 Full body substance isolation protection or one for each crew member
 _____ 1 Thermometer or equivalent
 _____ 2 Biohazard bags
 _____ 1 Disinfecting agent for cleaning vehicle and equipment of body fluids
 _____ 1 Glucose measuring device
AIRWAY EQUIPMENT AND SUPPLIES
 _____ 1 Portable or fixed suction, with wide bore tubing and rigid pharyngeal suction tip
 _____ 2 Bag mask ventilation units, one adult, one pediatric, with adult, child, and infant size masks
 _____ 1 Baby syringe, bulb type, separate from the OB kit
 _____ 3 Oropharyngeal airways, with one adult, one child, and one infant size
 _____ 3 Nasopharyngeal airways, one adult, one child, and one infant
 _____ 4 Non-rebreather or partial non-rebreather oxygen masks, two adult and two pediatric
 _____ 2 Nasal cannulas, adult
 _____ 1 Portable oxygen apparatus, capable of metered flow with adequate tubing
 _____ 1 Permanent large capacity oxygen delivery system
 _____ 2 Small volume nebulizer container for aerosol solutions
 _____ 1 Laryngoscope with batteries curved and straight blades with bulbs and two extra batteries and two extra bulbs*
 _____ 1 Water based lubricant, one tube or equivalent*
 _____ 7 Endotracheal tubes, one each: cuffed 8, 7.5, 7, 6, uncuffed 5, 4, 3*
 _____ 2 Stylets, one adult and one pediatric*
 _____ 1 Device for securing the endotracheal tube*
 _____ 2 Endotracheal tube confirmation device*
 _____ 2 Flexible sterile endotracheal suction catheters from 5-12 french*
 _____ 2 Oro-nasogastric tubes, one adult, and one pediatric*
AUTOMATIC DEFIBRILLATOR EQUIPMENT AND SUPPLIES
 _____ 1 Defibrillator, automatic portable battery operated, per vehicle or response unit

_____ 2 Sets of electrode pads for defibrillation
IV SUPPLIES
 _____ 10 Alcohol or Iodine preps
 _____ 2 IV start kits or equivalent
 _____ 12 Over-the-needle catheters, two each, sizes 14g, 16g, 18g, 20g, 22g and 24g
 _____ 2 Arm boards, two different sizes
 _____ 2 IV tubings with micro drip chambers
 _____ 3 IV tubings with standard drip chambers
 _____ 5 Extension tubings
 _____ 4 Syringes, one 30 or 60cc, one 10cc, one 5cc, and one 3cc
 _____ 1 Three-way stopcock
 _____ 1 Sharps container
 _____ 1 Safety razor
 _____ 1 Vacutainer holder
 _____ 4 Vacutainer tubes
 _____ 2 Intraosseous needles, two each, 15 or 16, and 18 gauge*
REQUIRED DRUGS
 _____ 2 25gm Activated Charcoal
 _____ 2 2.5mg premixed Albuterol Sulfate
 _____ 2 Atropine Sulfate 1mg each
 _____ 2 Dextrose 50% or Glucagon (must have at least 1 D50)
 _____ 4 1cc (1mg/1cc) Epinephrine 1:1,000
 _____ 2 Epinephrine 1:10,000 1mg each
 _____ 2 100 mg preload Lidocaine
 _____ 2 10mg Morphine Sulfate
 _____ 2 Naloxone HCL 2mg each
 _____ 1 bottle or 0.4mg Nitroglycerine (tablets or spray)
 _____ 1 2gm Lidocaine IV Drip
 _____ 1 500cc Irrigation solution
 _____ 650mg Aspirin
 _____ 4,000cc Ringers Lactate or Normal Saline
OPTIONAL DRUGS
 _____ Acetaminophen elixir 160mg/5ml
 _____ Fentanyl
 _____ Midazolam
 _____ Nubain
 _____ Promethazine
 _____ Zofran
 _____ Nerve Agent Antidote kits (Mark I Kits or DuoDote)
 _____ CyanoKit
EQUIPMENT AND SUPPLIES FOR AN INTERMEDIATE ADVANCED AMBULANCE
 _____ 2 Blood pressure cuffs, one adult, one pediatric
 _____ 2 Stethoscopes, one adult and one pediatric or combination
 _____ 2 Pillows, with vinyl cover or single use disposable pillows
 _____ 2 Emesis basins, emesis bags, or large basins
 _____ 1 Fire extinguisher, with current inspection sticker, of the dry chemical type with a rating of 2A10BC or halogen extinguisher of minimum weight 2.5 - 10 pounds
 _____ 2 Head immobilization devices or equivalent
 _____ 2 Lower extremity traction splints or equivalent, one adult and one pediatric
 _____ 2 Non-traction extremity splints, one upper, one lower, or PASG pants

~~2 Spine boards, one short and one long (Wood must be coated or sealed)~~
~~2 Heavy duty shears~~
~~2 Urinals, one male, one female, or two universal~~
~~1 Printed Pediatric Reference Material~~
~~2 Blankets~~
~~2 Sheets~~
~~6 Towels~~
~~2 Universal sterile dressings, 9"x5", 10"x8", 8"x9", or equivalent~~
~~12 Gauze pads, sterile, 4"x4"~~
~~8 Bandages, self-adhering, soft roller type, 4"x5 yards or equivalent~~
~~2 Rolls of tape~~
~~4 Cervical collars, three adult and one pediatric or equivalent~~
~~2 Triangular bandages~~
~~2 Boxes of gloves, one box non-sterile and one box latex free or equivalent~~
~~1 Obstetrical kit, sterile~~
~~2 Concentrated oral glucose tubes or equivalent~~
~~4 Occlusive sterile dressings or equivalent~~
~~1 Car seat, approved by Federal Safety standard~~
~~1 Portable jump kit stocked with appropriate medical supplies~~
~~2 Preventive T.B. transmission masks~~
~~2 Protective eye wear (goggles or face shields)~~
~~2 Full body substance isolation protection or one for each crew member~~
~~1 Thermometer or equivalent~~
~~2 Biohazard bags~~
~~1 Disinfecting agent for cleaning vehicle and equipment of body fluids~~
~~1 Glucose measuring device~~
~~AIRWAY EQUIPMENT AND SUPPLIES~~
~~1 Portable or fixed suction, with wide bore tubing and rigid pharyngeal suction tip~~
~~2 Bag mask ventilation units, one adult, one pediatric, with adult, child, and infant size masks~~
~~1 Baby syringe, bulb type, separate from the OB kit~~
~~3 Oropharyngeal airways, with one adult, one child, and one infant size~~
~~3 Nasopharyngeal airways, one adult, one child, and one infant~~
~~2 Magill forceps, one adult and one child~~
~~4 Non-rebreather or partial non-rebreather oxygen masks, two adult and two pediatric~~
~~2 Nasal cannulas, adult~~
~~1 Portable oxygen apparatus, capable of metered flow with adequate tubing~~
~~1 Oxygen saturation monitor~~
~~1 Permanent large capacity oxygen delivery system~~
~~2 Small volume nebulizer container for aerosol solutions~~
~~1 Laryngoscope with batteries curved and straight blades with bulbs and two extra batteries and two extra bulbs~~
~~1 Water based lubricant, one tube or equivalent~~
~~7 Endotracheal tubes, one each: cuffed 8, 7.5, 7, 6, uncuffed 5, 4, 3~~
~~2 Stylets, one adult and one pediatric.~~

~~1 Device for securing the endotracheal tube~~
~~2 Endotracheal tube confirmation device~~
~~2 Flexible sterile endotracheal suction catheters from 5-12 french~~
~~2 Oro-nasogastric tubes, one adult, and one pediatric~~
~~DEFIBRILLATOR EQUIPMENT AND SUPPLIES~~
~~1 Portable cardiac monitor/defibrillator/pacer with adult and pediatric capabilities~~
~~2 Sets Electrodes or equivalent~~
~~2 Sets Combination type defibrillator pads or equivalent~~
~~2 Combination type TCP Pads or equivalent~~
~~IV SUPPLIES~~
~~10 Alcohol or Iodine preps~~
~~2 IV start kits or equivalent~~
~~12 Over-the-needle catheters, two each, sizes 14g, 16g, 18g, 20g, 22g and 24g~~
~~2 Arm boards, two different sizes~~
~~2 IV tubings with micro drip chambers~~
~~3 IV tubings with standard drip chambers~~
~~5 Extension tubings~~
~~4 Syringes, one 30 or 60cc, one 10cc, one 5cc, and one 3cc~~
~~1 Three-way stopcock~~
~~1 Sharps container~~
~~1 Safety razor~~
~~1 Vacutainer holder~~
~~4 Vacutainer tubes~~
~~2 Intraosseous needles, two each, 15 or 16, and 18 gauge~~
~~REQUIRED DRUGS~~
~~2 25gm Activated Charcoal~~
~~2 2.5mg premixed Albuterol Sulfate or equivalent~~
~~2 Atropine Sulfate 1mg~~
~~2 Dextrose 50% or Glucagon (must have 1 D50)~~
~~2 10mg either Diazepam or Midazolam, or both. However, Diazepam is not required after July 1, 2008~~
~~1 Epinephrine 1:1,000 15mg or equivalent~~
~~2 Epinephrine 1:10,000 1mg each~~
~~2 100 mg preload Lidocaine~~
~~2 10mg Morphine Sulfate~~
~~2 Naloxone HCL 2mg each~~
~~1 Bottle 0.4mg Nitroglycerine (tablets or spray)~~
~~1 2gm Lidocaine IV Drip~~
~~1 500cc Irrigation solution~~
~~650mg Aspirin~~
~~4,000cc Ringers Lactate or Normal Saline~~
~~OPTIONAL DRUGS~~
~~Acetaminophen elixir 160mg/5ml~~
~~Adenosine~~
~~Fentanyl~~
~~Furosemide~~
~~Promethazine~~
~~Zofran~~
~~Nerve Agent Antidote kits (Mark I Kits or DuoDote)~~
~~CyanoKit~~
~~EQUIPMENT AND SUPPLIES FOR PARAMEDIC SERVICES~~
~~2 Blood pressure cuffs, one adult, one pediatric~~
~~2 Stethoscopes, one adult and one pediatric or combination~~

- _____ 1 Thermometer or equivalent
- _____ 1 Glucose measuring device
- _____ 2 Head immobilization devices or equivalent
- _____ 2 Lower extremity traction splints or equivalent, one adult and one pediatric
- _____ 2 Non-traction extremity splints, one upper, one lower, or PASG pants
- _____ 2 Spine boards, one short and one long. Wooden boards must be coated or sealed
- _____ 1 Full body pediatric immobilization device. (Paramedic transfer units excluded)
- _____ 2 Heavy duty shears
- _____ 2 Blankets
- _____ 2 Towels
- _____ 2 Universal sterile dressings, 9"x5", 10"x8", 8"x 9", or equivalent
- _____ 12 Gauze pads, sterile, 4" x 4".
- _____ 8 Bandages, self-adhering, soft roller type, 4"x 5 yards or equivalent
- _____ 2 Rolls of tape
- _____ 4 Cervical collars, three adult and one pediatric or equivalent
- _____ 2 Triangular bandages
- _____ 2 Boxes of gloves, one box non-sterile and one box latex free or equivalent
- _____ 2 Pairs Sterile gloves
- _____ 1 Obstetrical kits, sterile
- _____ 4 Occlusive sterile dressings or equivalent
- _____ 1 Portable jump kit stocked with appropriate medical supplies
- _____ 2 Emesis basins, emesis bags, or large basins
- _____ 1 Printed Pediatric Reference Material
- _____ AIRWAY EQUIPMENT AND SUPPLIES
- _____ 1 Portable or fixed suction, with wide bore tubing and rigid pharyngeal suction tip
- _____ 1 Oxygen saturation monitor
- _____ 1 Baby syringe, bulb type separate from the OB kit
- _____ 1 Laryngoscope with batteries curved and straight blades with bulbs and two extra batteries and two extra bulbs
- _____ 1 Water based lubricant, one tube or equivalent
- _____ 18 Endotracheal tubes, two each, uncuffed 3, 4 and 5- cuffed 5.5, 6, 6.5, 7, 7.5, 8
- _____ 1 Device for securing the endotracheal tube
- _____ 2 Endotracheal tube confirmation devices
- _____ 2 Flexible sterile endotracheal suction catheters from 5-12 french
- _____ 3 Oropharyngeal airways, one adult, one child, and one infant size
- _____ 3 Nasopharyngeal airways, one adult, one child, and one infant size
- _____ 2 Magill forceps, one child and one adult
- _____ 1 Portable oxygen apparatus, capable of metered flow with adequate tubing
- _____ 2 Oro-nasogastric tubes, one adult, and one pediatric
- _____ 4 Non-rebreather or partial non-rebreather oxygen masks, two adult and two pediatric
- _____ 2 Nasal cannulas, adult
- _____ 2 Bag mask ventilation units, one adult, one pediatric, with adult, child, and infant size masks
- _____ 2 Stylettes, one pediatric and one adult
- _____ 2 Tongue blades
- _____ 1 Meconium aspirator
- _____ 1 Cricothyroidotomy kit or equivalent
- _____ 2 Small volume nebulizer container for aerosol solutions
- _____ DEFIBRILLATOR EQUIPMENT AND SUPPLIES
- _____ 1 Portable cardiac monitor/defibrillator/pacer with adult and pediatric capabilities
- _____ 2 Sets Electrodes or equivalent
- _____ 2 Sets Combination type defibrillator pads or equivalent
- _____ 2 Sets Electrode wire sets or equivalent. (One only for paramedic transfer service)
- _____ 2 Combination type TCP Pads or equivalent
- _____ IV SUPPLIES
- _____ 10 Alcohol or iodine preps
- _____ 2 IV start kits or equivalent
- _____ 12 Over-the-needle catheters, two each, sizes 14g, 16g, 18g, 20g, 22g, 24g
- _____ 4 Intraosseous needles, two each, 15 or 16 gauge and two 18 gauge
- _____ 2 Arm boards, two different sizes
- _____ 2 IV tubings with micro drip chambers
- _____ 3 IV tubings with standard drip chambers
- _____ 2 IV tubings with blood administration sets
- _____ 5 Extension tubings
- _____ 6 Syringes with luer lock, two each 3cc, 10cc, 60cc
- _____ 1 Cath tipped syringe, 30cc or 60cc
- _____ 2 Three-way stopcocks
- _____ 1 Sharps container
- _____ 1 Vacutainer holder
- _____ 2 Vacutainer multiple sample luer adapters
- _____ 4 Vacutainer tubes
- _____ SAFETY AND PERSONAL PROTECTION EQUIPMENT
- _____ 2 Preventive T.B. transmission masks
- _____ 2 Protective eye wear (goggles or face shields)
- _____ 2 Biohazard bags
- _____ 2 Full body substance isolation protection or one for each crew member
- _____ 1 Disinfecting agent for cleaning vehicle and equipment of body fluids
- _____ 2 Protective headware
- _____ 2 Pair leather gloves
- _____ 2 Reflective safety vests or equivalent
- _____ REQUIRED DRUGS
- _____ 2 Activated Charcoal 25gm each
- _____ 2 Albuterol Sulfate 2.5mg pre-mixed
- _____ 2 Atropine Sulfate 1mg
- _____ 650mg Aspirin
- _____ 2 Dextrose 50% or Glueagon (must have at least 1 D50)
- _____ 2 10 mg of either Diazepam or Midazolam, or both. However, Diazepam is not required after July 1, 2008.
- _____ 2 Diphenhydramine 50mg each
- _____ 2 either Dopamine HCL 400mg each or 2 mics/ml Epinephrine drip (2cc Epinephrine 1:1000 to 1000cc LR or NS), or both
- _____ 1 Epinephrine 1:1,000 15mg
- _____ 2 Epinephrine 1:10,000 1mg each
- _____ Fentanyl 200 mcg

- ~~2 Lidocaine 100mg each or 450mg Amioderone or both~~
- ~~1 Lidocaine IV drip 2g~~
- ~~2 Morphine Sulfate 10mg each~~
- ~~4 Naloxone HCL 2mg each~~
- ~~1 Bottle Nitroglycerine 0.4mg (tablets or spray)~~
- ~~2 Promethazine HCL 25mg each or Zofran 8mg, or both~~
- ~~1 Sodium Bicarbonate 10mEq~~
- ~~2 Sodium Bicarbonate 50mEq each~~
- ~~1 Irrigation solution, 500cc~~
- ~~4,000cc Ringers Lactate or Normal Saline~~
- ~~4 Normal Saline for injection/inhalation~~
- ~~OPTIONAL DRUGS~~
- ~~Acetaminophen 160mg/5ml~~
- ~~Adenosine~~
- ~~Atrovent~~
- ~~Calcium Chloride~~
- ~~Furosemide~~
- ~~Haldol~~
- ~~Lorazepam~~
- ~~Magnesium Sulfate~~
- ~~Meperidine~~
- ~~Oxytocin~~
- ~~Vasopressin~~
- ~~Nerve Agent Antidote kits (Mark I Kits or DuoDote)~~
- ~~CyanoKit~~
- ~~(2) If a licensed or designated agency desires to carry different equipment, supplies, or medication from the vehicle supply requirements, it must submit a written request from the off-line medical director to the Department requesting the variance. The request shall include:~~
 - ~~(a) a detailed training outline;~~
 - ~~(b) protocols;~~
 - ~~(c) proficiency testing;~~
 - ~~(d) support documentation;~~
 - ~~(e) local EMS Council or committee comments; and~~
 - ~~(f) a detailed letter of justification.~~
- ~~(3) All equipment, except disposable items, shall be so designed, constructed, and of such materials that under normal conditions and operations, it is durable and capable of withstanding repeated cleaning. The permittee:~~
 - ~~(a) shall clean the equipment after each use in accordance with OSHA standards;~~
 - ~~(b) shall sanitize or sterilize equipment prior to reuse;~~
 - ~~(c) may not reuse equipment intended for single use;~~
 - ~~(d) shall clean and change linens after each use; and~~
 - ~~(e) shall store or secure all equipment in a readily accessible and protected manner and in a manner to prevent its movement during a crash.~~
- ~~(4) The permittee shall have all equipment tested, maintained, and calibrated in accordance with the manufacturer's standards:~~
 - ~~(a) the permittee shall document all equipment inspections, testing, maintenance, and calibrations. Testing or calibration conducted by an outside service shall be documented and available for Department review.~~
 - ~~(b) a permittee required to carry any of the following equipment shall perform monthly inspections to ensure its ability to function correctly:~~
 - ~~(i) defibrillator, manual or automatic;~~

- ~~(ii) autovent;~~
- ~~(iii) infusion pump;~~
- ~~(iv) glucometer;~~
- ~~(v) flow restricted, oxygen-powered ventilation devices;~~
- ~~(vi) suction equipment;~~
- ~~(vii) electronic Doppler device;~~
- ~~(viii) automatic blood pressure/pulse measuring device;~~
- ~~(ix) pulse oximeter.~~
- ~~(c) for all pieces of required equipment that require consumables for the operation of the equipment; power supplies; electrical cables, pneumatic power lines, hydraulic power lines, or related connectors, the permittee shall perform monthly inspections to ensure their correct function.~~
- ~~(5) A licensee shall:~~
 - ~~(a) store all medications according to the manufacturers' recommendations for temperature control and packaging requirements; and~~
 - ~~(b) return to the supplier for replacement any medication known or suspected to have been subjected to temperatures outside the recommended range.~~

~~R426-15-204. Insurance.~~

- ~~(1) An ambulance licensee shall obtain insurance to respond to damages due to operation of the vehicle, in the manner and minimum amounts specified below:~~
 - ~~(a) liability insurance in the amount of \$300,000 for each individual claim and \$500,000 for total claims for personal injury from any one occurrence.~~
 - ~~(b) liability insurance in the amount of \$100,000 for property damage from any one occurrence.~~
- ~~(2) The ambulance licensee shall obtain the insurance from an insurance company authorized to write liability coverage in Utah or through a self-insurance program. The ambulance licensee shall provide the Department with a copy of its certificate of insurance demonstrating compliance with this section.~~
- ~~(3) The ambulance licensee shall report any coverage change and reportable vehicle accident occurring during the provision of emergency medical services to the Department within 60 days after the change or reportable vehicle accident. The ambulance licensee must direct the insurance carrier or self-insurance program to notify the Department of all changes in insurance coverage.~~

~~R426-15-205. Communications.~~

- ~~All permitted vehicles shall be equipped to allow field EMS personnel to be able to:~~
 - ~~(1) Communicate with hospital emergency departments, dispatch centers, EMS providers, and law enforcement services; and~~
 - ~~(2) Communicate on radio frequencies assigned to the Department for EMS use by the Federal Communications Commission.~~

~~R426-15-300. Emergency Medical Dispatch Center.~~

- ~~(1) An emergency medical dispatch center must annually provide organizational information to the Department including:~~
 - ~~(a) The number of EMD certified personnel;~~
 - ~~(b) Name of the dispatch supervisor;~~
 - ~~(c) Name of the agency's off-line medical director; and~~
 - ~~(d) Updated address and contact information.~~

~~(2) Emergency medical dispatch centers may only provide pre-arrival medical instructions through a certified EMD.~~

~~(3) An emergency medical dispatch center must have an offline medical director. The offline medical director must review and approve the emergency medical dispatch center's pre-arrival medical instructions.~~

R426-15-400. Resource Hospital.

~~(1) A resource hospital must provide on-line medical control for all prehospital EMS providers who request assistance for patient care, 24 hours a day, seven days a week. A resource hospital must:~~

~~(a) create and abide by written prehospital emergency patient care protocols for use in providing on-line medical control for prehospital EMS providers;~~

~~(b) train new staff on the protocols before the new staff is permitted to provide on-line medical control; and annually review with physician and nursing staff~~

~~(c) annually provide in-service training on the protocols to all physicians and nurses who provide on-line medical control; and~~

~~(d) make the protocols immediately available to staff for reference.~~

~~(2) The on-line medical control shall be by direct voice communication with a physician or a registered nurse or physician's assistant licensed in Utah who is in voice contact with a physician.~~

~~(3) A resource hospital must establish and actively implement a quality improvement process.~~

~~(a) the hospital must designate a medical control committee.~~

~~(b) the committee must meet at least quarterly to review and evaluate prehospital emergency runs, continuing medical education needs, and EMS system administration problems.~~

~~(i) committee members must include an emergency physician representative, hospital nurse representative, hospital administration representative, and ambulance and emergency services representatives.~~

~~(ii) the hospital must keep minutes of the medical control committee's meetings and make them available for Department review.~~

~~(c) the hospital must appoint a quality review coordinator for the prehospital quality improvement process.~~

~~(d) the hospital must cooperate with the prehospital EMS providers' off-line medical directors in the quality review process, including granting access to hospital medical records of patients served by the particular prehospital EMS provider.~~

~~(e) the hospital must assist the Department in evaluating EMS system effectiveness by submitting to the Department, in an electronic format specified by the Department, quarterly data specified by the Department.~~

R426-15-401. Medical Control.

~~(1) All licensees, designated dispatch centers, and quick response units must enter into a written agreement with a physician to serve as its off-line medical director to supervise the medical care or instructions provided by the field EMS personnel and dispatchers. The physician must be familiar with:~~

~~(a) the design and operation of the local prehospital EMS system; and~~

~~(b) local dispatch and communication systems and procedures.~~

~~(2) The off-line medical director shall develop and implement patient care standards which include written standing orders and triage, treatment, and transport protocols or pre-arrival instructions to be given by designated emergency medical dispatch centers.~~

~~(3) The off-line medical director shall ensure the qualification of field EMS personnel involved in patient care and dispatch through the provision of ongoing continuing medical education programs and appropriate review and evaluation;~~

~~(4) The off-line medical director shall:~~

~~(a) develop and implement an effective quality improvement program, including medical audit, review, and critique of patient care;~~

~~(b) annually review triage, treatment, and transport protocols and update them as necessary;~~

~~(c) suspend from patient care, pending Department review, a field EMS personnel or dispatcher who does not comply with local medical triage, treatment and transport protocols, pre-arrival instruction protocols, or who violates any of the EMS rules; or who the medical director determines is providing emergency medical service in a careless or unsafe manner. The medical director must notify the Department within one business day of the suspension.~~

~~(d) attend meetings of the local EMS Council, if one exists, to participate in the coordination and operations of local EMS providers.~~

R426-15-402. Scene and Patient Management.

~~(1) Upon arrival at the scene of an injury or illness, the field EMS personnel shall secure radio or telephonic contact with on-line medical control as quickly as possible.~~

~~(2) If radio or telephonic contact cannot be obtained, the field EMS personnel shall so indicate on the EMS report form and follow local written protocol;~~

~~(3) If there is a physician at the scene who wishes to assist or provide on-scene medical direction to the field EMS personnel, the field EMS personnel must follow his instructions, but only until communications are established with on-line medical control. If the proposed treatment from the on-scene physician differs from existing EMS triage, treatment, and transport protocols and is contradictory to quality patient care, the field EMS personnel may revert to existing EMS triage, treatment, and transport protocols for the continued management of the patient.~~

~~(a) if the physician at the scene wishes to continue directing the field EMS personnel's activities, the field EMS personnel shall so notify on-line medical control;~~

~~(b) the on-line medical control may:~~

~~(i) allow the on-scene physician to assume or continue medical control;~~

~~(ii) assume medical control, but allowing the physician at the scene to assist; or~~

~~(iii) assume medical control with no participation by the on-scene physician.~~

~~(c) if on-line medical control allows the on-scene physician to assume or continue medical control, the field EMS personnel shall repeat the on-scene physician's orders to the on-line medical control for evaluation and recording. If, in the judgment of~~

the on-line medical control who is monitoring and evaluating the at-scene medical control, the care is inappropriate to the nature of the medical emergency, the on-line medical control may reassume medical control of the field EMS personnel at the scene.

(5) A paramedic tactical rescue may only function at the invitation of the local or state public safety authority. When called upon for assistance, it must immediately notify the local ground ambulance licensee to coordinate patient transportation.

R426-15-500. Pilot Projects.

(1) A person who proposes to undertake a research or study project which requires waiver of any rule must have a project director who is a physician licensed to practice medicine in Utah, and must submit a written proposal to the Department for presentation to the EMS Committee for recommendation.

(2) The proposal shall include the following:

- (a) a project description that describes the:
 - (i) need for project;
 - (ii) project goal;
 - (iii) specific objectives;
 - (iv) approval by the agency off-line medical director;
 - (v) methodology for the project implementation;
 - (vi) geographical area involved by the proposed project;
 - (vii) specific rule or portion of rule to be waived;
 - (viii) proposed waiver language; and
 - (ix) evaluation methodology.
- (b) a list of the EMS providers and hospitals participating in the project;

(c) a signed statement of endorsement from the participating hospital medical directors and administrators, the director of each participating paramedic and ambulance licensee, other project participants, and other parties who may be significantly affected.

(d) if the pilot project requires the use of additional skills, a description of the skills to be utilized by the field EMS personnel and provision for training and supervising the field EMS personnel who are to utilize these skills, including the names of the field EMS personnel.

(e) the name and signature of the project director attesting to his support and approval of the project proposal.

(3) If the pilot project involves human subjects research, the applicant must also obtain Department Institutional Review Board approval.

(4) The Department or Committee, as appropriate, may require the applicant to meet additional conditions as it considers necessary or helpful to the success of the project, integrity of the EMS system, and safety to the public.

(5) The Department or Committee, as appropriate, may initially grant project approval for one year. The Department or Committee, as appropriate, may grant approval for continuation beyond the initial year based on the achievement and satisfactory progress as evidenced in written progress reports to be submitted to the Department at least 90 days prior to the end of the approved period. A pilot project may not exceed three years;

(6) The Department or Committee, as appropriate, may only waive a rule if:

- (a) the applicant has met the requirements of this section;
- (b) the waiver is not inconsistent with statutory requirements;

(c) there is not already another pilot project being conducted on the same subject; and

(d) it finds that the pilot project has the potential to improve pre-hospital medical care.

(7) Approval of a project allows the field EMS personnel listed in the proposal to exercise the specified skills of the participants in the project. The project director shall submit the names of field EMS personnel not initially approved to the Department.

(8) The Department or Committee, as appropriate, may rescind approval for the project at any time if:

- (a) those implementing the project fail to follow the protocols and conditions outlined for the project;
- (b) it determines that the waiver is detrimental to public health; or
- (c) it determines that the project's risks outweigh the benefits that have been achieved.

(9) The Department or Committee, as appropriate, shall allow the EMS provider involved in the study to appear before the Department or Committee, as appropriate, to explain and express its views before determining to rescind the waiver for the project.

(10) At least six months prior to the planned completion of the project, the medical director shall submit to the Department a report with the preliminary findings of the project and any recommendations for change in the project requirements;

R426-15-600. Confidentiality of Patient Information.

Licensees, designees, and EMS-certified individuals shall not disclose patient information except as necessary for patient care or as allowed by statute or rule.

R426-15-700. Penalties.

As required by Subsection 63G-3-201(5): Any person that violates any provision of this rule may be assessed a civil-money penalty as provided in Section 26-23-6.

KEY: emergency medical services

Date of Enactment or Last Substantive Amendment: March 15, 2010

Notice of Continuation: July 28, 2009

Authorizing, and Implemented or Interpreted Law: 26-8a]

Health, Family Health and
Preparedness, Emergency Medical
Services
R426-16
Emergency Medical Services
Ambulance Rates and Charges

NOTICE OF PROPOSED RULE
(Repeal)

DAR FILE NO.: 36987
FILED: 10/23/2012

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of this filing is to fulfill the Governor's mandate for rule review and simplification.

SUMMARY OF THE RULE OR CHANGE: The rule change eliminates redundancy, provides sequential numbering, and reflects best practice updates for all aspects of the Emergency Medical Services Act (Title 26, Chapter 8a).

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Title 26, Chapter 8a

ANTICIPATED COST OR SAVINGS TO:

- ◆ **THE STATE BUDGET:** No anticipated fiscal impact to the state budget because there are no changes in the rule requirements that are imposed by these amendments.
- ◆ **LOCAL GOVERNMENTS:** No anticipated fiscal impact to local governments because there are no changes in the rule requirements that are imposed by these amendments.
- ◆ **SMALL BUSINESSES:** No anticipated fiscal impact to small businesses because there are no changes in the rule requirements that are imposed by these amendments.
- ◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** No anticipated fiscal impact to businesses because there are no changes in the rule requirements that are imposed by these amendments.

COMPLIANCE COSTS FOR AFFECTED PERSONS: No anticipated fiscal impact for affected persons because there are no changes in the rule requirements that are imposed by these amendments.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: In response to the Governor's Executive Order to examine all administrative rules and reduce regulatory impact that may be inhibiting economic growth, the rules governing Emergency Medical Services providers are being repealed, simplified and reenacted. Fiscal impact is expected to be positive for business as the requirements are streamlined and updated.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

HEALTH
FAMILY HEALTH AND PREPAREDNESS,
EMERGENCY MEDICAL SERVICES
3760 S HIGHLAND DR
SALT LAKE CITY, UT 84106
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

- ◆ Guy Dansie by phone at 801-273-6671, by FAX at 801-273-4165, or by Internet E-mail at gdansie@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 12/17/2012

THIS RULE MAY BECOME EFFECTIVE ON: 12/24/2012

AUTHORIZED BY: David Patton, PhD, Executive Director

R426. Health, Family Health and Preparedness, Emergency Medical Services.

~~**[R426-16. Emergency Medical Services Ambulance Rates and Charges.**~~

~~**R426-16-1. Authority and Purpose.**~~

- ~~_____ (1) This rule is established under Title 26, Chapter 8a.~~
- ~~_____ (2) The purpose of this rule is to provide for the establishment of maximum ambulance transportation and rates to be charged by licensed ambulance services in the State of Utah.~~

~~**R426-16-2. Ambulance Transportation Rates and Charges.**~~

- ~~_____ (1) Licensed services operating under R426-15 shall not charge more than the rates described in this rule. In addition, the net income of licensed services, including subsidies of any type, shall not exceed the net income limit set by this rule.~~
 - ~~_____ (a) The net income limit shall be the greater of eight percent of gross revenue or 14 percent return on average assets.~~
 - ~~_____ (b) Licensed Services may change rates at their discretion after notifying the Department, provided that the rates do not exceed the maximums specified in this rule.~~
 - ~~_____ (c) An agency may not charge a transportation fee for patients who are not transported.~~
 - ~~_____ (2) The initial regulated rates established in this rule shall be adjusted annually on July 1, based on financial data as delineated by the department to be submitted as detailed under R426-16-2(9). This data shall then be used as the basis for the annual rate adjustment.~~
 - ~~_____ (3) Base Rates for ground transport to care facility—~~
 - ~~_____ (a) Ground Ambulance — \$594.00 per transport.~~
 - ~~_____ (b) Intermediate / Intermediate Advance EMT Ground Ambulance — \$785.00 per transport.~~
 - ~~_____ (c) Paramedic Ground Ambulance — \$1,148.00 per transport.~~
 - ~~_____ (d) Ground Ambulance with Paramedic on-board — \$1,148.00 per transport if:~~
 - ~~_____ (i) a dispatch agency dispatches a paramedic licensee to treat the individual;~~
 - ~~_____ (ii) the paramedic licensee has initiated advanced life support;~~
 - ~~_____ (iii) on-line medical control directs that a paramedic remain with the patient during transport; and~~
 - ~~_____ (iv) an ambulance service that interfaces with a paramedic rescue service and has an interlocal or equivalent agreement in place, dealing with reimbursing the paramedic agency for services provided up to a maximum of \$244.94 per transport.~~
 - ~~_____ (4) Mileage Rate—~~
 - ~~_____ (a) \$31.65 per mile or fraction thereof.~~
 - ~~_____ (b) In all cases mileage shall be computed from the point of pickup to the point of delivery.~~
 - ~~_____ (c) A fuel fluctuation surcharge of \$0.25 per mile may be added when diesel fuel prices exceed \$5.10 per gallon or gasoline exceeds \$4.25 as invoiced.~~
 - ~~_____ (5) Surecharge—~~

~~_____ (a) If the ambulance is required to travel for ten miles or more on unpaved roads, a surcharge of \$1.50 per mile may be assessed.~~

~~_____ (6) Special Provisions~~

~~_____ (a) If more than one patient is transported from the same point of origin to the same point of delivery in the same ambulance, the charges to be assessed to each individual will be determined as follows:~~

~~_____ (i) Each patient will be assessed the transportation rate.~~

~~_____ (ii) The mileage rate will be computed as specified, the sum to be divided equally between the total number of patients.~~

~~_____ (b) A round trip may be billed as two one-way trips.~~

~~_____ (c) An ambulance shall provide 15 minutes of time at no charge at both point of pickup and point of delivery, and may charge \$22.05 per quarter hour or fraction thereof thereafter. On round trips, 30 minutes at no charge will be allowed from the time the ambulance reaches the point of delivery until starting the return trip. At the expiration of the 30 minutes, the ambulance service may charge \$22.05 per quarter hour or fraction thereof thereafter.~~

~~_____ (7) Supplies and Medications~~

~~_____ (a) An ambulance licensee may charge for supplies and providing supplies, medications, and administering medications used on any response if:~~

~~_____ (i) supplies shall be priced fairly and competitively with similar products in the local area;~~

~~_____ (ii) the individual does not refuse services; and~~

~~_____ (iii) the ambulance personnel assess or treats the individual.~~

~~_____ (8) Uncontrollable Cost Escalation~~

~~_____ (a) In the event of a temporary escalation of costs, an ambulance service may petition the Department for permission to make a temporary service-specific surcharge. The petition shall specify the amount of the proposed surcharge, the reason for the surcharge, and provide sufficient financial data to clearly demonstrate the need for the proposed surcharge. Since this is intended to only provide temporary relief, the petition shall also include a recommended time limit.~~

~~_____ (b) The Department will make a final decision on the proposed surcharge within 30 days of receipt of the petition.~~

~~_____ (9) Operating report~~

~~_____ (a) The licensed service shall file with the Department within 90 days of the end of each licensed service's fiscal year, an operating report in accordance with the instructions, guidelines and review criteria as specified by the Department. The Department shall provide a summary of operating reports received during the previous state fiscal year to the EMS Committee in the October quarterly meeting.~~

~~_____ (10) Fiscal audits~~

~~_____ (a) Upon receipt of licensed service fiscal reports, the Department shall review them for compliance to standards established.~~

~~_____ (b) Where the Department determines that the audited service is not in compliance with this rule, the Department shall proceed in accordance with Section 26-8a-504.~~

R426-16-3. Penalty for Violation of Rule.

~~_____ As required by Subsection 63G-3-201(5): Any person that violates any provisions of this rule may be assessed a civil money penalty as provided in Section 26-23-6.~~

~~**KEY: emergency medical services, ambulance rates**~~

~~**Date of Enactment or Last Substantive Amendment: July 19, 2012**~~

~~**Notice of Continuation: July 28, 2009**~~

~~**Authorizing, and Implemented or Interpreted Law: 26-8a]**~~

**Human Services, Substance Abuse
and Mental Health
R523-2
Adult Peer Support Specialist Training
and Certification**

NOTICE OF PROPOSED RULE

(New Rule)

DAR FILE NO.: 37009

FILED: 10/29/2012

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: This rule identifies standards for certification of Peer Support Specialist (PSS) Training programs; the qualifications required of instructors for providing Peer Support Training; and the requirements to become a Peer Support Specialist.

SUMMARY OF THE RULE OR CHANGE: This new rule gives specific instruction on the following: 1) certification requirements for PSS training programs; 2) division oversight of program; 3) curriculum requirements for PSS training programs; 4) requirements to become a PSS; and 5) requirements to remain qualified as a PSS.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 62A-15-402

ANTICIPATED COST OR SAVINGS TO:

◆ **THE STATE BUDGET:** It is anticipated that this Certified Peer Support Specialist training program will cost approximately \$125,000 over a 12 to 18 month period, through funding that has already been appropriated.

◆ **LOCAL GOVERNMENTS:** There will be no cost to local governments as a result of this program; local governments do not administer this program.

◆ **SMALL BUSINESSES:** There will be no cost to small businesses as a result of this program; small businesses do not administer this program.

◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** Persons seeking to become certified peer support specialists may have an initial training cost that is anticipated to be less than \$50. There will be some scholarships available to the trainees. This cost will be offset by the new wages earned as a certified peer support specialist.

COMPLIANCE COSTS FOR AFFECTED PERSONS:
Compliance cost for the certified peer support specialists may include the cost to maintain certification. It is anticipated that this will be less than \$20 per year. This cost will be offset by the new wages earned as a certified peer support specialist.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES:
This will provide additional options for substance use disorder and mental health treatment providers to provide recovery support services. Services will be funded or paid for by insurance and/or existing federal and state funding.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

HUMAN SERVICES
SUBSTANCE ABUSE AND MENTAL HEALTH
195 N 1950 W
SALT LAKE CITY, UT 84116
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Julene Jones by phone at 801-538-4521, by FAX at 801-538-3942, or by Internet E-mail at jhjones@utah.gov
♦ L Ray Winger by phone at 801-538-4319, by FAX at 801-538-9892, or by Internet E-mail at raywinger@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 12/17/2012

THIS RULE MAY BECOME EFFECTIVE ON: 12/24/2012

AUTHORIZED BY: Lana Stohl, Director

R523. Human Services, Substance Abuse and Mental Health.

R523-2. Adult Peer Support Specialist Training and Certification.

R523-2-1. Purpose, Authority and Intent.

(1) Purpose. These rules prescribe standards for certification of Peer Support Specialist Training programs; the qualifications required of instructors for providing Peer Support Training; and the requirements to become an Adult Peer Support Specialist.

(2) Statutory Authority. These standards are promulgated by the Utah Department of Human Services through the Division of Substance Abuse and Mental Health (hereinafter referred to as "Division") as authorized by Section 62A-15-402.

(3) Intent. The objective of the peer support specialist training is to establish training programs to certify individuals that have completed requisite training to work as substance use disorder and/or mental health peer support specialists.

R523-2-2. Definitions.

(1) "Adult Peer Support Specialist (PSS)" is an individual who has successfully completed an approved Adult Peer Support Specialist Training Program and for ongoing certification has met the requirements outlined in paragraph -2-9.

(2) "Approved Curriculum" means a curriculum which has been approved by the Division in accordance with these rules.

(3) "Certification" means that the Division verifies the individual has met the requirements outlined in this rule to be a peer support specialist and has completed the required training.

(4) "Director" means the Director of the Division of Substance Abuse and Mental Health.

(5) "Division" means the Division of Substance Abuse and Mental Health.

(6) "Peer Support Specialist Training Program" is an instructional series operated by an approved agency or organization which satisfies the standards established by the Division and is herein referred to as an "Adult Peer Support Specialist Training Program".

(7) "Program Certificate" is a written authorization issued by the Division to the training entity which indicates that the Program has been found to be in compliance with these Division standards.

(8) "Recovery" is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

R523-2-3. Certification Requirements for Peer Support Specialist Training Programs.

(1) An application for Program Certification will require that the program provide, among other things:

(a) Qualifications of individuals who will be providing the training.

(b) A curriculum that outlines no less than forty (40) hours of face-to-face instruction covering the curriculum requirements outlined in paragraph R523-2-5 for a PSS.

(c) A plan to ensure that instructors continue to meet reported qualifications and adhere to the approved curriculum.

(d) An agreement to maintain records of the individual's attendance and completion of all program requirements for at least seven years.

(e) An agreement to comply with all applicable local, state and federal laws and regulations.

(2) The Division Director has the authority to grant exceptions to any of the certification requirements.

R523-2-4. Division Oversight of Program.

(1) The Division may enter and survey the physical facility, program operation, review curriculum and interview staff to determine compliance with this rule or any applicable contract to provide such services.

(2) The PSS Training Program also agrees to allow representatives from the Division and from the local authorities as authorized by the Division to attend the classes held. Such visits may be announced or unannounced.

(3) The Division will establish an application process to review and approve applicants for the PSS Training Program. This process will:

(a) Develop and publish an application to be a PSS.

(b) Solicit input from stakeholders, Peer Support Specialists and other individuals on the review process.

(c) Establish further criteria for acceptance into the PSS program as needed.

R523-2-5. Curriculum requirements for Adult Peer Support Specialist Training Programs.

(1) This curriculum must provide at least forty (40) hours of instruction for original certification and twenty (20) hours for any and all re-certifications. The curriculum shall include the following components as they relate to the PSS's lived experience and recovery in order to assist in the identified client's recovery:

(a) Etiology of mental illness and substance use disorders;

(b) The stages of recovery from mental illness and substance use disorders;

(c) The relapse prevention process;

(d) Combating negative self-talk;

(e) The Role of Peer Support in the Recovery Process and Using Your Recovery Story as a Recovery Tool;

(f) Dynamics of Change;

(g) Strengthening the Peer Specialist's recovery;

(h) Ethics of Peer Support;

(i) Professional relationships, boundaries and limits;

(j) Scope of Peer Support;

(k) Cultural Competence: Self-Awareness - Cultural Identity;

(l) Stigma and Labeling;

(m) Community resources to support individuals in recovery;

(n) Assisting individuals in Accomplishing Recovery Goals;

(o) Coach, Mentor, and Role model recovery;

(p) Assist in identification of natural, formal and informal supports;

(q) Stress Management Techniques;

(r) Assisting individuals in reaching educational and vocational goals;

(s) Crisis prevention; and

(t) Assist with physical health and wellness.

(2) The curriculum must be strength based and include:

(a) Active listening and communication skills; and

(b) Basic motivational interviewing skills.

(3) The curriculum must include a strong emphasis on ethical behavior, dual relationships, scope of peer support and professional boundaries and should include case studies, role plays and experiential learning.

R523-2-7. Requirements to Become an Adult Peer Support Specialist.

(1) Be an individual who participated in substance abuse or mental health treatment services who is now in sustained recovery, or

(2) Be an individual in recovery from substance use or mental health disorders through means other than treatment services who is now in sustained recovery.

(3) Be at least 18 years of age.

(4) Complete the application process with the Division.

(5) Pass the qualification exam with score of 70% or above.

(6) Have attended and successfully completed a Division approved Peer Support Specialist training program and have a valid certificate from that training.

R523-2-9. Requirements to remain qualified as an Adult Peer Support Specialist.

(1) Complete at least twenty (20) hours of continuing education per year including two (2) hours of ethics training and six (6) hours pertaining specifically to Peer Support services.

(2) Provide proof to the Division of completing the required training on an annual basis.

KEY: peer support specialist, PSS program, certification of programs, substance use disorder

Date of Enactment or Last Substantive Amendment: 2012

Authorizing, and Implemented or Interpreted Law: 62A-15-402

Human Services, Substance Abuse and Mental Health

R523-3

Child/Family Peer Support Specialist Training and Certification

NOTICE OF PROPOSED RULE

(New Rule)

DAR FILE NO.: 37010

FILED: 10/29/2012

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: This rule identifies the requirements for child/family certified peer support specialists (PSS) and the training programs.

SUMMARY OF THE RULE OR CHANGE: This rule identifies the following: 1) certification requirements for PSS training programs; 2) division oversight of program; 3) curriculum requirements for Family Resource Facilitator training programs; 4) requirements to become a Family Resource Facilitator; and 5) requirements to remain qualified as a Family Resource Facilitator.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 62A-15-402

ANTICIPATED COST OR SAVINGS TO:

◆ **THE STATE BUDGET:** The cost of this program will be approximately \$125,000 per year through funding that has already been appropriated. This may increase as additional specialists are needed and will continue to be funded within existing appropriations.

◆ **LOCAL GOVERNMENTS:** There will be no cost to local government mandated as a result of this rule; local governments do not administer this program.

◆ **SMALL BUSINESSES:** There will be no cost to small business mandated as a result of this rule; small businesses do not administer this program.

◆ PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES: Persons seeking to become certified peer support specialists may have an initial training cost that is anticipated to be less than \$50. There will be some scholarships available to the trainees. This cost will be offset by the new wages earned as a certified peer support specialist.

COMPLIANCE COSTS FOR AFFECTED PERSONS: There is not a compliance cost for these certified peer specialists to maintain certification since it is covered in the existing program.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: This will provide additional options for substance use disorder and mental health treatment providers to provide recovery support services. Services will be funded or paid for by insurance and/or existing federal and state funding.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:
HUMAN SERVICES
SUBSTANCE ABUSE AND MENTAL HEALTH
195 N 1950 W
SALT LAKE CITY, UT 84116
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

◆ Julene Jones by phone at 801-538-4521, by FAX at 801-538-3942, or by Internet E-mail at jhjones@utah.gov
◆ L Ray Winger by phone at 801-538-4319, by FAX at 801-538-9892, or by Internet E-mail at raywinger@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 12/17/2012

THIS RULE MAY BECOME EFFECTIVE ON: 12/24/2012

AUTHORIZED BY: Lana Stohl, Director

R523 Human Services, Substance Abuse and Mental Health.

R523-3. Child/Family Peer Support Specialist Training and Certification.

R523-3-1. Purpose, Authority and Intent.

(1) Purpose. These rules prescribe standards for certification of Peer Support Specialist Training programs; the qualifications required of instructors for providing Peer Support Training; and the requirements to become a Child/Family Peer Support Specialist.

(2) Statutory Authority. These standards are promulgated by the Utah Department of Human Services through the Division of Substance Abuse and Mental Health (hereinafter referred to as "Division") as authorized by Section 62A-15-402.

(3) Intent. The objective of the peer support specialist training is to establish training programs to certify individuals that

have completed requisite training to work as substance use disorder and/or mental health peer support specialists.

R523-3-2. Definitions.

(1) "Approved Curriculum" means a curriculum which has been approved by the Division in accordance with these rules.

(2) "Certification" means that the Division verifies the individual has met the requirements outlined in this rule to be a peer support specialist and has completed the required training.

(3) Child/Family Peer Support Specialist is a "Family Resource Facilitator" (FRF) who is an individual who has successfully completed an approved Family Resource Facilitator Training Program and for ongoing certification has met the requirements outlined in paragraph -3-7.

(4) "Director" means the Director of the Division of Substance Abuse and Mental Health.

(5) "Division" means the Division of Substance Abuse and Mental Health.

(6) "Peer Support Specialist Training Program" is an instructional series operated by an approved agency or organization which satisfies the standards established by the Division and is herein referred to as a "Family Resource Facilitator Training Program".

(7) "Program Certificate" is a written authorization issued by the Division to the training entity which indicates that the Program has been found to be in compliance with these Division standards.

R523-3-3. Certification Requirements for PSS Training Programs.

(1) An application for Program Certification will require that the program provide, among other things:

(a) Qualifications of individuals who will be providing the training.

(b) A curriculum that outlines no less than forty (40) hours of face-to-face instruction covering the curriculum requirements outlined in paragraph R523-3-5 for Family Resource Facilitator Training.

(c) A plan to ensure that instructors continue to meet reported qualifications and adhere to the approved curriculum.

(d) An agreement to maintain records of the individual's attendance and completion of all program requirements for at least seven years.

(e) An agreement to comply with all applicable local, state and federal laws and regulations.

(2) The Division Director has the authority to grant exceptions to any of the certification requirements.

R523-3-4. Division Oversight of Program.

(1) The Division may enter and survey the physical facility, program operation, review curriculum and interview staff to determine compliance with this rule or any applicable contract to provide such services.

(2) The Family Resource Facilitator Training Program also agrees to allow representatives from the Division and from the local authorities as authorized by the Division to attend the classes held. Such visits may be announced or unannounced.

(3) The Division will establish an application process to review and approve applicants for the Family Resource Facilitator Training Program.

This process will:

(a) Develop and publish an application to be a Family Resource Facilitator Training Program.

(b) Solicit input from stakeholders, Family Resource Facilitators and other individuals on the review process.

(c) Establish further criteria for acceptance into the program as needed.

R523-3-5. Curriculum Requirements for Family Resource Facilitator Training Programs.

(1) This curriculum must provide at least forty (40) hours of instruction for original certification and twenty (20) hours for any and all re-certifications. The curriculum shall include the following components as they relate to the FRF's lived experience as a parent or caregiver of a youth with complex mental health and/or substance use needs in order to promote family and youth resiliency and assist in the identified client's recovery:

(a) Systems of Care

(i) Providing family driven, youth guided, culturally competent and community based services

(A) History of the family involvement movement

(ii) Wraparound and Wraparound process including:

(A) Strength, Needs and Cultural Discovery

(B) Assist in identification of natural, formal and informal supports

(C) Prioritize needs/goals and develop a plan of care

(D) Crisis Prevention

(E) Implement action steps and celebrate successes

(F) Transition Planning

(b) Family Resource Facilitator (FRF) model for strengthening families and building communities.

(i) FRF Roles

(A) Resource Coordination

(B) Family Education & Support

(C) Family Advocacy

(D) Wraparound to Fidelity

(ii) Training and supervision expectations

(c) Ethics of Peer Support

(d) Professional relationships, boundaries and limits

(e) Multi-agency coordination

(f) Family advocacy (individual and system change)

(g) Stigma and Labeling

(h) Assisting Individuals in Accomplishing Recovery

Goals

(i) Coach, Mentor, and Role model recovery

(j) Stress Management Techniques

(k) Assist with reaching age appropriate educational and vocational goals; and

(l) Assist with physical health and wellness

(2) The curriculum must be strength based and include:

(a) Active listening and communication skills

(b) Basic motivational interviewing skills.

(3) The curriculum must include a strong emphasis on ethical behavior, dual relationships, scope of peer support and professional boundaries and should include case studies, role plays and experiential learning.

R523-3-6 Requirements to Become a Family Resource Facilitator.

(1) Be a parent of a child who has received services for a mental, emotional, behavioral or substance use disorder or an adult who has an on-going and personal relationship with a family member who is a child who is receiving or has received services for a mental, emotional, behavioral or substance use disorder.

(2) Be at least 18 years of age.

(3) Have attended and successfully completed a Division approved Child, Youth and Family Peer Support Specialist training program and have a valid certificate from that training.

(4) Pass the qualification exam with a score of 80% or above.

R523-3-7 Requirements to Remain Qualified as a Family Resource Facilitator.

(1) FRF's are encouraged to advance toward additional levels of demonstrated competency and specialization achieved through continued training, mentoring and evaluation during an approved practicum.

(2) Complete at least twenty (20) hours of approved continuing education per year including two (2) hours of ethics training and six (6) hours pertaining specifically to Family Resource Facilitation.

(3) Provide proof to the Division of completing the required training on an annual basis.

KEY: peer support specialist, family resource facilitator, certification of programs, mental health and substance use disorder

Date of Enactment or Last Substantive Amendment: 2012

Authorizing, and Implemented or Interpreted Law: 62A-15-402

Insurance, Administration
R590-102
Insurance Department Fee Payment
Rule

NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 37018

FILED: 10/30/2012

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: This rule is being changed to make Sections R590-102-6 and R590-102-7 more readable, to eliminate the word "application" from Section R590-102-6, to add four new fees and change one.

SUMMARY OF THE RULE OR CHANGE: The following changes are being made to this rule: in Section R590-102-3, Definitions, surplus lines insurers, accredited reinsurers, trusted reinsurers, and employee welfare funds, are being

eliminated from the category of "Other organizations." In the title of Section R590-102-6 the reference to "Other Organization" is being eliminated and fees are being called "administrative/service fees." Here the term "renewal" and "application" is being eliminated. All fees charged on an annual basis are referred to as "annual," except the first or initial fee, which is referred to as the "initial fee." Section R590-102-7 is now entitled "Other Organization Fee." Section headings are being renumbered and references within the rule are being corrected. In Section R590-102-12 a resident title agency reinstatement license fee of \$150 is being added. In Section R590-102-17 a new \$50 "late fee" for the fraud assessment is being added, the FBI fee is being reduced from \$19.25 to \$16.50, and an annual health insurance actuarial review assessment fee is being added as required in Section 31A-30-115 and by H.B. 294, Health System Reform Amendments, passed in the 2010 General Session. In Section R590-102-19, a \$250 "Independent Review Organization" new application fee is being added as a result of passage of H.B. 128, Insurance Amendments, in the 2011 General Session.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Subsection 31A-3-103(3)

ANTICIPATED COST OR SAVINGS TO:

◆ THE STATE BUDGET: Two fees that are being added to this rule will affect the department's budget. The late fraud assessment fee of \$50 could increase the budget by around \$750 annually if the same number of insurers fail to pay their fee on time as last year. The Independent Review Organization application fee of \$250 may bring in \$500 annually. The other fees will not affect the budget. The Title reinstatement License fee of \$150 is already being charged, the reduction in the FBI fingerprinting fee will not affect the budget since it is a pass-through charge and the Annual Health Actuary Review Assessment fee will not be assessed at this time since the cost is currently covered by a Premium Rate Review Grant from the federal government. None of the changes in Sections R590-102-6 and R590-102-7 will create a change in department fees.

◆ LOCAL GOVERNMENTS: The changes to this rule will have no fiscal impact on local government. Collected fees go into the department's budget and will not impact local governments.

◆ SMALL BUSINESSES: The only change to affect small businesses is the new Independent Review Organization application fee of \$250. The Department anticipates only one or two applications annually from organizations that may be small or large employers.

◆ PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES: Individuals who apply for a resident insurance license will be fingerprinted and charged a \$16.50 processing fee, which is a reduction of \$2.75 from the previous fee of \$19.25. This money is paid to the FBI to run a criminal check on the fingerprints. None of it goes to the department. Insurance companies late in paying their fraud assessment will be fined

\$50, a fee not previously assessed. Last year 15 insurers paid late.

COMPLIANCE COSTS FOR AFFECTED PERSONS: Individuals who apply for a resident insurance license and are fingerprinted will now have to pay a processing fee reduced by \$2.75; insurance companies late in paying their fraud assessment will be fined \$50; and new Independent Review Organizations who want to do business in Utah will be charged an application fee of \$250 (the Department anticipates only one or two applications annually).

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: The reduction in the FBI fingerprinting fee will be beneficial to those individuals applying for a resident insurance license. The application fee is new to independent review organizations but is fairly low and will affect just one or two organizations a year - at most. The fraud late payment fee may be just enough to get the company's attention and remind them to pay on time the following year.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

INSURANCE
ADMINISTRATION
ROOM 3110 STATE OFFICE BLDG
450 N MAIN ST
SALT LAKE CITY, UT 84114-1201
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

◆ Jilene Whitby by phone at 801-538-3803, by FAX at 801-538-3829, or by Internet E-mail at jwhitby@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 12/17/2012

THIS RULE MAY BECOME EFFECTIVE ON: 12/24/2012

AUTHORIZED BY: Jilene Whitby, Information Specialist

R590. Insurance, Administration.

R590-102. Insurance Department Fee Payment Rule.

R590-102-1. Authority.

This rule is adopted pursuant to Subsections 31A-3-103(3), which require the commissioner to publish the schedule of fees approved by the legislature and to establish deadlines for payment of each of the various fees.

R590-102-2. Purpose and Scope.

- (1) The purposes of this rule are to:
- (a) publish the schedule of fees approved by the legislature;
 - (b) establish fee deadlines; and
 - (c) disclose this information to licensees and the public.

- (2) The rule applies to:
- (a) all persons engaged in the business of insurance in Utah;
- (b) all licensees;
- (c) applicants for licenses, registrations, certificates, or other similar filings; and
- (d) all persons requesting services provided by the department for which a fee is required.

R590-102-3. Definitions.

In addition to the definitions in Title 31A, the following definitions shall apply for the purposes of this rule:

(1) "Admitted insurers" include: fraternal, health, health maintenance organization, life, limited health plan, motor club, non-profit health service, property-casualty, title insurers, and a prescription drug plan.

(2) "Agency" means:

(a) a person, other than an individual, including a sole proprietorship by which a natural person does business under an assumed name; and

(b) an insurance organization required to be licensed under Subsections 31A-23a-301, 31A-25-207, and 31A-26-209.

(3) "Captive insurer" includes association captive, branch captive, industrial insured captive, pure captive, sponsored captive, and special purpose financial captive.

(4) "Deadline" means the final date or time:

(a) imposed by:

(i) statute;

(ii) rule; or

(iii) order, and

(b) by which

(i) a payment must be received by the department without incurring penalties for late payment or non-payment; or

(ii) required information must be received by the department without incurring penalties for late receipt or non-receipt.

(5) "Fee" means an amount set by the commissioner, by statute, or by rule and approved by the legislature for licenses, registrations, certificates, and other filings and services provided by the Insurance Department.

(6) "Full-line agency" includes producer, consultant, independent adjuster, managing general agent, public adjuster, reinsurance intermediary broker, and third party administrator.

(7) "Full-line individual" includes a producer, consultant, independent adjuster, managing general agent, public adjuster, reinsurance intermediary broker, and third party administrator.

(8) "Limited-line agency" includes bail bond and limited-line producer.

(9) "Limited-line individual" includes bail bond agent, limited-lines producer and customer service representative.

(10) "Other organizations" include: home warranty, joint underwriter, purchasing group, rate service organization, risk retention group, service contract provider, ~~surplus line insurer, accredited reinsurer, trusteed reinsurer, employee welfare fund~~ and health discount program.

(11) "Paper application" means an application that must be manually entered into the department's database because the application was submitted by paper, facsimile, or email when the department has provided an electronic application process and

stated the electronic process is the preferred process for receiving an application.

(12) "Paper filing" means a filing that must be manually entered into the department's database because the filing was submitted by paper, facsimile, or email when the department has provided an electronic filing process and stated the electronic process is the preferred process for receiving a filing.

(13) "Received by the department" means:

(a) the date delivered to and stamped received by the department, if delivered in person;

(b) the postmark date, if delivered by mail;

(c) the delivery service's postmark date or pick-up date, if delivered by a delivery service; or

(d) the received date recorded on an item delivered, if delivered by:

(i) facsimile;

(ii) email; or

(iii) another electronic method; or

(e) a date specified in:

(i) a statute;

(ii) a rule; or

(iii) an order.

R590-102-4. General Instructions.

(1) Any fee payable to the department not included in Subsections R590-102-5 through 18, shall be due when service is requested, if applicable, otherwise by the due date on the invoice.

(2) Payment.

(a) A non-electronic payment processing fee will be added to a payment when the department has provided an electronic payment process and stated the electronic process is the preferred process for receiving a payment.

(b) Check.

(i) Checks shall be made payable to the Utah Insurance Department.

(ii) A check that is dishonored in the process of the collection will not constitute payment of the fee for which it was issued and any action taken based on the payment will be voided.

(iii) Late fees and other penalties, resulting from the voided action will apply until proper payment is made.

(iv) A check payment that is dishonored is a violation of this rule.

(c) Cash. The department is not responsible for un-receipted cash that is lost or misdelivered.

(d) Electronic.

(i) Credit Card.

(A) Credit cards may be used to pay any fee due to the department.

(B) Credit card payments that are dishonored will not constitute payment of the fee and any action taken based on the payment will be voided.

(C) Late fees and other penalties, resulting from the voided action, will apply until proper payment is made.

(D) A credit card payment that is dishonored is a violation of this rule.

(ii) Automated clearinghouse (ACH).

(A) Payers or purchasers desiring to use this method must contact the department for the proper routing and transit information.

(B) Payments that are made in error to another agency or that are not deposited into the department's account will not constitute payment of the fee and any action taken based on the payment will be voided.

(C) Late fees and other penalties resulting from the voided action will apply until proper payment is made.

(D) An ACH payment that is dishonored is a violation of this rule.

(3) Retaliation. The fees enumerated in this rule are not subject to retaliation in accordance with Section 31A-3-401 if other states or countries impose higher fees.

(4) Refunds.

(a) All fees in this rule are non-refundable.

(b) Overpayments of fees are refundable.

(c) Requests for return of overpayments must be in writing.

(5) A non-electronic processing fee will be assessed for a particular service if the department has established an electronic process for that service. See R590-102-15.

R590-102-5. Admitted Insurer and Prescription Drug Plan Fees.

(1) Annual license fees:

(a) certificate of authority, initial license application - due with license application: \$1,000;

(b) certificate of authority - renewal - due by the due date on the invoice: \$300;

(c) certificate of authority - late renewal - due for any renewal paid after the date on the invoice: \$350;

(d) certificate of authority - reinstatement - due with application for reinstatement: \$1,000.

(2) Other license fees:

(a) certificate of authority - amendments - due with request for amendment: \$250;

(b)(i) Form A - application for merger, acquisition, or change of control, due with filing: \$2,000.

(ii) Expenses incurred for consultant(s) services necessary to evaluate a Form A will be charged to the applicant and due by the due date on the invoice;

(c) redomestication filing - due with filing: \$2,000; and

(d) application for organizational permit for mutual insurer to solicit applications for qualifying insurance policies or subscriptions for mutual bonds or contribution notes - due with application: \$1,000.

(3) The annual initial or annual renewal license fee includes the following licensing services for which no additional fee is required:

(a) filing annual statement and report of Utah business - due annually on March 1;

(b) filing holding company registration statement - Form B;

(c) filing application for material transactions between affiliated companies - Form D;

(d) application for: stock solicitation permit, public offering filing, but not an SEC filing; an SEC filing; private placement offering; and

(e) application for individual license to solicit in accordance with the stock solicitation permit.

(4) Annual service fee:

(a) Due annually by the due date on the invoice.

(b) A prescription drug plan is exempted from payment of a service fee.

(c) The fee is based on the Utah premium as shown in the latest annual statement on file with the National Association of Insurance Commissioners (NAIC) and the department. Fee calculation example: the 2004 annual service fee calculation will use the Utah premium shown in the December 31, 2003 annual statement.

(d) Fee schedule:

(i) \$0 premium volume: no service fee;

(ii) more than \$zero but less than \$1 million in premium volume: \$700;

(iii) \$1 million but less than \$3 million in premium volume: \$1,100;

(iv) \$3 million but less than \$6 million in premium volume: \$1,550;

(v) \$6 million but less than \$11 million in premium volume: \$2,100;

(vi) \$11 million but less than \$15 million in premium volume: \$2,750;

(vii) \$15 million but less than \$20 million in premium volume: \$3,500; and

(viii) \$20 million or more in premium volume: \$4,350.

(e) The annual service fee includes the following services for which no additional fee is required:

(i) filing of amendments to articles of incorporation, charter, or bylaws;

(ii) filing of power of attorney;

(iii) filing of registered agent;

(iv) affixing commissioner's seal and certifying any paper;

(v) filing of authorization to appoint and remove agents;

(vi) filing of producer/agency appointment with an insurer - initial;

(vii) filing of producer/agency appointment with an insurer - termination;

(viii) report filing, all lines of insurance;

(ix) rate filing, all lines of insurance; and

(x) form filing, all lines of insurance.

(f) The annual service fee is for services that the department will provide for an admitted insurer during the year. The fee is paid in advance of providing the services.

(5) Other fees:

(a) E-commerce fee: (see R590-102-[47]18).

(b) Insurer examination costs reimbursements from examined insurers - due by due date on the invoice: actual costs plus overhead expense.

R590-102-6. [~~Other Organization, Surplus Lines Insurer, Accredited Reinsurer, Trusted Reinsurer, and Employee Welfare Fund~~ Administrative/Service Fees.

~~[(1) Annual license fee:~~

~~(a) other organization:~~

~~(i) initial - due with application: \$250;~~

~~(ii) renewal - due annually by the due date on the invoice: \$200;~~

~~(iii) late renewal - due for any renewal paid after the date on the invoice: \$250;~~

~~(iv) reinstatement - due with application for reinstatement: \$250;~~

~~(v) The annual other organizations initial or renewal fee includes the risk retention group annual statement filing - due annually on May 1.~~

~~(b) surplus line insurer, accredited reinsurer, trustee reinsurer, and employee welfare fund:~~

~~(i)1) [initial]Initial Fee - due with application, alien surplus lines insurers file Utah State Alien Surplus Lines Information Form \$1,000.~~

~~(ii)2) [renewal]Annual Fee - due annually by the due date on the invoice: [\$300]500;~~

~~(iii)3) [late renewal]Late annual payment - due for any [renewal]annual payment paid after the due date on the invoice: [\$300]550;~~

~~(iv)4) [reinstatement]Reinstatement - due with application, alien surplus insurers submit request for reinstatement: \$1,000;~~

~~(v)5) The [annual]-initial or [renewal]annual surplus line [license]-fee includes the surplus lines annual statement filing for:~~

~~(A)a) U.S. companies - due annually on May 1; and~~

~~(B)b) foreign companies - due within 60 days of the annual statement's filing with the insurance regulatory authority where the company is domiciled.~~

~~(vi)6) The [annual]-initial or [renewal]annual accredited reinsurer and trustee reinsurer license fee includes the annual statement filing - due annually on March 1.~~

~~(2) Annual service fee:~~

~~(a) Other organization - due annually by the due date on the invoice: \$200.~~

~~(b) Surplus lines insurer, accredited reinsurer, trustee reinsurer, and employee welfare fund - due annually by the due date on the invoice: \$200~~

~~(e)7) The annual [service]-fee includes the following services for which no additional fee is required and is paid in advance:~~

~~(i)a) filing of power of attorney;and~~

~~(ii)b) filing of registered agent,[-;and~~

~~(iii) rate, form, report or service contract filing.~~

~~(d) The annual service fee is for services that the department will provide during the year. The fee is paid in advance of providing the services.]~~

~~(3)8) Other fees: E-commerce fee: see R590-102-[47]18.~~

R590-102-7. Other Organization Fees

(1) Annual license fee:

(a) initial - due with application: \$250;

(b) renewal - due annually by the due date on the invoice: \$200;

(c) late renewal - due for any renewal paid after the date on the invoice: \$250;

(d) reinstatement - due with application for reinstatement: \$250;

(e) The annual other organization initial or renewal fee includes the risk retention group annual statement filing - due annually on May 1.

(2) Annual service fee - due annually by the due date on the invoice: \$200.

(a) The annual service fee includes the following services for which no additional fee is required:

(i) filing of power of attorney;

(ii) filing of registered agent; and

(iii) rate, form, report or service contract filing.

(b) The annual service fee is for services that the department will provide during the year. The fee is paid in advance of providing the services.

(3) Other fees: E-commerce fee: see R590-102-18.

R590-102-[7]8. Captive Insurer Fees.

(1) Initial license application - due with license application: \$200.

(2) Initial license application review - due by the due date on the invoice: actual costs incurred by the department to review the application.

(3) Annual license fees:

(a) initial - due by the due date on the invoice: \$5,000;

(b) renewal - due by the due date on the invoice: \$5,000;

(c) late renewal - due for any renewal paid after the date on the invoice: \$5,050;

(d) reinstatement - due with application for reinstatement: \$5,050.

(4) Other fees:

(a) e-commerce fee: see R590-102-[47]18.

(b) Examination costs reimbursements from examined captive insurers - due by due date on the invoice: actual costs plus overhead expense.

R590-102-[8]9. Life Settlement Provider Fees.

(1) Annual license fees:

(a) initial - due with application: \$1,000;

(b) renewal - due by the due date on the invoice: \$300;

(c) late renewal - due for any renewal paid after the date on the invoice: \$350;

(d) reinstatement - due with reinstatement application: \$1,000.

(2) Annual service fee - due by the due date on the invoice: \$600.

(a) The annual service fee includes the following service for which no additional fee is required: rate, form, report or service contract filing.

(b) The annual service fee is for services that the department will provide during the year. The fee is paid in advance of providing the services.

(3) Other fees:

(a) e-commerce fee: see R590-102-[47]18[-]; and

(b) [E]xamination costs reimbursements from examined viatical settlement providers - due by due date on the invoice: actual costs plus overhead expense.

R590-102-[9]10. Professional Employer Organization (PEO) Fees.

(1) Annual license fees:

(a) PEO - not certified by an assurance organization:

(i) initial - due with application: \$2,000;

(ii) renewal - due by the due date on the invoice: \$2,000;

(iii) late renewal - due for any renewal paid after the date on the invoice: \$2,050;

- (iv) reinstatement - due with reinstatement application: \$2,050;
- (b) PEO - certified by an assurance organization:
- (i) initial - due with application: \$2,000;
- (ii) renewal - due by the due date on the invoice: \$1,000;
- (iii) late renewal - due for any renewal paid after the date on the invoice: \$1,050;
- (iv) reinstatement - due with reinstatement application: \$1,050;
- (c) PEO - small operator:
- (i) initial - due with application: \$2,000;
- (ii) renewal - due by the due date on the invoice: \$1,000;
- (iii) late renewal - due for any renewal paid after the date on the invoice: \$1,050;
- (iv) reinstatement - due with reinstatement application: \$1,050.
- (5) E-commerce fee: see R590-102-[+7]18.

R590-102-[+0]11. Individual Resident and Non-Resident License Fees.

- (1) Biennial resident and non-resident full-line individual initial license or renewal fee:
- (a) initial license fee - due with application: \$70;
- (b) renewal license fee if renewed prior to license expiration date - due with renewal application: \$70;
- (c) reinstatement license fee if inactive license is reinstated within one year following the license expiration date - due with application for reinstatement: \$120.
- (2) Biennial resident and non-resident limited-line individual initial or renewal license fee:
- (a) initial license fee - due with application: \$45;
- (b) renewal license fee if renewed prior to license expiration date - due with renewal application: \$45;
- (c) reinstatement license fee if inactive license is reinstated within one year following the license expiration date - due with application for reinstatement: \$95.
- (3) Other license fees: addition of producer classification or line of authority to individual producer license - due with request for additional classification or line of authority: \$25.
- (4) The biennial initial and renewal full-line producer and limited-line producer fee includes the following services for which no additional fee is required:
- (a) issuance of letter of certification;
- (b) issuance of letter of clearance;
- (c) issuance of duplicate license;
- (d) individual continuing education services.
- (5) The biennial initial and renewal individual license fee includes services the department will provide during the year. The fee is paid in advance of providing the services.
- (6) Other fees:
- (a) e-commerce fee: see R590-102-[+7]18; and [-]
- (b) title insurance product or service approval for dual licensed title licensee form filing fee - due with filing: \$25.

R590-102-[+H]12. Agency License Fees, Other than Bail Bond Agencies.

- (1) Biennial resident and non-resident agency initial or renewal license for a full-line agency and for a limited-line agency:
- (a) initial license fee - due with application: \$75;

- (b) renewal license fee if renewed prior to license expiration date - due with renewal application: \$75;
- (c) reinstatement license fee if inactive license is reinstated within one year following the license expiration date - due with application for reinstatement: \$125;
- (d) resident title license:
- (i) initial license fee - due with application: \$100;
- (ii) renewal license fee, if renewed prior to license expiration date - due with renewal application: \$100.
- (iii) reinstatement license fee, if reinstated within one year following the license inactivation date -- due with application for reinstatement: \$150.
- (2) Other license fees: addition of producer classification or line of authority to agency license - due with request for additional classification or line of authority: \$25.
- (3) The biennial initial and renewal agency license fee includes the following services for which no additional fee is required:
- (a) issuance of letter of certification;
- (b) issuance of letter of clearance;
- (c) issuance of duplicate license;
- (d) filing of producer designation to agency license - initial;
- (e) filing of producer designation to agency license - termination;
- (f) filing of amendment to agency license; and
- (g) filing of power of attorney.
- (4) Other fees: [e]E-commerce fee: see R590-102-[+7]18.

R590-102-[+2]13. Bail Bond Agency.

- (1) Annual bail bond agency per annual license period:
- (a) initial license fee - due with application: \$250;
- (b) renewal license fee if renewed prior to license expiration date - due with renewal application: \$250;
- (c) reinstatement license fee if inactive license is reinstated within one year following the license expiration date - due with application for reinstatement: \$300.
- (2) The annual initial and renewal agency license fee includes the following services for which no additional fee is required:
- (a) issuance of letter of certification;
- (b) issuance of letter of clearance;
- (c) issuance of duplicate license;
- (d) filing of producer designation to agency license - initial;
- (e) filing of producer designation to agency license - termination;
- (f) filing of amendment to agency license; and
- (g) filing of power of attorney.
- (3) ~~Other fees: [e]E-commerce fee: see R590-102-[+7]18.~~

R590-102-[+3]14. Health Insurance Purchasing Alliance.

- (1) Annual license fee:
- (a) initial - due with application: \$500;
- (b) renewal - due by the due date on the invoice: \$500;
- (c) late renewal - due for any renewal paid after the date of the invoice: \$550; and

(d) reinstatement - due with application for reinstatement: \$500.

(2) E-commerce fee: see R590-102-[47]18.

R590-102-[44]15. Continuing Education Fees.

(1) Annual continuing education provider license fees per annual license period:

(a) initial license fee - due with application: \$250;

(b) renewal license fee if renewed prior to license expiration date - due with renewal application: \$250;

(c) reinstatement license fee if inactive license is reinstated within one year following the license expiration date - due with application for reinstatement: \$300.

(2) Continuing education course post-approval fee - due with request for approval: \$5 per credit hour, minimum fee \$25.

R590-102-[45]16. Non-electronic Processing or Payment Fees.

(1) Non-electronic filing processing fee - assessed on a non-electronic filing when the department has provided an electronic filing process and stated the electronic process is the preferred process for receiving a filing - due with each paper non-electronic filing or by the due date on the invoice: \$5.

(2) Non-electronic application processing fee - assessed on a non-electronic application when the department has provided an electronic application process and stated the electronic process is the preferred process for receiving an application - due with each paper non-electronic application or by the due date on the invoice: \$25.

(3) Non-electronic payment processing fee - assessed on a non-electronic payment when the department has provided an electronic payment process and stated the electronic process is the preferred process for receiving a payment - due with each non-electronic payment or by the due date on the invoice: \$25.

R590-102-[46]17. Dedicated Fees.

The following are fees dedicated to specific uses:

(1)(a) annual fraud assessment fee as calculated under Section 31A-31-108 and stated in the invoice - due by the due date on the invoice;

(b) late fee -- due for any fraud assessment fee paid after the due date on the invoice: \$50;

(2) annual title insurance regulation assessment fee as calculated under Section 31A-23a-415 and Rule R592-10 and stated in the invoice - due by the due date on the invoice;

(3) annual title assessment for the Title Recovery, Education, and Research Fund fee:

(a) individual title licensee applicant for initial license or renewal license - due with the initial application or the renewal application: \$15;

(b) agency title licensee applicant - due with the initial application: \$1,000[-];

(c) annual agency title licensee assessment based on annual written title insurance premium - due by the due date on the invoice:

(i) Band A: \$0 to \$1 million: \$125;

(ii) Band B: more than \$1 million to \$10 million: \$250;

(iii) Band C: more than \$10 million to \$20 million: \$375;

(iv) Band D: more than \$20 million: \$500[-];

(4) relative value study book fee - due when book purchased or by invoice due date: \$10;

(5) mailing fee for books - due if book is to be mailed to purchaser: \$3;

(6) fingerprint fee - due with application for individual license:

(a) Bureau of Criminal Investigation (BCI): \$15.00; and

(b) Federal Bureau of Investigation (FBI): [~~\$19.25~~]\$16.50[-and]

(7) annual health insurance actuarial review assessment fee as calculated under Section 31A-30-115 and stated in the invoice due by the due-date on the invoice.

R590-102-[47]18. Electronic Commerce Dedicated Fees.

(1) E-commerce and internet technology services fee:

(a) admitted insurer and surplus lines insurer - due with the initial, annual, renewal, or reinstatement application: \$75;

(b) captive insurer - due with the initial, annual renewal, or reinstatement application: \$250;

(c) other organization, professional employer organization, and life settlement provider - due with the initial, annual renewal, or reinstatement application: \$50;

(d) continuing education provider - due with the initial, annual renewal, or reinstatement application: \$20;

(e) agency - due with the initial, biennial renewal, or reinstatement application: \$10;

(f) health insurance purchasing alliance - due with the initial, annual renewal, or reinstatement application: \$10; and

(g) individual - due with the initial, biennial renewal, or reinstatement application: \$5.

(2) Database access fees:

(a) information accessed through an electronic portal set up for that purpose - due when the department's database is accessed to input or acquire data: \$3 per transaction;

(b) rate and form filing database access to an electronic public rate and form filing:

(i) a separate fee is assessed per line of insurance accessed (accident and health, life and annuity, or property-casualty);

(ii) each line of insurance accessed is charged the following fees:

(A) a base fee, which entitles the user up to 30 minutes of access, the assistance of staff during that time, and one DVD - \$45;

(B) each additional 30 minutes of access time or fraction thereof, including the assistance of staff during that time - \$45;

(iii) additional DVD - \$2;

(iv) payment due at time of service or by the due date on the invoice.

R590-102-[48]19. Other Fees.

(1) [p]Photocopy fee - per page: \$.50.

(2) Complete annual statement copy fee - per statement: \$40.

(3) Fee for accepting service of legal process: \$10.

(4) Fees for production of information lists regarding licensees or other information that can be produced by list:

(a) printed list, if the information is already in list format and only needs to be printed or reprinted: \$1 per page;

(b) electronic list compiled by accessing information stored in the Department's database:

- (i) a separate fee is assessed for each list compiled;
- (ii) each list is assessed one or more of the following fees:

(A) a base fee, which entitles the requestor up to 30 minutes of staff time to draft the information query, compile the information, prepare a CD, and prepare a CD for mailing to the requestor - \$50, due with request for information;

(B) each additional 30 minutes or fraction thereof to draft the information query, compile the information, prepare a CD, and prepare a CD for mailing to the requestor - \$50, due by the due date on the invoice;

(iii) additional CD - \$1.00, due by the due date on the invoice.

(5) Returned check fee: \$20.

(6) Workers compensation loss cost multiplier schedule: \$5.

(7) Address correction fee -- assessed when department has to research and enter new address for a licensee -- due by the due date on the invoice: \$35.

(8) Independent Review Organization. Initial application fee -- due with application: \$250.

R590-102-[19]20. Severability.

If any provision of this rule or its application to any person or circumstance is for any reason held to be invalid, the remainder of the rule and the application of this provision to other persons or circumstances shall not be affected.

KEY: insurance fees

Date of Enactment or Last Substantive Amendment: ~~September 28, 2009~~2012

Notice of Continuation: December 29, 2011

Authorizing, and Implemented or Interpreted Law: 31A-3-103

Labor Commission, Adjudication
R602-2-4
Attorney Fees

NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 36989

FILED: 10/23/2012

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of the proposed rule change is to increase the maximum attorney's fees in workers' compensation cases, to match the increase in benefit amounts over the last year.

SUMMARY OF THE RULE OR CHANGE: The amendment increases the amount of attorney fees by 2% to reflect an increase in benefits over the last year.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 34A-1-301 et seq. and Section 63G-4-102 et seq.

ANTICIPATED COST OR SAVINGS TO:

◆ **THE STATE BUDGET:** This amendment does not affect the state in its capacity as an employer nor does it increase the state's cost of administering the workers' compensation system, consequently no costs or savings to the state budget are anticipated.

◆ **LOCAL GOVERNMENTS:** This amendment does not affect local governments in their capacity as employers, consequently no costs or savings to local government budgets are anticipated.

◆ **SMALL BUSINESSES:** This amendment does not affect small businesses in their capacity as employers, consequently no costs or savings to small businesses are anticipated.

◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** This increase of 2% above previous attorney's fee limits is offset by a similar increase in weekly benefits that injured workers are now receiving.

COMPLIANCE COSTS FOR AFFECTED PERSONS: The only compliance costs are the higher attorneys fees the injured workers may be required to pay. As noted, this increase is due to (and offset by) increase in benefits paid to injured workers over the last year.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: The attorney's fees subject to this rule are paid by the injured worker, not the employer. The change should therefore have no fiscal impact on businesses.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

LABOR COMMISSION
ADJUDICATION
HEBER M WELLS BLDG
160 E 300 S
SALT LAKE CITY, UT 84111-2316
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

◆ Heather Gunnarson by phone at 801-536-7928, by FAX at 801-530-6333, or by Internet E-mail at hgunnarson@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 12/17/2012

THIS RULE MAY BECOME EFFECTIVE ON: 12/24/2012

AUTHORIZED BY: Sherrie Hayashi, Commissioner

R602. Labor Commission, Adjudication.**R602-2. Adjudication of Workers' Compensation and Occupational Disease Claims.****R602-2-4. Attorney Fees.**

A. Pursuant to Section 34A-1-309, the Commission adopts the following rule to regulate and fix reasonable fees for attorneys representing applicants in workers' compensation or occupational illness claims.

1. This rule applies to all fees awarded after [~~October 1, 2011~~] January 1, 2013.

2. Fees awarded prior to the effective date of this rule are determined according to the prior version of this rule in effect on the date of the award.

B. Upon written agreement, when an attorney's services are limited to consultation, document preparation, document review, or review of settlement proposals, the attorney may charge the applicant an hourly fee of not more than \$125 for time actually spent in providing such services, up to a maximum of four hours.

1. Commission approval is not required for attorneys fees charged under this subsection B. It is the applicant's responsibility to pay attorneys fees permitted by this subsection B.

2. In all other cases involving payment of applicants' attorneys fees which are not covered by this subsection B., the entire amount of such attorneys fees are subject to subsection C. or D. of this rule.

C. Except for legal services compensated under subsection B. of this rule, all legal services provided to applicants shall be compensated on a contingent fee basis.

1. For purposes of this subsection C., the following definitions and limitations apply:

a. The term "benefits" includes only death or disability compensation and interest accrued thereon.

b. Benefits are "generated" when paid as a result of legal services rendered after Adjudication Form 152 Appointment of Counsel form is signed by the applicant. A copy of this form must be filed with the Commission by the applicant's attorney.

c. In no case shall an attorney collect fees calculated on more than the first 312 weeks of any and all combinations of workers' compensation benefits.

2. Fees and costs authorized by this subsection shall be deducted from the applicant's benefits and paid directly to the attorney on order of the Commission. A retainer in advance of a Commission approved fee is not allowed.

3. Attorney fees for benefits generated by the attorney's services shall be computed as follows:

a. For all legal services rendered through final Commission action, the fee shall be 25% of weekly benefits generated for the first \$25,000, plus 20% of the weekly benefits generated in excess of \$25,000 but not exceeding \$50,000, plus 10% of the weekly benefits generated in excess of \$50,000, to a maximum of [~~\$17,125~~] \$17,468.

b. For legal services rendered in prosecuting or defending an appeal before the Utah Court of Appeals, an attorney's fee shall be awarded amounting to 30% of the benefits in dispute before the Court of Appeals. This amount shall be added to any attorney's fee awarded under subsection C.3.a. for benefits not in dispute before the Court of Appeals. The total amount of fees awarded under subsection C.3.a. and this subsection C.3.b. shall not exceed [~~\$24,706~~] \$25,200;

c. For legal services rendered in prosecuting or defending an appeal before the Utah Supreme Court, an attorney's fee shall be awarded amounting to 35% of the benefits in dispute before the Supreme Court. This amount shall be added to any attorney's fee awarded under subsection C.3.a. and subsection C.3.b. for benefits not in dispute before the Supreme Court. The total amount of fees awarded under subsection C.3.a, subsection C.3.b. and this subsection C.3.c shall not exceed [~~\$30,321~~] \$30,927.

D. The following expenses, fees and costs shall be presumed to be reasonable and necessary and therefore reimbursable in a workers' compensation claim:

1. Medical records and opinion costs;
2. Deposition transcription costs;
3. Vocational and Medical Expert Witness fees;
4. Hearing transcription costs;
5. Appellate filing fees; and
6. Appellate briefing expenses.

F. Other reasonable expenses, fees and costs may be awarded as reimbursable as the Commission may in its discretion decide in a particular workers compensation claim.

E. In "medical only" cases in which awards of attorneys' fees are authorized by Subsection 34A-1-309(4), the amount of such fees and costs shall be computed according to the provisions of subsection C and D.

KEY: workers' compensation, administrative procedures, hearings, settlements

Date of Enactment or Last Substantive Amendment: [~~December 29, 2011~~] 2012

Notice of Continuation: June 19, 2012

Authorizing, and Implemented or Interpreted Law: 34A-1-301 et seq.; 63G-4-102 et seq.

Labor Commission, Industrial Accidents**R612-4-2****Premium Rates for the Uninsured Employers' Fund and the Employers' Reinsurance Fund****NOTICE OF PROPOSED RULE**

(Amendment)

DAR FILE NO.: 36990

FILED: 10/23/2012

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: Workers' compensation insurance premiums in Utah include an assessment to fund the Employers' Reinsurance Fund (ERF) and the Uninsured Employers Fund (UEF). Employers that self-insure their workers' compensation liabilities are required to pay an equivalent assessment. The proposed rule establishes these assessment rates for the 2012 calendar year.

SUMMARY OF THE RULE OR CHANGE: For 2013, the proposed amendment reduces the ERF's premium assessment rate from 3.0% to 2.9% and increases the UEF's premium assessment rate from 0.05% to 0.15%. These changes offset each other, leaving the overall assessment rate unchanged from 2012.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Subsection 59-9-101(2)

ANTICIPATED COST OR SAVINGS TO:

◆ **THE STATE BUDGET:** Because the overall premium assessments rate is unchanged, the proposed amendment will not affect the state's expense for workers' compensation insurance.

◆ **LOCAL GOVERNMENTS:** Because the overall premium assessment rate is left unchanged, the proposed amendment will not affect local government expense for workers' compensation insurance.

◆ **SMALL BUSINESSES:** Because the overall premium assessments rate is left unchanged, the proposed amendment will not affect small business expense for workers' compensation insurance.

◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** Because the overall premium assessment rate is left unchanged, the proposed amendment will not affect other persons' expense for workers' compensation insurance, nor will it affect the workers' compensation benefits that may be claimed by such persons.

COMPLIANCE COSTS FOR AFFECTED PERSONS: By leaving the overall premium assessment rate unchanged, the proposed amendment avoids any compliance costs for any affected person.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: The proposed assessment rates are based on actuarial studies and are believed to be sufficient to support the ERF and UEF during 2013. The proposed overall assessment rate remains unchanged from the previous year, thereby contributing to the cost stability of Utah's workers' compensation system. This stability has a positive fiscal impact on businesses.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

LABOR COMMISSION
INDUSTRIAL ACCIDENTS
HEBER M WELLS BLDG
160 E 300 S
SALT LAKE CITY, UT 84111-2316
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

◆ Ron Dressler by phone at 801-530-6841, by FAX at 801-530-6804, or by Internet E-mail at rdressler@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 12/17/2012

THIS RULE MAY BECOME EFFECTIVE ON: 12/24/2012

AUTHORIZED BY: Sherrie Hayashi, Commissioner

R612. Labor Commission, Industrial Accidents.

R612-4. Premium Rates.

R612-4-2. Premium Rates for the Uninsured Employers' Fund and the Employers' Reinsurance Fund.

A. Pursuant to Section 59-9-101(2), Section 59-9-101.3 and 34A-2-202 the workers' compensation premium rates effective January 1, 201~~2~~³, as established by the Labor Commission, shall be:

1. ~~0.05~~^{0.15}% for the Uninsured Employers' Fund;
2. ~~3.0~~^{2.9}% for the Employers' Reinsurance Fund;

B. The premium rates are a percentage of the total workers' compensation insurance premium income as detailed in Section 59-9-101(2)(a).

KEY: workers' compensation, rates

Date of Enactment or Last Substantive Amendment: ~~January 1,~~^{January 1,} 2012

Notice of Continuation: December 8, 2010

Authorizing, and Implemented or Interpreted Law: 59-9-101(2)

Natural Resources; Oil, Gas and Mining; Oil and Gas

R649-3-38

Surface Owner Protection Act Provisions

NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 36992

FILED: 10/25/2012

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of this new section is to identify the new standards upon oil and gas operators and surface owners when there is privately-owned surface land overlying a separate party's privately-owned mineral resources. This rulemaking is required by S.B. 77, Surface Owner Protection Act, from the 2012 General Session.

SUMMARY OF THE RULE OR CHANGE: This rule, in accordance with S.B. 77, passed during the 2012 General Session, establishes standards for oil and gas well operators and surface owners when there is privately-owned surface

land overlying a separate party's privately-owned mineral resources. The rule reflects the rights of the well operator to enter upon the surface land and oil and gas operations shall also be conducted in a manner to prevent unreasonable losses to the private surface land owner. A surface use bond is required if there is not a surface use agreement. Non-binding mediation may be requested by the parties with costs equally shared.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 40-6-20 and Section 40-6-21 and Section 40-6-5

ANTICIPATED COST OR SAVINGS TO:

- ◆ THE STATE BUDGET: The Division anticipates one new surface use bond per year in addition to the traditional plugging and restoration bonds received in the existing rules, but this anticipated small increase will not require added staffing expenses to implement.
- ◆ LOCAL GOVERNMENTS: Local government is not impacted by this rule since they are not private surface owners or mineral owners, and they do not operate oil and gas wells.
- ◆ SMALL BUSINESSES: Since over 96% of the oil and gas companies drilling in Utah in 2012 are larger than small business, it is very unlikely that a small business operator will result in the one well to be additionally bonded.
- ◆ PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES: Private surface land owners who do not own the minerals and who encounter a proposal for oil and gas development on their land will only incur an added cost if they voluntarily choose to utilize a mediator and share this cost, if they are unable to reach a surface use agreement. A mediator cost is estimated at \$150 per hour for 4 hours, thus a \$600 cost to be shared with the well operator. The mediation is an added opportunity to resolve a disagreement but it is not required by statute or rule.

COMPLIANCE COSTS FOR AFFECTED PERSONS: Oil and gas companies who are drilling on privately-owned surface land overlying privately-owned mineral resource, who are not able to achieve a surface use agreement, will encounter a new \$6,000 bond requirement per well site. Based on prior history, only one new bond is expected when there is no surface use agreement in this ownership situation. The funds are returned after plugging of the well or an agreement is reached. The company may share the estimated \$600 cost of a mediator with a surface land owner, if a mediator is voluntarily utilized.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: Based on prior history, only one new surface use bond is expected to be required of any oil and gas operator each year, when a surface use agreement can not be achieved for the case where there is private surface land and private minerals. The new surface use bond of \$6,000 has

provisions in the rule for being returned to the operator if a surface use agreement can be reached at a subsequent date.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

NATURAL RESOURCES
OIL, GAS AND MINING; OIL AND GAS
ROOM 1210
1594 W NORTH TEMPLE
SALT LAKE CITY, UT 84116-3154
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

- ◆ Steve Schneider by phone at 801-538-5328, by FAX at 801-359-3940, or by Internet E-mail at steveschneider@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 12/17/2012

INTERESTED PERSONS MAY ATTEND A PUBLIC HEARING REGARDING THIS RULE:

- ◆ 12/05/2012 09:00 AM, DNR, 1594 W North Temple, Salt Lake City, UT

THIS RULE MAY BECOME EFFECTIVE ON: 01/23/2013

AUTHORIZED BY: John Baza, Director

**R649. Natural Resources; Oil, Gas and Mining; Oil and Gas.
R649-3. Drilling and Operating Practices.**

R649-3-38. Surface Owner Protection Act Provisions.

1. These rules and all subsequent revisions as approved by the board are developed pursuant to the requirements of the Surface Owner Protection Act of 2012 in Title 40, Chapter 6. It is the intent of the board and the division to encourage owners or operators and surface land owners to enter into surface use agreements. Surface use agreements should fairly consider the respective rights of the owner or operator and the surface land owner and also comply with the requirements of R649-3-34.

2. For the purposes of R649-3-38, these definitions are utilized.

2.1. "Crops" means any growing vegetative matter used for an agricultural purpose, including forage for grazing and domesticated animals.

2.2. "Oil and gas operations" means to explore for, develop, or produce oil and gas.

2.3. "Surface land" means privately owned land overlying privately owned oil and gas resources, upon which oil and gas operations are conducted, and owned by a surface land owner.

2.4. "Surface land owner" means a person who owns, in fee simple absolute, all or part of the surface land as shown by the records of the county where the surface land is located. Surface land owner does not include the surface land owner's lessee, renter, tenant, or other contractually related person.

2.5. "Surface land owner's property" means a surface land owner's surface land, crops on the surface land, and existing improvements on the surface land.

2.6. "Surface use agreement" means an agreement between an owner or operator and a surface land owner addressing the use and reclamation of surface land owned by the surface land owner and compensation for damage to the surface land caused by oil and gas operations that result in loss of the surface land owner's crops on the surface land, loss of value of existing improvements owned by the surface land owner on the surface land, and permanent damage to the surface land.

3. Oil and gas operations shall be conducted in such manner as to prevent unreasonable loss of a surface land owner's crops on surface land, unreasonable loss of value of existing improvements owned by a surface land owner on surface land, and unreasonable permanent damage to surface land.

4. In accordance with Section 40-6-20, an owner or operator may enter onto surface land under which the owner or operator holds rights to conduct oil and gas operations and use the surface land to the extent reasonably necessary to conduct oil and gas operations and consistent with allowing the surface land owner the greatest possible use of the surface land owner's property, to the extent that the surface land owner's use does not interfere with the owner's or operator's oil and gas operations.

4.1. Except as is reasonably necessary to conduct oil and gas operations, an owner or operator shall mitigate the effects of accessing the surface land owner's surface land, minimize interference with the surface land owner's use of the surface land owner's property, and compensate a surface land owner for unreasonable loss of a surface land owner's crops on the surface land, unreasonable loss of value to existing improvements owned by a surface land owner on the surface land, and unreasonable permanent damage to the surface land.

4.2. An owner or operator may but is not required to obtain location or spacing exceptions from the division or board or utilize directional or horizontal drilling techniques that are not technologically feasible, economically practicable, or reasonably available.

5. In accordance with Section 40-6-21, non-binding mediation may be requested by a surface land owner and an owner or operator, by providing written notice to the other party, if they are unable to agree on the amount of damages for unreasonable crop loss on the surface land, unreasonable loss of value to existing improvements owned by the surface land owner on the surface land, or unreasonable permanent damage to the surface land.

5.1. A mediator may be mutually selected by a surface land owner and an owner or operator from a listing of qualified mediators maintained by the division and the Utah Department of Agriculture and Food, which includes the mediators identified on the Utah State Courts website with "property" or "real estate" as an area of expertise, or a mediator may be selected from any other source.

5.2. The surface land owner and the owner or operator shall equally share the cost of the mediator's services.

5.3. The mediation provisions of this subsection do not prevent or delay an owner or operator from conducting oil and gas operations in accordance with applicable law.

6. A surface use bond shall be furnished to the division by the owner or operator, in accordance with the following provisions of Subsection R649-3-38-6.

6.1. A surface use bond does not apply to surface land where the surface land owner is a party to, or a successor of a party to:

6.1.1. A lease of the underlying privately owned oil and gas;

6.1.2. A surface use agreement applicable to the surface land owner's surface land; or

6.1.3. A contract, waiver, or release addressing an owner's or operator's use of the surface land owner's surface land.

6.2. The surface use bond shall be in the amount of \$6,000 per well site and shall be conditioned upon the performance by the owner or operator of the duty to protect a surface land owner against unreasonable loss of crops on surface land, unreasonable loss of value of existing improvements, and unreasonable permanent damage to surface land.

6.3. The surface use bond shall be furnished to the division on Form 4S after good faith negotiation and prior to the approval of the application for permit to drill. The mediation process identified in R649-3-38-5 may commence and is encouraged to be completed.

6.4. The division may accept a surface use bond in the form of a cash account as provided in R649-3-1-10.2.1 or a certificate of deposit as provided in R649-3-1-10.2.3. Interest will remain within the account.

6.5. The division may allow the owner or operator, or a subsequent owner or operator, to replace an existing surface use bond with another bond that provides sufficient coverage.

6.6. The surface use bond shall remain in effect by the operator until released by the division.

6.7. The surface use bond shall be payable to the division for the use and benefit of the surface land owner, subject to the provisions of these rules.

6.8. The surface use bond shall be released to the owner or operator after the division receives sufficient information that:

6.8.1. A surface use agreement or other contractual agreement has been reached;

6.8.2. Final resolution of the judicial appeal process for an action for unreasonable damages, as defined in R649-3-38-6.2, has occurred and have been paid; or

6.8.3. Plugging and abandonment of the well is completed.

6.9. The division shall make a reasonable effort to contact the surface land owner prior to the division's release of the surface use bond.

KEY: oil and gas law

Date of Enactment or Last Substantive Amendment: ~~July 1, 2003~~2012

Notice of Continuation: February 3, 2012

Authorizing, and Implemented or Interpreted Law: 40-6-1 et seq.; 40-6-5; 40-6-20; 40-6-21

**Public Safety, Driver License
R708-47
Emergency Contact Database**

NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 36950

FILED: 10/17/2012

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose for this amendment is to add definitions and clarify the existing Rule R708-47.

SUMMARY OF THE RULE OR CHANGE: This change adds new definitions and clarifies the process to add or update information in the Driver License Division's Emergency Contact Database.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 53-3-205.6

ANTICIPATED COST OR SAVINGS TO:

◆ THE STATE BUDGET: There is no cost or savings to the state budget as a result of this amendment because the amendment simply adds definitions and clarifies procedures. It does not affect the existing Driver License Emergency Contact database.

◆ LOCAL GOVERNMENTS: This amendment does not affect local government because local government does not participate in the Driver License Emergency Contact Database.

◆ SMALL BUSINESSES: This amendment does not affect small businesses because small businesses do not participate in the Driver License Emergency Contact Database.

◆ PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES: This amendment does not affect persons other than small businesses, businesses, or local governments because the amendment simply adds definitions and clarifies procedures. It does not affect the existing Emergency Contact database.

COMPLIANCE COSTS FOR AFFECTED PERSONS: This amendment does not affect individuals because there are no compliance costs for persons who choose to add information into the Driver License Emergency Contact Database.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: This amendment does not have a fiscal impact on businesses because businesses do not participate in the Driver License Emergency Contact database.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

PUBLIC SAFETY
DRIVER LICENSE
CALVIN L RAMPTON COMPLEX
4501 S 2700 W 3RD FL
SALT LAKE CITY, UT 84119-5595
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

◆ Jill Laws by phone at 801-964-4469, by FAX at 801-964-4482, or by Internet E-mail at jlaws@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 12/17/2012

THIS RULE MAY BECOME EFFECTIVE ON: 12/24/2012

AUTHORIZED BY: Lance Davenport, Commissioner

R708. Public Safety, Driver License.

R708-47. Emergency Contact Database.

R708-47-2. Purpose.

~~[The purpose of this rule is to set standards establishing the procedures for a Utah license certificate holder, a Utah instruction permit holder, or a Utah identification card holder to provide the division with emergency contact information on person(s) to be contacted in the event of a motor vehicle accident or other emergency situation when the Utah certificate holder is unable to make contact with their designated emergency contact person(s) and to establish procedures to change the emergency contact information.]~~ The purpose of this rule is to establish procedures whereby a licensee may designate an emergency contact person that may be notified if the licensee is involved in a motor vehicle accident or other emergency situation when the licensee is unable to communicate with the person.

R708-47-3. Definitions.

~~[(1) "Emergency Contact Database" means the information maintained in the Utah Driver License Division database that was provided by a Utah license certificate holder, a Utah instruction permit holder, or a Utah identification card holder which designates and provides contact information on the Utah certificate holder's emergency contact(s);~~

~~(2) "Emergency Contact Information" means the information provided to the division by a Utah license certificate holder, Utah instruction permit holder, or a Utah identification card holder on a person(s) they has designated to be contacted in the event of a motor vehicle accident or other emergency situation when the individual is unable to make contact which includes the person's:~~

- ~~(a) Name;~~
- ~~(b) Address;~~
- ~~(c) Relationship to the Utah certificate holder;~~
- ~~(d) Up to three (3) telephone numbers.~~

~~(3) "Utah Interactive" means the company that is contracted with the state to provide and maintain web services for the division.](1) Definitions used in this rule are found in Section 53-3-102.~~

~~(2) In addition:~~

- ~~(a) EMER means an Emergency Contact Database form;~~
- ~~(b) "emergency contact database" means the database maintained by the division which contains all of the information provided by a licensee regarding the licensee's emergency contact person;~~

(c) "emergency contact information" means the contact information for a licensee's emergency contact person including the emergency contact person's:

(i) name;

(ii) address;

(iii) relationship to the licensee; and

(iv) up to three (3) telephone numbers;

(d) "emergency contact person" means anyone designated by a licensee to be notified if the licensee is involved in a motor vehicle accident or other emergency situation when the licensee is unable to communicate with the person;

(e) "licensee" means a person who holds a license certificate, learner permit, identification card, or any other type of license or permit issued under Title 53, Chapter 3; and

(f) "Utah Interactive" means the company which contracts with the state to provide and maintain web services for the division.

R708-47-4. Method to Provide or Change Emergency Contact Information.

(1) ~~[The holder of a Utah license certificate, instruction permit, or identification card]~~A licensee may provide or change emergency contact information ~~[to the division]~~ by:

(a) ~~[Accessing]~~accessing the web service provided by Utah Interactive; or

(b) ~~[Submitting the]~~submitting a completed ~~[Emergency Contact Database form (EMER)]~~EMER to the division.

~~[R708-47-5. Method to Change the Emergency Contact Information.~~

~~(1) The holder of a Utah license certificate, instruction permit, or identification card may modify, update or delete emergency contact information previously submitted to the division by:~~

~~(a) Accessing the web service provided by Utah Interactive; or~~

~~(b) Submitting the updated Emergency Contact Database form (EMER).~~

]KEY: emergency contact database

Date of Enactment or Last Substantive Amendment: [August 9, 2012

Authorizing, and Implemented or Interpreted Law: 53-3-205.6

**Tax Commission, Administration
R861-1A-12**

**Policies and Procedures Regarding
Public Disclosure Pursuant to Utah
Code Ann. Sections 41-3-209, 59-1-
210, 59-1-403, and 59-1-405**

**NOTICE OF PROPOSED RULE
(Amendment)**

DAR FILE NO.: 36991

FILED: 10/25/2012

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The proposed amendment clarifies when property tax orders, or information about them, may be disclosed. This clarification is made at the request of the Salt Lake County District Attorney.

SUMMARY OF THE RULE OR CHANGE: The current version of the section provides for the disclosure of property tax orders, or information about those orders, to persons other than the persons described in Section 59-1-404 and Tax Commission Section R861-1A-37 if disclosure is required under state law. However, current state law under Section 59-1-404 allows, but does not require, the disclosure of certain information from property tax orders. Accordingly, the proposed amendment clarifies that disclosure of property tax orders, or information about those orders, to persons other than the persons described in Section 59-1-404 and Tax Commission Section R861-1A-37 may be disclosed if the disclosure is required or allowed under state law.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 41-3-209 and Section 59-1-210 and Section 59-1-403 and Section 59-1-405

ANTICIPATED COST OR SAVINGS TO:

- ◆ THE STATE BUDGET: None--The proposed amendment is consistent with current statute.
- ◆ LOCAL GOVERNMENTS: None--The proposed amendment is consistent with current statute.
- ◆ SMALL BUSINESSES: None--The proposed amendment is consistent with current statute.
- ◆ PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES: None--The proposed amendment is consistent with current statute.

COMPLIANCE COSTS FOR AFFECTED PERSONS: None--The proposed amendment is consistent with current statute.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: This amendment creates no fiscal impact as it is consistent with current law.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

TAX COMMISSION
ADMINISTRATION
210 N 1950 W
SALT LAKE CITY, UT 84134-0002
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

- ◆ Christa Johnson by phone at 801-297-3901, by FAX at 801-297-3907, or by Internet E-mail at cj@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 12/17/2012

THIS RULE MAY BECOME EFFECTIVE ON: 12/24/2012

AUTHORIZED BY: Michael Cragun, Tax Commissioner

R861. Tax Commission, Administration.

R861-1A. Administrative Procedures.

R861-1A-12. Policies and Procedures Regarding Public Disclosure Pursuant to Utah Code Ann. Sections 41-3-209, 59-1-210, 59-1-403, and 59-1-405.

(1) Hearings.

(a) Except as provided under Subsection (1)(b), and pursuant to Section 59-1-405, hearings related to appeals filed with the commission are confidential tax matters and not subject to Title 52, Chapter 4, Open and Public Meetings Act.

(b) Hearings related to the enforcement of Title 41, Chapter 3, Motor Vehicle Business Regulation, are open to the public.

(2) Orders.

(a) Except as provided in Subsections (2)(b) through (e), written orders signed by the commission will be mailed to the named parties in accordance with commission procedures. Copies of these orders or information about them will not be provided to any person other than the named parties except under the following circumstances:

(i) the parties have affirmatively waived any claims to confidentiality; or

(ii) the orders may be effectively sanitized through the deletion of references to the parties, specific tax amounts, witnesses, geographic information, or any other information that might identify a particular person.

(b) Property tax orders signed by the commission that do not contain commercial information will be mailed to the named parties in accordance with commission procedures. Copies of these orders or information about them will not be provided to any person other than the named parties except under the following circumstances:

(i) the parties have affirmatively waived any claims to confidentiality;

(ii) the orders may be effectively sanitized through the deletion of reference to the parties, specific tax amounts, witnesses, geographic information, or any other information that might identify any private party to the appeal; or

(iii) the disclosure is required or allowed under state law.

(c)(i) Property tax orders signed by the commission that contain commercial information will be mailed to the appropriate persons in accordance with Section 59-1-404 and rule R861-1A-37, Provisions Relating to Disclosure of Commercial Information.

(ii) Copies of property tax orders described in Subsection (2)(c)(i), or information about them, will be made available to persons other than the persons described in Section 59-1-404 and rule R861-1A-37 under the following circumstances:

(A) the parties have affirmatively waived any claims to confidentiality;

(B) the orders may be effectively sanitized through the deletion of reference to the parties, specific tax amounts, commercial information, witnesses, geographic information, or any other information that might identify any private party to the appeal; or

(C) the disclosure is required or allowed under state law.

(d) Orders resulting from a hearing related to the enforcement of Title 41, Chapter 1a, Motor Vehicle Act, will be mailed to the named parties in accordance with commission procedures. Copies of these orders or information about them will not be provided to any person other than the named parties except under the following circumstances:

(i) the parties have affirmatively waived any claims to confidentiality;

(ii) the orders may be effectively sanitized through the deletion of reference to the parties, specific tax amounts, witnesses, geographic information, or any other information that might identify any private party to the appeal; or

(iii) the disclosure is required under state law.

(e) Orders resulting from a hearing related to the enforcement of Title 41, Chapter 3, Motor Vehicle Business Regulation, are public information and may be publicized.

(3) Commission Notes and Workpapers.

(a) All workpapers, notes, and other material prepared by the commissioners, as well as staff and employees of the commission, are protected, and access to the specific material is restricted to employees of the commission and its legal counsel only.

(b) Examples of this restricted material include audit workpapers and notes, ad valorem appraisal worksheets, and notes taken during hearings and deliberations. In the case of information prepared as part of an audit, the auditing division will, upon request, provide summary information of the findings to the taxpayer. These items will not be available to any person or party by discovery carried out pursuant to these rules or the Utah Rules of Civil Procedure.

(4) Reciprocal Agreements.

(a) The commission may enter into individual reciprocal agreements to share specific tax information with authorized representatives of the United States Internal Revenue Service or the revenue service of any other state.

(b) For all taxes other than individual income tax and corporate franchise tax, the commission may share information gathered from returns and other written statements with the federal government, other states, and political subdivisions within and without the state if the political subdivision, state, or federal government grant substantially similar privileges to this state.

(5) Statistical Information. The commission authorizes the preparation and publication of statistical information regarding the payment and collection of state taxes. The information will be made available after review and approval of the commission.

(6) Publication of Delinquent Taxpayer Information.

(a) For purposes of this Subsection (6), "delinquent taxpayer" does not include a person subject to a tax under:

(i) Title 59, Chapter 7, Corporate Franchise and Income Taxes;

(ii) Title 59, Chapter 10, Part 1, Determination and Reporting of Tax Liability and Information;

- (iii) Title 59, Chapter 10, Part 2, Trusts and Estates; or
 - (iv) Title 59, Chapter 10, Part 14, Pass-Through Entities and Pass-Through Entity Taxpayers Act.
- (b) The commission may publicize the following information relating to a delinquent taxpayer:
- (i) name;
 - (ii) address;
 - (iii) the amount of money owed by tax type; and
 - (iv) any legal action taken by the commission, including charges filed and property seized.

KEY: developmental disabilities, grievance procedures, taxation, disclosure requirements

Date of Enactment or Last Substantive Amendment: [September 27,]2012

Notice of Continuation: January 3, 2012

Authorizing, and Implemented or Interpreted Law: 10-1-405; 41-1a-209; 52-4-207; 59-1-205; 59-1-207; 59-1-210; 59-1-301; 59-1-302.1; 59-1-304; 59-1-401; 59-1-403; 59-1-404; 59-1-405; 59-1-501; 59-1-502.5; 59-1-602; 59-1-611; 59-1-705; 59-1-706; 59-1-1004; 59-1-1404; 59-7-505; 59-10-512; 59-10-532; 59-10-533; 59-10-535; 59-12-107; 59-12-114; 59-12-118; 59-13-206; 59-13-210; 59-13-307; 59-10-544; 59-14-404; 59-2-212; 59-2-701; 59-2-705; 59-2-1003; 59-2-1004; 59-2-1006; 59-2-1007; 59-2-704; 59-2-924; 59-7-517; 63G-3-301; 63G-4-102; 76-8-502; 76-8-503; 59-2-701; 63G-4-201; 63G-4-202; 63G-4-203; 63G-4-204; 63G-4-205 through 63G-4-209; 63G-4-302; 63G-4-401; 63G-4-503; 63G-3-201(2); 68-3-7; 68-3-8.5; 69-2-5; 42USC 12201; 28 CFR 25.107 1992 Edition

Workforce Services, Employment Development

R986-700-710

Income Limits for ES CC

NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 37025

FILED: 11/01/2012

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of this amendment is to change how income of SSI recipients is counted.

SUMMARY OF THE RULE OR CHANGE: SSI recipients were not included in the Child Care assistance household nor was the income from an SSI recipient counted in determining eligibility for Child Care. This change will include an SSI recipient in the household and their earned and unearned income will be counted. The SSI benefit itself will not be counted.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 35A-1-104 and Subsection 35A-1-104(4) and Subsection 35A-3-310(3)

ANTICIPATED COST OR SAVINGS TO:

◆ **THE STATE BUDGET:** This applies to federally-funded programs so there are no costs or savings to the state budget.

◆ **LOCAL GOVERNMENTS:** This is a federally-funded program so there are no costs or savings to the local government.

◆ **SMALL BUSINESSES:** There will be no costs to small businesses to comply with these changes because this is a federally-funded program.

◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** There will be no costs to persons other than small businesses, businesses or local government entities to comply with these changes because there are no costs or fees associated with these proposed changes.

COMPLIANCE COSTS FOR AFFECTED PERSONS: There are no compliance costs associated with these changes for any affected persons because this is a federally-funded program and there are no fees or costs associated with these proposed changes.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: There are no compliance costs associated with this change. There are no fees associated with this change. There will be no cost to anyone to comply with these changes. There will be no fiscal impact on any business.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

WORKFORCE SERVICES
EMPLOYMENT DEVELOPMENT
140 E 300 S

SALT LAKE CITY, UT 84111-2333

or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

◆ Suzan Pixton by phone at 801-526-9645, by FAX at 801-526-9211, or by Internet E-mail at spixton@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 12/17/2012

THIS RULE MAY BECOME EFFECTIVE ON: 12/24/2012

AUTHORIZED BY: Jon Pierpont, Acting Executive Director

R986. Workforce Services, Employment Development.

R986-700. Child Care Assistance.

R986-700-710. Income Limits for ES CC.

(1) Rule R986-200 is used to determine:

(a) who must be included in the household assistance unit for determining whose income must be counted to establish eligibility. In some circumstances, determining household composition for a ES CC household is different from determining household composition for a FEP or FEPTP household. ES CC follows the parent and the child, not just the child so, for example, if a parent in the household is ineligible, the entire ES CC household is ineligible. A specified relative may not opt out of the household assistance unit when determining eligibility for CC. The income of the specified relatives needing ES CC in the household must be counted. For ES CC, only the income of the parent/client is counted in determining eligibility regardless of who else lives in the household. If both parents are living in the household, the income of both parents is counted. Recipients of SSI benefits are included in the household assistance unit.

(b) what is counted as income except:

(i) the earned income of a minor child who is not a parent is not counted; ~~and~~

(ii) child support, including in kind child support payments, is counted as unearned income, even if it exceeds the court or ORS ordered amount of child support, if the payments are made directly to the client. If the child support payments are paid to a third party, only the amount up to the court or ORS ordered child support amount is counted; ~~and~~[-]

(iii) earned and unearned income of SSI recipients is counted with the exception of the SSI benefit.

(c) how to estimate income.

(2) The following income deductions are the only deductions allowed on a monthly basis:

(a) the first \$50 of child support received by the family;

(b) court ordered and verified child support and alimony paid out by the household;

(c) \$100 for each person with countable earned income; and

(d) a \$100 medical deduction. The medical deduction is automatic and does not require proof of expenditure.

(3) The household's countable income, less applicable deductions in paragraph (2) above, must be at, or below, a percentage of the state median income as determined by the Department. The Department will make adjustments to the percentage of the state median income as funding permits. The percentage currently in use is available at the Department's administrative office.

(4) Charts establishing income limits and the subsidy deduction amounts are available at all local Department offices.

(5) An independent living grant paid by DHS to a minor parent is not counted as income.

KEY: child care

Date of Enactment or Last Substantive Amendment: ~~September 18,~~ 2012

Notice of Continuation: September 8, 2010

Authorizing, and Implemented or Interpreted Law: 35A-3-310

Workforce Services, Unemployment Insurance

R994-305-1201

Offer in Compromise

NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 37023

FILED: 11/01/2012

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of this amendment is to establish rules for an offer in compromise.

SUMMARY OF THE RULE OR CHANGE: S.B. 129 in the 2012 General Session directed the Department to establish rules that would allow employers and claimants to compromise debts owed to the Department for past due contributions, interest, penalties, and costs and fault and nonfault benefit overpayments. This proposed amendment establishes a procedure and eligibility standards for applying for and allowing a compromise.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 35A-1-104 and Subsection 35A-1-104(4) and Subsection 35A-4-305(12) and Subsection 35A-4-502(1)(b)

ANTICIPATED COST OR SAVINGS TO:

◆ **THE STATE BUDGET:** This is a federally-funded program so there are no costs or savings to the state budget. Any costs associated with the changes would be as a result of the statutory change and not this rule.

◆ **LOCAL GOVERNMENTS:** This is a federally-funded program so there are no costs or savings to any local government budget. Any costs associated with the changes would be as a result of the statutory change and not this rule.

◆ **SMALL BUSINESSES:** This is a federally-funded program so there are no costs or savings to small businesses. Any costs associated with the changes would be as a result of the statutory change and not this rule. A small business with no ability to pay past due contributions may qualify for a compromise.

◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** There will be no costs or savings to persons other than small businesses, businesses, or local government as there are no fees associated with this change.

COMPLIANCE COSTS FOR AFFECTED PERSONS: There are no costs or savings to any affected persons as there are no fees associated with this program and it is federally funded. It is not anticipated that a sufficient number of employers or claimants will be eligible for a compromise so it is not likely there will be any impact on rates.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: There are no compliance costs associated with this change. There are no fees associated with this change. There will be no cost to anyone to comply with these changes. There will be no fiscal impact on any business. These changes will have no impact on any employers contribution tax rate.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

WORKFORCE SERVICES
UNEMPLOYMENT INSURANCE
140 E 300 S
SALT LAKE CITY, UT 84111-2333
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Suzan Pixton by phone at 801-526-9645, by FAX at 801-526-9211, or by Internet E-mail at spixton@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 12/17/2012

THIS RULE MAY BECOME EFFECTIVE ON: 12/24/2012

AUTHORIZED BY: Jon Pierpont, Acting Executive Director

R994. Workforce Services, Unemployment Insurance.

R994-305. Collection of Contributions.

R994-305-1201. Offer in Compromise.

(1) If an employer or claimant is unable to pay the total amount owing of past due contributions, interest, penalties, costs or fault or nonfault benefit overpayments, the employer or claimant may request an application for offer in compromise, pursuant to Section 35A-4-305(12). In order for an offer in compromise to be considered the employer or claimant must:

(a) complete an application and provide verification of total income, expenses, assets, and liabilities;

(b) show there is no expectation that financial resources will significantly improve within three years of the date of the application. Being currently unemployed or underemployed alone is insufficient to meet the requirements of this provision;

(c) not have a current rejected offer in compromise issued by the Utah State Tax Commission within twelve months of the date of application with the Department; and

(d) have not been granted an offer in compromise by the Department in the ten years prior to applying for an offer in compromise.

(2)(a) The Department may compromise a portion of any past due liability for contributions, interest, penalties or costs to an employer if the employer can show it has an inability to pay the full amount owing within three years of the date of application or payment would result in the insolvency of the employing unit.

(b) The Department may compromise a portion of any fault or nonfault overpayment owed by a claimant if the claimant can show he or she does not have the ability to pay the full amount owing within three years of the date of application.

(3) If the Department accepts an offer in compromise, the acceptance will be rescinded and the compromised liability will be reestablished if it is subsequently determined that:

(a) any employer, claimant, or person acting on behalf of any employer or claimant, provided false information or concealed information that lead to the granting of such compromise;

(b) the employer or claimant fails to timely pay the total amount agreed upon;

(c) the employer or claimant is not current with all obligations under the Employment Security Act for at least three years from the date of the application; or

(d) an offer in compromise is rejected by the Utah State Tax Commission within twelve months following the date the application with the Department was approved.

(4) The determination of the Department is final and not appealable. However, the Department may consider an amended offer in compromise application that is substantially different from the rejected application.

KEY: unemployment compensation, overpayments

Date of Enactment or Last Substantive Amendment: ~~July 1, 2007~~ **2012**

Notice of Continuation: December 3, 2009

Authorizing, and Implemented or Interpreted Law: 35A-4-305(1)

**Workforce Services, Unemployment
Insurance
R994-406
Fraud, Fault and Nonfault
Overpayments**

NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 37024

FILED: 11/01/2012

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of this amendment is to establish an procedure for an offer in compromise.

SUMMARY OF THE RULE OR CHANGE: S.B. 129 in the 2012 General Session directed the Department to establish rules that would allow employers and claimants to compromise debts owed to the Department for past due contributions, interest, penalties and costs, and fault and nonfault benefit overpayments. This proposed amendment establishes a procedure and eligibility standards for applying for and allowing a compromise. These minor changes in this rule are to clarify the availability of the procedure.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 35A-1-104 and Subsection 35A-1-104(4) and Subsection 35A-4-502(1)(b)

ANTICIPATED COST OR SAVINGS TO:

◆ **THE STATE BUDGET:** This is a federally-funded program so there are no costs or savings to the state budget. Any costs associated with the changes would be as a result of the statutory change and not this rule.

◆ **LOCAL GOVERNMENTS:** This is a federally-funded program so there are no costs or savings to small businesses. Any costs associated with the changes would be as a result of the statutory change and not this rule. A small business with no ability to pay past due contributions may qualify for a compromise.

◆ **SMALL BUSINESSES:** There will be no costs or savings to persons other than small businesses, businesses, or local government as there are no fees associated with this change.

◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** This is a federally-funded program so there are no costs or savings to any local government budget. Any costs associated with the changes would be as a result of the statutory change and not this rule.

COMPLIANCE COSTS FOR AFFECTED PERSONS: There are no costs or savings to any affected persons as there are no fees associated with this program and it is federally funded. It is not anticipated that a sufficient number of employers or claimants will be eligible for a compromise so it is not likely there will be any impact on rates.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: There are no compliance costs associated with this change. There are no fees associated with this change. There will be no cost to anyone to comply with these changes. There will be no fiscal impact on any business. These changes will have no impact on any employers contribution tax rate.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

WORKFORCE SERVICES
UNEMPLOYMENT INSURANCE
140 E 300 S
SALT LAKE CITY, UT 84111-2333
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

◆ Suzan Pixton by phone at 801-526-9645, by FAX at 801-526-9211, or by Internet E-mail at spixton@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 12/17/2012

THIS RULE MAY BECOME EFFECTIVE ON: 12/24/2012

AUTHORIZED BY: Jon Pierpont, Acting Executive Director

R994. Workforce Services, Unemployment Insurance.**R994-406. Fraud, Fault and Nonfault Overpayments.****R994-406-203. Waiver of Recovery of Nonfault Overpayments.**

(1) The Department may waive recovery of a nonfault overpayment if the claimant:

(a) is currently eligible to receive unemployment benefits from the state of Utah and has filed a weekly claim against Utah within the last 27 days,

(b) requests a waiver within 10 days of notification of the opportunity to request a waiver, within 10 days of the first offset of benefits following a reopening, or upon a showing of a significant change in the claimant's financial circumstances. Good cause will be considered if the claimant can show the failure to request a waiver within these time limitations was due to circumstances which were beyond the claimant's control or were compelling and reasonable; and

(c) can show that recovery of the 50% offset as provided in R994-406-202 would render the claimant unable to pay for the basic needs of survival for his or her immediate family, dependents and other household members.

(i) The claimant must provide verification of financial resources and the social security numbers of family members, dependents and household members.

(ii) Before granting the waiver, the Department must consider all potential financial resources of the claimant, the claimant's family, dependents and other household members.

(iii) "Unable to pay for the basic needs of survival" means "economically disadvantaged" and is defined as 70% of the Lower Living Standard Income Level (LLSIL). Therefore, if the claimant's total family resources in relation to family size are not in excess of 70% of the LLSIL, the waiver will be granted provided the economic circumstances are not expected to change within the next 90 days. Individual expenses will not be considered. Available financial resources, current income, and anticipated income will be included and averaged for the three months.

(2) Any nonfault overpayment outstanding at the time the request is granted is forgiven and the claimant has no further repayment obligation.

(3) A waiver cannot be granted retroactively for any payments made against an overpayment or any of the overpayment which has already been offset except if the offset was made pending a decision on a timely waiver request which is ultimately granted.

(4) A claimant with an outstanding nonfault overpayment can also apply for an offer in compromise as provided in R944-305-1201.

R994-406-302. Repayment and Collection of Fault Overpayments.

(1) When the claimant has been determined to be "at fault" in the creation of an overpayment, the overpayment must be repaid. If the claimant is otherwise eligible and files for additional benefits during the same or any subsequent benefit year, 100% of the benefit payment to which the claimant is entitled will be used to reduce the overpayment.

(2) Discretion for Repayment.

(a) Full restitution is required for all fault overpayments except as provided in R994-305-1201. However, legal collection proceedings may be held in abeyance at the Department's discretion and the overpayment will be deducted from future benefits payable during the current or subsequent benefit years. Discretion will only be exercised if the Department or the employer share fault in the creation of the overpayment but it is determined the claimant was more at fault under the provisions of rule R994-403-119e.

(3) Collection Procedures.

(a) The Department will send an initial overpayment notice on all outstanding fault or fraud overpayments. If, after 15 days, the claimant does not either make payment in full or enter into an installment payment agreement as provided in subsection (4) below the account is considered delinquent and the claimant is notified that a warrant will be filed unless a payment is received or an installment agreement entered into within 15 days. However, there may be other circumstances under which a warrant may be filed on any outstanding overpayment. A warrant attaches a lien to any personal or real property and establishes a judgment that is collectible under Utah Rules of Civil Procedure.

(b) All outstanding overpayments on which a lien has been filed are reported to the State Division of Finance for collection whereby any refunds due to the claimant from State income tax or any such rebates, refunds, or other amounts owed by the state and subject to legal attachment may be applied against the overpayment.

(c) All overpayments that are past due, legally enforceable, and attributable to fraud or the claimant's failure to report earnings shall be submitted to the Treasury Offset Program whereby the Secretary of the Treasury can offset Federal tax refund payments to be applied against the approved overpayment. Only overpayments where a valid warrant has been filed for failure to repay, that lack an installment agreement or are not current on approved installment agreement payments will be subject to the Treasury Offset Program.

(d) No warrant will be issued on fault overpayments provided the claimant entered into an installment agreement within 30 days of the issuance of the initial overpayment notice and all payments are made in a timely manner in accordance with the installment agreement.

(4) Installment Payments.

(a) If repayment in full has not been made within 30 days of the initial overpayment notice or the claimant has not voluntarily entered into an installment agreement or offer in compromise as provided in R994-305-1201, the Department will allow the claimant to pay in installments by notifying the claimant in writing of the minimum installment payment which the claimant is required to

make. If the claimant is unable to make the minimum installment payments, the claimant may request a review within ten days of the date written notice is mailed.

(b) Whether voluntarily or involuntary, installment payments will be established as follows:

If the entire overpayment is:

(i) \$3,000 or less, the monthly installment payment is equal to 50% of claimant's weekly benefit entitlement

(ii) \$3,001 to 5,000, the monthly installment payment is equal to 100% of claimant's weekly benefit entitlement

(iii) \$5,001 to 10,000 the monthly installment payment is equal to 125% of claimant's weekly benefit entitlement

(iv) \$10,001 or more the monthly installment payment is equal to 150% of claimant's weekly benefit entitlement

(c) Installment agreements will not be approved in amounts less than those established above except in cases where the claimant meets the requirements of economically disadvantaged as defined in R994-406-203(1)(b)(iii). On a periodic basis the Department may send notice to the claimant requesting verification of his or her disadvantaged status. If the claimant fails to provide the verification as requested, or no longer qualifies for a lesser installment payment, the Department will send the claimant a new monthly payment amount. The new installment payment amount may be in accordance with the percentages in subparagraph (b) or a lesser amount depending on the information received from the claimant.

(d) Minimum monthly installment agreement payments must be received by the Department by the last day of each month. Payments not made timely are considered delinquent.

(5) Offsetting overpayments with subsequent eligible weeks.

If an overpayment is set up under Section R994-406-201 or R994-406-301 for weeks paid on a claim, the claimant may repay the overpayment by filing for open weeks in the same benefit year after the claim has been exhausted, provided the claimant is otherwise eligible. 100% of the compensation amount for each eligible week claimed will be credited to the established overpayment(s) up to the total amount of the outstanding overpayment balance owed to the Department.

KEY: overpayments, unemployment compensation

Date of Enactment or Last Substantive Amendment: ~~April 1, 2010~~ 2012

Notice of Continuation: May 22, 2012

Authorizing, and Implemented or Interpreted Law: 35A-4-406(2); 35A-4-406(3); 35A-4-406(4); 35A-4-406(5)

End of the Notices of Proposed Rules Section

FIVE-YEAR NOTICES OF REVIEW AND STATEMENTS OF CONTINUATION

Within five years of an administrative rule's original enactment or last five-year review, the agency is required to review the rule. This review is intended to remove obsolete rules from the Utah Administrative Code. Upon reviewing a rule, an agency may: repeal the rule by filing a **PROPOSED RULE**; continue the rule as it is by filing a **NOTICE OF REVIEW AND STATEMENT OF CONTINUATION (NOTICE)**; or amend the rule by filing a **PROPOSED RULE** and by filing a **NOTICE**. By filing a Notice, the agency indicates that the rule is still necessary.

NOTICES are not followed by the rule text. The rule text that is being continued may be found in the most recent edition of the *Utah Administrative Code*. The rule text may also be inspected at the agency or the Division of Administrative Rules. **NOTICES** are effective upon filing.

NOTICES are governed by Section 63G-3-305.

Health, Family Health and Preparedness, Primary Care and Rural Health **R434-30** Primary Care Grants Program for Medically Underserved Populations

FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

DAR FILE NO.: 36963
FILED: 10/18/2012

NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

CONCISE EXPLANATION OF THE PARTICULAR STATUTORY PROVISIONS UNDER WHICH THE RULE IS ENACTED AND HOW THESE PROVISIONS AUTHORIZE OR REQUIRE THE RULE: Section 26-18-304 states the Department shall establish rules in accordance with Title 63G, Chapter 3, governing the form, process, and criteria for awarding grants.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: No written comments have been received. No opposition is expected.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: Continuation of the rule allows the department to proceed in awarding grants to public and non-profit entities to provide primary health care services to medically underserved populations.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

HEALTH
FAMILY HEALTH AND PREPAREDNESS,
PRIMARY CARE AND RURAL HEALTH
3760 S HIGHLAND DR
SALT LAKE CITY, UT 84106
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Erin Olsen by phone at 801-273-6618, by FAX at 801-273-4146, or by Internet E-mail at elolsen@utah.gov

AUTHORIZED BY: David Patton, Executive Director

EFFECTIVE: 10/18/2012

Human Services, Administration, Administrative Services, Licensing **R501-1** General Provisions

FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

DAR FILE NO.: 36953
FILED: 10/18/2012

NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

CONCISE EXPLANATION OF THE PARTICULAR STATUTORY PROVISIONS UNDER WHICH THE RULE IS ENACTED AND HOW THESE PROVISIONS AUTHORIZE OR REQUIRE THE RULE: Section 62A-2-106 authorizes the Office of Licensing to make rules. These rules provide minimum standards for human service programs and guidance to the license process.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: The Office of Licensing has not received any written comments during the past five years.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: Sections 62A-2-101 through 62A-2-122 provide for issuance of a license for human service programs. This rule provides guidance to those programs for the process of obtaining licenses. Therefore, this rule should be continued.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:
HUMAN SERVICES
ADMINISTRATION, ADMINISTRATIVE SERVICES,
LICENSING
195 N 1950 W 1ST FLR
SALT LAKE CITY, UT 84116
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:
♦ Julene Jones by phone at 801-538-4521, by FAX at 801-538-3942, or by Internet E-mail at jhjones@utah.gov
♦ Vilma Mosier by phone at 801-538-4041, by FAX at 801-538-4553, or by Internet E-mail at vmosier@utah.gov

AUTHORIZED BY: Ken Stettler, Director

EFFECTIVE: 10/18/2012

**Human Services, Administration,
Administrative Services, Licensing
R501-2
Core Rules**

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT
OF CONTINUATION
DAR FILE NO.: 36952
FILED: 10/18/2012**

**NOTICE OF REVIEW AND STATEMENT OF
CONTINUATION**

CONCISE EXPLANATION OF THE PARTICULAR STATUTORY PROVISIONS UNDER WHICH THE RULE IS ENACTED AND HOW THESE PROVISIONS AUTHORIZE OR REQUIRE THE RULE: Section 62A-2-106 requires core rules for Human Services programs, such as foster care, outdoor youth, etc.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE

FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: There have been no written comments received in the past five years.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: The continued growth of the programs that the division licenses necessitates this rule. Therefore, this rule should be continued.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:
HUMAN SERVICES
ADMINISTRATION, ADMINISTRATIVE SERVICES,
LICENSING
195 N 1950 W 1ST FLR
SALT LAKE CITY, UT 84116
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:
♦ Julene Jones by phone at 801-538-4521, by FAX at 801-538-3942, or by Internet E-mail at jhjones@utah.gov
♦ Vilma Mosier by phone at 801-538-4041, by FAX at 801-538-4553, or by Internet E-mail at vmosier@utah.gov

AUTHORIZED BY: Ken Stettler, Director

EFFECTIVE: 10/18/2012

**Human Services, Administration,
Administrative Services, Licensing
R501-7
Child Placing Adoption Agencies**

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT
OF CONTINUATION
DAR FILE NO.: 36954
FILED: 10/18/2012**

**NOTICE OF REVIEW AND STATEMENT OF
CONTINUATION**

CONCISE EXPLANATION OF THE PARTICULAR STATUTORY PROVISIONS UNDER WHICH THE RULE IS ENACTED AND HOW THESE PROVISIONS AUTHORIZE OR REQUIRE THE RULE: Section 62A-2-106 provides the responsibility of the Office of Licensing to make rules to establish consumer safety, protection, minimum administration, and financial requirements for the agencies.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: There have not been any written comments received on this rule during the past five years.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: This rule is required because of the continuing need for child placing adoption agencies caused by more children being placed in adoptive homes and for the continued protection of these children. This rule establishes standards for those agencies. Therefore, this rule should be continued.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

HUMAN SERVICES
ADMINISTRATION, ADMINISTRATIVE SERVICES,
LICENSING
195 N 1950 W 1ST FLR
SALT LAKE CITY, UT 84116
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Julene Jones by phone at 801-538-4521, by FAX at 801-538-3942, or by Internet E-mail at jhjones@utah.gov
♦ Vilma Mosier by phone at 801-538-4041, by FAX at 801-538-4553, or by Internet E-mail at vmosier@utah.gov

AUTHORIZED BY: Ken Stettler, Director

EFFECTIVE: 10/18/2012

Human Services, Administration,
Administrative Services, Licensing
R501-8
Outdoor Youth Programs

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT
OF CONTINUATION**

DAR FILE NO.: 36955
FILED: 10/18/2012

**NOTICE OF REVIEW AND STATEMENT OF
CONTINUATION**

CONCISE EXPLANATION OF THE PARTICULAR STATUTORY PROVISIONS UNDER WHICH THE RULE IS ENACTED AND HOW THESE PROVISIONS AUTHORIZE OR REQUIRE THE RULE: Section 62A-2-106 directs the office to write rules governing basic health and safety standards for its licensees.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: In the past five years, the Office of Licensing has not received any written comments on this rule.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: The statutory provisions of Section 62A-2-106 still exist and the fact that there have been recent incidents in the outdoor youth programs indicate the continued need for this rule.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

HUMAN SERVICES
ADMINISTRATION, ADMINISTRATIVE SERVICES,
LICENSING
195 N 1950 W 1ST FLR
SALT LAKE CITY, UT 84116
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Julene Jones by phone at 801-538-4521, by FAX at 801-538-3942, or by Internet E-mail at jhjones@utah.gov

AUTHORIZED BY: Ken Stettler, Director

EFFECTIVE: 10/18/2012

Human Services, Administration,
Administrative Services, Licensing
R501-11
Social Detoxification Programs

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT
OF CONTINUATION**

DAR FILE NO.: 36956
FILED: 10/18/2012

**NOTICE OF REVIEW AND STATEMENT OF
CONTINUATION**

CONCISE EXPLANATION OF THE PARTICULAR STATUTORY PROVISIONS UNDER WHICH THE RULE IS ENACTED AND HOW THESE PROVISIONS AUTHORIZE OR REQUIRE THE RULE: Section 62A-2-106 provides the responsibility of the Office of Licensing to make rules to provide for the protection and safety of the agency's clients.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: Over the last five years, there have been no written comments received concerning this rule.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE

RULE, IF ANY: This rule is necessary as a result of the continuing growth of drug and alcohol use in today's society. It is also needed to provide standards for Social Detoxification Programs. Therefore, this rule should be continued.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:
 HUMAN SERVICES
 ADMINISTRATION, ADMINISTRATIVE SERVICES,
 LICENSING
 195 N 1950 W 1ST FLR
 SALT LAKE CITY, UT 84116
 or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:
 ♦ Julene Jones by phone at 801-538-4521, by FAX at 801-538-3942, or by Internet E-mail at jhjones@utah.gov
 ♦ Vilma Mosier by phone at 801-538-4041, by FAX at 801-538-4553, or by Internet E-mail at vmosier@utah.gov

AUTHORIZED BY: Ken Stettler, Director

EFFECTIVE: 10/18/2012

Human Services, Administration,
 Administrative Services, Licensing
R501-12
 Child Foster Care

FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION
 DAR FILE NO.: 36957
 FILED: 10/18/2012

NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

CONCISE EXPLANATION OF THE PARTICULAR STATUTORY PROVISIONS UNDER WHICH THE RULE IS ENACTED AND HOW THESE PROVISIONS AUTHORIZE OR REQUIRE THE RULE: Section 62A-2-101 et seq. authorizes the Office of Licensing to make rules to establish basic standards for licensees. In addition, it states that child foster care services shall be licensed to establish the minimum requirements for foster homes and proctor homes for children in the custody of the Human Services Department.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: In the past five years, the Office of Licensing has received no written comments on this rule.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY

DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: The statutory provisions of Section 62A-2-101 et seq. dealing with child foster care still exist and the rule should be continued because of the ongoing need for minimum standards in foster homes.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:
 HUMAN SERVICES
 ADMINISTRATION, ADMINISTRATIVE SERVICES,
 LICENSING
 195 N 1950 W 1ST FLR
 SALT LAKE CITY, UT 84116
 or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:
 ♦ Julene Jones by phone at 801-538-4521, by FAX at 801-538-3942, or by Internet E-mail at jhjones@utah.gov
 ♦ Vilma Mosier by phone at 801-538-4041, by FAX at 801-538-4553, or by Internet E-mail at vmosier@utah.gov

AUTHORIZED BY: Ken Stettler, Director

EFFECTIVE: 10/18/2012

Human Services, Administration,
 Administrative Services, Licensing
R501-13
 Adult Day Care

FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION
 DAR FILE NO.: 36958
 FILED: 10/18/2012

NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

CONCISE EXPLANATION OF THE PARTICULAR STATUTORY PROVISIONS UNDER WHICH THE RULE IS ENACTED AND HOW THESE PROVISIONS AUTHORIZE OR REQUIRE THE RULE: Section 62A-2-101 et seq. directs the office to write rules governing basic health and safety standards for its licensees.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: The Office of Licensing has not received any written comments on this rule during the past five years.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: The statutory provisions of Section 62A-2-

101 et seq. dealing with Adult Day Care still exist. This rule is necessary because of the continued need of programs that deal with functionally-impaired adults in a protected setting and should be continued.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

HUMAN SERVICES
 ADMINISTRATION, ADMINISTRATIVE SERVICES,
 LICENSING
 195 N 1950 W 1ST FLR
 SALT LAKE CITY, UT 84116
 or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

- ◆ Julene Jones by phone at 801-538-4521, by FAX at 801-538-3942, or by Internet E-mail at jhjones@utah.gov
- ◆ Vilma Mosier by phone at 801-538-4041, by FAX at 801-538-4553, or by Internet E-mail at vmosier@utah.gov

AUTHORIZED BY: Ken Stettler, Director

EFFECTIVE: 10/18/2012

Human Services, Administration,
 Administrative Services, Licensing

R501-16

Intermediate Secure Treatment
 Programs for Minors

FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

DAR FILE NO.: 36959
 FILED: 10/18/2012

NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

CONCISE EXPLANATION OF THE PARTICULAR STATUTORY PROVISIONS UNDER WHICH THE RULE IS ENACTED AND HOW THESE PROVISIONS AUTHORIZE OR REQUIRE THE RULE: Sections 62A-2-101, 62A-4a-101, and 62A-2-106 authorize the Office of Licensing to make rules to establish basic standards for licensees.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: In the past five years, the Office of Licensing has received no written comments on this rule.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: This rule is to be continued to ensure that

Intermediate Secure Care facilities provide the required minimum standards.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

HUMAN SERVICES
 ADMINISTRATION, ADMINISTRATIVE SERVICES,
 LICENSING
 195 N 1950 W 1ST FLR
 SALT LAKE CITY, UT 84116
 or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

- ◆ Julene Jones by phone at 801-538-4521, by FAX at 801-538-3942, or by Internet E-mail at jhjones@utah.gov
- ◆ Vilma Mosier by phone at 801-538-4041, by FAX at 801-538-4553, or by Internet E-mail at vmosier@utah.gov

AUTHORIZED BY: Ken Stettler, Director

EFFECTIVE: 10/18/2012

Human Services, Administration,
 Administrative Services, Licensing

R501-17

Adult Foster Care

FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

DAR FILE NO.: 36960
 FILED: 10/18/2012

NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

CONCISE EXPLANATION OF THE PARTICULAR STATUTORY PROVISIONS UNDER WHICH THE RULE IS ENACTED AND HOW THESE PROVISIONS AUTHORIZE OR REQUIRE THE RULE: Sections 62A-101 and 62A-2-106 authorize the Office of Licensing to make rules to establish basic standards for licensees.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: In the past five years, the Office of Licensing has received no written comments about this rule.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: This rule is to be continued to ensure that Adult Foster Care facilities provide the required minimum standards.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

HUMAN SERVICES
 ADMINISTRATION, ADMINISTRATIVE SERVICES,
 LICENSING
 195 N 1950 W 1ST FLR
 SALT LAKE CITY, UT 84116
 or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Julene Jones by phone at 801-538-4521, by FAX at 801-538-3942, or by Internet E-mail at jhjones@utah.gov
 ♦ Vilma Mosier by phone at 801-538-4041, by FAX at 801-538-4553, or by Internet E-mail at vmosier@utah.gov

AUTHORIZED BY: Ken Stettler, Director

EFFECTIVE: 10/18/2012

**Human Services, Substance Abuse
 and Mental Health
 R523-1
 Procedures**

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT
 OF CONTINUATION**
 DAR FILE NO.: 37022
 FILED: 11/01/2012

**NOTICE OF REVIEW AND STATEMENT OF
 CONTINUATION**

CONCISE EXPLANATION OF THE PARTICULAR STATUTORY PROVISIONS UNDER WHICH THE RULE IS ENACTED AND HOW THESE PROVISIONS AUTHORIZE OR REQUIRE THE RULE: Subsection 62A-15-105 requires the division to use administrative rule to establish minimum standards for local authorities and to establish procedures for developing policies.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: The division has not received any public comment on this rule since the last five year review of this rule.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: This rule is required by statute to establish minimum standards and procedures for developing policies. Therefore, this rule should be continued. The division has identified edits to the rule that will require a rule amendment. That process is underway and will be finalized as soon as possible.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

HUMAN SERVICES
 SUBSTANCE ABUSE AND MENTAL HEALTH
 195 N 1950 W
 SALT LAKE CITY, UT 84116
 or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Julene Jones by phone at 801-538-4521, by FAX at 801-538-3942, or by Internet E-mail at jhjones@utah.gov
 ♦ L Ray Winger by phone at 801-538-4319, by FAX at 801-538-9892, or by Internet E-mail at raywinger@utah.gov

AUTHORIZED BY: Lana Stohl, Director

EFFECTIVE: 11/01/2012

**Labor Commission, Adjudication
 R602-3
 Procedure and Standards for Approval
 of Assignment of Benefits**

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT
 OF CONTINUATION**
 DAR FILE NO.: 36965
 FILED: 10/22/2012

**NOTICE OF REVIEW AND STATEMENT OF
 CONTINUATION**

CONCISE EXPLANATION OF THE PARTICULAR STATUTORY PROVISIONS UNDER WHICH THE RULE IS ENACTED AND HOW THESE PROVISIONS AUTHORIZE OR REQUIRE THE RULE: Subsection 34A-1-104(1) and Section 34A-1-304 authorize the Labor Commission to adopt rules and conduct adjudicative proceedings relating to the administration of the Utah Workers' Compensation Act. Section 34A-2-422 of the Utah Workers' Compensation Act specifically prohibits any transfer of workers' compensation payment rights unless the proposed transfer is first submitted to the Utah Labor Commission and approved by the Commission. Therefore, in order to administer an orderly system of adjudication, it is necessary for the Commission to establish the procedural and substantive requirements for Commission approval of any request for transfer of workers' compensation payment rights.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: No written comments have been received during or since the last five-year review of this rule.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: This rule remains necessary to establish the procedural and substantive requirements for Commission approval of any request for transfer of workers' compensation payment rights. Therefore, this rule should be continued.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

LABOR COMMISSION
ADJUDICATION
HEBER M WELLS BLDG
160 E 300 S
SALT LAKE CITY, UT 84111-2316
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:
♦ Heather Gunnarson by phone at 801-536-7928, by FAX at 801-530-6333, or by Internet E-mail at hgunnarson@utah.gov

AUTHORIZED BY: Sherrie Hayashi, Commissioner

EFFECTIVE: 10/22/2012

**Labor Commission, Occupational
Safety and Health
R614-1
General Provisions**

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT
OF CONTINUATION**

DAR FILE NO.: 36966
FILED: 10/22/2012

**NOTICE OF REVIEW AND STATEMENT OF
CONTINUATION**

CONCISE EXPLANATION OF THE PARTICULAR STATUTORY PROVISIONS UNDER WHICH THE RULE IS ENACTED AND HOW THESE PROVISIONS AUTHORIZE OR REQUIRE THE RULE: Title 34A, Chapter 6, establishes the Utah Occupational Safety and Health Division. For the purposes of: 1) preserving human resources by providing for the safety and health of workers; and 2) providing a coordinated state plan "as effective as" the Federal OSHA program. Subsection 34A-6-105(1)(c) authorizes the Labor commission to make all necessary and reasonable rules to implement Title 34A, Chapter 6.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: No written comments have been received during or since the last five-year review.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: This specific rule establishes definitions, incorporates federal standards, establishes other basic safety rules and addresses inspections, confidentiality of information, and penalties. This rule remains necessary to implement the legislative intent underlying enactment of the Utah Occupational Safety and Health Act, set forth in Section 34A-6-102, of providing for the safety and health of workers and establishing a coordinated state plan as effective as the federal Occupational Safety and Health program. Therefore, this rule should be continued.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

LABOR COMMISSION
OCCUPATIONAL SAFETY AND HEALTH
HEBER M WELLS BLDG
160 E 300 S
SALT LAKE CITY, UT 84111-2316
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:
♦ Louis Silva by phone at 801-530-68982, by FAX at 801-530-7606, or by Internet E-mail at lsilva@utah.gov

AUTHORIZED BY: Sherrie Hayashi, Commissioner

EFFECTIVE: 10/22/2012

**Labor Commission, Occupational
Safety and Health
R614-2
Drilling Industry**

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT
OF CONTINUATION**

DAR FILE NO.: 36967
FILED: 10/22/2012

**NOTICE OF REVIEW AND STATEMENT OF
CONTINUATION**

CONCISE EXPLANATION OF THE PARTICULAR STATUTORY PROVISIONS UNDER WHICH THE RULE IS ENACTED AND HOW THESE PROVISIONS AUTHORIZE OR REQUIRE THE RULE: Title 34A, Chapter 6, establishes the Utah Occupational Safety and Health Division. For the purposes of: 1) preserving human resources by providing for the safety and health of workers; and 2) providing a coordinated state plan "as effective as" the Federal OSHA program. Subsection 34A-6-105(1)(c) authorizes the Labor Commission to make all necessary and reasonable rules to implement Title 34A, Chapter 6.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: No written comments have been received during or since the last five-year review.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: This rule is necessary to establish specific safety and health standards in the drilling industry and related services. Therefore, this rule should be continued.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

LABOR COMMISSION
 OCCUPATIONAL SAFETY AND HEALTH
 HEBER M WELLS BLDG
 160 E 300 S
 SALT LAKE CITY, UT 84111-2316
 or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:
 ♦ Louis Silva by phone at 801-530-68982, by FAX at 801-530-7606, or by Internet E-mail at lsilva@utah.gov

AUTHORIZED BY: Sherrie Hayashi, Commissioner

EFFECTIVE: 10/22/2012

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: No written comments have been received during or since the last five-year review.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: This rule is necessary to establish specific safety standards for farming operations and the safety of employees. Therefore, this rule should be continued.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

LABOR COMMISSION
 OCCUPATIONAL SAFETY AND HEALTH
 HEBER M WELLS BLDG
 160 E 300 S
 SALT LAKE CITY, UT 84111-2316
 or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:
 ♦ Louis Silva by phone at 801-530-68982, by FAX at 801-530-7606, or by Internet E-mail at lsilva@utah.gov

AUTHORIZED BY: Sherrie Hayashi, Commissioner

EFFECTIVE: 10/22/2012

Labor Commission, Occupational
 Safety and Health

R614-3

Farming Operations Standards

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT
 OF CONTINUATION**

DAR FILE NO.: 36968
 FILED: 10/22/2012

**NOTICE OF REVIEW AND STATEMENT OF
 CONTINUATION**

CONCISE EXPLANATION OF THE PARTICULAR STATUTORY PROVISIONS UNDER WHICH THE RULE IS ENACTED AND HOW THESE PROVISIONS AUTHORIZE OR REQUIRE THE RULE: Title 34A, Chapter 6, establishes the Utah Occupational Safety and Health Division. For the purposes of: 1) preserving human resources by providing for the safety and health of workers; and 2) providing a coordinated state plan "as effective as" the Federal OSHA program. Subsection 34A-6-105(1)(c) authorizes the Labor Commission to make all necessary and reasonable rules to implement Title 34A, Chapter 6.

Labor Commission, Occupational
 Safety and Health

R614-4

Hazardous Materials

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT
 OF CONTINUATION**

DAR FILE NO.: 36969
 FILED: 10/22/2012

**NOTICE OF REVIEW AND STATEMENT OF
 CONTINUATION**

CONCISE EXPLANATION OF THE PARTICULAR STATUTORY PROVISIONS UNDER WHICH THE RULE IS ENACTED AND HOW THESE PROVISIONS AUTHORIZE OR REQUIRE THE RULE: Title 34A, Chapter 6, establishes the Utah Occupational Safety and Health Division. For the purposes of: 1) preserving human resources by providing for the safety and health of workers; and 2) providing a coordinated state plan "as effective as" the Federal OSHA program. Subsection 34A-6-105(1)(c) authorizes the Labor Commission to make all necessary and reasonable rules to implement Title 34A, Chapter 6.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: No written comments have been received during or since the last five-year review.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: This rule is necessary to establish specific safety standards for hazardous materials and the safety of employees working with them. Therefore, this rule should be continued.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

LABOR COMMISSION
OCCUPATIONAL SAFETY AND HEALTH
HEBER M WELLS BLDG
160 E 300 S
SALT LAKE CITY, UT 84111-2316
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Louis Silva by phone at 801-530-68982, by FAX at 801-530-7606, or by Internet E-mail at lsilva@utah.gov

AUTHORIZED BY: Sherrie Hayashi, Commissioner

EFFECTIVE: 10/22/2012

Labor Commission, Occupational
Safety and Health
R614-5
Materials Handling and Storage

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT
OF CONTINUATION**
DAR FILE NO.: 36970
FILED: 10/22/2012

**NOTICE OF REVIEW AND STATEMENT OF
CONTINUATION**

CONCISE EXPLANATION OF THE PARTICULAR STATUTORY PROVISIONS UNDER WHICH THE RULE IS ENACTED AND HOW THESE PROVISIONS AUTHORIZE OR REQUIRE THE RULE: Title 34A, Chapter 6, establishes the Utah Occupational Safety and Health Division. For the purposes of: 1) preserving human resources by providing for the safety and health of workers; and 2) providing a coordinated state plan "as effective as" the Federal OSHA program. Subsection 34A-6-105(1)(c) authorizes the Labor Commission to make all necessary and reasonable rules to implement Title 34A, Chapter 6.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: No written comments have been received during or since the last five-year review.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: This rule is necessary to establish specific safety standards for conveyors and the safety of employees using them. Therefore, this rule should be continued.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

LABOR COMMISSION
OCCUPATIONAL SAFETY AND HEALTH
HEBER M WELLS BLDG
160 E 300 S
SALT LAKE CITY, UT 84111-2316
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Louis Silva by phone at 801-530-68982, by FAX at 801-530-7606, or by Internet E-mail at lsilva@utah.gov

AUTHORIZED BY: Sherrie Hayashi, Commissioner

EFFECTIVE: 10/22/2012

Labor Commission, Occupational
Safety and Health
R614-6
Other Operations

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT
OF CONTINUATION**
DAR FILE NO.: 36971
FILED: 10/22/2012

**NOTICE OF REVIEW AND STATEMENT OF
CONTINUATION**

CONCISE EXPLANATION OF THE PARTICULAR STATUTORY PROVISIONS UNDER WHICH THE RULE IS ENACTED AND HOW THESE PROVISIONS AUTHORIZE OR REQUIRE THE RULE: Title 34A, Chapter 6, establishes the Utah Occupational Safety and Health Division. For the purposes of: 1) preserving human resources by providing for the safety and health of workers; and 2) providing a coordinated state plan "as effective as" the Federal OSHA program. Subsection 34A-6-105(1)(c) authorizes the Labor Commission to make all necessary and reasonable rules to implement Title 34A, Chapter 6.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: No written comments have been received during or since the last five-year review of this rule.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: This rule identifies safety procedures for operations such as "crushing, screening, and grinding equipment", "window cleaning", and "industrial railroads" (items that are not covered by federal standards). This rule is necessary to ensure the safety of employees in workplaces that involve these operations. Therefore, this rule should be continued.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

LABOR COMMISSION
 OCCUPATIONAL SAFETY AND HEALTH
 HEBER M WELLS BLDG
 160 E 300 S
 SALT LAKE CITY, UT 84111-2316
 or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:
 ♦ Louis Silva by phone at 801-530-68982, by FAX at 801-530-7606, or by Internet E-mail at lsilva@utah.gov

AUTHORIZED BY: Sherrie Hayashi, Commissioner

EFFECTIVE: 10/22/2012

**Labor Commission, Occupational
 Safety and Health
 R614-7
 Construction Standards**

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT
 OF CONTINUATION
 DAR FILE NO.: 36972
 FILED: 10/22/2012**

**NOTICE OF REVIEW AND STATEMENT OF
 CONTINUATION**

CONCISE EXPLANATION OF THE PARTICULAR STATUTORY PROVISIONS UNDER WHICH THE RULE IS ENACTED AND HOW THESE PROVISIONS AUTHORIZE OR REQUIRE THE RULE: Title 34A, Chapter 6, establishes the Utah Occupational Safety and Health Division. For the purposes of: 1) preserving human resources by providing for the safety and health of workers; and 2) providing a coordinated state plan "as effective as" the Federal OSHA

program. Subsection 34A-6-105(1)(c) authorizes the Labor Commission to make all necessary and reasonable rules to implement Title 34A, Chapter 6.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: No written comments have been received during or since the last five-year review of this rule.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: This rule is necessary to establish specific safety standards for operations in hazardous construction areas such as "roofing", and "tar-asphalt operations" and the protection of employees engaged in these operations. Therefore, this rule should be continued.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

LABOR COMMISSION
 OCCUPATIONAL SAFETY AND HEALTH
 HEBER M WELLS BLDG
 160 E 300 S
 SALT LAKE CITY, UT 84111-2316
 or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:
 ♦ Louis Silva by phone at 801-530-68982, by FAX at 801-530-7606, or by Internet E-mail at lsilva@utah.gov

AUTHORIZED BY: Sherrie Hayashi, Commissioner

EFFECTIVE: 10/22/2012

**Natural Resources, Water Resources
 R653-3
 Selecting Private Consultants**

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT
 OF CONTINUATION
 DAR FILE NO.: 36951
 FILED: 10/17/2012**

**NOTICE OF REVIEW AND STATEMENT OF
 CONTINUATION**

CONCISE EXPLANATION OF THE PARTICULAR STATUTORY PROVISIONS UNDER WHICH THE RULE IS ENACTED AND HOW THESE PROVISIONS AUTHORIZE OR REQUIRE THE RULE: Section 73-10-4 authorizes the Board of Water Resources to pursue the development of the waters of Utah, which includes at times selecting private consultants as defined in Section 58-22-102.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: No written comments have been received.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: When private consultants are needed for the design and construction of water projects, it is necessary to have guidelines in place to govern the selection process and the negotiation of contracts for the work required. Therefore, this rule should be continued.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

NATURAL RESOURCES
 WATER RESOURCES
 ROOM 310
 1594 W NORTH TEMPLE
 SALT LAKE CITY, UT 84116-3154
 or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:
 ♦ Barbara Allen by phone at 801-538-72352, by FAX at 801-538-7279, or by Internet E-mail at barbaraallen@utah.gov

AUTHORIZED BY: Dennis Strong, Director

EFFECTIVE: 10/17/2012

**Natural Resources, Water Resources
 R653-4
 Investigation Account**

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT
 OF CONTINUATION**
 DAR FILE NO.: 36961
 FILED: 10/18/2012

**NOTICE OF REVIEW AND STATEMENT OF
 CONTINUATION**

CONCISE EXPLANATION OF THE PARTICULAR STATUTORY PROVISIONS UNDER WHICH THE RULE IS ENACTED AND HOW THESE PROVISIONS AUTHORIZE OR REQUIRE THE RULE: The Water Resources Investigation Account was established by the Legislature in 1953 and is authorized under Section 73-10-8.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: No written comments have been received.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: This account is necessary for the Board of Water Resources to fulfill its directive to develop the waters of the State of Utah under Section 73-10-4. Therefore, this rule should be continued.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

NATURAL RESOURCES
 WATER RESOURCES
 ROOM 310
 1594 W NORTH TEMPLE
 SALT LAKE CITY, UT 84116-3154
 or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:
 ♦ Barbara Allen by phone at 801-538-72352, by FAX at 801-538-7279, or by Internet E-mail at barbaraallen@utah.gov

AUTHORIZED BY: Dennis Strong, Director

EFFECTIVE: 10/18/2012

**Natural Resources, Water Resources
 R653-5
 Cloud Seeding**

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT
 OF CONTINUATION**
 DAR FILE NO.: 36964
 FILED: 10/19/2012

**NOTICE OF REVIEW AND STATEMENT OF
 CONTINUATION**

CONCISE EXPLANATION OF THE PARTICULAR STATUTORY PROVISIONS UNDER WHICH THE RULE IS ENACTED AND HOW THESE PROVISIONS AUTHORIZE OR REQUIRE THE RULE: Title 73, Chapter 15, authorizes the State of Utah to exclusively conduct cloud seeding research, evaluation, or implementation projects in the state through the Division of Water Resources.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: No comments have been received.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: Cloud seeding efforts continue to show results of increased snow pack and precipitation. This rule is necessary to allow personnel to legally conduct research and

implement project sites throughout the state. Therefore, this rule should be continued.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:
 NATURAL RESOURCES
 WATER RESOURCES
 ROOM 310
 1594 W NORTH TEMPLE
 SALT LAKE CITY, UT 84116-3154
 or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:
 ♦ Barbara Allen by phone at 801-538-72352, by FAX at 801-538-7279, or by Internet E-mail at barbaraallen@utah.gov

AUTHORIZED BY: Dennis Strong, Director

EFFECTIVE: 10/19/2012

**Natural Resources, Water Resources
 R653-6
 Privatization Projects**

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT
 OF CONTINUATION**
 DAR FILE NO.: 37021
 FILED: 11/01/2012

**NOTICE OF REVIEW AND STATEMENT OF
 CONTINUATION**

CONCISE EXPLANATION OF THE PARTICULAR STATUTORY PROVISIONS UNDER WHICH THE RULE IS ENACTED AND HOW THESE PROVISIONS AUTHORIZE OR REQUIRE THE RULE: Subsection 73-10d-6(2) requires a form be submitted; this rule authorizes procedures relating to that requirement.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: No written comments have been received.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: This rule is necessary to provide a form for the implementation of Subsection 73-10d-6(2). Therefore, this rule should be continued.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:
 NATURAL RESOURCES
 WATER RESOURCES
 ROOM 310

1594 W NORTH TEMPLE
 SALT LAKE CITY, UT 84116-3154
 or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:
 ♦ Barbara Allen by phone at 801-538-72352, by FAX at 801-538-7279, or by Internet E-mail at barbaraallen@utah.gov

AUTHORIZED BY: Dennis Strong, Director

EFFECTIVE: 11/01/2012

**Natural Resources, Water Resources
 R653-7
 Administrative Procedures for Informal
 Proceedings**

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT
 OF CONTINUATION**
 DAR FILE NO.: 37017
 FILED: 10/30/2012

**NOTICE OF REVIEW AND STATEMENT OF
 CONTINUATION**

CONCISE EXPLANATION OF THE PARTICULAR STATUTORY PROVISIONS UNDER WHICH THE RULE IS ENACTED AND HOW THESE PROVISIONS AUTHORIZE OR REQUIRE THE RULE: This rule is adopted in compliance with Sections 63G-4-102, 63G-4-103, 63G-4-104, and 63G-4-201, which govern proceedings affecting the Risk Management Fund.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: No written comments have been received.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: This rule must be continued in case of any future adjudicative proceedings with regard to Flaming Gorge water rights that were granted by the Board of Water Resources.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:
 NATURAL RESOURCES
 WATER RESOURCES
 ROOM 310
 1594 W NORTH TEMPLE
 SALT LAKE CITY, UT 84116-3154
 or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:
♦ Barbara Allen by phone at 801-538-72352, by FAX at 801-538-7279, or by Internet E-mail at barbaraallen@utah.gov

AUTHORIZED BY: Dennis Strong, Director

EFFECTIVE: 10/30/2012

**School and Institutional Trust Lands,
Administration**

R850-83

**Administration of Previous Sales to
Subdivisions of the State**

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT
OF CONTINUATION**

DAR FILE NO.: 37019
FILED: 10/31/2012

**NOTICE OF REVIEW AND STATEMENT OF
CONTINUATION**

CONCISE EXPLANATION OF THE PARTICULAR STATUTORY PROVISIONS UNDER WHICH THE RULE IS ENACTED AND HOW THESE PROVISIONS AUTHORIZE OR REQUIRE THE RULE: Subsections 53C-1-302(1)(a)(ii) and 53C-4-101(1) authorize the Director of the School and Institutional Trust Lands Administration to establish rules for sales of land to subdivisions of the state. This rule addresses the process for administering lands which were previously sold under Section 65-1-29 and Subsection 65A-7-4(5), both of which have been repealed, when the provisions of the sale have been violated and the lands revert back to the trust.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: No written comments have been received regarding this rule.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: Under Section 65-1-29 and Subsection 65A-7-4(5), which have both been repealed, trust lands were sold to subdivisions of the state under a determinable fee process whereby the subdivision could purchase land at a specific price for a specific purpose. If the use of the land changed for any reason, the land automatically reverted back to the trust. This rule outlines the process whereby a breach of the sale terms is determined and the remedies available to the subdivision and trust to cure said breach. Therefore, this rule should be continued.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:
SCHOOL AND INSTITUTIONAL TRUST LANDS
ADMINISTRATION
ROOM 500
675 E 500 S
SALT LAKE CITY, UT 84102-2818
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:
♦ John Andrews by phone at 801-538-5180, by FAX at 801-538-5118, or by Internet E-mail at jandrews@utah.gov

AUTHORIZED BY: Kevin Carter, Director

EFFECTIVE: 10/31/2012

End of the Five-Year Notices of Review and Statements of Continuation Section

NOTICES OF FIVE-YEAR REVIEW EXTENSIONS

Rulewriting agencies are required by law to review each of their administrative rules within five years of the date of the rule's original enactment or the date of last review (Section 63G-3-305). If the agency finds that it will not meet the deadline for review of the rule (the five-year anniversary date), it may file an extension with the Division of Administrative Rules. The extension permits the agency to file the review up to 120 days beyond the anniversary date.

Agencies have filed extensions for the rules listed below. The "Extended Due Date" is 120 days after the anniversary date.

The five-year review extension is governed by Subsections 63G-3-305(4) and (5).

Health, Center for Health Data, Vital Records and Statistics

R436-1

Duties of the Department of Health

FIVE-YEAR REVIEW EXTENSION

DAR FILE NO.: 36994
FILED: 10/26/2012

EXTENSION REASON AND NEW DEADLINE: Due to extenuating health circumstances with the division's rulewriter, the division respectfully requests an extension for this rule. New deadline: 03/21/2013.

DIRECT QUESTIONS REGARDING THIS RULE TO:
♦ Janice Houston by phone at 801-538-6262, by FAX at 801-538-7012, or by Internet E-mail at jlhouston@utah.gov

AUTHORIZED BY: David Patton, PhD, Executive Director

EFFECTIVE: 10/26/2012

Health, Center for Health Data, Vital Records and Statistics

R436-2

Infants of Unknown Parentage; Foundling Registration

FIVE-YEAR REVIEW EXTENSION

DAR FILE NO.: 36995
FILED: 10/26/2012

EXTENSION REASON AND NEW DEADLINE: Due to extenuating health circumstances with the division's rulewriter, the division respectfully requests an extension for this rule. New deadline: 03/21/2013.

DIRECT QUESTIONS REGARDING THIS RULE TO:
♦ Janice Houston by phone at 801-538-6262, by FAX at 801-538-7012, or by Internet E-mail at jlhouston@utah.gov

AUTHORIZED BY: David Patton, PhD, Executive Director

EFFECTIVE: 10/26/2012

Health, Center for Health Data, Vital Records and Statistics

R436-3

Amendment of Vital Records

FIVE-YEAR REVIEW EXTENSION

DAR FILE NO.: 36996
FILED: 10/26/2012

EXTENSION REASON AND NEW DEADLINE: Due to extenuating health circumstances with the division's rulewriter, the division respectfully requests an extension for this rule. New deadline: 03/21/2013.

DIRECT QUESTIONS REGARDING THIS RULE TO:
♦ Janice Houston by phone at 801-538-6262, by FAX at 801-538-7012, or by Internet E-mail at jlhouston@utah.gov

AUTHORIZED BY: David Patton, Executive Director

EFFECTIVE: 10/26/2012

Health, Center for Health Data, Vital
Records and Statistics

R436-4

Delayed Registration of Birth

FIVE-YEAR REVIEW EXTENSION

DAR FILE NO.: 36997

FILED: 10/26/2012

EXTENSION REASON AND NEW DEADLINE: Due to extenuating health circumstances with the division's rulewriter, the division respectfully requests an extension for this rule. New deadline: 03/21/2013.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Janice Houston by phone at 801-538-6262, by FAX at 801-538-7012, or by Internet E-mail at jlhouston@utah.gov

AUTHORIZED BY: David Patton, PhD, Executive Director

EFFECTIVE: 10/26/2012

Health, Center for Health Data, Vital
Records and Statistics

R436-7

Death Registration

FIVE-YEAR REVIEW EXTENSION

DAR FILE NO.: 36998

FILED: 10/26/2012

EXTENSION REASON AND NEW DEADLINE: Due to extenuating health circumstances with the division's rulewriter, the division respectfully requests an extension for this rule. New deadline: 03/21/2013.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Janice Houston by phone at 801-538-6262, by FAX at 801-538-7012, or by Internet E-mail at jlhouston@utah.gov

AUTHORIZED BY: David Patton, PhD, Executive Director

EFFECTIVE: 10/26/2012

Health, Center for Health Data, Vital
Records and Statistics

R436-8

Authorization for Final Disposition of
Deceased Persons

FIVE-YEAR REVIEW EXTENSION

DAR FILE NO.: 36999

FILED: 10/26/2012

EXTENSION REASON AND NEW DEADLINE: Due to extenuating health circumstances with the division's rulewriter, the division respectfully requests an extension for this rule. New deadline: 03/21/2013.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Janice Houston by phone at 801-538-6262, by FAX at 801-538-7012, or by Internet E-mail at jlhouston@utah.gov

AUTHORIZED BY: David Patton, PhD, Executive Director

EFFECTIVE: 10/26/2012

Health, Center for Health Data, Vital
Records and Statistics

R436-9

Persons and Institutions Required to
Keep Monthly Listings of Vital Statistics
Events

FIVE-YEAR REVIEW EXTENSION

DAR FILE NO.: 37000

FILED: 10/26/2012

EXTENSION REASON AND NEW DEADLINE: Due to extenuating health circumstances with the division's rulewriter, the division respectfully requests an extension for this rule. New deadline: 03/21/2013.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Janice Houston by phone at 801-538-6262, by FAX at 801-538-7012, or by Internet E-mail at jlhouston@utah.gov

AUTHORIZED BY: David Patton, PhD, Executive Director

EFFECTIVE: 10/26/2012

Health, Center for Health Data, Vital
Records and Statistics

R436-10

Birth and Death Certificates

FIVE-YEAR REVIEW EXTENSION

DAR FILE NO.: 37001

FILED: 10/26/2012

EXTENSION REASON AND NEW DEADLINE: Due to extenuating health circumstances with the division's rulewriter, the division respectfully requests an extension for this rule. New deadline: 03/21/2013.

DIRECT QUESTIONS REGARDING THIS RULE TO:
♦ Janice Houston by phone at 801-538-6262, by FAX at 801-538-7012, or by Internet E-mail at jlhouston@utah.gov

AUTHORIZED BY: David Patton, PhD, Executive Director

EFFECTIVE: 10/26/2012

Health, Center for Health Data, Vital
Records and Statistics
R436-12
Certified Copies of Vital Statistics
Records

FIVE-YEAR REVIEW EXTENSION
DAR FILE NO.: 37002
FILED: 10/26/2012

EXTENSION REASON AND NEW DEADLINE: Due to extenuating health circumstances with the division's rulewriter, the division respectfully requests an extension for this rule. New deadline: 03/21/2013.

DIRECT QUESTIONS REGARDING THIS RULE TO:
♦ Janice Houston by phone at 801-538-6262, by FAX at 801-538-7012, or by Internet E-mail at jlhouston@utah.gov

AUTHORIZED BY: David Patton, PhD, Executive Director

EFFECTIVE: 10/26/2012

Health, Center for Health Data, Vital
Records and Statistics
R436-13
Disclosure of Records

FIVE-YEAR REVIEW EXTENSION
DAR FILE NO.: 37003
FILED: 10/26/2012

EXTENSION REASON AND NEW DEADLINE: Due to extenuating health circumstances with the division's rulewriter, the division respectfully requests an extension for this rule. New deadline: 03/21/2013.

DIRECT QUESTIONS REGARDING THIS RULE TO:
♦ Janice Houston by phone at 801-538-6262, by FAX at 801-538-7012, or by Internet E-mail at jlhouston@utah.gov

AUTHORIZED BY: David Patton, PhD, Executive Director

EFFECTIVE: 10/26/2012

Health, Center for Health Data, Vital
Records and Statistics
R436-14
Copies of Data From Vital Records

FIVE-YEAR REVIEW EXTENSION
DAR FILE NO.: 37004
FILED: 10/26/2012

EXTENSION REASON AND NEW DEADLINE: Due to extenuating health circumstances with the division's rulewriter, the division respectfully requests an extension for this rule. New deadline: 03/21/2013.

DIRECT QUESTIONS REGARDING THIS RULE TO:
♦ Janice Houston by phone at 801-538-6262, by FAX at 801-538-7012, or by Internet E-mail at jlhouston@utah.gov

AUTHORIZED BY: David Patton, PhD, Executive Director

EFFECTIVE: 10/26/2012

Health, Center for Health Data, Vital
Records and Statistics
R436-15
Fees

FIVE-YEAR REVIEW EXTENSION
DAR FILE NO.: 37005
FILED: 10/26/2012

EXTENSION REASON AND NEW DEADLINE: Due to extenuating health circumstances with the division's rulewriter, the division respectfully requests an extension for this rule. New deadline: 03/21/2013.

DIRECT QUESTIONS REGARDING THIS RULE TO:
♦ Janice Houston by phone at 801-538-6262, by FAX at 801-538-7012, or by Internet E-mail at jlhouston@utah.gov

AUTHORIZED BY: David Patton, PhD, Executive Director

EFFECTIVE: 10/26/2012

Health, Center for Health Data, Vital
Records and Statistics

R436-16

Violation of Rules

FIVE-YEAR REVIEW EXTENSION

DAR FILE NO.: 37006

FILED: 10/26/2012

EXTENSION REASON AND NEW DEADLINE: Due to extenuating health circumstances with the division's rulewriter, the division respectfully requests an extension for this rule. New deadline: 03/21/2013.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Janice Houston by phone at 801-538-6262, by FAX at 801-538-7012, or by Internet E-mail at jlhouston@utah.gov

AUTHORIZED BY: David Patton, PhD, Executive Director

EFFECTIVE: 10/26/2012

Health, Center for Health Data, Vital
Records and Statistics

R436-17

Review and Approval of Research
Requests

FIVE-YEAR REVIEW EXTENSION

DAR FILE NO.: 37007

FILED: 10/26/2012

EXTENSION REASON AND NEW DEADLINE: Due to extenuating health circumstances with the division's rulewriter, the division respectfully requests an extension for this rule. New deadline: 03/21/2013.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Janice Houston by phone at 801-538-6262, by FAX at 801-538-7012, or by Internet E-mail at jlhouston@utah.gov

AUTHORIZED BY: David Patton, PhD, Executive Director

EFFECTIVE: 10/26/2012

End of the Notices of Five-Year Review Extensions Section

NOTICES OF RULE EFFECTIVE DATES

State law provides for agencies to make their rules effective and enforceable after publication in the Utah State Bulletin. In the case of Proposed Rules or Changes in Proposed Rules with a designated comment period, the law permits an agency to file a notice of effective date any time after the close of comment plus seven days. In the case of Changes in Proposed Rules with no designated comment period, the law permits an agency to file a notice of effective date on any date including or after the thirtieth day after the rule's publication date. If an agency fails to file a Notice of Effective Date within 120 days from the publication of a Proposed Rule or a related Change in Proposed Rule the rule lapses and the agency must start the rulemaking process over.

Notices of Effective Date are governed by Subsection 63G-3-301(12), 63G-3-303, and Sections R15-4-5a and 5b.

Abbreviations

AMD = Amendment

CPR = Change in Proposed Rule

NEW = New Rule

R&R = Repeal & Reenact

REP = Repeal

Agriculture and Food

Animal Industry

No. 36683 (NEW): R58-3. Brucellosis Vaccination

Requirements

Published: 09/15/2012

Effective: 10/29/2012

Health

No. 36379 (AMD): R414-510. Intermediate Care Facility for Individuals with Mental Retardation Transition Program

Published: 07/01/2012

Effective: 11/01/2012

Health Care Financing, Coverage and Reimbursement Policy

No. 36379 (CPR): R414-510. Intermediate Care Facility for Individuals with Mental Retardation Transition Program

Published: 09/15/2012

Effective: 11/01/2012

Human Services

Recovery Services

No. 36678 (AMD): R527-37. Closure Criteria for Support Cases

Published: 09/15/2012

Effective: 10/23/2012

No. 36679 (AMD): R527-253. Collection of Child Support Judgments

Published: 09/15/2012

Effective: 10/23/2012

No. 36680 (AMD): R527-255. Substantial Change in Circumstances

Published: 09/15/2012

Effective: 10/23/2012

No. 36681 (AMD): R527-330. Posting Priority of Payments Received

Published: 09/15/2012

Effective: 10/23/2012

Insurance

Administration

No. 36711 (AMD): R590-142. Continuing Education Rule

Published: 09/15/2012

Effective: 10/22/2012

No. 36635 (AMD): R590-167. Individual, Small Employer, and Group Health Benefit Plan Rule

Published: 09/01/2012

Effective: 10/16/2012

No. 36656 (AMD): R590-220. Submission of Accident and Health Insurance Filings

Published: 09/01/2012

Effective: 10/16/2012

No. 36708 (NEW): R590-266. Utah Essential Health Benefits Package

Published: 09/15/2012

Effective: 10/25/2012

Labor Commission

Antidiscrimination and Labor, Antidiscrimination

No. 36690 (REP): R606-3. Nondiscrimination Clause to be used in Contracts Entered into by the State of Utah and its Agencies

Published: 09/15/2012

Effective: 10/22/2012

No. 36691 (REP): R606-4. Advertising

Published: 09/15/2012

Effective: 10/22/2012

No. 36692 (REP): R606-5. Employment Agencies

Published: 09/15/2012

Effective: 10/22/2012

Industrial Accidents

No. 36686 (AMD): R612-1-3. Official Forms

Published: 09/15/2012

Effective: 10/22/2012

No. 36685 (AMD): R612-3-4. Qualifying Requirements

Published: 09/15/2012

Effective: 10/22/2012

Natural Resources

Oil, Gas and Mining; Oil and Gas

No. 36700 (AMD): R649-3-39. Hydraulic Fracturing

Published: 09/15/2012

Effective: 11/01/2012

Water Rights

No. 36455 (AMD): R655-5-4. Mapping Standards

Published: 08/01/2012

Effective: 10/24/2012

No. 36505 (AMD): R655-10-7A. Review of Design

Published: 08/15/2012

Effective: 10/24/2012

No. 36507 (AMD): R655-11-5A. Geological and Seismic Study

Published: 08/15/2012

Effective: 10/24/2012

No. 36508 (AMD): R655-11-5C. Method of Analysis

Published: 08/15/2012

Effective: 10/24/2012

Public Safety

Driver License

No. 36693 (AMD): R708-41. Requirements for Acceptable Documentation, Storage and Maintenance

Published: 09/15/2012

Effective: 10/24/2012

Tax Commission

Administration

No. 36694 (AMD): R861-1A-20. Time of Appeal Pursuant to Utah Code Ann. Sections 59-1-301, 59-1-501, 59-2-1007, 59-7-517, 59-10-532, 59-10-533, 59-10-535, 59-12-114, 59-13-210, 63G-4-201, 63G-4-401, 68-3-7, and 68-3-8.5

Published: 09/15/2012

Effective: 10/25/2012

Property Tax

No. 36696 (AMD): R884-24P-33. 2012 Personal Property Valuation Guides and Schedules Pursuant to Utah Code Ann. Section 59-2-301

Published: 09/15/2012

Effective: 10/25/2012

Technology Services

Administration

No. 36699 (AMD): R895-3. Computer Software Licensing, Copyright, Control, Retention, and Transfer

Published: 09/15/2012

Effective: 10/22/2012

Transportation

Operations, Traffic and Safety

No. 36704 (AMD): R920-1. Manual of Uniform Traffic Control Devices

Published: 09/15/2012

Effective: 10/23/2012

No. 36705 (REP): R920-2. Traffic Control Systems for Railroad-Highway Grade Crossings

Published: 09/15/2012

Effective: 10/23/2012

No. 36706 (REP): R920-3. Manual of Uniform Traffic Control Devices, Part VI

Published: 09/15/2012

Effective: 10/23/2012

No. 36707 (REP): R920-5. Manual and Specifications on School Crossing Zones. Supplemental to Part VII of the Manual on Uniform Traffic Control Devices

Published: 09/15/2012

Effective: 10/23/2012

End of the Notices of Rule Effective Dates Section

**RULES INDEX
BY AGENCY (CODE NUMBER)
AND
BY KEYWORD (SUBJECT)**

The Rules Index is a cumulative index that reflects all effective changes to Utah's administrative rules. The current Index lists changes made effective from January 2, 2012 through November 01, 2012. The Rules Index is published in the Utah State Bulletin and in the annual Utah Administrative Rules Index of Changes. Nonsubstantive changes, while not published in the Bulletin, do become part of the Utah Administrative Code (Code) and are included in this Index, as well as 120-Day (Emergency) rules that do not become part of the Code. The rules are indexed by Agency (Code Number) and Keyword (Subject).

DAR NOTE: Due to space constraints, the Keyword Index is not included in this Bulletin.

Questions regarding the index and the information it contains should be addressed to Nancy Lancaster (801-538-3218), Mike Broschinsky (801-538-3003), or Kenneth A. Hansen (801-538-3777).

A copy of the Rules Index is available for public inspection at the Division of Administrative Rules (5110 State Office Building, Salt Lake City, UT), or may be viewed online at the Division's web site (<http://www.rules.utah.gov/>).

RULES INDEX - BY AGENCY (CODE NUMBER)

ABBREVIATIONS

AMD = Amendment	NSC = Nonsubstantive rule change
CPR = Change in proposed rule	REP = Repeal
EMR = Emergency rule (120 day)	R&R = Repeal and reenact
NEW = New rule	5YR = Five-Year Review
EXD = Expired	

CODE REFERENCE	TITLE	FILE NUMBER	ACTION	EFFECTIVE DATE	BULLETIN ISSUE/PAGE
ADMINISTRATIVE SERVICES					
<u>Administration</u>					
R13-2-4	Requests for Access	36285	AMD	08/07/2012	2012-12/8
<u>Archives</u>					
R17-9	Electronic Participation at Meetings	35304	NEW	01/30/2012	2011-20/6
<u>Child Welfare Parental Defense (Office of)</u>					
R19-1-6	Child Welfare Parental Defense Oversight Committee	35205	AMD	01/12/2012	2011-18/6
R19-1-7	Electronic Meetings	35206	AMD	01/12/2012	2011-18/7
<u>Debt Collection</u>					
R21-1	Transfer of Collection Responsibility of State Agencies	36420	5YR	06/28/2012	2012-14/59
R21-1	Transfer of Collection Responsibility of State Agencies	36495	AMD	09/07/2012	2012-15/6
R21-2	Office of State Debt Collection Administrative Procedures	36421	5YR	06/28/2012	2012-14/60
R21-3	Debt Collection Through Administrative Offset	36422	5YR	06/28/2012	2012-14/60
<u>Facilities Construction and Management</u>					
R23-1	Procurement of Construction	36145	5YR	05/03/2012	2012-11/177
R23-1-40	Procurement of Construction	36020	AMD	08/07/2012	2012-8/4
R23-1-40	Acceptable Bid Security; Performance and Payment Bonds	36020	CPR	08/07/2012	2012-13/88
R23-1-40	Acceptable Bid Security; Performance and Payment Bonds	36632	NSC	08/23/2012	Not Printed
R23-12	Building Code Appeals Process	36806	5YR	09/19/2012	2012-20/119
R23-19	Facility Use Rules	36146	5YR	05/03/2012	2012-11/177
R23-20	Free Speech Activities	36148	5YR	05/03/2012	2012-11/178
<u>Finance</u>					
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R25-7-6	Reimbursements for Meals	36636	NSC	08/30/2012	Not Printed
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R27-8	State Vehicle Maintenance Program	35621	5YR	01/05/2012	2012-3/107
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R33-1	Utah State Procurement Rules Definitions	36423	5YR	07/02/2012	2012-14/61
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R58-3	Brucellosis Vaccination Requirements	36683	NEW	10/29/2012	2012-18/4
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R58-10	Meat and Poultry Inspection	36249	REP	07/26/2012	2012-12/9
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