

UTAH STATE BULLETIN

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Nancy L. Lancaster, Editor

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Division of Administrative Rules, Salt Lake City 84114

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SPECIAL NOTICES

Commerce Occupational and Professional Licensing

Public Notice of 2005 Board and Committee Meeting Schedule

NOTE: Meetings are subject to change - contact the Division at (801) 530-6628 to confirm meetings. Most meetings are held in the Heber M. Wells Building, 160 East 300 South, Salt Lake City, Utah.

January

01/04/2004, Unified Code Analysis Council, 9:00 a.m.; 01/05/2004, Plumbers Licensing Board, 8:30 a.m.; 01/05/2004, Alarm System Security and Licensing Board, 9:00 a.m.; 01/05/2004, Utah Board of Accountancy, 1:00 p.m.; 01/10/2004, Psychology Licensing Board, 9:00 a.m.; 01/10/2004, UBCC Mechanical Advisory Committee, 9:00 a.m.; 01/10/2004, UBCC Structural Advisory Committee, 12:00 noon; 01/11/2004, Osteopathic Physicians Licensing Board, 9:00 a.m.; 01/11/2004, UBCC Plumbing/Health Advisory Committee, 9:00 a.m.; 01/12/2004, Residence Lien Recovery Fund Advisory Board, 8:00 a.m.; 01/12/2004, Physicians Licensing Board, 9:00 a.m.; 01/12/2004, Hearing Instrument Specialist Licensing Board, 9:00 a.m.; 01/12/2004, Professional Engineers/Professional Land Surveyors Board, 9:00 a.m.; 01/12/2004, UBCC Architectural Advisory Committee, 1:00 p.m.; 01/13/2004, Social Workers Licensing Board, 9:00 a.m.; 01/13/2004, Chiropractic Physicians Licensing Board, 9:00 a.m.; 01/18/2004, UBCC Education Advisory Committee, 1:00 p.m.; 01/19/2004, Professional Counselors Licensing Board, 9:00 a.m.; 01/20/2004, Electricians Licensing Board, 9:00 a.m.; 01/21/2004, Dentist and Dental Hygienist Licensing Board, 8:00 a.m.; 01/21/2004, Uniform Building Code Commission, 9:00 a.m.; 01/25/2004, State Board of Pharmacy, 8:00 a.m.; 01/26/2004, Construction Services Commission, 9:00 a.m.; 01/27/2004, Private Probation Provider Licensing Board, 9:00 a.m.; 01/28/2004, Board of Nursing, 8:00 a.m.

February

02/01/2004, Unified Code Analysis Council, 9:00 a.m.; 02/02/2004, Security Services Licensing Board, 9:00 a.m.; 02/02/2004, Licensed Substance Abuse Counselors Board, 9:00 a.m.; 02/02/2004, Utah Board of Accountancy, 1:00 p.m.; 02/03/2004, Funeral Service Board, 9:00 a.m.; 02/04/2004, Architects Licensing Board, 9:00 a.m.; 02/08/2004, Podiatric Physician Board, 8:00 a.m.; 02/08/2004, UBCC Plumbing/Health Advisory Committee, 9:00 a.m.; 02/08/2004, Utah Board of Massage Therapy, 9:00 a.m.; 02/09/2004, Residence Lien Recovery Fund Advisory Board, 8:00 a.m.; 02/09/2004, Plumbers Licensing Board, 8:30 a.m.; 02/09/2004, Physicians Licensing Board, 9:00 a.m.; 02/09/2004, UBCC Architectural Advisory Committee, 1:00 p.m.; 02/10/2004, Social Workers Licensing Board, 9:00 a.m.; 02/14/2004, UBCC Mechanical Advisory Committee, 9:00 a.m.; 02/14/2004, UBCC Structural Advisory Committee, 12:00 noon; 02/15/2004, UBCC Education Advisory Committee, 1:00 p.m.; 02/16/2004, Professional Counselors Licensing Board, 9:00 a.m.; 02/17/2004, Physician Assistant Licensing Board, 8:00 a.m.; 02/17/2004, Electricians Licensing Board, 9:00 a.m.; 02/17/2004, Professional Geologists Licensing Board, 9:00 a.m.; 02/18/2004, Dentist and Dental Hygienist Licensing Board, 8:00 a.m.; 02/18/2004, Uniform Building Code Commission, 9:00 a.m.; 02/22/2004, State Board of Pharmacy, 8:00 a.m.; 02/23/2004, Speech-Language Pathology and Audiology Board, 9:00 a.m.; 02/23/2004, Construction Services Commission, 9:00 a.m.; 02/25/2004, Board of Nursing, 8:00 a.m.

March

03/01/2004, Unified Code Analysis Council, 9:00 a.m.; 03/02/2004, Alarm System Security and Licensing Board, 9:00 a.m.; 03/02/2004, Plumbers Licensing Board, 8:30 a.m.; 03/02/2004, Utah Board of Accountancy, 1:00 p.m.; 03/03/2004, Veterinarian Board, 9:00 a.m.; 03/04/2004, Marriage and Family Therapists Licensing Board, 9:00 a.m.; 03/07/2004, Cosmetology/Barbering, Esthetics, Electrology and Nail Technology Licensing Board, 9:00 a.m.; 03/08/2004, UBCC Plumbing/Health Advisory Committee, 9:00 a.m.; 03/09/2004, Residence Lien Recovery Fund Advisory Board, 8:00 a.m.; 03/09/2004, Physicians Licensing Board, 9:00 a.m.; 03/09/2004, Professional Counselors Licensing Board, 9:00 a.m.; 03/09/2004, Professional Engineers/Professional Land Surveyors Board, 9:00 a.m.; 03/09/2004, UBCC Architectural Advisory Committee, 1:00 p.m.; 03/10/2004, Social Workers Licensing Board, 9:00 a.m.; 03/10/2004, Landscape Architects Licensing Board, 9:00 a.m.; 03/11/2004, Massage Therapy Education Peer Committee, 9:00 a.m.; 03/14/2004, UBCC Mechanical Advisory Committee, 9:00 a.m.; 03/14/2004, UBCC Structural Advisory Committee, 12:00 noon; 03/15/2004, Occupational Therapy Board, 9:00 a.m.; 03/15/2004, Building Inspector Licensing Board, 10:00 a.m.; 03/15/2004, UBCC Education Advisory Committee, 1:00 p.m.; 03/17/2004, Electricians Licensing Board, 9:00 a.m.; 03/18/2004, Dentist and Dental Hygienist Licensing Board, 8:00 a.m.; 03/18/2004, Radiology Technologists Licensing Board, 9:00 a.m.; 03/18/2004, Uniform Building Code Commission, 9:00 a.m.; 03/22/2004, State Board of Pharmacy, 8:00 a.m.; 03/23/2004, Security Services Education Peer Committee, 9:00 a.m.; 03/25/2004, Board of Nursing, 8:00 a.m.; 03/30/2004, Construction Services Commission, 9:00 a.m.

SPECIAL NOTICES

April

04/04/2004, Psychology Licensing Board, 9:00 a.m.; 04/06/2004, Plumbers Licensing Board, 8:30 a.m.; 04/06/2004, Security Services Licensing Board, 9:00 a.m.; 04/06/2004, Optometrists Licensing Board, 9:00 a.m.; 04/06/2004, Utah Board of Accountancy, 1:00 p.m.; 04/07/2004, Chiropractic Physicians Licensing Board, 9:00 a.m.; 04/08/2004, Architects Licensing Board, 9:00 a.m.; 04/12/2004, Osteopathic Physicians Licensing Board, 9:00 a.m.; 04/12/2004, UBCC Education Advisory Committee, 1:00 p.m.; 04/13/2004, Residence Lien Recovery Fund Advisory Board, 8:00 a.m.; 04/13/2004, Physicians Licensing Board, 9:00 a.m.; 04/13/2004, Professional Counselors Licensing Board, 9:00 a.m.; 04/13/2004, Hearing Instrument Specialist Licensing Board, 9:00 a.m.; 04/14/2004, Social Workers Licensing Board, 9:00 a.m.; 04/15/2004, Dentist and Dental Hygienist Licensing Board, 8:00 a.m.; 04/15/2004, Uniform Building Code Commission, 9:00 a.m.; 04/19/2004, Health Facility Administrators Board, 9:00 a.m.; 04/20/2004, Deception Detection Examiners Licensing Board, 9:00 a.m.; 04/21/2004, Electricians Licensing Board, 9:00 a.m.; 04/26/2004, State Board of Pharmacy, 8:00 a.m.; 04/27/2004, Construction Services Commission, 9:00 a.m.; 04/29/2004, Board of Nursing, 8:00 a.m.

May

05/03/2004, Plumbers Licensing Board, 8:30 a.m.; 05/04/2004, Alarm System Security and Licensing Board, 9:00 a.m.; 05/04/2004, Licensed Substance Abuse Counselors Board, 9:00 a.m.; 05/04/2004, Utah Board of Accountancy, 1:00 p.m.; 05/05/2004, Funeral Service Board, 9:00 a.m.; 05/10/2004, Utah Board of Massage Therapy, 9:00 a.m.; 05/10/2004, UBCC Education Advisory Committee, 1:00 p.m.; 05/11/2004, Residence Lien Recovery Fund Advisory Board, 8:00 a.m.; 05/11/2004, Physicians Licensing Board, 9:00 a.m.; 05/11/2004, Professional Counselors Licensing Board, 9:00 a.m.; 05/11/2004, Professional Engineers/Professional Land Surveyors Board, 9:00 a.m.; 05/11/2004, Acupuncture Licensing Board, 9:00 a.m.; 05/12/2004, Social Workers Licensing Board, 9:00 a.m.; 05/12/2004, Naturopathic Physicians Licensing Board, 9:00 a.m.; 05/16/2004, Uniform Building Code Commission, 9:00 a.m.; 05/19/2004, Physician Assistant Licensing Board, 8:00 a.m.; 05/19/2004, State Board of Pharmacy, 8:00 a.m.; 05/19/2004, Electricians Licensing Board, 9:00 a.m.; 05/20/2004, Dentist and Dental Hygienist Licensing Board, 8:00 a.m.; 05/20/2004, Board of Nursing, 8:00 a.m.; 05/24/2004, Dietitian Board, 9:00 a.m.; 05/25/2004, Construction Services Commission, 9:00 a.m.

June

06/01/2004, Plumbers Licensing Board, 8:30 a.m.; 06/01/2004, Security Services Licensing Board, 9:00 a.m.; 06/01/2004, Utah Board of Accountancy, 1:00 p.m.; 06/02/2004, Veterinarian Board, 9:00 a.m.; 06/03/2004, Architects Licensing Board, 9:00 a.m.; 06/03/2004, Marriage and Family Therapists Licensing Board, 9:00 a.m.; 06/06/2004, Cosmetology/Barbering, Esthetics, Electrology and Nail Technology Licensing Board, 9:00 a.m.; 06/07/2004, Unified Code Analysis Council, 9:00 a.m.; 06/08/2004, Residence Lien Recovery Fund Advisory Board, 8:00 a.m.; 06/08/2004, Physicians Licensing Board, 9:00 a.m.; 06/08/2004, Professional Counselors Licensing Board, 9:00 a.m.; 06/08/2004, UBCC Architectural Advisory Committee, 1:00 p.m.; 06/13/2004, UBCC Mechanical Advisory Committee, 9:00 a.m.; 06/13/2004, UBCC Structural Advisory Committee, 12:00 noon; 06/14/2004, Athlete Agents Licensing Board, 9:00 a.m.; 06/14/2004, Building Inspector Licensing Board, 10:00 a.m.; 06/14/2004, UBCC Education Advisory Committee, 1:00 p.m.; 06/15/2004, UBCC Plumbing/Health Advisory Committee, 9:00 a.m.; 06/16/2004, Professional Geologists Licensing Board, 9:00 a.m.; 06/16/2004, Social Workers Licensing Board, 9:00 a.m.; 06/16/2004, Electricians Licensing Board, 9:00 a.m.; 06/17/2004, Dentist and Dental Hygienist Licensing Board, 8:00 a.m.; 06/17/2004, Uniform Building Code Commission, 9:00 a.m.; 06/22/2004, State Board of Pharmacy, 8:00 a.m.; 06/23/2004, Genetic Counselor Licensing Board, 9:00 a.m.; 06/23/2004, Certified Court Reporter Licensing Board, 2:00 p.m.; 06/24/2004, Board of Nursing, 8:00 a.m.; 06/29/2004, Construction Services Commission, 9:00 a.m.

July

07/05/2004, Unified Code Analysis Council, 9:00 a.m.; 07/06/2004, Plumbers Licensing Board, 8:30 a.m.; 07/06/2004, Alarm System and Security Licensing Board, 9:00 a.m.; 07/06/2004, Utah Board of Accountancy, 1:00 p.m.; 07/10/2004, Osteopathic Physicians Licensing Board, 9:00 a.m.; 07/11/2004, UBCC Mechanical Advisory Committee, 9:00 a.m.; 07/11/2004, Psychology Licensing Board, 9:00 a.m.; 07/11/2004, UBCC Structural Advisory Committee, 12:00 noon; 07/12/2004, UBCC Education Advisory Committee, 1:00 p.m.; 07/13/2004, Residence Lien Recovery Fund Advisory Board, 8:00 a.m.; 07/13/2004, Physicians Licensing Board, 9:00 a.m.; 07/13/2004, Professional Engineers/Professional Land Surveyors Board, 9:00 a.m.; 07/13/2004, Hearing Instrument Specialist Licensing Board, 9:00 a.m.; 07/13/2004, UBCC Architectural Advisory Committee, 1:00 p.m.; 07/14/2004, Chiropractic Physicians Licensing Board, 9:00 a.m.; 07/14/2004, Social Workers Licensing Board, 9:00 a.m.; 07/14/2004, UBCC Plumbing/Health Advisory Committee, 9:00 a.m.; 07/15/2004, Massage Therapy Education Peer Committee, 9:00 a.m.; 07/15/2004, Uniform Building Code Commission, 9:00 a.m.; 07/19/2004, Security Education Peer Committee, 9:00 a.m.; 07/20/2004, Professional Counselors Licensing Board, 9:00 a.m.; 07/21/2004, Electricians Licensing Board, 9:00 a.m.; 07/22/2004, Dentist and Dental Hygienist Licensing Board, 8:00 a.m.; 07/26/2004, State Board of Pharmacy, 8:00 a.m.; 07/27/2004, Construction Services Commission, 9:00 a.m.; 07/29/2004, Board of Nursing, 8:00 a.m.

August

08/02/2004, Unified Code Analysis Council, 9:00 a.m.; 08/03/2004, Plumbers Licensing Board, 8:30 a.m.; 08/03/2004, Security Services Licensing Board, 9:00 a.m.; 08/03/2004, Licensed Substance Abuse Counselors Board, 9:00 a.m.; 08/03/2004, Utah

Board of Accountancy, 1:00 p.m.; 08/04/2004, Funeral Service Board, 9:00 a.m.; 08/05/2004, Architects Licensing Board, 9:00 a.m.; 08/08/2004, UBCC Mechanical Advisory Committee, 9:00 a.m.; 08/08/2004, UBCC Structural Advisory Committee, 12:00 noon; 08/09/2004, Podiatric Physician Board, 8:00 a.m.; 08/09/2004, UBCC Plumbing/Health Advisory Committee, 9:00 a.m.; 08/09/2004, Utah Board of Massage Therapy, 9:00 a.m.; 08/10/2004, Residence Lien Recovery Fund Advisory Board, 8:00 a.m.; 08/10/2004, Physicians Licensing Board, 9:00 a.m.; 08/10/2004, Professional Counselors Licensing Board, 9:00 a.m.; 08/10/2004, UBCC Architectural Advisory Committee, 1:00 p.m.; 08/11/2004, Social Workers Licensing Board, 9:00 a.m.; 08/16/2004, Recreational Therapy Board, 9:00 a.m.; 08/16/2004, UBCC Education Advisory Committee, 1:00 p.m.; 08/18/2004, Physician Assistant Licensing Board, 8:00 a.m.; 08/18/2004, Electricians Licensing Board, 9:00 a.m.; 08/19/2004, Dentist and Dental Hygienist Licensing Board, 8:00 a.m.; 08/19/2004, Uniform Building Code Commission, 9:00 a.m.; 08/23/2004, State Board of Pharmacy, 8:00 a.m.; 08/24/2004, Environmental Health Scientist Board, 9:00 a.m.; 08/25/2004, Controlled Substance Precursor Board, 2:00 p.m.; 08/26/2004, Board of Nursing, 8:00 a.m.; 08/31/2004, Construction Services Commission, 9:00 a.m.

September

09/01/2004, Veterinarian Board, 9:00 a.m.; 09/02/2004, Marriage and Family Therapists Licensing Board, 9:00 a.m.; 09/06/2004, Unified Code Analysis Council, 9:00 a.m.; 09/07/2004, Plumbers Licensing Board, 8:30 a.m.; 09/07/2004, Alarm System and Security Licensing Board, 9:00 a.m.; 09/07/2004, Utah Board of Accountancy, 1:00 p.m.; 09/08/2004, Alternative Dispute Resolution Providers Board, 9:00 a.m.; 09/08/2004, Social Workers Licensing Board, 9:00 a.m.; 09/12/2004, Cosmetology/Barbering, Esthetics, Electrology and Nail Technology Licensing Board, 9:00 a.m.; 09/12/2004, UBCC Mechanical Advisory Committee, 9:00 a.m.; 09/12/2004, UBCC Structural Advisory Committee, 12:00 noon; 09/13/2004, Building Inspector Licensing Board, 10:00 a.m.; 09/13/2004, UBCC Education Advisory Committee, 1:00 p.m.; 09/14/2004, Residence Lien Recovery Fund Advisory Board, 8:00 a.m.; 09/14/2004, Physicians Licensing Board, 9:00 a.m.; 09/14/2004, Professional Counselors Licensing Board, 9:00 a.m.; 09/14/2004, Professional Engineers/Professional Land Surveyors Board, 9:00 a.m.; 09/14/2004, UBCC Architectural Advisory Committee, 1:00 p.m.; 09/15/2004, Electricians Licensing Board, 9:00 a.m.; 09/15/2004, Landscape Architects Licensing Board, 9:00 a.m.; 09/16/2004, Dentist and Dental Hygienist Licensing Board, 8:00 a.m.; 09/16/2004, Uniform Building Code Commission, 9:00 a.m.; 09/21/2004, Respiratory Care Practitioners Licensing Board, 9:00 a.m.; 09/23/2004, Radiology Technologist Licensing Board, 9:00 a.m.; 09/27/2004, State Board of Pharmacy, 8:00 a.m.; 09/28/2004, Speech-Language Pathology and Audiology Board, 9:00 a.m.; 09/28/2004, Construction Services Commission, 9:00 a.m.; 09/30/2004, Board of Nursing, 8:00 a.m.

October

10/03/2004, Psychology Licensing Board, 9:00 a.m.; 10/05/2004, Plumbers Licensing Board, 8:30 a.m.; 10/05/2004, Security Services Licensing Board, 9:00 a.m.; 10/05/2004, Utah Board of Accountancy, 1:00 p.m.; 10/06/2004, Acupuncture Licensing Board, 9:00 a.m.; 10/07/2004, Architects Licensing Board, 9:00 a.m.; 10/11/2004, Osteopathic Physicians Licensing Board, 9:00 a.m.; 10/12/2004, Residence Lien Recovery Fund Advisory Board, 8:00 a.m.; 10/12/2004, Physicians Licensing Board, 9:00 a.m.; 10/12/2004, Professional Counselors Licensing Board, 9:00 a.m.; 10/12/2004, Hearing Instrument Specialist Licensing Board, 9:00 a.m.; 10/13/2004, Chiropractic Physicians Licensing Board, 9:00 a.m.; 10/13/2004, Social Workers Licensing Board, 9:00 a.m.; 10/18/2004, Occupational Therapy Board, 9:00 a.m.; 10/18/2004, UBCC Education Advisory Committee, 1:00 p.m.; 10/20/2004, Electricians Licensing Board, 9:00 a.m.; 10/20/2004, Professional Geologists Licensing Board, 9:00 a.m.; 10/21/2004, Dentist and Dental Hygienist Licensing Board, 8:00 a.m.; 10/21/2004, Uniform Building Code Commission, 9:00 a.m.; 10/25/2004, State Board of Pharmacy, 8:00 a.m.; 10/25/2004, Physical Therapy Licensing Board, 9:00 a.m.; 10/25/2004, Health Facility Administrators Board, 9:00 a.m.; 10/26/2004, Construction Services Commission, 9:00 a.m.; 10/28/2004, Board of Nursing, 8:00 a.m.

November

11/02/2004, Plumbers Licensing Board, 8:30 a.m.; 11/02/2004, Alarm System and Security Licensing Board, 9:00 a.m.; 11/02/2004, Licensed Substance Abuse Counselors Board, 9:00 a.m.; 11/02/2004, Utah Board of Accountancy, 1:00 p.m.; 11/03/2004, Funeral Service Board, 9:00 a.m.; 11/08/2004, Utah Board of Massage Therapy, 9:00 a.m.; 11/09/2004, Residence Lien Recovery Fund Advisory Board, 8:00 a.m.; 11/09/2004, Physicians Licensing Board, 9:00 a.m.; 11/09/2004, Professional Counselors Licensing Board, 9:00 a.m.; 11/09/2004, Professional Engineers/Professional Land Surveyors Board, 9:00 a.m.; 11/10/2004, Naturopathic Physicians Licensing Board, 9:00 a.m.; 11/10/2004, Social Workers Licensing Board, 9:00 a.m.; 11/15/2004, Uniform Building Code Commission, 9:00 a.m.; 11/15/2004, UBCC Education Advisory Committee, 1:00 p.m.; 11/17/2004, Physician Assistant Licensing Board, 8:00 a.m.; 11/17/2004, Electricians Licensing Board, 9:00 a.m.; 11/18/2004, Dentist and Dental Hygienist Licensing Board, 8:00 a.m.; 11/18/2004, Board of Nursing, 8:00 a.m.; 11/22/2004, State Board of Pharmacy, 8:00 a.m.; 11/30/2004, Optometrists Licensing Board, 9:00 a.m.; 11/30/2004, Construction Services Commission, 9:00 a.m.

December

12/02/2004, Architects Licensing Board, 9:00 a.m.; 12/02/2004, Marriage and Family Therapists Licensing Board, 9:00 a.m.; 12/05/2004, Cosmetology/Barbering, Esthetics, Electrology and Nail Technology Licensing Board, 9:00 a.m.; 12/07/2004, Plumbers Licensing Board, 8:30 a.m.; 12/07/2004, Security Services Licensing Board, 9:00 a.m.; 12/07/2004, Utah Board of

SPECIAL NOTICES

Accountancy, 1:00 p.m.; 12/08/2004, Social Workers Licensing Board, 9:00 a.m.; 12/13/2004, Building Inspector Licensing Board, 10:00 a.m.; 12/13/2004, UBCC Education Advisory Committee, 1:00 p.m.; 12/14/2004, Residence Lien Recovery Fund Advisory Board, 8:00 a.m.; 12/14/2004, Physicians Licensing Board, 9:00 a.m.; 12/14/2004, Professional Counselors Licensing Board, 9:00 a.m.; 12/15/2004, Electricians Licensing Board, 9:00 a.m.; 12/15/2004, Certified Court Reporters Licensing Board, 2:00 p.m.; 12/16/2004, Dentist and Dental Hygienist Licensing Board, 8:00 a.m.; 12/16/2004, Board of Nursing, 8:00 a.m.; 12/16/2004, Uniform Building Code Commission, 9:00 a.m.; 12/20/2004, State Board of Pharmacy, 8:00 a.m.; 12/28/2004, Construction Services Commission, 9:00 a.m.

Governor's Proclamation: Calling the Fifty-Fifth Legislature into a Twelfth Extraordinary Session (Senate Only)

P R O C L A M A T I O N

WHEREAS, since the close of the 2004 General Session of the 55th Legislature of the State of Utah, certain matters have arisen which require immediate legislative attention; and

WHEREAS, Article VII, Section 6 of the Constitution of the State of Utah provides that the Governor may, by proclamation, convene the Legislature in Extraordinary Session;

NOW, THEREFORE, I, OLENE S. WALKER, Governor of the State of Utah, by virtue of the authority vested in me by the Constitution and the Laws of the State of Utah, do by this Proclamation call the Senate only of the 55th Legislature of the State of Utah into a Twelfth Extraordinary Session at the Senate Chambers, State Capitol Complex, in Salt Lake City, Utah, on the 10th day of November, 2004, at 12:00 noon, for the following purpose:

For the Senate to consent to appointments made by the Governor to positions within state government of the State of Utah since the close of the 2004 General Session of the 55th Legislature of the State of Utah.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Utah. Done at the State Capitol Complex in Salt Lake City, Utah, this 29th day of October, 2004.

(State Seal)

Olene S. Walker
Governor

Gayle F. McKeachnie
Lieutenant Governor

Governor's Executive Order 2004-0010: Creating the Water Delivery Financing Task Force

EXECUTIVE ORDER

Creating the Water Delivery Financing Task Force

WHEREAS, water is critical to Utah's future;

WHEREAS, experts predict that even with effective conservation, legitimate demand for water in some growing areas of the state within the next 20 to 25 years may exceed the supply of available water;

WHEREAS, proposals are being developed to deliver underutilized water resources from some areas of the state to other areas that will have greater need in the future;

WHEREAS, these proposals include a Lake Powell pipeline and a water delivery system for the Bear River;

WHEREAS, the planning of large water delivery systems is complex, takes many years, and requires much foresight in order to time project completion to coincide with future need; and

WHEREAS, in addition to the technical and regulatory aspects of planning these projects, policymakers must have a clear idea of how to fund a project well in advance of final approvals;

NOW, THEREFORE, I, Olene S. Walker, governor of the state of Utah, by virtue of the authority vested in me by the laws and constitution of the state of Utah, do hereby order the following:

1. There is created the Water Delivery Financing Task Force.
2. The task force shall evaluate options for financing the proposed Lake Powell pipeline and Bear River system projects and recommend preferred options for financing of each.
3. Options considered shall:
 - a. take into account all reasonable revenue sources and financing, including bonding;
 - b. specify responsibility for payment, with users bearing the ultimate responsibility for payment;
 - c. provide for repayment to the state of any funds loaned or otherwise fronted for the projects; and
 - d. maintain the state's AAA bond rating.
4. The task force shall consist of 12 to 16 members appointed by the governor as follows:
 - a. the state treasurer;
 - b. the director of the Governor's Office of Planning and Budget;
 - c. the director of the Division of Water Resources;
 - d. one to three members of the Utah Senate;
 - e. three to five members of the Utah House of Representatives;
 - f. three representatives of water conservation districts affected by the two proposed projects;
 - g. a competent financial advisor to the state on matters of public finance; and
 - h. a representative of the Office of the Governor, who shall be a non-voting member.
5. Members of the task force shall serve without per diem or expenses.
6. Terms of members serving on the task force shall correspond to their terms of service in the relevant state or water conservation district office.
7. The state treasurer shall serve as the chair of the task force, plan agendas, and call meetings.
8. The Governor's Office of Planning and Budget shall provide staff support.
9. A majority of the task force constitutes a quorum for voting purposes, and all actions shall be by majority vote of the quorum in attendance.

10. The task force may meet as often as necessary to perform its duties.
11. The task force shall welcome and consider input from affected groups and individuals, including officials of affected political subdivisions of the state.
12. The task force is empowered to establish committees and working groups.
13. The task force shall make a recommendation to the governor by July 1, 2005.
14. The task force may remain active after July 1, 2005, for follow-up work until the expiration date of this order.
15. This order expires December 31, 2005.

IN WITNESS, WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the state of Utah. Done at Salt Lake City, Utah this 26th day of October, 2004.

(State Seal)

OLENE S. WALKER
Governor

ATTEST:
GAYLE F. MCKEACHNIE
Lieutenant Governor

2004/0010

**Natural Resources
Wildlife Resources**

Public Notice of Emergency Changes to the 2004 Fishing Regulations Established by the Wildlife Board for Taking Fish and Crayfish

I, Miles Moretti, by authority granted in Section 23-14-8 of the Wildlife Resources Code of Utah, declare an emergency amendment to the 2004 Utah Fishing Regulations. The following has been amended:

MATT WARNER RESERVOIR (Uintah County):

Matt Warner Reservoir is reopened to fishing. Anglers are allowed to harvest 4 trout as outlined under the bag and possession limits in the 2004 Fishing Proclamation.

Anglers should be aware that the Tri-County Health Department in the Uintah Basin has issued a health advisory restricting the consumption of water by livestock and other animals, and requesting people not to drink or swim in the reservoir. This health advisory is a result of recent cattle deaths associated with a blue-green algae bloom (*Microcystis aeruginosa*) in the reservoir water. According to this health advisory, some strains of *Microcystis* sp. produce toxins that have been reported to result in skin irritation and gastrointestinal discomfort in humans that come into contact with these particular algae blooms.

Except for any other emergency changes made since January 1, 2004 all other rules established in the 2004 Utah Fishing Regulations remain in effect.

UTAH DIVISION OF WILDLIFE RESOURCES

By: Miles Moretti, Acting Director

Subscribed and sworn to before me this 20th day of October 2004.

Rebecca Johnson, Notary Public

My commission expires: April 7, 2007

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, 2004, 12:00 a.m., and November 1, 2004, 11:59 p.m. are included in this, the November 15, 2004, 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 (.) indicates that unaffected text was removed to conserve space. 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 15, 2004. The agency may accept comment beyond this date and will list 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 to hold a hearing on a specific PROPOSED RULE. Section 63-46a-5 (1987) requires that a hearing request be received "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, 2005, 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 31 days 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 or a CHANGE IN PROPOSED RULE, the PROPOSED RULE filing 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 *Utah Code* Section 63-46a-4 (2001); and *Utah Administrative Code* 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, Child Welfare
Parental Defense (Office of)
R19-1
Parental Defense Counsel Training**

NOTICE OF PROPOSED RULE

(New Rule)
DAR FILE NO.: 27518
FILED: 11/01/2004, 14:51

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: This new rule establishes the responsibility of the Office of Child Welfare Parental Defense in developing and implementing a comprehensive education program for parental defense attorneys as provided for by Section 63A-11-107 (2004) and to ensure that parental defense training includes opportunities for job orientation, skill and knowledge acquisition, and professional development.

SUMMARY OF THE RULE OR CHANGE: This rule allows the Director of the Office of Parental Defense to implement and oversee training programs for parental defense attorneys.

STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 63A-11-107

ANTICIPATED COST OR SAVINGS TO:

- ❖ **THE STATE BUDGET:** Training for about 50 attorneys will cost about \$10,000 in lodging, meals, consultation, and speakers. This cost would be largely assumed by the Office of Child Welfare Parental Defense.
- ❖ **LOCAL GOVERNMENTS:** Local government is generally not required by contract to pay for travel costs for parental defenders. Therefore, there is no anticipated cost or savings for local governments.
- ❖ **OTHER PERSONS:** Participating parental defenders or their contracting counties would be required to pay mileage and other travel-related expenses for the May 2005 conference in Park City. Mileage for most of the 57 participants would be about \$20 - \$40. Participants will also pay an activity fee of \$25 - \$50.

COMPLIANCE COSTS FOR AFFECTED PERSONS: Because this involves training, no compliance costs are foreseen.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: This rule will have negligible, if any, fiscal impact on businesses.

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

ADMINISTRATIVE SERVICES
CHILD WELFARE PARENTAL DEFENSE (OFFICE OF)
Room 5110 STATE OFFICE BLDG
450 N MAIN ST
SALT LAKE CITY 84114, or
at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

Pam Blackham or Alicia Davis at the above address, by phone at 801-538-3458 or 801-538-3458, by FAX at 801-538-3644 or 801-538-3644, or by Internet E-mail at pblackham@utah.gov or aliciadavis@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS TO THE ADDRESS ABOVE NO LATER THAN 5:00 PM on 12/15/2004.

THIS RULE MAY BECOME EFFECTIVE ON: 12/16/2004

AUTHORIZED BY: Alicia Davis, Director

R19. Administrative Services, Child Welfare Parental Defense (Office of).

R19-1. Parental Defense Counsel Training.

R19-1-1. Authority.

(1) This rule is made under authority of Subsection 63A-11-202(3).

R19-1-2. Purpose.

(1) In accordance with Section 63A-11-202, these training standards are provided for parental defenders acting pursuant to a county contract or a contract with this office.

R19-1-3. Definitions.

As per Section 63A-11-102, the following terms are used for the purpose of this rule.

(1) "Child welfare case" means a proceeding under Title 78, Chapter 3a, Juvenile Courts, Parts 3 or 4.

(2) "Child welfare teams" means district teams consisting generally of a judge, an assistant attorney general, a representative of the Division of Child and Family Services, a guardian ad litem and one or more court representatives.

(3) "Office" means the Office of Child Welfare Parental Defense.

(4) "Parental Defender" means a defense attorney who has contracted with the office or local county to provide parental defense services pursuant to Section 63A-11-102 et seq.

R19-1-4. Core Training.

(1) Parental defenders shall complete the core training course provided by the Office of Child Welfare Parental Defense prior to receiving an appointment by a juvenile court judge. The core training shall consist of at least eight hours of training which may include, but is not limited to the following topics:

(a) Relevant state law, federal law, case law and rules in family preservation and child welfare;

(b) The "Practice Model" of the Division of Children and Family Services;

(c) Attorney roles and responsibilities, including ethical considerations

(d) Dynamics of abuse and neglect; and

(e) Preserving and protecting parents' rights in juvenile court.

R19-1-5. Continuing Training.

(1) Each calendar year thereafter, a contracted parental defender shall complete at least eight hours of continuing legal

education courses. The continuing legal education can consist of, but is not limited to, the core training topics listed in Section 4 above or any of these additional topics:

- (a) Family dynamics;
- (b) Substance abuse, domestic violence and mental health issues;
- (c) Grief and attachment;
- (d) Custody and parent-time;
- (e) Resources and services;
- (f) District-specific child welfare issues requiring resolution as identified by the district's lead judge or child welfare team; and
- (g) Trial and appellate advocacy.

KEY: child welfare, parental defense

2004

63A-11-107

Administrative Services, Fleet Operations **R27-3** Vehicle Use Standards

NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 27510

FILED: 10/28/2004, 13:07

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: This proposed rule defines "employee" in a manner consistent with the provisions of the Utah Governmental Immunity Act; improves internal controls over vehicles assigned to be driven to and from an employee's residence and work location; provides guidance regarding the imputation of a taxable fringe benefit for home to work use of a state vehicle; permits investigators of the Department of Commerce to transport drugs in state vehicles while in the process of enforcing the provisions of the Utah Controlled Substances Act; and makes driver training requirements consistent with Risk Management rules.

SUMMARY OF THE RULE OR CHANGE: The phrase "employees, as defined in section 63-30d-102(2)" is added to particular subsections of Section R27-3-3 to clarify that meaning given to "employee" in the Utah Governmental Immunity Act applies.

In Section R27-3-6, requires agencies to: submit completed approval forms for each employee given commute or take home privileges on an annual basis; obtain approvals from their respective executive directors; that the Division of Fleet Operations (DFO) input commute or take home approvals into the fleet information system and provide identification numbers to both agency and employee; provide that approvals for commute and take home privileges expire yearly; place a duty on DFO to notify agencies when commute and take home privileges will expire and requires agencies to submit annual requests for commute or take home privileges; advise that unless exempted, commute use is a taxable fringe

benefit and that drivers will be assessed the imputed daily fringe benefit rate for said use; and advise agencies of their reporting responsibilities as regards the taxable fringe benefit.

The changes to Section R27-3-7 subject approvals for take home use to the same criteria applying to approvals of commute use. The provisions of the new Section R27-3-8 set forth the conditions under which an employee's use of a vehicle to travel to and from their place of residence and assigned worksite is exempted from the applicability of the imputed daily fringe benefit. The changes to the renumbered Section R27-3-9 would require agencies to establish policies to enforce take home standards. The change in the renumbered Section R27-3-13 would permit investigators of the Department of Commerce to transport drugs in state vehicles when in the process of enforcing the provisions of the Utah Controlled Substances Act. The change to the renumbered Section R27-3-16 would make driver training requirements under fleet rules consistent with those required under Division of Risk Management rules.

STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 63A-9-401

ANTICIPATED COST OR SAVINGS TO:

❖ THE STATE BUDGET: The anticipated cost or savings to the state budget are unknown. There may be costs associated with the implementation of controls, however, the magnitude of the effort required is unknown.

❖ LOCAL GOVERNMENTS: The amendment affects state agencies and their respective employees only. There are no anticipated costs or savings to local government.

❖ OTHER PERSONS: The anticipated cost or savings to other persons are unknown. Proper classification of vehicle use to or from an employees residence and work site may result in the imputation of a taxable fringe benefit on some and the withdrawal of the taxable fringe benefit to others.

COMPLIANCE COSTS FOR AFFECTED PERSONS: As stated under Other persons above, proper classification of use involved may result in the imposition of a taxable fringe benefit on some employees.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: The changes proposed affect state agencies and a subset of their employees. There is no anticipated 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 MAIN ST
SALT LAKE CITY UT 84114-1201, or
at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

Sal Petilos at the above address, by phone at 801-538-3091, by FAX at 801-538-3844, or by Internet E-mail at spetilos@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS TO THE ADDRESS ABOVE NO LATER THAN 5:00 PM on 12/15/2004.

THIS RULE MAY BECOME EFFECTIVE ON: 12/16/2004

AUTHORIZED BY: Steve Saltzgeber, 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)(c)(ii) and Section 63A-9-401(1)(c)(viii), which authorize 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(a),(b) and (c), 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 individual employee, as defined in section 63-30d-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 and date of birth;
- (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 individual employee, as defined in section 63-30d-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, individuals employees, as defined in section 63-30d-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 individual employee, as defined in section 63-30d-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 individual employee, as defined in section 63-30d-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, weapons, ammunition, hazardous materials, and flammable materials. 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 41-6-44(2), (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 41-6-43(1), (Local DUI and related ordinances and reckless driving ordinances).

(f) Operating a state vehicle for personal use as defined in R27-1-2(30). 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 given commute or take home privileges, annually submit either a completed and agency approved commute form (MP-2) to DFO, or complete the proper online form from the DFO website.

(2) ~~[Except in cases where the executive director of an agency requests commute use privileges, approval]~~ Approval for commute or take home privileges must be obtained from the executive director of the [requesting] agency, [before the commute form is submitted to DFO for tracking and reporting purposes.]

(3) ~~[In the event that an executive director makes a request for commute use privileges, approval for commute privileges must be obtained from their direct supervisor before the commute form is submitted to DFO for tracking and reporting purposes.]~~ 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.

~~[(4) Commute use is considered a taxable fringe benefit. All approved commute use drivers will be assessed the IRS daily rate while using a state vehicle for commute use.]~~ (4) 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.

~~[(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.]~~ (5) Commute use is, unless specifically exempted under R27-3-7.5, 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.

~~[(6) 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 privileges. An employee with an individual permanently assigned vehicle may drive the vehicle to and from his/her home]~~ 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. In the event that emergency response is the sole purpose of the commute or take home privilege, each driver is required to keep a complete list of all call-outs on the monthly DF-61 form for audit purposes. Agencies may use DFO's online forms to track commute or take home mileage. ~~[Approval for commute use under this subsection is effective for one (1) year only. A new application for commute use under this subsection must be submitted and approved annually for the commute use privilege to continue.]~~

(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. Individuals

using this criterion must cite the appropriate section of the Utah Code on the MP-2 form.

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-[8]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 the commute use privilege. Additional instances of unauthorized commute or take home use may result in the suspension or revocation of the state driving privilege.

R27-3-[9]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 R27-4-6 shall govern agencies when requesting a monthly lease.

(3) Under no circumstances shall the total number of occupants in a monthly lease 15-passenger van exceed ten (10) individuals, the maximum number recommended by the Division of Risk Management.

R27-3-[10]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) Provide DFO with at least 24 hours notice when requesting vehicles such as 15 passenger vans, sports utility vehicles and wheelchair accessible vehicles. Agencies should be aware that while DFO will attempt to accommodate all requests for vehicles, the limited number of vehicles in the daily pool not only requires that reservations be granted on a first come, first served basis, but also places DFO in a position of being unable to guarantee vehicle availability in some cases, even where the requesting driver or agency provides at least 24 hours notice.

(b) 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.

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

(d) Verify the condition of, and acknowledge responsibility for the care of, the vehicle prior to rental by filling out the MP-98 form provided by daily rental personnel.

(e) 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.

(f) Return vehicles with at least 3/4 tank of fuel left. In the event that the vehicle has less than 3/4 of a tank of fuel left, the driver shall, prior to returning the vehicle, refuel the vehicle. Agencies shall be assessed a fee for vehicles that are returned with less than 3/4 of a tank of fuel.

(g) 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.

(h) 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.

(i) 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.

(j) Call the daily pool where they made reservations, 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.

(k) Not place advertising or bumper 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-[14]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 a fifteen (15) passenger van 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 ten (10) individuals, the maximum number 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-[42]13. Alcohol and Drugs.

(1) No authorized driver shall operate or be in actual physical control of a State vehicle in violation of subsection 41-6-44(2), any ordinance that complies with the requirements of subsection 41-6-43(1), 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-[43]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-[14]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 41-6-148(20)(2).

R27-3-[15]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, like 15 passenger vans and sport utility vehicles.

(3) Each ~~employee shall have all training certifications required by DFO or the Division of Risk Management, and their respective agency renewed bi-annually.~~ 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-[16]17. Smoking in State Vehicles.

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

(2) Agencies that allow smoking in exclusive use vehicles shall be responsible for the cost of necessary repairs to, or refurbishment of, any vehicle in which smoking has been permitted to insure that the vehicle is suitable for reassignment, reallocation or sale when the vehicle reaches the applicable replacement criteria.

KEY: state vehicle use
~~[September 17, 2003]~~2004
 53-13-102
 63A-9-401(1)(c)(viii)



Health, Health Care Financing,
 Coverage and Reimbursement Policy
R414-7D
 Intermediate Care Facility for the
 Mentally Retarded Transition Project

NOTICE OF PROPOSED RULE

(New Rule)

DAR FILE NO.: 27505

FILED: 10/25/2004, 11:30

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: Another rule required the Department to do an Intermediate Care Facility for the Mentally Retarded (ICF/MR) Transition Project in the Department of Health annually. This new rule provides for open enrollment in a transition project only in the years that the Legislature funds it. This rulemaking describes the procedures followed in an open enrollment in accordance with the previously adopted rule. This rulemaking also creates a new rule from what was a section within Rule R414-1 for better placement of the subject matter. Rule R414-1 is also being amended to reflect this change.

SUMMARY OF THE RULE OR CHANGE: Section R414-7D-1 authorizes the ICF/MR Transition Project, sets an application process, and establishes qualifications. Section R414-7D-2 creates an open enrollment program.

STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Sections 26-1-5 and 26-18-3

ANTICIPATED COST OR SAVINGS TO:

❖ **THE STATE BUDGET:** Costs are dependent on Legislative appropriations in each fiscal year. It is anticipated that approximately \$750,000 annually will be spent during those years when an open enrollment period occurs.

❖ **LOCAL GOVERNMENTS:** There are no local government costs because local governments are not involved in paying for this project.

❖ **OTHER PERSONS:** There are no costs to other persons because other persons are not involved in paying for this project. Private providers that operate community-based programs will have increased revenues of approximately \$525,000 for additional services provided. Some families in areas of the state distant from existing ICFs/MR may experience some savings by having their family members located closer to home.

COMPLIANCE COSTS FOR AFFECTED PERSONS: This program is cost-neutral for the Medicaid clients who move into the community. ICFs/MR that lose clients to the community will be able to refill to their capacity with little delay.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: Medicaid services for those eligible under this rule will receive up to \$35,000 per year in benefits. This additional cost to the Medicaid program is accounted for in the rule text through a provision that the open enrollment process will only be conducted in years when the Legislature allocates new money for the project and the number of qualifying persons will be limited by the legislative allocation. Current ICF/MR providers should not be significantly impacted given the continuing demand for their service, beds opened by this transition should fill quickly.
 Scott D. Williams MD

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

HEALTH
HEALTH CARE FINANCING,
COVERAGE AND REIMBURSEMENT POLICY
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:

Ross Martin at the above address, by phone at 801-538-6592, by FAX at 801-538-6099, or by Internet E-mail at rmartin@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS TO THE ADDRESS ABOVE NO LATER THAN 5:00 PM on 12/15/2004.

THIS RULE MAY BECOME EFFECTIVE ON: 12/16/2004

AUTHORIZED BY: Scott D. Williams, Executive Director

R414. Health, Health Care Financing, Coverage and Reimbursement Policy.

R414-7D. Intermediate Care Facility for the Mentally Retarded Transition Project.

R414-7D-1. Transition Project Authorized.

(1) Medical or hospital services available under the Medical Assistance Program are generally limited by federal guidelines as set forth under Title XIX of the federal Social Security Act and Title 42 of the Code of Federal Regulations.

(2) A Medicaid recipient residing in an Intermediate Care Facility for the Mentally Retarded (ICF/MR) may at any time apply for enrollment to the Medicaid 1915c Home and Community-Based Waiver for Individuals with Developmental Disabilities or Mental Retardation (DD/MR Waiver) through the application process established in the federally approved waiver implementation plan. ICF/MR resident applications are processed consistent with all waiver applications.

(3) The Department, through an ICF/MR Transition Project, makes funds available to a limited number of ICF/MR residents to move from their current ICF/MR placement to community services through the Medicaid 1915c Home and Community-Based Waiver for Individuals with Developmental Disabilities or Mental Retardation. This funding is available to Medicaid recipients who have resided for 12 or more continuous months in a Medicaid certified ICF/MR. The Department makes the ICF/MR Transition Project available to eligible individuals during a specified time period up to the number of individuals authorized for the project by the Utah Legislature through appropriation for that time period.

R414-7D-2. ICF/MR Transition Project Open Enrollment.

(1) Based on a legislative appropriation enabling ICF/MR transition for a specified fiscal year, the Department determines the number of Medicaid recipients to be transitioned from ICFs/MR to the 1915c DD/MR Waiver during that fiscal year.

(a) The Department apportions the legislative appropriation so that approximately 50% of the available funds are targeted to

applicants based on their continuous time as an ICF/MR resident and 50% of the available funds are targeted to applicants on a statistical process that ranks individuals based on random number tables.

(b) The Department ranks each individual who applies for participation in the ICF/MR transition project using length of continuous stay in an ICF/MR and a priority ranking assigned through a random numbering process.

(c) The Department allocates the legislative appropriation to individual applicants in accordance with R414-7D-2(1)(a) and in the order of priority ranking as determined in R414-7D-2(1)(b). The amount allocated to each individual is based on a State-conducted needs assessment and individualized service plan for DD/MR Waiver services at the point of initial enrollment. At the point the available funds have been fully allocated to the highest ranking individuals, the Department completes no further needs assessments and individualized service plans for the remaining applicants.

(2) The Department conducts an outreach campaign leading to an application period during which interested Medicaid recipients residing in Utah ICFs/MR may apply for transition to the DD/MR Waiver.

(a) The Department advertises the pending application period to all Medicaid recipients residing in Utah ICFs/MR for 30-days before taking applications.

(b) The application period will be open for 14 calendar days.

(c) The Department accepts applications in either electronic format or hard copy format. Electronic applications must be completed during the 14-day application period and hard copy applications must be postmarked during the 14-day application period.

(3) The Department of Human Services contacts applicants receiving a preliminary transition allocation through R414-7D-2(1)(c) to confirm their desire to participate.

(a) The Department retains the list of applicants remaining after available funds are fully allocated, if any, and their priority ranking for use in selecting alternate individuals in the event one or more of the initial selected persons withdraws prior to becoming enrolled in the DD/MR Waiver.

(b) In consultation with the Department of Human Services, the Department starts evaluations for enrollment as soon as possible after the close of the Legislative session. The Department coordinates the actual start date with the Department of Human Services enrollment workload resulting from new monies for increased DD/MR Waiver community enrollment to assure the individual transitions, once started, are completed in a timely manner.

(4) The Department submits a waiver amendment to the federal Centers for Medicare and Medicaid Services as necessary to increase the declared capacity of the DD/MR Waiver by the number of new enrollees.

(5) When the Department has allocated all appropriated funds to new enrollees in the DD/MR Waiver, the Department concludes the transition project for the fiscal year. There are no carryover of applications received during a specific fiscal year into future years for purposes of the ICF/MR transition project.

KEY: Medicaid

2004

26-18



Health, Health Care Financing,
Coverage and Reimbursement Policy
R414-35
Mental Health Services for Children in
State Custody

NOTICE OF PROPOSED RULE

(New Rule)

DAR FILE NO.: 27516

FILED: 11/01/2004, 08:46

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: This proposed new rule is necessary to comply with Subsection 26-18-3(2)(a), which requires that programs previously allowed to be implemented by policy now be implemented by rule.

SUMMARY OF THE RULE OR CHANGE: This is a new rule for Mental Health Services for Children in State Custody that puts into rule the program that Section 26-18-3 previously allowed to be in policy.

STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Subsection 26-18-3(2)(a) and 42 CFR 440.130 (October 2003 ed.)

ANTICIPATED COST OR SAVINGS TO:

- ❖ THE STATE BUDGET: There is no impact to the state budget associated with this rulemaking because the program was previously implemented by policy and now needs to be implemented pursuant to Subsection 26-18-3(2)(a).
- ❖ LOCAL GOVERNMENTS: There is no budget impact to local governments as a result of this rulemaking because the program was previously implemented by policy and now needs to be implemented pursuant to Subsection 26-18-3(2)(a).
- ❖ OTHER PERSONS: There is no budget impact to other persons as a result of this rulemaking because the program was previously implemented by policy and now needs to be implemented pursuant to Subsection 26-18-3(2)(a).

COMPLIANCE COSTS FOR AFFECTED PERSONS: There are no compliance costs for affected persons because the program was previously implemented by policy and now needs to be implemented pursuant to Subsection 26-18-3(2)(a).

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: This rule moves from policy to rule an established program for diagnostic and rehabilitative outpatient mental health services provided to children in the custody of Department of Human Services (DHS) eligible for these Medicaid services. No fiscal impact on business. Scott D. Williams, MD

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

HEALTH
HEALTH CARE FINANCING,

COVERAGE AND REIMBURSEMENT POLICY
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:
Craig Devashrayee at the above address, by phone at 801-538-6641, by FAX at 801-538-6099, or by Internet E-mail at cdevashrayee@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS TO THE ADDRESS ABOVE NO LATER THAN 5:00 PM on 12/15/2004.

THIS RULE MAY BECOME EFFECTIVE ON: 12/16/2004

AUTHORIZED BY: Scott D. Williams, Executive Director

R414. Health, Health Care Financing, Coverage and Reimbursement Policy.

R414-35. Mental Health Services for Children in State Custody.

R414-35-1. Introduction and Authority.

(1) This rule outlines the diagnostic and rehabilitative outpatient mental health services provided to CHEC (EPSDT)-eligible Medicaid clients in the custody of Department of Human Services (DHS).

(2) This rule is authorized under UCA 26-18-3 and governs the services allowed under 42 CFR 440.130, Oct. 2003 ed.

R414-35-2. Definitions.

In this rule:

"CHEC" means Utah's version of the federally-mandated Early and Periodic Screening Diagnosis and Treatment (EPSDT) program. The CHEC program is designed to ensure access to needed medical care for Medicaid clients from birth through the month of the client's 21st birthday.

"Diagnostic services" means any medical procedure recommended by a physician or other licensed mental health therapist to enable him to identify the existence, nature, or extent of a mental health disorder in a client.

"Rehabilitative services" means any medical or remedial services recommended by a physician or other licensed mental health therapist for maximum reduction of a client's mental health disorder and restoration of the client to his best possible functional level.

R414-35-3. Client Eligibility Requirements.

Diagnostic and rehabilitative outpatient mental health services are available to CHEC-eligible children in the custody of DHS.

R414-35-4. Program Access Requirements.

Diagnostic and rehabilitative outpatient mental health services must be provided by a licensed mental health therapist under contract with DHS, a psychosocial rehabilitative treatment program operated by or under contract with DHS or a community mental health center.

R414-35-5. Service Coverage.

(1) Services must be recommended by a licensed mental health therapist.

(2) The scope of diagnostic and rehabilitative mental health services includes:

- (a) psychiatric diagnostic interview examination;
- (b) psychological testing;
- (c) individual psychotherapy;
- (d) group psychotherapy;
- (e) family psychotherapy with patient present;
- (f) family psychotherapy without patient present;
- (g) pharmacologic management;
- (h) psychosocial rehabilitative services;
- (i) intensive psychosocial rehabilitative services for children ages 0 through the month of their 13th birthday; and
- (j) residential treatment services including:
 - (i) psychiatric health facility;
 - (ii) comprehensive community support services; and
 - (iii) foster care, therapeutic, child.

R414-35-6. Qualified Providers.

Diagnostic and rehabilitative services must be provided by an individual, as limited by the scope of his license, who is:

- (1) a licensed physician, a licensed psychologist, a licensed clinical social worker, a licensed certified social worker, a licensed social service worker, a licensed advanced practice registered nurse specializing in mental health nursing, a licensed registered nurse, a licensed professional counselor, a licensed marriage and family therapist or a licensed substance abuse counselor; or
- (2) an individual working toward licensure in one of the professions identified in subsection (1) to the extent permitted by Title 58 of the Utah Code; or
- (3) a licensed practical nurse or other trained staff working under the supervision of one of the individuals identified in subsection (1) or (2).

R414-35-7. Reimbursement Methodology.

The Department pays the lower of the amount billed or the rate on the DHS contractors' fee schedule. The fee schedule was initially established after consultation with DHS. A provider shall not charge the Department a fee that exceeds the provider's usual and customary charges for the provider's private pay patients.

KEY: Medicaid**2004****26-18-3**

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**Health, Health Care Financing,
Coverage and Reimbursement Policy**

R414-310

**Medicaid Primary Care Network
Demonstration Waiver**

NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 27515

FILED: 11/01/2004, 08:21

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: This rulemaking is needed to make a change in the provisions about health insurance coverage such that a person who is covered under the Health Insurance Pool is eligible to enroll or to remain enrolled in the Primary Care Network (PCN) program. This rulemaking is needed to change the enrollment fee to \$25 for individuals or couples with income under 50% of the federal poverty guideline. It is also needed to add some rules that deal with case records, when enrollment fees may be refunded, and safeguarding client information. It also makes other clarifications, corrections, and updates some citations. Some changes are being made to comply with H.B. 126, Medicaid Benefits Administration, passed by the 2003 Utah Legislature. (DAR NOTE: H.B. 126 is found at UT L 2003 Ch 324, and was effective 05/05/2003.)

SUMMARY OF THE RULE OR CHANGE: In Section R414-310-1, the title is changed, information rearranged, and proper Utah Code citations are added. In Section R414-310-2, a definition of "open enrollment period" is being added, and "Primary Care Network" clarified. Subsection R414-310-3(1) is changed to explain that applications for the PCN or Covered-at-Work programs are accepted only during open enrollment periods, and that the Department may limit who may apply. Subsection R414-310-3(3) is modified to clarify the time the Department must allow a client to provide information. Subsection R414-310-4(4) is clarified to say an individual on Medicaid not previously enrolled in the PCN or Covered-at-Work program may only enroll in the PCN or the Covered-at-Work program if enrollment has not been stopped. In Section R414-310-5, a rule about safeguarding client information is added. Subsection R414-310-7(2) is changed to say a person enrolled in the Health Insurance Pool can enroll in the PCN or the Covered-at-Work program. Subsections R414-310-7(3)(b) and (c) are changed to require that an individual eligible for the Covered-at-Work program must enroll in the employer-sponsored health insurance by the end of the month following the application month. Subsections R414-310-7(3)(c) also includes a clarification about enrollment being stopped. Subsections R414-310-7(4) is modified to say that a person has access to Medicare even if the person must wait for an open enrollment period. Subsections R414-310-7(6) is modified to remove "university or college". In Subsections R414-310-7(7), language changes are made for clarity. Section R414-310-8 expands who are included as children in the household. Subsection R414-310-9(2) is changed to clarify that a person who can receive Medicare in the month the person turns 65 cannot enroll in the PCN or Covered-at-Work programs; and that CHIP must be in an open enrollment period to disqualify a person turning 19 from enrolling in the PCN or Covered-at-Work programs. Subsection R414-310-13(1) adds a rule about the requirement to maintain case records. Subsections R414-310-13(2) and (3) are rearranged, reworded, and renumbered to more accurately describe application requirements, who can apply for an individual and

who the Department sends information to, the date of application, and actions the Department takes when information is not provided timely. In Subsection R414-310-13(8)(e), the enrollment fee an individual must pay is reduced to \$25 if the individual's income is under 50% of the federal poverty guideline, and in Subsection R414-310-13(8)(f), the change defines when the Department may refund the enrollment fee. Subsection R414-310-13(9) clarifies when coverage begins for the spouse of an applicant. In Section R414-310-14, subsections are renumbered. Subsection R414-310-14(2) is rewritten to clarify that an individual will be assessed for Medicaid eligibility, both at application and recertification. It also requires that eligibility will be denied if the individual does not provide information to determine Medicaid eligibility if the local office has information that indicates the individual may be eligible for Medicaid. Subsection R414-310-14(3) adds a requirement for an individual to enroll in employer-sponsored health insurance by the end of the month after the application month to be eligible for Covered-at-Work. Subsection R414-310-14(4) clarifies the eligibility decision process if an applicant has not responded to requests for information. Subsection R414-310-14(6) is reorganized and language added to clarify the recertification process. Subsection R414-310-15(1) is modified and Subsection R414-310-15(2) is added to specify when coverage begins for the Covered-at-Work program because coverage cannot begin until the individual has enrolled in and begun to pay premiums for the employer-sponsored health insurance. The other subsections are renumbered. Subsection R414-310-15(4) is modified to simplify the text and clarify that if a person does not complete the recertification process as defined in the rule, eligibility will end and the individual can only reapply during an open enrollment period. Subsection R414-310-15(5) is changed to clarify the eligibility period and the circumstances where eligibility will end before the 12-month certification period is over. Subsection R414-310-15(6) is changed to explain that eligibility for Covered-at-Work will end because of a voluntary termination of the employer-sponsored health insurance, but that a person may switch to PCN if the insurance termination was involuntary. Subsection R414-310-15(7) is reorganized and changed to include an exception so that a person who enrolls in the Health Insurance Pool does not become ineligible for the PCN program. Subsection R414-310-15(8) is reworded to simplify the language and to clarify. Subsection R414-310-15(9) is clarified to say a person on Medicaid who was previously enrolled in the PCN or Covered-at-Work program can re-enroll in the PCN or Covered-at-Work program. Subsection R414-310-15(10) has clarifications about switching from Medicaid back to the PCN or Covered-at-Work program if a person was previously enrolled in the PCN or Covered-at-Work program. Subsection R414-310-16(2) is clarified to provide that when enrollments are stopped, the Department will not accept applications. Subsection R414-310-16(5) adds a provision to the enrollment limitations that a person who has been on Medicaid, but has not been enrolled in the PCN or the Covered-at-Work program, may apply only if enrollment has not been stopped. Subsection R414-310-18(3) is added to clarify that the amount of an overpayment includes all costs the Department paid on behalf of the individual during the

time-period for which the individual was not eligible to receive those benefits.

STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 26-18-3

THIS RULE OR CHANGE INCORPORATES BY REFERENCE THE FOLLOWING MATERIAL: 42 CFR 431.206, 431.210, 431.211, 431.213, 431.214, 433.138(b), 435.610, 435.907, 435.908, 435.911, 435.912, and 435.919, 2004 ed.

ANTICIPATED COST OR SAVINGS TO:

❖ THE STATE BUDGET: The Division anticipates approximately 5,200 enrollees per year will pay the reduced enrollment fee. These individuals would have paid \$260,000 in enrollment fees (5,200 x \$50). With this rule change, they will pay \$130,000 in enrollment fees (5,200 x \$25). Enrollment fees are part of the PCN administrative costs, so we receive a 50% federal match on enrollment fees collected. Therefore, the total impact on the state budget will be \$65,000 (50% of \$130,000), which is covered by new appropriations. The \$130,000 that will be lost due to the enrollment fee reduction, will be made up by an appropriation of \$65,000 (made in the 2004 session) and the federal match of \$65,000. The Division also anticipates approximately five new enrollees per year because of the change to allow a person covered under the Health Insurance Pool to enroll in or to remain enrolled in the PCN program. Assuming 5 individuals enroll in the program per year with an average length of stay of 12 months, the total cost for the first year will be \$5,520. Therefore, the total impact on the State budget for this provision will be \$1,568 (28.40% of \$5,520).

❖ LOCAL GOVERNMENTS: These changes will have some positive fiscal impact to local governments that provide health care. However, the amount of the impact is uncertain and difficult to quantify.

❖ OTHER PERSONS: The Division anticipates approximately 5,200 enrollees will pay the reduced enrollment fee of \$25 per year saving them \$130,000 per year as a result of the changes to Section R414-310-13. The Division also anticipates approximately five new enrollees per year because of the change to Section R414-310-7. This will have a positive impact on these families, but the amount is impossible to quantify.

COMPLIANCE COSTS FOR AFFECTED PERSONS: There are no compliance costs for affected persons. These changes require no additional expenditures by those covered by the PCN program.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: This rule will have a positive impact on enrollees in the PCN Program. Lowering the enrollment fee was approved and funded by the 2004 Legislature. No other fiscal impact on business is likely. Scott D. Williams, MD

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

HEALTH
HEALTH CARE FINANCING,

COVERAGE AND REIMBURSEMENT POLICY
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:

Craig Devashrayee at the above address, by phone at 801-538-6641, by FAX at 801-538-6099, or by Internet E-mail at cdevashrayee@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS TO THE ADDRESS ABOVE NO LATER THAN 5:00 PM on 12/15/2004.

THIS RULE MAY BECOME EFFECTIVE ON: 12/16/2004

AUTHORIZED BY: Scott D. Williams, Executive Director

R414. Health, Health Care Financing, Coverage and Reimbursement Policy.

R414-310. Medicaid Primary Care Network Demonstration Waiver.

R414-310-1. Authority.

[This rule sets forth the eligibility requirements for enrollment under the Medicaid Primary Care Network.] This rule is authorized by Utah Code Sections 26-1-5 and 26-18-3. The Primary Care Network Demonstration is authorized by a waiver of federal Medicaid requirements approved by the federal Center for Medicare and Medicaid Services and allowed under Section 1115 of the Social Security Act [effective January 1, 1999]. This rule [is authorized by Title 26, Chapter 18] establishes the eligibility requirements for enrollment under the Medicaid Primary Care Network Demonstration.

R414-310-2. Definitions.

The following definitions apply throughout this rule:

(1) "Applicant" means an individual who applies for benefits under the Primary Care Network program or the Primary Care Network - Covered-at-Work program, but who is not an enrollee.

(2) "Best estimate" means the Department's determination of a household's income for the upcoming certification period based on past and current circumstances and anticipated future changes.

(3) "Co-payment and co-insurance" means a portion of the cost for a medical service for which the enrollee is responsible to pay for services received under the Primary Care Network.

(4) "Deeming" or "deemed" means a process of counting income from a spouse or an alien's sponsor to decide what amount of income after certain allowable deductions, if any, must be considered income to an applicant or enrollee.

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

(6) "Enrollee" means an individual who has applied for and been found eligible for the Primary Care Network program or the Primary Care Network - Covered-at-Work Program and has paid the enrollment fee.

(7) "Enrollment fee" means a payment that an applicant or an enrollee must pay to the Department to enroll in and receive coverage under the Primary Care Network or the Primary Care Network - Covered-at-Work program.

(8) "Income averaging" means a process of using a history of past and current income and averaging it over a determined period of time that is representative of future income.

(9) "Income anticipating" means a process of using current facts regarding rate of pay, number of working hours, and expected changes to anticipate future income.

(10) "Income annualizing" means a process of determining the average annual income of a household, based on the past history of income and expected changes.

(11) "Local office" means any Bureau of Eligibility Services or Department of Workforce Services office location, outreach location, or telephone location where an individual may apply for medical assistance.

(12) "Open enrollment means a time period during which the Department accepts applications for the Primary Care Network or the Covered-at-Work programs.

(13) "Primary Care Network" or "PCN" includes two programs under a federal waiver of Medicaid regulations. The two programs are:

(a) The Primary Care Network Program. This program provides primary care medical services to uninsured adults who do not otherwise qualify for Medicaid, and;

(b) The Covered-at-Work Program. This program provides cash reimbursement for all or part of the insurance premium paid by an employee for health insurance coverage through an employer-sponsored health insurance plan that covers ~~the employee and the employee's spouse if the spouse is also covered by the employee's plan~~ either the eligible employee, the eligible spouse of the employee, or both.

(1[3]4) "Recertification month" means the last month of the eligibility period for an enrollee.

(1[4]5) "Spouse" means any individual who has been married to an applicant or enrollee and has not legally terminated the marriage.

(1[5]6) "Verifications" means the proofs needed to decide if an individual meets the eligibility criteria to be enrolled in the program. Verifications may include hard copy documents such as a birth certificate, computer match records such as Social Security benefits match records, and collateral contacts with third parties who have information needed to determine the eligibility of the individual.

(1[6]7) "Student health insurance plan" means a health insurance plan that is offered to students directly through a university or other educational facility or through a private health insurance company that offers coverage plans specifically for students.

R414-310-3. Applicant and Enrollee Rights and Responsibilities.

(1) Any person may apply ~~or reapply any time for any program~~ during an open enrollment period who meets the limitations set by the Department. The open enrollment period may be limited to:

(a) individuals with children under age 19 in the home;

(b) individuals without children under age 19 in the home;

(c) those enrolled in the PCN program;

(d) those enrolled in the Covered-at-Work program;

(e) those enrolled in the General Assistance program;

(f) those that were enrolled in the Medicaid program within the last thirty days prior to the beginning of the open enrollment period;
or

(g) such other group designated in advance by the Department consistent with efficient administration of the program.

(2) If a person needs help to apply, he may have a friend or family member help, or he may request help from the local office or outreach staff.

(3) Applicants and enrollees must provide requested information and verifications within the time limits given. The Department will allow the client at least 10 calendar days from the date of a request to provide information and may grant additional time to provide information and verifications upon request of the applicant or enrollee.

(4) Applicants and enrollees have a right to be notified about the decision made on an application, or other action taken ~~which~~that affects their eligibility for benefits.

(5) Applicants and enrollees may look at information in their case file that was used to make an eligibility determination.

(6) Anyone may look at the eligibility policy manuals located at any Department local office.

(7) An individual must repay any benefits received under the Primary Care Network program or the Covered-at-Work program if the Department determines that the individual was not eligible to receive such benefits.

(8) Applicants and enrollees must report certain changes to the local office within ten calendar days of the day the change becomes known. The ~~Department~~local office shall notify the applicant at the time of application of the changes that the enrollee must report. Some examples of reportable changes include:

(a) An enrollee in the Primary Care Network program begins to receive coverage under a group health plan or other health insurance coverage.

(b) An enrollee in the Primary Care Network program begins to have access to coverage under a group health plan or other health insurance coverage.

(c) An enrollee in the Covered-at-Work program no longer pays for coverage under an employer-sponsored health plan.

(d) An enrollee in the Primary Care Network program or the Covered-at-Work program begins to receive coverage under, or begins to have access to student health insurance, Medicare Part A or B, or the Veteran's Administration Health Care System.

(e) An enrollee in the Covered-at-Work program has a change in the amount the enrollee pays for coverage under an employer-sponsored health plan.

(f) An enrollee leaves the household or dies.

(g) An enrollee or the household moves out of state.

(h) Change of address of an enrollee or the household.

(i) An enrollee enters a public institution or an institution for mental diseases.

(9) An applicant or enrollee has a right to request an agency conference or a fair hearing as described in R414-301-5 and R414-301-6.

(10) An enrollee in the Primary Care Network program is responsible for paying any required co-payments or co-insurance amounts to providers for medical services the enrollee receives ~~which~~that are covered under the Primary Care Network program.

(11) An enrollee in the Covered-at-Work program must continue to pay premiums and remain enrolled in the employer-sponsored health plan to be eligible for benefits.

R414-310-4. General Eligibility Requirements.

(1) The provisions of R414-302-1, R414-302-2, R414-302-3, R414-302-5, and R414-302-6 apply to applicants and enrollees of

the Primary Care Network program and the Covered-at-Work program.

(2) An individual who is not a U.S. citizen and does not meet the alien status requirements of R414-302-1 is not eligible for any services or benefits under the Primary Care Network program or the Covered-at-Work program.

(3) Applicants and enrollees are not required to provide Duty of Support information to enroll in the Primary Care Network program or the Covered-at-Work program. An individual who would be eligible for Medicaid but fails to cooperate with Duty of Support requirements required by the Medicaid program cannot enroll in the Primary Care Network program or the Covered-at-Work program.

(4) Individuals who must pay a spenddown or premium to receive Medicaid can enroll in the Primary Care Network program or the Covered-at-Work program if they meet the program eligibility criteria in any month they do not receive Medicaid as long as the Department has not stopped enrollment under the provisions of R414-310-16(2). If the Department has stopped enrollment, the individual must wait for an applicable open enrollment period to enroll in the PCN or the Covered-at-Work program.

R414-310-5. Verification and Information Exchange.

(1) The provisions of R414-307-4 apply to applicants and enrollees of the Primary Care Network program and the Covered-at-Work program.

(2) The Department safeguards information about applicants and enrollees according to the provisions found in R414-301-4.

R414-310-7. Creditable Health Coverage.

(1) The Department adopts 42 CFR 433.138(b) and 435.610, ~~[2000]~~2004 ed., and Section 1915(b) of the Compilation of the Social Security Laws, in effect January 1, ~~[1999]~~2004, which are incorporated by reference.

(2) An individual who is covered under a group health plan or other creditable health insurance coverage, as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), at the time of application is not eligible for enrollment in the Primary Care Network program or the Covered-at-Work program. This includes coverage under Medicare Part A or B ~~[Medicare]~~, student health insurance, and the Veteran's Administration Health Care System. However, an individual who is enrolled in the Utah Health Insurance Pool (H.I.P.) may enroll in the Primary Care Network or the Covered-at-Work program.

(3) Eligibility for the Primary Care Network program or the Covered-at-Work program for an individual who has access to but has not yet enrolled in health insurance coverage through an employer or a spouse's employer will be determined as follows:

(a) If the cost of the employer-sponsored coverage does not exceed 5% of the household's gross income, the individual is not eligible for the Primary Care Network program or the Covered-at-Work program.

(b) If the cost of the employer-sponsored coverage exceeds 5% but does not exceed 15% of the household's gross income, the individual is not eligible for the Primary Care Network program. These individuals may be eligible for the Covered-at-Work program if they choose to enroll in the employer-sponsored coverage, by the end of the month following the month in which they apply for the Covered-at-Work program.

(c) If the cost of the employer-sponsored coverage exceeds 15% of the household's gross income, the individual may choose to

enroll in either the Primary Care Network program or the Covered-at-Work program unless enrollment for one of these programs has been stopped under the provisions of R414-310-16(2). To enroll in the Covered-at-Work program, the individual must enroll in the employer-sponsored coverage, by the end of the month following the month in which they apply for the Covered-at-Work program.

(d) The individual is considered to have access to coverage even if the employer offers coverage only during an open enrollment period.

(4) An individual who is covered under Medicare Part A or Part B, or who could enroll in Medicare Part B coverage, is not eligible for enrollment in the Primary Care Network or the Covered-at-Work program, even if the individual must wait for a Medicare open enrollment period to apply for Medicare benefits.

(5) An individual who is enrolled in the Veteran's Administration (VA) Health Care System is not eligible for enrollment in the Primary Care Network program or the Covered-at-Work program. An individual who is eligible to enroll in the VA Health Care System, but who has not yet enrolled, may be eligible for the Primary Care Network program or the Covered-at-Work program while waiting for enrollment in the VA Health Care System to become effective. To be eligible during this waiting period, the individual must initiate the process to enroll in the VA Health Care System. Eligibility for the Primary Care Network program or the Covered-at-Work program ends once the individual becomes enrolled in the VA Health Care System.

(6) Individuals who are full-time students [~~at a university or college,~~] and who can enroll in student health insurance coverage are not eligible to enroll in the Primary Care Network program or the Covered-at-Work program.

(7) The Department shall deny eligibility if the applicant or spouse has voluntarily terminated health insurance coverage within the six months immediately prior to the application date for enrollment under the Primary Care Network program or the Covered-at-Work program. [Eligibility] An applicant or an applicant's spouse can be eligible for the Primary Care Network or the Covered-at-Work program [may begin six months after the prior insurance coverage expires] if their prior insurance ended more than six months before the application date. An applicant or applicant's spouse who voluntarily discontinues health insurance coverage under a COBRA plan or under the state Health Insurance Pool, or who is involuntarily terminated from an employer's plan may be eligible for the Primary Care Network or the Covered-at-Work program without a six month waiting period.

(8) Notwithstanding the limitations in this section, an individual with creditable health coverage operated or financed by the Indian Health Services may enroll in the Primary Care Network program or the Covered-at-Work program.

(9) Individuals must report at application and recertification whether each individual for whom enrollment is being requested has access to or is covered by a group health plan or other creditable health insurance coverage. This includes coverage [which] that may be available through an employer or a spouse's employer, a student health insurance plan, Medicare Part A or B, or the VA Health Care System.

(10) The Department shall deny an application or recertification if the applicant or enrollee fails to respond to questions about health insurance coverage for any individual the household seeks to enroll or recertify in the program.

R414-310-8. Household Composition.

(1) The following individuals are included in the household when determining household size for the purpose of computing financial eligibility for the Primary Care Network Program or the Covered-at-Work program:

- (a) the individual;
- (b) the individual's spouse living with the individual; [~~and~~]
- (c) any [~~dependent~~] children of the individual or the individual's spouse who are under age 19 and living with the individual; and
- (d) an unborn child if the individual is pregnant, or if the applicant's legal spouse who lives in the home is pregnant.

(2) A household member who is temporarily absent for schooling, training, employment, medical treatment or military service, or who will return home to live within 30 days from the date of application is considered part of the household.

R414-310-9. Age Requirement.

(1) An individual must be at least 19 and not yet 65 years of age to enroll in the Primary Care Network program or the Covered-at-Work program.

(2) The month in which an individual's 19th birthday occurs is the first month the person can be eligible for enrollment in the Primary Care Network program or the Covered-at-Work program; however, if,

(a) If the individual could qualify for Medicaid in that month without paying a spenddown or premium, the individual cannot enroll in the Primary Care Network or Covered-at-Work program until the following month.

(b) the individual could enroll in the Children's Health Insurance Program and it is an open enrollment period for CHIP for that month, the individual cannot enroll in the Primary Care Network program or the Covered-at-Work program until the following month.

(3) The benefit effective date for the Primary Care Network program or the Covered-at-Work program cannot be earlier than the date of the 19th birthday.

(4) The individual's 65th birthday month is the last month the person can be eligible for enrollment in the Primary Care Network program or the Covered-at-Work program.

R414-310-10. Income Provisions.

(1) To be eligible to enroll in the Primary Care Network program or the Covered-at-Work program, a household's countable gross income must be equal to or less than 150% of the federal non-farm poverty guideline for a household of the same size. An individual with income above 150% of the federal poverty guideline is not allowed to spend down income to be eligible under the Primary Care Network program or the Covered-at-Work program. All gross income, earned and unearned, received by the individual and the individual's spouse is counted toward household income, unless this section specifically describes a different treatment of the income.

(2) Any income in a trust that is available to, or is received by a household member, is countable income.

(3) Payments received from the Family Employment Program, Working Toward Employment program, refugee cash assistance or adoption support services as authorized under Title 35A, Chapter 3 are countable income.

(4) Rental income is countable income. The following expenses can be deducted:

- (a) taxes and attorney fees needed to make the income available;
- (b) upkeep and repair costs necessary to maintain the current value of the property;
- (c) utility costs only if they are paid by the owner; and
- (d) interest only on a loan or mortgage secured by the rental property.

(5) Cash contributions made by non-household members are counted as income unless the parties have a signed written agreement for repayment of the funds.

(6) The interest earned from payments made under a sales contract or a loan agreement is countable income to the extent that these payments will continue to be received during the certification period.

(7) Needs-based Veteran's pensions are counted as income. Only the portion of a Veteran's Administration check to which the individual is legally entitled is countable income.

(8) Child support payments received by a parent in the household which is in repayment of past due child support is counted as income for the parent. Current child support payments received for a dependent child living in the home are counted as that child's income.

(9) In-kind income, which is goods or services provided to the individual from a non-household member and which is not in the form of cash, for which the individual performed a service or which is provided as part of the individual's wages is counted as income. In-kind income for which the individual did not perform a service, or did not work to receive, is not counted as income.

(10) Supplemental Security Income and State Supplemental payments are countable income.

(11) Income, unearned and earned, shall be deemed from an alien's sponsor, and the sponsor's spouse, if any, when the sponsor has signed an Affidavit of Support pursuant to Section 213A of the Immigration and Nationality Act on or after December 19, 1997. Sponsor deeming will end when the alien becomes a naturalized U.S. citizen, or has worked 40 qualifying quarters as defined under Title II of the Social Security Act or can be credited with 40 qualifying work quarters. Beginning after December 31, 1996, a creditable qualifying work quarter is one during which the alien did not receive any federal means-tested public assistance.

(12) Income that is defined in 20 CFR 416~~(K)~~ Subpart K, Appendix, ~~2000~~2004 edition, which is incorporated by reference, is not countable.

(13) Payments that are prohibited under other federal laws from being counted as income to determine eligibility for federally-funded medical assistance programs are not countable.

(14) Death benefits are not countable income to the extent that the funds are spent on the deceased person's burial or last illness.

(15) A bona fide loan that an individual must repay and that the individual has contracted in good faith without fraud or deceit, and genuinely endorsed in writing for repayment is not countable income.

(16) Child Care Assistance under Title XX is not countable income.

(17) Reimbursements of Medicare premiums received by an individual from Social Security Administration or the State Department of Health are not countable income.

(18) Earned and unearned income of a child who is under age 19 is not counted if the child is not the head of a household.

(19) Educational income, such as educational loans, grants, scholarships, and work-study programs are not countable income. The individual must verify enrollment in an educational program.

(20) Reimbursements for employee work expenses incurred by an individual are not countable income.

(21) The value of food stamp assistance is not countable income.

R414-310-13. Application Procedure.

(1) The Department adopts 42 CFR 435.907 and 435.908, ~~2000~~2004 ed., which are incorporated by reference. The Department shall maintain case records as defined in R414-308-801.

(2) The applicant must complete and sign a written application or complete an application on-line via the Internet to enroll in the Primary Care Network program or the Covered-at-Work program.

~~(3)a~~ The Department accepts any Department-approved application form for medical assistance programs offered by the state as an application for the Primary Care Network program or the Covered-at-Work program. The local office eligibility worker may require the applicant to provide additional information that was not asked for on the form the applicant completed, and may require the applicant to sign a signature page from a hardcopy medical application form.

~~(a)b~~ If an applicant cannot write, he must make his mark on the application form and have at least one witness to the signature. A legal guardian or a person with power of attorney may sign the application form for the applicant.

~~(b)~~ The date of application is the day the signed application form is received by the Department.

~~(c)~~ If a legal guardian or power of attorney has been appointed, or there is a payee for the individual, the Department shall make all forms and other documents in the name of both the individual and the individual's representative.

~~(d)c~~ An authorized representative may apply for the applicant if unusual circumstances prevent the individual from completing the application process himself. The applicant must sign the application form if possible.

~~(3)~~ The date of application is the day the signed application form is received by the local office.

~~(4)~~ If an applicant has a legal guardian, a person with a power of attorney, or an authorized representative, the local office shall send decision notices, requests for information, and forms that must be completed to both the individual and the individual's representative, or to just the representative if requested or if determined appropriate.

~~(e)5~~ The Department shall reinstate a medical case without requiring a new application if the case was closed in error.

~~(6)~~ The Department shall ~~not~~continue enrollment without requir[e]ing a new application if the case was closed for failure to complete a recertification or comply with a request for information or verification;

~~(a)~~ if the enrollee complies before the effective date of the case closure or by the end of the month immediately following the month the case was closed; and

~~(b)~~ the individual continues to meet all eligibility requirements.

~~(4)7~~ An applicant may withdraw an application for the Primary Care Network program or the Covered-at-Work program any time before the Department completes an eligibility decision on the application.

~~(5)8~~ The applicant shall pay an annual enrollment fee to enroll in the Primary Care Network Program or the Primary Care

Network - Covered-at-Work Program once the ~~[Department]~~local office has determined that the individual meets the eligibility criteria for enrollment.

(a) Coverage does not begin until the Department receives the enrollment fee.

(b) The enrollment fee covers both the individual and the individual's spouse if the spouse is also ~~[requesting]~~eligible for enrollment in the Primary Care Network or the Primary Care Network - Covered-at-Work Program.

(c) The enrollment fee is required at application~~[-]~~ and at each recertification.

(d) The enrollment fee must be paid to the ~~[Department]~~local office in cash, or by check or money order made out to the Department of Health or to the Department of Workforce Services.

(e) The enrollment fee for an individual or married couple receiving General Assistance from the Department of Workforce Services is \$15. The enrollment fee for an individual or couple who does not receive General Assistance but whose countable income is less than 50 percent of the federal poverty guideline applicable their household size is \$25. The enrollment fee for any other individual or married couple is \$50.

(f) The Department may refund the enrollment fee if it decides the person was ineligible for the program; however, the Department may retain the enrollment fee to the extent that the individual owes any overpayment of benefits that were paid in error on behalf of the individual by the Department.

~~(6)9~~ If an eligible household requests enrollment for a spouse, the application date for the spouse is the date of the request. A new application form is not required; however, the household shall provide the information necessary to determine eligibility for the spouse, including information about access to creditable health insurance, including Medicare Part A or B~~[-Medicare]~~, student health insurance, and the VA Health Care System.

(a) Coverage or benefits for the spouse will be allowed from the date of request or the date an application is received through the end of the current certification period.

(b) A new enrollment fee is not required to add a spouse during the current certification period.

(c) A new income test is not required to add the spouse for the months remaining in the current certification period.

(d) A spouse may be added only if the Department has not stopped enrollment under section R414-310-16.

(e) Income of the spouse will be considered and payment of the enrollment fee will be required at the next scheduled recertification.

R414-310-14. Eligibility Decisions and Recertification.

(1) The Department adopts 42 CFR 435.911 and 435.912, ~~[2000]~~2004 ed., which are incorporated by reference.

~~(1) At application and recertification, the Department shall determine if the individual is eligible for Medicaid before determining eligibility for the Primary Care Network program or the Covered at Work program. An individual who is eligible for a Medicaid program without paying a spenddown cannot enroll in the Primary Care Network program or the Covered at Work program. If the individual must pay a spenddown to become eligible for Medicaid, the individual may choose to enroll in the Primary Care Network program or the Covered at Work program instead of paying a spenddown to receive Medicaid.]~~

(2) When an individual applies for PCN or the Covered-at-Work program, the local office shall determine if the individual is

eligible for Medicaid. An individual who qualifies for Medicaid without paying a spenddown or a premium cannot enroll in the Primary Care Network or the Covered-at-Work program. If the individual appears to qualify for Medicaid, but additional information is required to determine eligibility for Medicaid, the applicant must provide additional information requested by the eligibility worker. Failure to provide the requested information shall result in the application being denied.

(a) If the individual must pay a spenddown or premium to qualify for Medicaid, the individual may choose to enroll in the PCN or the Covered-at-Work program if it is an open enrollment period for those programs, and the individual meets all the applicable criteria for eligibility. If the PCN or the Covered-at-Work programs are not in an enrollment period, the individual must wait for an open enrollment period.

(b) At recertification for PCN or the Covered-at-Work program, the local office shall first review eligibility for Medicaid. If the individual qualifies for Medicaid without a spenddown or premium, the individual cannot be reenrolled in the PCN or Covered-at-Work program. If the individual appears to qualify for Medicaid, the applicant must provide additional information requested by the eligibility worker. Failure to provide the requested information shall result in the application being denied.

(3) To enroll, the individual must meet the eligibility criteria for enrollment in the Primary Care Network program or the Covered-at-Work program, pay the enrollment fee, and it must be a time when the Department has not stopped enrollment under section R414-310-16. ~~[For the Primary Care Network program, the individual must pay the enrollment fee.]~~An applicant for the Covered-at-Work program must be able to enroll in his or her employer-sponsored health insurance by the end of the month following the application month to be eligible for the Covered-at-Work program. Otherwise, eligibility will be denied, and the individual may reapply during another open enrollment period.

~~(3)4~~ The ~~[Department]~~local office shall complete a determination of eligibility or ineligibility for each application unless:

(a) the applicant voluntarily withdraws the application and the ~~[Department]~~local office sends a notice to the applicant to confirm the withdrawal;

(b) the applicant died; or

(c) the applicant cannot be located; or

(d) the applicant has not responded to requests for information within the 30 day application period or by the date the eligibility worker asked the information or verifications to be returned, if that date is later.

~~(4)5~~ The enrollee must recertify eligibility at least every 12 months.

~~(5)6~~ The ~~[Department]~~local office eligibility worker may require the applicant, the applicant's spouse, or the applicant's authorized representative to attend an interview as part of the application and recertification process. Interviews may be conducted in person or over the telephone, at the ~~[Department]~~local office eligibility worker's discretion.

~~(6)7~~ The enrollee must complete the recertification process and provide the required verifications by the end of the recertification month.

(a) If the enrollee completes the recertification, continues to meet all eligibility criteria and pays the enrollment fee, coverage will be continued without interruption.

(b) The case will be closed at the end of the recertification month if the enrollee does not complete the recertification process and provide required verifications by the end of the recertification month.

(c) If an enrollee does not complete the recertification by the end of the recertification month, but completes the process and provides required verifications by the end of the month immediately following the recertification month, coverage will be reinstated as of the first of that month if the individual continues to be eligible and pays the enrollment fee.

(7)8 The [Department]eligibility worker may extend the recertification due date if the enrollee demonstrates that a medical emergency, death of an immediate family member, natural disaster or other similar cause prevented the enrollee from completing the recertification process on time.

R414-310-15. Effective Date of Enrollment and Enrollment Period.

(1) The effective date of enrollment in the Primary Care Network program [or the Covered-at-Work program] is the day that a completed and signed application or an on-line application is received by the [Department]local office and the applicant meets all eligibility criteria, including payment of the enrollment fee. The Department shall not provide any benefits or pay for any services received before the effective enrollment date.

(2) The effective date of enrollment in the Covered-at-Work program cannot be before the month in which the applicant pays a premium for the employer-sponsored health insurance and is determined as follows:

(a) The effective date of enrollment is the date an application is received and the person is found eligible, including payment of the enrollment fee, if the applicant enrolls in and pays the first premium for the employer-sponsored health insurance in the application month.

(b) If the applicant will not pay a premium for the employer-sponsored health insurance in the application month, the effective date of enrollment is the first day of the month in which the applicant pays a premium for the employer-sponsored health insurance. The applicant must enroll in the employer-sponsored health insurance no later than the end of the month following the month the application is received. The applicant must be determined eligible and pay the enrollment fee for the Covered-at-Work program.

(c) If the applicant cannot enroll in the employer-sponsored health insurance by the end of the month immediately following the application month, the application shall be denied and the individual will have to reapply during another open enrollment period.

(2)3 The effective date of re-enrollment for a recertification in the Primary Care Network program or the Covered-at-Work program is the first day of the month after the recertification month, if the recertification is completed as described in R414-310-14-(6)7.

(3)4 If the enrollee does not complete the recertification as described in R414-310-14-(6)7, and the enrollee does not have good cause for missing the deadline, the [effective date of re-enrollment in the Primary Care Network program or the Covered-at-Work program, shall be the day that a completed recertification form, or a new application form, is received by the Department. If a gap in enrollment occurs because an enrollee does not complete the recertification process within this time frame, the Department shall not cover medical expenses incurred before the new enrollment

effective date for the Primary Care Network program or provide reimbursement for premiums paid in a month for which the individual was not enrolled in the Covered at Work program]case will remain closed and the individual may reapply during another open enrollment period.

(4)5 An individual found eligible for the Primary Care Network program or the Covered-at-Work program shall be eligible from the effective date [of application] through the end of the [application]first month of eligibility and for the following 12 months. If the enrollee completes the redetermination process in accordance with R414-310-14-(6)7 and continues to be eligible, the recertification period will be for an additional 12 months beginning the month following the recertification month. Eligibility could end before the end of a 12-month certification period for any of the following reasons:

(a) the individual turns age 65;

(b) the individual becomes entitled to receive student health insurance, Medicare, or becomes covered by Veterans Administration Health Insurance;

(c) the individual dies;

(e)d the individual moves out of state or cannot be located;

(d)e the individual enters a public institution or an Institute for Mental Disease.

(e)6 If an individual on the Covered-at-Work program voluntarily discontinues enrollment in employer-sponsored insurance coverage, eligibility for the Covered-at-Work program ends. If the enrollment in employer-sponsored insurance is discontinued involuntarily and the individual notifies the local office within 10 calendar days of when the insurance ends, the individual may switch to the PCN program for the remainder of the certification period.

(5)7 An individual enrolled in the Primary Care Network program loses eligibility when the individual enrolls in any type of group health plan or other creditable health insurance coverage including employer-sponsored coverage [—However, a], except under the following circumstances:

(a) An individual who enrolls in an employer-sponsored plan may switch to the Covered-at-Work program if the individual reports to the [Department]local office within 10 calendar days of enrolling [that he or she has enrolled] in an employer-sponsored plan, and if the requirements defined in R414-310-7(3)(b) or (c) are met.

(b) An individual who enrolls in the Utah Health Insurance Pool (H.I.P.) does not lose eligibility in the Primary Care Network.

(6)8 An enrollee in the Primary Care Network who reports within 10 days that he or she has gained access to enroll in employer-sponsored coverage may either switch to the Covered-at-Work program [based on the requirements of R414-310-7 and on the requirement that the individual enrolls in the employer-sponsored coverage, or may remain on the Primary Care Network through the end of the current certification period if the individual chooses not to enroll in the employer-sponsored coverage]. To switch to Covered-at-Work, the following requirements must be met:

(a) The requirements of R414-310-7(3) must be met.

(b) The individual must enroll in the employer-sponsored coverage and begin paying premiums for the insurance.

(7) An individual enrolled in the Primary Care Network program or Covered at Work program loses eligibility when the individual enrolls in or gains access to student health insurance, Medicare Part A or B or the Veteran's Administration Health Care System.

~~(8)~~(9) If a Primary Care Network or Covered-at-Work case closes for any reason, other than to become covered by another Medicaid program, and remains closed for one or more calendar months, the individual must submit a new application to the ~~Department~~ local office during an enrollment period to reapply. The individual must meet all the requirements of a new applicant including paying a new enrollment fee.

~~(9)~~10) If a Primary Care Network or Covered-at-Work case closes because the enrollee is eligible for another Medicaid program ~~and there is no break in coverage between the programs~~, the individual may reenroll in the Primary Care Network or the Covered-at-Work program ~~for the remainder of the current certification period~~ if there is no break in coverage between the programs, even if the State has stopped enrollment under R414-310-16(2).

(a) If the individual's 12-month certification period has not ended, the individual may reenroll for the remainder of that certification period. The individual is not required to complete a new application or have a new income eligibility determination. The individual must continue to meet the criteria defined in R414-310-7. The individual is not required to pay a new enrollment fee for the months remaining in the current certification period.

(b) If the 12-month certification period from the prior enrollment has ended, the individual may still reenroll in the Primary Care Network or the Covered-at-Work program. However, the individual must complete a new application, meet eligibility and income guidelines, and pay a new enrollment fee for the new certification period.

(c) If there is a break in coverage of one or more calendar months between programs, the individual must reapply during an open enrollment period for the Primary Care Network or the Covered-at-Work program.

(10)1) Lifetime eligibility for benefits under the Covered-at-Work program is limited to 60 months for each enrollee.

R414-310-16. Enrollment Limitation.

(1) The Department shall limit enrollment in the Primary Care Network program and the Covered-at-Work program.

(1)2) The Department may stop enrollment of new individuals at any time based on availability of funds.

(2)3) The Department and local offices shall not accept applications nor maintain waiting lists during a time period that enrollment of new individuals is stopped.

(3)4) If enrollment has not been stopped, individuals may apply for the Primary Care Network program or the Covered-at-Work program.

(5) An individual who becomes ineligible for Medicaid, or who must pay a spenddown or premium for Medicaid, but who was not previously enrolled in the Primary Care Network or Covered-at-Work program, may apply to enroll in the Primary Care Network or the Covered-at-Work program if the State has not stopped enrollment under R414-310-16(2). If enrollment has been stopped, the individual must wait for an open enrollment period to apply.

R414-310-17. Notice and Termination.

(1) The department adopts 42 CFR 431.206, 431.210, 431.211, 431.213, 431.214, 435.919, ~~2000~~2004 ed., which are incorporated by reference.

(2) The ~~Department~~ local office shall notify an applicant or enrollee in writing of the eligibility decision made on the application or the recertification.

(3) The ~~Department~~ local office shall terminate an individual's enrollment upon enrollee request or upon discovery that the individual is no longer eligible.

(4) The ~~Department~~ local office shall terminate an individual's enrollment if the individual fails to complete the recertification process on time.

R414-310-18. Improper Medical Coverage.

(1) An individual who receives benefits under the Primary Care Network program or the Covered-at-Work program for which he is not eligible is responsible to repay the Department for the cost of the benefits received.

(2) An alien and the alien's sponsor are jointly liable for benefits received for which the individual was not eligible.

(3) An overpayment of benefits includes all amounts paid by the Department for medical services or other benefits on behalf of an enrollee or for the benefit of the enrollee during a time period that the enrollee was not actually eligible to receive such benefits.

KEY: Medicaid, primary care, covered-at-work, demonstration
~~February 10], 2004~~

~~26-18-1~~

~~26-1-5~~

~~26-18-3~~



Health, Health Systems Improvement, Emergency Medical Services **R426-12** Emergency Medical Services Training and Certification Standards

NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 27519

FILED: 11/01/2004, 14:54

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: This rulemaking aligns Emergency Medical Technician-Intermediate (EMT-I) with the national standards. It adds a new level Emergency Medical Technician-Intermediate Advanced (EMT-IA) and deletes the Emergency Medical Technician-Basic (intravenous) (EMT-B-IV) certification level.

SUMMARY OF THE RULE OR CHANGE: This rulemaking defines criteria for certification of EMT-IA and deletes EMT-IV certification. It moves the criteria for EMT-I to a different location in the rule.

STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Title 12, Chapter 8a

ANTICIPATED COST OR SAVINGS TO:

❖ THE STATE BUDGET: The changes can be implemented within appropriations without additional cost or savings to state budget.

❖ LOCAL GOVERNMENTS: The new EMT-IA is not mandatory, so any cost to Emergency Medical Services (EMS) provider agencies would only be due to their desire to upgrade to a higher service level. Aggregate costs are impossible to quantify because it is difficult to ascertain how many EMTs will obtain the advanced training.

❖ OTHER PERSONS: The new EMT-IA is not mandatory, so any cost to individual EMTs would only be due to their desire to upgrade to a higher service level. Aggregate costs are impossible to quantify because it is difficult to ascertain how many EMTs will obtain the advanced training.

COMPLIANCE COSTS FOR AFFECTED PERSONS: For each EMT who desires to upgrade to the EMT-IA level, the training cost will range from \$350 to \$700 depending on which course they are enrolled in, and, whether the course is offered in house by the agency, or in the open market. Certification fees range between \$32 and \$82 per individual. This voluntary cost would be either borne by EMS provider agencies or by the individual EMT.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: This rule change implements a higher category of certification for EMS personnel. Achieving this higher level is voluntary. No regulated businesses will incur a fiscal impact as a result of this change unless they choose to upgrade. Patient care should improve as a result of this change. Scott D. Williams, MD

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

HEALTH
HEALTH SYSTEMS IMPROVEMENT,
EMERGENCY MEDICAL 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:

Don Wood at the above address, by phone at 801-538-6287, by FAX at 801-538-6808, or by Internet E-mail at donwood@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS TO THE ADDRESS ABOVE NO LATER THAN 5:00 PM on 12/15/2004.

THIS RULE MAY BECOME EFFECTIVE ON: 12/16/2004

AUTHORIZED BY: Scott D. Williams, Executive Director

R426. Health, Health Systems Improvement, Emergency Medical Services.

R426-12. Emergency Medical Services Training and Certification Standards.

R426-12-100. Authority and Purpose.

This ~~Rule~~ 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 ~~prehospital~~ pre-hospital emergency medical care providers.

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 ~~the certification to perform those activities~~ 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-I; or

(ii) R426-12-401, except for R426-12-401(2)(a) for EMT-IA respectively.

(3) If an individual fails either the written or practical examinations and re-examinations for:

(a) certification at the EMT-IA level, the individual may request to be certified at the EMT-I level if all requirements of R426-12-103(1) are met; and

(b) certification at the Paramedic level, the individual may request to be certified at the EMT-IA or EMT-I level if all requirements of R426-12-103(2) are met.

(4) An individual certified at the EMT-IA level may request in writing to the Department to recertify at the EMT-I or EMT-B level at the time of the individual's EMT-IA recertification. The individual must complete all requirements for recertification of EMT-I as required by R426-12-303 or EMT-B as required by R426-12-202.

(5) An individual certified at the Paramedic level may request in writing to the Department to recertify at the EMT-IA, EMT-I, or Emergency Medical Technician-Basic (EMT-B) level at the time of the individual's recertification. The individual must complete all requirements of R426-12-403, R426-12-303, or R426-12-202 as appropriate.

R426-12-200. Emergency Medical Technician-Basic (EMT-B) in 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 the 1994 United States Department of Transportation's "EMT-Basic Training Program: National Standard Curriculum" (EMT-B Curriculum) ~~except for Module 8, which is incorporated by reference, with the exceptions of Module 8: Advanced Airway, Appendix and Appendices C, D, J, and K, as the standard for EMT-B training and competency in the state, which is incorporated by reference.~~

(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) ~~maintain and submit documentation of having completed within the prior two years a CPR course offered by the National Safety Council, the American Red Cross, or the American Heart Association or a course that the applicant can demonstrate to the Department to be equivalent or greater;~~

~~(b)~~ 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 not a Utah resident for the past consecutive five years; however a Utah resident whose reason for being out of state was due to being a foreign exchange student ~~or~~, serving a religious mission, in the military, as a Peace Corps volunteer, or the like need not submit to ~~the~~an FBI background investigation;

~~(g)~~ maintain and submit documentation of having completed within the prior two years a CPR course offered by the National Safety Council, the American Red Cross, or the American Heart Association or a course that the applicant can demonstrate to the Department to be equivalent or greater;

(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; ~~and~~

(i) within 90 days after completing the EMT-B course, 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 90 days was due to circumstances beyond the applicant's control.

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;

(c) maintains and submits documentation of having completed within the prior two years, a CPR course offered by the National Safety Council, the American Red Cross, or the American Heart Association or a course that the applicant can demonstrate to the Department to be equivalent or greater; 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 an application, including social security number, signature, and documentation of compliance with this section, and all required fees;

(d) within 90 days after submitting the challenge application, successfully complete the Department written and practical EMT-B examinations, or reexaminations, if necessary;

(e) submit to a background investigation, including an FBI background investigation if not a Utah resident for the past consecutive five years; however a Utah resident whose reason for being out of state was due to being a foreign exchange student or serving a religious mission, in the military, as a Peace Corps volunteer, or the like need not submit to the FBI background investigation; and

(f) 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 ~~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 one year of submitting the application ~~must~~;

~~(b)~~ submit to a background investigation, including an FBI background investigation if not a Utah resident for the past consecutive five years; however a Utah resident whose reason for being out of state was due to being a foreign exchange student or serving a religious mission, in the military, as a Peace Corps

volunteer, or the like need not submit to ~~the~~an FBI background investigation;

~~(c)~~ maintain and submit documentation of having completed within the prior two years, a CPR course offered by the National Safety Council, the American Red Cross, or the American Heart Association or a course that the applicant can demonstrate to the Department to be equivalent or greater;

~~(d)~~~~(b)~~ submit a statement from a physician, confirming the applicant's results of a TB examination conducted within the prior year;

~~(e)~~~~(c)~~ successfully complete the Department written and practical EMT-B examinations, or reexaminations, if necessary;

~~(d)~~ maintain and submit documentation of having completed within the prior two years, a CPR course offered by the National Safety Council, the American Red Cross, or the American Heart Association or a course that the applicant can demonstrate to the Department to be equivalent or greater;

~~(e)~~~~(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

~~(f)~~~~(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) complete all EMT-B recertification requirements;

~~(b)~~ submit the applicable fees and a completed application, including social security number and signature, to the Department;

~~(b)~~~~(c)~~ submit to a background investigation, including an FBI background investigation if not a Utah resident for the past consecutive five years; however a Utah resident whose reason for being out of state was due to being a foreign exchange student or serving a religious mission, in the military, as a Peace Corps volunteer, or the like need not submit to the FBI background investigation;

~~(e)~~~~(d)~~ maintain and submit documentation of having completed within the prior two years, a CPR course offered by the National Safety Council, the American Red Cross, or the American Heart Association or a course that the applicant can demonstrate to the Department to be equivalent or greater;[

~~(d)~~ successfully complete the Department applicable written and practical recertification examinations, or reexaminations if necessary, within one year prior to expiration of the certification to be renewed;

(e) submit a statement from the applicant's EMS provider organization or a physician, confirming the applicant's results of a TB examination; and

(f) successfully complete the Department applicable written and practical recertification examinations, or reexaminations if necessary, within one year prior to expiration of the certification to be renewed; and

~~(g)~~ provide documentation of completion of 100 hours of Department-approved CME meeting the requirements of subsections (3), (4), (5), (6), and (7).

(3) The EMT-B must complete the CME throughout each of the prior four years.

(4) The EMT-B must take at least 25 elective hours and the following 75 required CME hours by subject:

(a) Well being of the EMT - 2 hours;

(b) Infection Control - 2 hours;

(c) Airway - 4 hours;

(d) Patient Assessment - 10 hours;

(e) Communications and Documentation - 4 hours;

(f) Pharmacology and Patient Assisted Medications - 8 hours;

(g) Medical Emergencies: Cardiac and Automatic External Defibrillation - 6 hours;

(h) Medical Emergencies - 7 hours;

(i) Trauma (must include simulated bleeding, shock, soft tissue, burns, kinetics, musculoskeletal, head and spine, eyes, face, chest, splinting and bandaging[;], 12 hours;

(j) Pediatric Patients - 8 hours;

(k) Obstetrics and Gynecology - 4 hours;

(l) Operations (must include lifting and moving, ambulance operations, extrication, triage - 4 hours; and

(m) HAZMAT awareness - 4 hours.

(5) An EMT-B may complete CME hours through the methodologies listed in this subsection. 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. Limitations and special requirements are listed with each methodology.

(a) Workshops and seminars related to the required skills and knowledge of an EMT and approved for CME credit by the Department or the Continuing Education Coordinating Board for EMS (CECBEMS).

(b) Local medical training meetings.

(c) Demonstration or practice sessions.

(d) Medical training meetings where a guest speaker presents material related to emergency medical care.

(e) Actual hours the EMT-B is involved in community emergency exercise and disaster drills. Up to 20 hours are creditable during a recertification period for participation in exercises and drills.

(f) Teaching the general public (schools, scouts, clubs, or church groups) on any topic within the scope of the EMT-B practice. Up to 15 hours are creditable during a certification period for teaching classes.

(g) Viewing audiovisuals (films, videotapes, etc.) which illustrate and review proper emergency care procedures. The EMT-B must view the audiovisual material in the presence of a training officer. Up to 10 hours are creditable during a certification period using audiovisuals.

(h) Completing college courses in topics such as biology, chemistry, anatomy and physiology. Other college courses relating to the scope and practice of an EMT-B may be creditable, but only with the approval of the Department. If in doubt, the EMT-B should contact the Department. Up to 10 hours are creditable during a certification period for college courses.

(i) Up to 16 hours of CPR training are creditable during a certification period.

(j) Computer and internet-based training that illustrates, drills, provides interactive use, or demonstrates proper emergency care procedures. The training must be approved by the Continuing Education Coordinating Board of Emergency Medical Services or the Department. Up to 25 hours are creditable during a certification period using computer and internet-based training.

(k) Completing tests related to the EMT-B scope of practice in EMS-related journals or publications. Up to 5 hours are creditable during a certification period for completing tests from journals and publications.

(6) The EMT-B must complete the following skills at least two times as part of the CME training listed in subsections (4) and (5):

(a) bandaging of the arm, elbow, shoulder, neck, top of head, cheek, protruding eye, ear, and open chest wound;

(b) splinting using hare traction or sager splint (choice based upon availability of equipment);

(c) splinting of at least one upper and lower extremity;

(d) cervical and spinal immobilization using c-collar, long board, head stabilization equipment (utilize available equipment) and straps;

(e) patient assisted medications: nitroglycerin, pre-loaded epinephrine, inhaler, glucose, activated ~~charcoal~~ charcoal, and aspirin;

(f) pediatric immobilization: in a car seat and backboard;

(g) insertion of nasopharyngeal and oropharyngeal airways; and

(h) defibrillation of a simulated patient in cardiac arrest using an AED.

(7) 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.

(8) 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 ~~and~~, 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. 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.

R426-12-206. EMT-B Testing Failures.

(1) An individual who fails any part of the EMT-B certification written or practical examination may retake the EMT-B examination once without further course work.

(a) If the individual fails on the re-examination, he must take a complete EMT-B training course to be eligible for further examination.

(b) The individual may retake the course as many times as he desires, but may only take the examinations twice for each completed course.

(2) If an EMT-B fails the written or practical recertification examination after two attempts, he may, within 30 days following mailing of written notification of this second failure, submit a written request to take the test a third time.

(3) Within 30 days of receipt of the request, the Department shall convene a review panel consisting of[=]

(a) the training officer of the individual's EMS provider organization or a certified EMS training officer or certified EMS instructor who would ~~take responsibility for~~ mentor a remediation plan; and

(b) one or more representatives from the Department.

(4) The review panel shall allow the individual to appear and provide information.

(5) The Department shall determine whether a program of re-education and reexamination would likely result in successful completion of the examinations and shall recommend a course of action to the Department.

(6) The Department shall consider the review panel's recommendation and provide one opportunity for reexamination if it determines that re-education and reexamination within that time would likely result in successful completion of the examinations.

(7) If the Department does not allow the third examination, the EMT-B may file a request for agency action within 30 days of issuance of the Department's determination.

~~[R426-12-300. EMT-B IV Requirements and Scope of Practice.~~

~~—(1) The Department may certify an EMT-B as an EMT-Basic with IV capabilities (EMT-B-IV) who:~~

~~—(a) meets the requirements of this section;~~

~~—(b) meets the initial certification requirements in R426-12-301; and~~

~~—(c) has 12 months of field experience as a certified EMT-B, six months of which the Department may waive upon a written request from the off-line medical director showing that there is a shortage of EMT-B-IVs to serve the area.~~

~~—(2) The Committee adopts as the standard for EMT-B-IV training and competency in the state the following affective, cognitive, and psychomotor objectives for IV therapy, from the 1999 United States Department of Transportation's "Emergency Medical Technician-Intermediate Training Program: National Standard Curriculum" (EMT-I Curriculum): 1-1, 1-2, 1-4, 3-5, 3-6, 4-2, 6-3, 7-1, which is incorporated by reference, with the exception of the following objectives: 1-1.18-24, 1-1.27, 1-1.54, 1-2.10-12, 1-2.19-30, 1-2.35, 1-2.37-41, 1-2.43, 1-2.50-51, 1-2.55-59, 1-4.5-6, 1-4.9, 1-4.15-21, 1-4.25, 1-4.35-39, 3-5.29, 3-6.5, 6-3-1, 6-3.13-15, 6-3.19-48, 6-3.55-83, 6-3.87-106, 6-3.122-124, 6-3.126, 6-3.128-140, 7-1.13-15, 7-1.17-18, 7-1.20, and 7-1.26 a,b,e,e,f,g,i, and j.~~

~~—(3) In addition to the skills that an EMT-B may perform, an EMT-B-IV may perform the adopted skills described in section R426-12-300(2).~~

~~R426-12-301. EMT-B IV Initial Certification.~~

~~—(1) The expiration for the IV certification shall correlate with the expiration date for the EMT-B certification. If the EMT-B expiration date is less than one year after the date of the IV certification, the individual need not re-take the IV test. Thereafter, recertification requirements must be completed every four years in conjunction with recertification as an EMT-B.~~

~~—(2) An individual who wishes to become certified as an EMT-B-IV must:~~

~~—(a) successfully complete a Department-approved EMT-B-IV course;~~

~~—(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 in the adopted EMT-I Curriculum;~~

— (e) 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-IV certification;

— (d) be currently certified as an EMT-Basic;

— (e) within 90 days after completing the EMT-B-IV course, successfully complete the Department written and practical EMT-B-IV examinations, or reexaminations, if necessary; and

— (f) demonstrate clinical proficiency by successfully gaining venous access on at least eight live patients during the EMT-IV course or within 90 days after the completion of the course.

(2)(e) for an individual who demonstrates that the inability to meet the requirements within the 90 days was due to circumstances beyond the applicant's control.

R426-12-302. EMT-B-IV Reciprocity.

— (1) The Department may certify as an EMT-B-IV 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 or greater to what is required in Utah.

— (2) An individual seeking reciprocity for certification in Utah based on out-of-state training and experience must submit the applicable fees and a completed application, including social security number and signature, to the Department and within one year of submitting the application must:

— (a) submit to a background investigation, including an FBI background investigation if not a Utah resident for the past consecutive five years; however a Utah resident whose reason for being out of state was due to being a foreign exchange student or serving a religious mission, in the military, as a Peace Corps volunteer, or the like need not submit to the FBI background investigation;

— (b) submit a statement from a physician, confirming the applicant's results of a TB examination conducted within the prior year;

— (c) successfully complete the Department written and practical EMT-B-IV examinations, or reexaminations, if necessary;

— (d) maintain and submit documentation of having completed within the prior two years, a CPR course offered by the National Safety Council, the American Red Cross, or the American Heart Association or a course that the applicant can demonstrate to the Department to be equivalent or greater;

— (e) 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

— (f) provide documentation of completion of 25 hours of continuing medical education within the prior year.

R426-12-303. EMT-B-IV Recertification Requirements.

— (1) The Department may recertify an EMT-B-IV 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) complete all EMT-B recertification requirements;

— (b) submit the applicable fees and a completed application, including social security number and signature, to the Department;

— (c) submit a letter from the off-line medical director recommending the individual for recertification and verifying the

individual's demonstrated proficiency in the following EMT-B-IV skills:

— (i) initiating and terminating intravenous infusion;

— (ii) successful completion of the Department's pediatric vascular access skills station; and

— (iii) insertion and removal of intraosseous needles; and

— (d) successfully complete the Department's IV written recertification examination, or reexamination if necessary, within one year prior to expiration of the IV certification.

— (e) In addition to meeting the CME requirements in R426-12-204, submit verification of eight of the 25 elective hours of CME in topics in advanced EMT-IV subjects, such as IV fluid challenges, acid-base balance, pathophysiology of shock. If in doubt that a particular CME is IV related the EMT-IV should contact the Department.

R426-12-304. EMT-B-IV Lapsed Certification.

— (1) An individual whose EMT-B-IV 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.

— (2) An individual whose EMT-B-IV certification has expired for more than one year must retake the IV training and reapply as if there were no prior IV certification.

R426-12-305. EMT-B-IV Testing Failures.

— (1) An individual who fails any part of the EMT-B-IV certification written or practical examination may retake the EMT-B-IV examination once without further course work.

— (a) If the individual fails on the re-examination, he must take a complete EMT-B-IV training course to be eligible for further examination.

— (b) The individual may retake the course as many times as he desires, but may only take the examinations twice for each completed course.

— (2) If an EMT-B-IV fails the written or practical recertification examination after two attempts, he may, within 30 days following mailing of written notification of this second failure, submit a written request to take the test a third time.

— (3) Within 30 days of receipt of the request, the Department shall convene a review panel consisting of:

— (a) The training officer of the individual's EMS provider organization or a certified EMS training officer or certified EMS instructor who would take responsibility for a remediation plan; and

— (b) one or more representatives from the Department.

— (4) The review panel shall allow the individual to appear and provide information.

— (5) The hearing officer shall determine whether a program of re-education and reexamination would likely result in successful completion of the examinations and shall recommend a course of action to the Department.

— (6) The Department shall consider the review panel's recommendation and provide one opportunity for reexamination if it determines that re-education and reexamination within that time would likely result in successful completion of the examinations.

— (7) If the Department does not allow the third examination, the EMT-B-IV may file a request for agency action within 30 days of issuance of the Department's determination.

R426-12-400. EMT-I Requirements and Scope of Practice.

—(1) The Department may certify an individual as an EMT-Intermediate (EMT-I) who:

—(a) meets the initial certification requirements in R426-12-401;

—(b) is currently certified as an EMT-B or EMT-B-IV; and

—(c) has 12 months of field experience as a certified EMT-B or EMT-B-IV; however, the 12-month period may be reduced to six months with special authorization from the Department based upon a written request from the off-line medical director that there is a shortage of EMT-Is to serve the area.

—(2) The Committee adopts the 1999 United States Department of Transportation's "EMT-I Curriculum" as the standard for EMT-I training and competency in the state, which is incorporated by reference.

—(3) An EMT-I may perform the skills described in the EMT-I Curriculum.

R426-12-401. 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;

—(b) be able to perform the functions listed in the objectives of the EMT-I Curriculum adopted in R426-12-400 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-I 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-I 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 a background investigation, including an FBI background investigation if not a Utah resident for the past consecutive five years; however a Utah resident whose reason for being out of state was due to being a foreign exchange student or serving a religious mission, in the military, as a Peace Corps volunteer, or the like need not submit to the FBI background investigation;

—(g) 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;

—(h) within 90 days after completing the EMT-I course, successfully complete the Department EMT-I examinations, or reexaminations, if necessary; and

—(i) maintain and submit documentation of having completed within the prior two years a CPR course offered by the National Safety Council, the American Red Cross, or the American Heart Association or a course that the applicant can demonstrate to the Department to be equivalent or greater;

—(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 90 days was due to circumstances beyond the applicant's control.

R426-12-402. 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 or greater to what is required in Utah.

—(2) An individual seeking reciprocity for certification in Utah based on out-of-state training and experience must submit the applicable fees and a completed application, including social security number and signature, to the Department and within one year of submitting the application must:

—(a) submit to a background investigation, including an FBI background investigation if not a Utah resident for the past consecutive five years; however a Utah resident whose reason for being out of state was due to being a foreign exchange student or serving a religious mission, in the military, as a Peace Corps volunteer, or the like need not submit to the FBI background investigation;

—(b) submit a statement from a physician, confirming the applicant's results of a TB examination conducted within the prior year;

—(c) successfully complete the Department written and practical EMT-I examinations, or reexaminations, if necessary;

—(d) maintain and submit documentation of having completed within the prior two years a CPR course offered by the National Safety Council, the American Red Cross, or the American Heart Association or a course that the applicant can demonstrate to the Department to be equivalent or greater;

—(e) 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

—(f) provide documentation of completion of 25 hours of continuing medical education within the prior year.

R426-12-403. EMT-I Recertification Requirements.

—(1) The Department may recertify an individual as 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 a background investigation, including an FBI background investigation if not a Utah resident for the past consecutive five years; however a Utah resident whose reason for being out of state was due to being a foreign exchange student or serving a religious mission, in the military, as a Peace Corps volunteer, or the like need not submit to the FBI background investigation;

—(c) maintain and submit documentation of having completed within the prior two years, a CPR course offered by the National Safety Council, the American Red Cross, or the American Heart Association or a course that the applicant can demonstrate to the Department to be equivalent or greater;

—(d) successfully complete the Department applicable written and practical recertification examinations, or reexaminations if necessary, within one year prior to expiration of the certification to be renewed;

—(e) submit a statement from the applicant's EMS provider organization or a physician, confirming the applicant's results of a TB examination

— (f) submit a letter from the 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), (6), (7) and (8):

— (3) The EMT-I must complete the CME throughout each of the prior four years.

— (4) The EMT-I must take at least 25 elective hours and the following 75 required CME hours by subject:

- (a) Foundations of EMT-Intermediate—4 hours;
- (b) Pharmacology—5;
- (c) Venous Access and Medication Administration—5 hours;
- (d) Airway—8 hours;
- (e) Techniques of Physical Examination—4 hours;
- (f) Patient Assessment—2 hours;
- (g) Clinical Decision Making—4 hours
- (h) Trauma Systems and Mechanism of Injury—3 hours;
- (i) Hemorrhage and Shock—4 hours;
- (j) Burns—3 hours;
- (k) Thoracic Trauma—3 hours;
- (l) Respiratory—2 hours;
- (m) Cardiac—6 hours;
- (n) Diabetic—2 hours;
- (o) Allergic Reactions—2 hours;
- (p) Poisoning—2 hours;
- (q) Environmental Emergencies—2 hours;
- (r) Gynecology—2 hours;
- (s) Obstetrics—2 hours;
- (t) Neonatal resuscitation—4 hours; and
- (u) Pediatrics—6 hours.

— (5) The Department strongly suggests that the 25 elective hours be in the following topics:

- (a) Anatomy and Physiology;
- (b) Assessment Based Management;
- (c) Behavioral Emergencies;
- (d) Communication;
- (e) Documentation;
- (f) Geriatrics;
- (g) HAZMAT;
- (h) History Taking;
- (i) Mass Casualty Incident;
- (j) Medical Incident Command;
- (k) Neurological Emergencies;
- (l) Non-Traumatic Abdominal Emergencies; and
- (m) Trauma Practical Lab.

— (6) An EMT-I may complete CME hours through the methodologies listed in this subsection. 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. Limitations and special requirements are listed with each methodology.

- (a) Workshops and seminars related to the required skills and knowledge of an EMT and approved for CME credit by the Department or the CECBEMS.
- (b) Local medical training meetings.
- (c) Demonstration or practice sessions.
- (d) Medical training meetings where a guest speaker presents material related to emergency medical care.
- (e) Actual hours the EMT-I is involved in community emergency exercise and disaster drills. Up to 20 hours are creditable during a recertification period for participation in exercises and drills.
- (f) Teaching the general public (schools, scouts, clubs, or church groups) on any topic within the scope of the EMT-I practice. Up to 15 hours are creditable during a certification period for teaching classes.
- (g) Viewing audiovisuals (films, videotapes, etc.) which illustrate and review proper emergency care procedures. The EMT-I must view the audiovisual material in the presence of a training officer. Up to 10 hours are creditable during a certification period using audiovisuals.
- (h) Completing college courses in topics such as biology, chemistry, anatomy and physiology. Other college courses relating to the scope and practice of an EMT-I may be creditable, but only with the approval of the Department. If in doubt, the EMT-I should contact the Department. Up to 10 hours are creditable during a certification period for college courses.
- (i) Up to 16 hours of CPR training are creditable during a certification period.
- (j) Computer and internet-based training that illustrates, drills, provides interactive use, or demonstrates proper emergency care procedures. The training must be approved by the Continuing Education Coordinating Board of Emergency Medical Services or the Department. Up to 25 hours are creditable during a certification period using computer and internet-based training.
- (k) Completing tests related to the EMT-I scope of practice in EMS-related journals or publications. Up to 5 hours are creditable during a certification period for completing tests from journals and publications.

— (7) The EMT-I must complete the following skills at least two times as part of the CME training listed in subsections (4) and (6):

- (a) bandaging of the arm, elbow, shoulder, neck, top of head, cheek, protruding eye, ear, and open chest wound;
- (b) splinting using hare traction or sager splint (choice based upon availability of equipment);
- (c) splinting of at least one upper and lower extremity;
- (d) cervical and spinal immobilization using c-collar, long board, head stabilization equipment (utilize available equipment) and straps;
- (e) patient assisted medications: nitroglycerin, pre-loaded epinephrine, inhaler, glucose, activated charcoal, and aspirin;
- (f) pediatric immobilization: in a car seat and backboard;
- (g) insertion of nasopharyngeal and oropharyngeal airways; and
- (h) defibrillation of a simulated patient in cardiac arrest using an AED.

— (8) 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.

—(9) 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 and no later than 30 days 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. 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.

—(10) 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.

R426-12-404. 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.

—(2) An individual whose certification has expired for more than one year must take the EMT-B and EMT-I courses and reapply as if there were no prior certification.

R426-12-405. EMT-I Testing Failures.

—(1) An individual who fails any part of the EMT-I certification written or practical examination may retake the EMT-I examination once without further course work.

—(a) If the individual fails on the re-examination, he must take a complete EMT-I training course to be eligible for further examination.

—(b) The individual may retake the course as many times as he desires, but may only take the examinations twice for each completed course.

—(2) If an EMT-I fails the written or practical recertification examination after two attempts, he may, within 30 days following mailing of written notification of this second failure, submit a written request to take the test a third time.

—(3) Within 30 days of receipt of the request, the Department shall convene a review panel consisting of:

—(a) The training officer of the individual's EMS provider organization or a certified EMS training officer or certified EMS instructor who would take responsibility for a remediation plan; and

—(b) one or more representatives from the Department.

—(4) The review panel shall allow the individual to appear and provide information.

—(5) The Department shall determine whether a program of re-education and reexamination would likely result in successful completion of the examinations and shall recommend a course of action to the Department.

—(6) The Department shall consider the review panel's recommendation and provide one opportunity for reexamination if it determines that re-education and reexamination within that time would likely result in successful completion of the examinations.

—(7) If the Department does not allow the third examination, the EMT-I may file a request for agency action within 30 days of issuance of the Department's determination.

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R426-12-300. Emergency Medical Technician-Intermediate (EMT-I) Requirements and Scope of Practice.

—(1) The Department may certify an EMT-B as an EMT-I who:

—(a) meets the initial certification requirements in R426-12-301; and

—(b) has 12 months of field experience as a certified EMT-B, six months of which the Department may waive upon a written request from the off-line medical director showing that there is a shortage of EMT-I's to serve the area.

—(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;

—(e) submit the applicable fees and a completed application, including social security number and signature, to the Department;

—(f) submit to a background investigation, including an FBI background investigation if not a Utah resident for the past consecutive five years; however a Utah resident whose reason for being out of state was due to being a foreign exchange student or serving a religious mission, in the military, as a Peace Corps volunteer, or the like need not submit to the FBI background investigation;

—(g) maintain and submit documentation of having completed within the prior two years a CPR course offered by the National Safety Council, the American Red Cross, or the American Heart Association or a course that the applicant can demonstrate to the Department to be equivalent or greater;

—(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 90 days after completing the EMT-I course, successfully complete the Department 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 90 days was due to circumstances beyond the applicant's control.

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 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 one year of submitting the application:

(b) submit to a background investigation, including an FBI background investigation if not a Utah resident for the past consecutive five years; however a Utah resident whose reason for being out of state was due to being a foreign exchange student or serving a religious mission, in the military, as a Peace Corps volunteer, or the like need not submit to the FBI background investigation;

(c) maintain and submit documentation of having completed within the prior two years, a CPR course offered by the National Safety Council, the American Red Cross, or the American Heart Association or a course that the applicant can demonstrate to the Department to be equivalent or greater;

(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 individual as 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) complete all EMT-I recertification requirements;

(b) submit the applicable fees and a completed application, including social security number and signature, to the Department;

(c) submit to a background investigation, including an FBI background investigation if not a Utah resident for the past consecutive five years; however a Utah resident whose reason for being out of state was due to being a foreign exchange student or serving a religious mission, in the military, as a Peace Corps volunteer, or the like need not submit to the FBI background investigation;

(d) maintain and submit documentation of having completed within the prior two years, a CPR course offered by the National Safety Council, the American Red Cross, or the American Heart

Association or a course that the applicant can demonstrate to the Department to be equivalent or greater;

(e) submit a statement from the EMS provider organization or a physician, confirming the applicant's results of a TB examination

(f) successfully complete the Department applicable written and practical recertification examinations, or reexaminations if necessary, within one year prior to expiration of the certification to be renewed;

(g) submit a letter from a certified the 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

(h) provide documentation of completion of 100 hours of Department-approved CME meeting the requirements of subsections (3), (4), (6), (7) and (8).

(3) The EMT-I must complete the CME throughout each of the prior four years.

(4) The EMT-I must take at least 25 elective hours and the following 75 required CME hours by subject:

(a) Foundations of EMT-Intermediate - 4 hours;

(b) Pharmacology - 5;

(c) Venous Access and Medication Administration - 5 hours;

(d) Airway - 8 hours;

(e) Techniques of Physical Examination - 4 hours;

(f) Patient Assessment - 2 hours;

(g) Clinical Decision Making - 4 hours

(h) Trauma Systems and Mechanism of Injury - 3 hours;

(i) Hemorrhage and Shock - 4 hours;

(j) Burns - 3 hours;

(k) Thoracic Trauma - 3 hours;

(l) Respiratory - 2 hours;

(m) Cardiac - 6 hours;

(n) Diabetic - 2 hours;

(o) Allergic Reactions - 2 hours;

(p) Poisoning - 2 hours;

(q) Environmental Emergencies - 2 hours;

(r) Gynecology - 2 hours;

(s) Obstetrics - 2 hours;

(t) Neonatal resuscitation - 4 hours; and

(u) Pediatrics - 6 hours.

(5) The Department strongly suggests that the 25 elective hours be in the following topics:

(a) Anatomy and Physiology;

(b) Assessment Based Management;

(c) Behavioral Emergencies;

(d) Communication;

(e) Documentation;

(f) Geriatrics;

(g) HAZMAT;

(h) History Taking;

(i) Mass Casualty Incident;

(j) Medical Incident Command;

(k) Neurological Emergencies;

(l) Non-Traumatic Abdominal Emergencies; and

(m) Trauma Practical Lab.

(6) An EMT-I may complete CME hours through the methodologies listed in this subsection. 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. Limitations and special requirements are listed with each methodology.

(a) Workshops and seminars related to the required skills and knowledge of an EMT and approved for CME credit by the Department or the CECBEMS.

(b) Local medical training meetings.

(c) Demonstration or practice sessions.

(d) Medical training meetings where a guest speaker presents material related to emergency medical care.

(e) Actual hours the EMT-I is involved in community emergency exercise and disaster drills. Up to 20 hours are creditable during a recertification period for participation in exercises and drills.

(f) Teaching the general public (schools, scouts, clubs, or church groups) on any topic within the scope of the EMT-I practice. Up to 15 hours are creditable during a certification period for teaching classes.

(g) Viewing audiovisuals (films, videotapes, etc.) which illustrate and review proper emergency care procedures. The EMT-I must view the audiovisual material in the presence of a training officer. Up to 10 hours are creditable during a certification period using audiovisuals.

(h) Completing college courses in topics such as biology, chemistry, anatomy and physiology. Other college courses relating to the scope and practice of an EMT-I may be creditable, but only with the approval of the Department. If in doubt, the EMT-I should contact the Department. Up to 10 hours are creditable during a certification period for college courses.

(i) Up to 16 hours of CPR training are creditable during a certification period.

(j) Computer and internet-based training that illustrates, drills, provides interactive use, or demonstrates proper emergency care procedures. The training must be approved by the Continuing Education Coordinating Board of Emergency Medical Services or the Department. Up to 25 hours are creditable during a certification period using computer and internet-based training.

(k) Completing tests related to the EMT-I scope of practice in EMS-related journals or publications. Up to 5 hours are creditable during a certification period for completing tests from journals and publications.

(7) The EMT-I must complete the following skills at least two times as part of the CME training listed in subsections (4) and (6):

(a) bandaging of the arm, elbow, shoulder, neck, top of head, cheek, protruding eye, ear, and open chest wound;

(b) splinting using hare traction or sager splint (choice based upon availability of equipment);

(c) splinting of at least one upper and lower extremity;

(d) cervical and spinal immobilization using c-collar, long board, head stabilization equipment (utilize available equipment) and straps;

(e) patient assisted medications: nitroglycerin, pre-loaded epinephrine, inhaler, glucose, activated charcoal, and aspirin;

(f) pediatric immobilization: in a car seat and backboard;

(g) insertion of nasopharyngeal and oropharyngeal airways; and

(h) defibrillation of a simulated patient in cardiac arrest using an AED.

(8) 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.

(9) 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. 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.

(10) 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.

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.

(2) An individual whose certification has expired for more than one year must take the EMT-B and EMT-I courses and reapply as if there were no prior certification.

R426-12-305. EMT-I Testing Failures.

(1) An individual who fails any part of the EMT-I certification written or practical examination may retake the EMT-I examination once without further course work.

(a) The individual may retake the course as many times as he desires, but may only take the examinations twice for each completed course.

(2) If an EMT-I fails the written or practical recertification examination after two attempts, he may, within 30 days following mailing of written notification of this second failure, submit a written request to take the test a third time.

(3) Within 30 days of receipt of the request, the Department shall convene a review panel consisting of:

(a) the training officer of the individual's EMS provider organization or a certified EMS training officer or certified EMS instructor who would mentor a remediation plan; and

(b) one or more representatives from the Department.

(4) The review panel shall allow the individual to appear and provide information.

(5) The Department shall determine whether a program of re-education and reexamination would likely result in successful completion of the examinations and shall recommend a course of action to the Department.

(6) The Department shall consider the review panel's recommendation and provide one opportunity for reexamination if it determines that re-education and reexamination within that time would likely result in successful completion of the examinations.

(7) If the Department does not allow the third examination, the EMT-I may file a request for agency action within 30 days of issuance of the Department's determination.

R426-12-400. Emergency Medical Technician-Intermediate Advanced (EMT-IA) Requirements and Scope of Practice.

(1) The Department may certify an EMT-B or an EMT-I as an EMT-IA who:

(a) meets the initial certification requirements in R426-12-401; and

(b) has 12 months of field experience as a certified EMT-B or EMT-I, six months of which the Department may waive upon a written request from the off-line medical director showing that there is a shortage of EMT-IAs to serve the area.

(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(c), (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;

(e) submit the applicable fees and a completed application, including social security number and signature, to the Department;

(f) submit to a background investigation, including an FBI background investigation if not a Utah resident for the past consecutive five years; however a Utah resident whose reason for being out of state was due to being a foreign exchange student or serving a religious mission, in the military, as a Peace Corps volunteer, or the like need not submit to the FBI background investigation;

(g) submit verification of completion of a Department-approved course in 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 90 days after completing the EMT-IA course, 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 90 days was due to circumstances beyond the applicant's control.

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 one year of submitting the application:

(b) submit to a background investigation, including an FBI background investigation if not a Utah resident for the past consecutive five years; however a Utah resident whose reason for being out of state was due to being a foreign exchange student or serving a religious mission, in the military, as a Peace Corps volunteer, or the like need not submit to the FBI background investigation;

(c) maintain submit verification of completion of a Department-approved course in 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) complete all EMT-IA recertification requirements;

(b) submit the applicable fees and a completed application, including social security number and signature, to the Department;

(c) submit to a background investigation, including an FBI background investigation if not a Utah resident for the past consecutive five years; however a Utah resident whose reason for being out of state was due to being a foreign exchange student or serving a religious mission, in the military, as a Peace Corps volunteer, or the like need not submit to the FBI background investigation;

(d) submit verification of completion of a Department-approved course in adult and pediatric advanced cardiac life support and maintain current status as set by the entity sponsoring the course;

(e) submit a statement from the applicant's EMS provider organization or a physician, confirming the applicant's results of a TB examination;

(f) successfully complete the Department written and practical EMT-IA examinations, or reexaminations, if necessary within one year prior to expiration;

(g) 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

(h) provide documentation of completion of 100 hours of Department-approved CME meeting the requirements of subsections (3), (4), (6), (7) and (8).

(3) The EMT-IA must have completed the CME throughout each of the prior four years.

(4) The EMT-IA must have taken at least 25 elective hours and the following 75 required CME hours by subject:

(a) Foundations of EMT-Intermediate - 4 hours;

(b) Pharmacology - 5;

(c) Venous Access and Medication Administration - 5 hours;

(d) Airway - 8 hours;

(e) Techniques of Physical Examination - 4 hours;

(f) Patient Assessment - 2 hours;

(g) Clinical Decision Making - 4 hours

(h) Trauma Systems and Mechanism of Injury - 3 hours;

(i) Hemorrhage and Shock - 4 hours;

(j) Burns - 3 hours;

(k) Thoracic Trauma - 3 hours;

(l) Respiratory - 2 hours;

(m) Cardiac - 6 hours;

(n) Diabetic - 2 hours;

(o) Allergic Reactions - 2 hours;

(p) Poisoning - 2 hours;

(q) Environmental Emergencies - 2 hours;

(r) Gynecology - 2 hours;

(s) Obstetrics - 2 hours;

(t) Neonatal resuscitation - 4 hours; and

(u) Pediatrics - 6 hours.

(5) The Department strongly suggests that the 25 elective hours be in the following topics:

(a) Anatomy & Physiology;

(b) Assessment Based Management;

(c) Behavioral Emergencies;

(d) Communication;

(e) Documentation;

(f) Geriatrics;

(g) HAZMAT;

(h) History Taking;

(i) Mass Casualty Incident;

(j) Medical Incident Command;

(k) Neurological Emergencies;

(l) Non-Traumatic Abdominal Emergencies; and

(m) Trauma Practical Lab.

(6) An EMT-IA may complete CME hours through the methodologies listed in this subsection. 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. Limitations and special requirements are listed with each methodology.

(a) Workshops and seminars related to the required skills and knowledge of an EMT-IA and approved for CME credit by the Department or the CECBEMS.

(b) Local medical training meetings.

(c) Demonstration or practice sessions.

(d) Medical training meetings where a guest speaker presents material related to emergency medical care.

(e) Actual hours the EMT-IA is involved in community emergency exercise and disaster drills. Up to 20 hours are creditable during a recertification period for participation in exercises and drills.

(f) Teaching the general public (schools, scouts, clubs, or church groups) on any topic within the scope of the EMT-IA practice. Up to 15 hours are creditable during a certification period for teaching classes.

(g) Viewing audiovisuals (films, videotapes, etc.) which illustrate and review proper emergency care procedures. The EMT-IA must view the audiovisual material in the presence of a training officer. Up to 10 hours are creditable during a certification period using audiovisuals.

(h) Completing college courses in topics such as biology, chemistry, anatomy and physiology. Other college courses relating to the scope and practice of an EMT-IA may be creditable, but only with the approval of the Department. If in doubt, the EMT-IA should contact the Department. Up to 10 hours are creditable during a certification period for college courses.

(i) Up to 16 hours of CPR training are creditable during a certification period.

(j) Computer and internet-based training that illustrates, drills, provides interactive use, or demonstrates proper emergency care procedures. The training must be approved by the CECBEMS or the Department. Up to 25 hours are creditable during a certification period using computer and internet-based training.

(k) Completing tests related to the EMT-IA scope of practice in EMS-related journals or publications. Up to 5 hours are creditable during a certification period for completing tests from journals and publications.

(7) The EMT-IA must complete the following skills at least two times as part of the CME training listed in subsections (4) and (6):

(a) bandaging of the arm, elbow, shoulder, neck, top of head, cheek, protruding eye, ear, and open chest wound;

(b) splinting using hare traction or sager splint (choice based upon availability of equipment);

(c) splinting of at least one upper and lower extremity;

(d) cervical and spinal immobilization using c-collar, long board, head stabilization equipment (utilize available equipment) and straps;

(e) patient-assisted medications: nitroglycerin, pre-loaded epinephrine, inhaler, glucose, activated charcoal, and aspirin;

(f) pediatric immobilization: in a car seat and backboard;

(g) insertion of nasopharyngeal and oropharyngeal airways; and

(h) initiating and terminating intravenous infusion;

(i) completion of pediatric vascular access skills station;
(j) insertion and removal of intraosseous needle;
(k) insertion and removal of endotracheal tube;
(l) administration of medications via intramuscular, subcutaneous, and intravenous routes;
(m) transcutaneous pacing;
(n) synchronized cardioversion;
(o) insertion and removal of a nasal gastric tube;
(p) external jugular vein cannulation;
(q) needle decompression of a chest;
(r) administration of the following medications: adenosine, activated charcoal, aspirin, atropine, albuterol, D50, diazepam, epinephrine 1:1000, epinephrine 1:10,000, furosemide, lidocaine, morphine, naloxone, and nitroglycerin; and;

(s) EKG rhythm recognition of the following rhythms: ventricular fibrillation, ventricular tachycardia, atrial flutter, atrial fibrillation, sinus tachycardia, paroxysmal supraventricular tachycardia, pulseless electrical activity, asystole, premature ventricular contraction, atrioventricular blocks: 1st degree, 2nd degree types I and II, and 3rd degree.

(8) 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.

(9) 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. 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.

(10) 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.

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.

(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 a background investigation, including an FBI background investigation if not a Utah resident for the past consecutive five years; however a Utah resident whose reason for being out of state was due to being a foreign exchange student or serving a religious mission, in the military, as a Peace Corps volunteer, or the like need not submit to the FBI background investigation;

(c) submit to the Department evidence of having completed 100 hours of Department-approved continuing medical education within the prior four years;

(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 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.

R426-12-405. EMT-IA Testing Failures.

(1) If an individual fails the written or practical certification or recertification examination after two attempts, he may, within 30 days following mailing of written notification of this second failure, submit a written request to take the test a third time.

(2) Within thirty days of receipt of the request, the Department shall convene a review panel consisting of:

(a) the chairman of the Paramedic Advisory Sub-Committee;

(b) the off-line medical director for the individual's EMS provider organization or a certified EMS training officer or certified EMS instructor who would mentor a remediation plan; and

(c) one or more representatives from the Department; and

(3) The review panel shall allow the individual to appear and provide information.

(4) The panel shall review whether a program of re-education and reexamination would likely result in successful completion of the examinations and shall recommend a course of action to the Department.

(5) The Department shall consider the review panel's recommendation and provide one opportunity for reexamination if it determines that re-education and reexamination within that time would likely result in successful completion of the examinations.

(6) If the Department does not allow the third examination, the EMT-IA may file a request for agency action within 30 days of issuance of the Department's determination.

R426-12-500. Paramedic Requirements and Scope of Practice.

(1) The Department may certify an ~~individual~~ EMT-B, an EMT-I or an EMT-IA as a paramedic who:

(a) meets the initial certification requirements in R426-12-501; and

(b) has 12 months of field experience as a certified EMT-B, EMT-~~[B-IV,]~~ or EMT-~~[I;~~ however, the 12 month period may be reduced to ~~]~~IA, six months ~~[with special authorization from]~~ of which the Department ~~[based]~~ may waive upon a written request from the off-line medical director showing that there is a shortage of paramedics to serve the area~~[-], and~~

(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 the 1998 United States Department of Transportation's "EMT-Paramedic Training Program: National Standard Curriculum" (Paramedic Curriculum)~~[as the standard for paramedic training and competency in the state,]~~ which is incorporated by reference.

(3) ~~[A paramedic]~~ 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 ~~[the Paramedic Curriculum]~~ 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]~~ 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 ~~[listed in the adopted paramedic 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 paramedic certification;

(d) be ~~[18 years of age or older]~~ currently certified as an EMT-B, EMT-I, or EMT-IA;

(e) submit the applicable fees and a completed application, including social security number and signature, to the Department;

(f) submit to a background investigation, including an FBI background investigation if not a Utah resident for the past consecutive five years; however a Utah resident whose reason for being out of state was due to being a foreign exchange student or serving a religious mission, in the military, as a Peace Corps volunteer, or the like need not submit to the FBI background investigation;

(g) submit verification of completion of a Department-approved course in adult and pediatric advanced cardiac 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 paramedic course; and

(i) within 90 days after completing the paramedic course, successfully complete the Department 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 90 days was due to circumstances beyond the applicant's control.

R426-12-502. Paramedic Reciprocity.

(1) The Department may certify as a ~~[paramedic]~~ 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 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)~~ (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 ~~[must]~~;

~~(b)~~ (b) submit to a background investigation, including an FBI background investigation if not a Utah resident for the past consecutive five years; however a Utah resident whose reason for being out of state was due to being a foreign exchange student or serving a religious mission, in the military, as a Peace Corps

volunteer, or the like need not submit to the FBI background investigation;

~~(c)~~ (c) maintain and submit verification of completion of a Department-approved course in adult and pediatric advanced cardiac life support and maintain current status as set by the entity sponsoring the course;

~~(d)~~ (d) submit a statement from a physician, confirming the applicant's results of a TB examination conducted within the prior year;

~~(e)~~ (e) successfully complete the Department written and practical ~~[paramedic]~~ EMT-I examinations, or reexaminations, if necessary;

~~(f)~~ (f) maintain and submit verification of current Department-approved course completion in Adult and Pediatric Advanced Cardiac Life Support;

~~(g)~~ (g) 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

~~(h)~~ (h) provide documentation of completion of 25 hours of continuing medical education (CME) within the prior year.

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 recertifying before June 30, 2003, shall be tested from the 1984 curriculum. An individual recertifying after June 30, 2003, will test to the 1998 curriculum.]~~

~~(3)~~ (3) An individual seeking recertification must:

(a) complete all paramedic recertification requirements;

(b) submit the applicable fees and a completed application, including social security number and signature, to the Department;

~~(c)~~ (c) submit to a background investigation, including an FBI background investigation if not a Utah resident for the past consecutive five years; however a Utah resident whose reason for being out of state was due to being a foreign exchange student or serving a religious mission, in the military, as a Peace Corps volunteer, or the like need not submit to the FBI background investigation;

~~(d)~~ (d) maintain and submit verification of current Department ~~[recertification examinations, or reexaminations if necessary, within one year prior to expiration of the certification to be renewed]~~-approved course completion in Adult and Pediatric Advanced Cardiac Life Support;

~~(e)~~ (e) submit a statement from the applicant's EMS provider organization or a physician, confirming the applicant's results of a TB examination;

~~(f)~~ (f) successfully complete the applicable Department ~~[approved course completion in Adult and Pediatric Advanced Cardiac Life Support; and] recertification examinations, or reexaminations if necessary, within one year prior to expiration of the certification to be renewed~~;

~~(g)~~ (g) submit a letter from a certified off-line medical director recommending the individual for recertification ~~[from an off-line medical director]~~ and verifying the individual's demonstrated proficiency; and

~~(h)~~ (h) provide documentation of completion of 100 hours of Department-approved CME meeting the requirements of subsections (4), (5), (7), and (8).

~~(4)~~(3) The Paramedic must complete the CME throughout each of the prior four years.

~~(5)~~(4) The Paramedic must take at least 20 elective hours and the following 80 required CME hours by subject:

- (a) EMS system roles and responsibilities - 2 hours;
- (b) Well being of the paramedic - 2 hours;
- (c) Pathophysiology - 1 hour;
- (d) Medical legal - 1 hour;
- (e) Pharmacology - 1 hour;
- (f) Venous access and medication administration - 1 hour;
- (g) Airway management and ventilation - 5 hours;
- (h) Patient assessment - 3 hours;
- (i) Communication - 1 hour;
- (j) Documentation - 1 hour;
- (k) Trauma Systems and Mechanism of injury - 1 hour;
- (l) Hemorrhage and shock - 2 hours;
- (m) Burns - 3 hours;
- (n) Head and facial - 3 hours;
- (o) Spinal trauma - 1 hour;
- (p) Thoracic trauma - 2 hours;
- (q) Abdominal trauma - 2 hours;
- (r) Pulmonary - 1 hour;
- (s) Cardiology - 9 hours;
- (t) Neurology - 4 hours;
- (u) Endocrinology - 3 hours;
- (v) Allergies and anaphylaxis - 1 hour;
- (w) Gastroenterology - 4 hours;
- (x) Toxicology - 2 hours;
- (y) Environmental emergencies - 4 hours;
- (z) Infectious and communicable diseases - 3 hours;
- (aa) Behavioral/psychiatric disorders - 1 hour;
- (bb) Obstetrics and gynecology - 2 hours;
- (cc) Neonatology - 3 hours;
- (dd) Pediatrics - 5 hours;
- (ee) Geriatrics - 2 hours;
- (ff) Assessment based management - 1 hour;
- (gg) Medical incident command - 2 hours; and
- (hh) Hazardous materials incidents - 1 hour;

~~(6)~~(5) The Department strongly suggests that the 25 elective hours be in the following topics:

- (a) Ethics, illness and injury prevention;
- (b) Therapeutic communications;
- (c) Life span development;
- (d) Clinical decision making;
- (e) Soft tissue trauma;
- (f) Renal/urology;
- (g) Hematology;
- (h) Abuse and assault;
- (i) Patients with special challenges;
- (j) Acute intervention for chronic care patients;
- (k) Ambulance operations;
- (l) Rescue awareness and operations; and
- (m) Crime scene awareness.

~~(7)~~(6) A Paramedic may complete CME hours through the methodologies listed in this subsection. 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. Limitations and special requirements are listed with each methodology.

(a) Workshops and seminars related to the required skills and knowledge of a paramedic and approved for CME credit by the Department or the CECBEMS.

(b) Local medical training meetings.

(c) Demonstration or practice sessions.

(d) Medical training meetings where a guest speaker presents material related to emergency medical care.

(e) Actual hours the Paramedic is involved in community emergency exercise and disaster drills. Up to 20 hours are creditable during a recertification period for participation in exercises and drills.

(f) Teaching the general public (schools, scouts, clubs, or church groups) on any topic within the scope of the Paramedic practice. Up to 15 hours are creditable during a certification period for teaching classes.

(g) Viewing audiovisuals (films, videotapes, etc.) which illustrate and review proper emergency care procedures. The Paramedic must view the audiovisual material in the presence of a training officer. Up to 10 hours are creditable during a certification period using audiovisuals.

(h) Completing college courses in topics such as biology, chemistry, anatomy and physiology. Other college courses relating to the scope and practice of a paramedic may be creditable, but only with the approval of the Department. If in doubt, the Paramedic should contact the Department. Up to 10 hours are creditable during a certification period for college courses.

(i) Up to 16 hours of CPR training are creditable during a certification period.

(j) Computer and internet-based training that illustrates, drills, provides interactive use, or demonstrates proper emergency care procedures. The training must be approved by the Continuing Education Coordinating Board of Emergency Medical Services or the Department. Up to 25 hours are creditable during a certification period using computer and internet-based training.

(k) Completing tests related to the Paramedic scope of practice in EMS-related journals or publications. Up to 5 hours are creditable during a certification period for completing tests from journals and publications.

~~(8)~~(7) 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.

~~(9)~~(8) Each Paramedic is individually responsible to complete and submit the required recertification material to the Department. Each ~~paramedic~~ Paramedic 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 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. 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.

~~(10)~~(9) The ~~department~~ 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.

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 ~~may~~ must:

(a) submit a completed application, including social security number and signature to the Department;

(b) submit to a background investigation, including an FBI background investigation if not a Utah resident for the past consecutive five years; however a Utah resident whose reason for being out of state was due to being a foreign exchange student or serving a religious mission, in the military, as a Peace Corps volunteer, or the like need not submit to the FBI background investigation;

(c) submit to the Department evidence of having completed 100 hours of Department-approved continuing medical education within the prior four years.

(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 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.

R426-12-505. Paramedic Testing Failures.

(1) If an individual fails the written or practical certification or recertification examination after two attempts, he may, within 30 days following mailing of written notification of this second failure, submit a written request to take the test a third time.

(2) Within thirty days of receipt of the request, the Department shall convene a review panel consisting of:

(a) the chairman of the Paramedic Advisory Sub-Committee;

(b) the off-line medical director for the individual's EMS provider organization or a certified EMS training officer or certified EMS instructor who would ~~take responsibility for~~ mentor a remediation plan;

(c) one or more representatives from the Department; and

(d) a representative from the entity that provided training, but if the training was not provided in-state, then a representative of an in-state paramedic training program.

(3) The review panel shall allow the individual to appear and provide information.

(4) The panel shall review whether a program of re-education and reexamination would likely result in successful completion of the examinations and shall recommend a course of action to the Department.

(5) The Department shall consider the review panel's recommendation and provide one opportunity for reexamination if it determines that re-education and reexamination within that time would likely result in successful completion of the examinations.

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.

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 [as adopted in R426-12-600(2)] as verified by personal attestation and successful accomplishment during the course of all cognitive, affective and psychomotor skills [listed in the adopted EMD Curriculum] and objectives;

(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) ~~maintain and submit documentation of having completed within the prior two years a CPR course offered by the National Safety Council, the American Red Cross, or the American Heart Association or a course that the applicant can demonstrate to the Department to be equivalent or greater;~~

~~(e)~~ be 18 years of age or older;

~~(f)~~ (e) submit the applicable fees and a completed application, including social security number and signature, to the Department;

~~(g)~~ (f) submit to a background investigation, including an FBI background investigation if not a Utah resident for the past consecutive five years; however a Utah resident whose reason for being out of state was due to being a foreign exchange student or serving a religious mission, in the military, as a Peace Corps volunteer, or the like need not submit to the FBI background investigation and;

(g) maintain and submit documentation of having completed within the prior two years a CPR course offered by the National Safety Council, the American Red Cross, or the American Heart Association or a course that the applicant can demonstrate to the Department to be equivalent or greater; and

(h) within 90 days after completing the EMD course, 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 90 days was due to circumstances beyond the applicant's control.

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 ~~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 one year of submitting the application [~~must~~];

~~(b)~~ submit to a background investigation, including an FBI background investigation if not a Utah resident for the past consecutive five years; however a Utah resident whose reason for being out of state was due to being a foreign exchange student or serving a religious mission, in the military, as a Peace Corps volunteer, or the like need not submit to the FBI background investigation;

~~(b)~~ successfully complete the Department written EMD examination, or reexamination, if necessary;

(c) maintain and submit documentation of having completed within the prior two years, a CPR course offered by the National Safety Council, the American Red Cross, or the American Heart Association or a course that the applicant can demonstrate to the Department to be equivalent or greater;

(d) successfully complete the Department written EMD examination, or reexamination, if necessary;

(e) submit a current certification from one of the states of the United States or its possessions or the National Academy of EMDs; 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).

(4) 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 [~~must~~];

~~(b)~~ submit to a background investigation, including an FBI background investigation if not a Utah resident for the past consecutive five years; however a Utah resident whose reason for being out of state was due to being a foreign exchange student or serving a religious mission, in the military, as a Peace Corps volunteer, or the like need not submit to the FBI background investigation;

~~(b)~~ as part of meeting the the EMD's continuing medical education requirements, take a minimum of a two-hour course in critical incident stress management (CISM);

~~(c)~~ [~~if the individual's NAEMD certification is based on a course offered in Utah, successfully pass a class that follows the CISM section of the Department established EMD curriculum;~~

~~(d)~~ maintain and submit documentation of having completed within the prior two years:

(i) a CPR course offered by the National Safety Council, the American Red Cross, or the American Heart Association or a course that the applicant can demonstrate to the Department to be equivalent or greater; and

(ii) a course in CISM; [~~and~~]

(d) 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);

(e) submit documentation of current NAEMD certification [-]; and

(f) if the individual's NAEMD certification is based on a course offered in Utah; and successfully pass a class that follows the CISM section of the Department-established EMD curriculum;

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) complete all EMD recertification requirements;

~~(b)~~ submit the applicable fees and a completed application, including social security number and signature, to the Department;

~~(b)~~ submit to a background investigation, including an FBI background investigation if not a Utah resident for the past consecutive five years; however a Utah resident whose reason for being out of state was due to being a foreign exchange student or serving a religious mission, in the military, as a Peace Corps volunteer, or the like need not submit to the FBI background investigation;

~~(d)~~ maintain and submit documentation of having completed within the prior two years a CPR course offered by the National Safety Council, the American Red Cross, or the American Heart Association or a course that the applicant can demonstrate to the Department to be equivalent or greater;

~~(e)~~ successfully complete the applicable Department recertification examinations, or reexaminations if necessary, within one year prior to expiration of the certification to be renewed.

~~(f)~~ provide documentation of completion of 48 hours of Department-approved CME meeting the requirements of subsections (3), (4), and (5).

(3) The EMD must complete the CME throughout each of the prior four years.

(4) The EMD must take at least 8 elective hours and the following 40 required CME hours by subject:

(a) Roles and Responsibilities - 5 hours;

(b) Obtaining [~~Information~~]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.

(5) An EMD may complete CME hours through the methodologies listed in this subsection. 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. Limitations and special requirements are listed with each methodology.

(a) Workshops and seminars related to the required skills and knowledge of an EMD and approved for CME credit by the Department or the CECBEMS.

(b) Local medical training meetings.

(c) Demonstration or practice sessions.

(d) Medical training meetings where a guest speaker presents material related to emergency medical care.

(e) Actual hours the EMD is involved in community emergency exercise and disaster drills. Up to 8 hours are creditable during a recertification period for participation in exercises and drills.

(f) Teaching the general public (schools, scouts, clubs, or church groups) on any topic within the scope of the EMD practice.

(g) Viewing audiovisuals (films, videotapes, etc.) which illustrate and review proper emergency care procedures. The EMD must view the audiovisual material in the presence of a training officer. Up to 10 hours are creditable during a certification period using audiovisuals.

(h) Completing college courses relating to the scope and practice of an EMD may be creditable, but only with the approval of the Department. Up to 8 hours are creditable during a certification period for college courses.

(i) Telephone scenarios of practical training and role playing.

(j) Riding with paramedic or ambulance units to understand the EMS system as a whole. Up to 6 hours are creditable during a certification period for ride-alongs.

(k) Computer and internet-based training that illustrates, drills, provides interactive use, or demonstrates proper emergency care procedures. The training must be approved by the Continuing Education Coordinating Board of Emergency Medical Services or the Department. Up to 12 hours are creditable during a certification period using computer and internet-based training.

(6) Notwithstanding the provisions of subsections (2), (3), (4), and (5), 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 ~~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 a background investigation, including an FBI background investigation if not a Utah resident for the past consecutive five years; however a Utah resident whose reason for being out of state was due to being a foreign exchange student or serving a religious mission, in the military, as a Peace Corps volunteer, or the like need not submit to the FBI background investigation;

(iii) maintain and submit documentation of having completed within the prior two years a CPR course offered by the National Safety Council, the American Red Cross, or the American Heart Association or a course that the applicant can demonstrate to the Department to be equivalent or greater; and

(iv) submit documentation of current NAEMD certification.

(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. 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.

R426-12-605. EMD Testing Failures.

(1) An individual who fails any part of the EMD certification written or practical examination may retake the EMD examination once without further course work.

(a) If the individual fails on the re-examination, he must take a complete EMD training course to be eligible for further examination.

(b) The individual may retake the course as many times as he desires, but may only take the examinations twice for each completed course.

(2) If an EMD fails the written or practical recertification examination after two attempts, he may, within 30 days following notification in writing of this second failure, submit a written request to take the test a third time.

(3) Within 30 days of receipt of the request, the Department shall convene a review panel consisting of:

(a) The training officer of the individual's EMS provider organization or a certified training officer who would ~~take responsibility for~~ mentor a remediation plan; and

(b) one or more representatives from the Department.

(4) The review panel shall allow the individual to appear and provide information regarding a remediation plan.

(5) The hearing panel shall review whether a program of re-education and reexamination within 30 days would likely result in successful completion of the examinations and shall recommend a course of action to the Department.

(6) The Department shall consider the review panel's recommendation and provide one opportunity for reexamination within 30 days of its decision if it determines that re-education and reexamination within that time would likely result in successful completion of the examinations.

(7) If the Department does not allow the third examination, the EMD may file a request for agency action within 30 days of issuance of the Department's determination.

R426-12-700. Emergency Medical Services Instructor Requirements.

(1) The Department may certify as an EMS Instructor an individual who:

(a) meets the initial certification requirements in R426-12-701; and

(b) has been certified in Utah EMS as an EMT-~~[Basic]~~[B], EMT-~~[IV]~~[I], EMT-~~[Intermediate]~~[IA], Paramedic, or Dispatcher for 12 months.

(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.

(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.

R426-12-701. EMS Instructor Certification.

(1) The Department may certify an individual who is an EMT-B, ~~EMT-B-IV,~~ EMT-I, ~~paramedic~~ 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) submit biennially a completed and signed "EMS Instructor Contract" to the Department agreeing to abide by the standards and procedures in the then 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 EMT-B, EMT-~~B-IV,~~ EMT-~~I,~~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~~ individual is recognized as a CPR instructor by the National Safety Council, the American Red Cross, or the American Heart Association; and

~~(c) successfully complete the Department-sponsored initial EMS instructor training course.]~~

(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.

R426-12-702. 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) if teaching an EMT-B, ~~EMT-B-IV,~~ EMT-I, ~~or~~ EMT-IA, paramedic course, 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;

(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.

R426-12-802. Emergency Medical Services Training Officer Recertification.

A training officer who wishes to recertify as a training officer must:

- (1) attend a training officer seminar every year;
- (2) maintain current EMS instructor certification;
- (3) submit an application and pay all applicable fees;
- (4) successfully complete any Department-examination requirements; and
- (5) submit annually a completed and signed new "Training Officer Contract" to the Department agreeing to abide ~~to~~ by the standards and procedures in the then current training officer manual.

R426-12-900. Course Coordinator Certification.

(1) The Department may certify an individual as a course coordinator for a one year period.

(2) 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."

R426-12-902. Course Coordinator Recertification.

A course coordinator who wishes to recertify as a course coordinator must:

- (1) maintain current EMS instructor certification;
- (2) coordinate or co-coordinate at least one Department-approved course every two years;
- (3) attend a course coordinator seminar every year;
- (4) submit an application and pay all applicable fees;
- (5) successfully complete all examination requirements; and
- (6) sign and submit annually a Course Coordinator Contract to the Department agreeing to abide ~~to~~ by the policies and procedures in the then current Course Coordinator Manual.

R426-12-1300. 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; however a Utah resident whose reason for being out of state was due to being a foreign exchange student or serving a religious mission, in the military, as a Peace Corps volunteer, or the like need not submit to the FBI background investigation.

(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~~ sexual misconduct if the victim's failure to affirmatively consent is an element of the crime, such as forcible rape[-];

(ii) ~~Sexual~~ 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~~]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~~]crimes of violence against persons, such as aggravated assault, murder or attempted murder, manslaughter except involuntary manslaughter, [~~kidnaping~~]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~~]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~~]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~~]crimes of violence against persons, such as assault;

(B) [~~Crimes~~]crimes defined as domestic violence under Section 77-36-1;

(C) [~~Crimes~~]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~~]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~~]the seriousness of the crime[-];

(ii) [~~Whether~~]whether the crime relates directly to the skills of [~~pre-hospital~~]pre-hospital care service and the delivery of patient care[-];

(iii) [~~Amount~~]the amount of time that has elapsed since the crime was committed[-];

(iv) [~~Whether~~]whether the crime involved violence to or abuse of another person[-];

(v) [~~Whether~~]whether the crime involved a minor or a person of diminished capacity as a victim[-];

(vi) [~~Whether~~]whether the applicant's actions and conduct since the crime occurred are consistent with the holding of a position of public trust[-];

(vii) [~~Total~~]the total number of arrests and convictions[-]; and

(viii) [~~Whether~~]whether the applicant was truthful regarding the crime on [~~his/her~~]his or her application.

(2) Certified EMS personnel must notify the Department of any arrest, charge, or conviction within 30 days of the arrest, charge or conviction.

(3) The Department may require EMS personnel to submit to a background examination or a drug test upon Department request.

(4) 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 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.

(5)(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.

KEY: emergency medical services

~~December 10, 2002~~2005

Notice of Continuation September 20, 2004

26-8a-302



Insurance, Administration
R590-203
Health Grievance Review Process and
Disability Claims

NOTICE OF PROPOSED RULE

(Amendment)
 DAR FILE NO.: 27504
 FILED: 10/25/2004, 09:11

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: This rule is being changed to comply with a new interpretation to the federal rule Claim Procedure, 29 CFR 2560.503-1, and changes to Sections 31A-4-116 and 31A-22-629 as amended by the 2002 Legislature in S.B. 122. (DAR NOTE: S.B. 122 is found at UT L 2002 Ch 308, and was effective 05/06/2002.)

SUMMARY OF THE RULE OR CHANGE: The main changes to this rule include: the inclusion in the grievance review process of income replacement policies and long and short term disability policies; new definitions; an independent review to be conducted in compliance with Section 31A-22-629 can now be binding; a new section is added entitled, Income Replacement Adverse Benefit Determination Review; and a requirement for insurers to keep their adverse benefit determination review records for the current year plus three years.

STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Sections 31A-2-201, 31A-2-203, 31A-4-116, and 31A-22-629

ANTICIPATED COST OR SAVINGS TO:

- ❖ **THE STATE BUDGET:** This rule will not affect the state's budget since the changes do not require licensees to file anything with the department nor require the department to take action that will add to or reduce their workload.
- ❖ **LOCAL GOVERNMENTS:** This rule does not affect local governments. It only deals with the relationship between health insurers licensed to do business in Utah and the Insurance Department. Therefore, there are no anticipated costs or savings to local government.
- ❖ **OTHER PERSONS:** Most carriers affected by this rule already have a grievance review process. The changes to this rule will extend the grievance process to long-term and short-term policies and group health policies thus expanding consumer protection to more policyholders. Insurers will need to change the forms of these policies to include guidelines regarding this requirement. It is anticipated that the cost to insurers will be minimal. Costs to do this may be passed onto consumers in the way of increased premium.

COMPLIANCE COSTS FOR AFFECTED PERSONS: Most carriers affected by this rule already have a grievance review process. The changes to this rule will extend the grievance process to long-term and short-term policies and group health policies thus expanding consumer protection to more policyholders. Insurers will need to change the forms of these policies to

include guidelines regarding this requirement. It is anticipated that the cost to insurers will be minimal. Costs to do this may be passed onto consumers in the way of increased premium.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: The fiscal impact of these changes on insurers doing business in Utah should be minimal.

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 at the above address, 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 TO THE ADDRESS ABOVE NO LATER THAN 5:00 PM on 12/15/2004

INTERESTED PERSONS MAY ATTEND A PUBLIC HEARING REGARDING THIS RULE: 12/02/2004 at 1:00 PM, State Office Building, Room 3112 (third floor), Salt Lake City, UT.

THIS RULE MAY BECOME EFFECTIVE ON: 12/16/2004

AUTHORIZED BY: Jilene Whitby, Information Specialist

R590. Insurance, Administration.

R590-203. Health Grievance Review Process and Disability Claims.

R590-203-1. Authority.

This rule is specifically authorized by 31A-22-629(4) and 31A-4-116, which requires the commissioner to establish minimum standards for grievance review procedures. The rule is also promulgated pursuant to Subsections 31A-2-201(1) and 31A-2-201(3)(a) in which the commissioner is empowered to administer and enforce this title and to make rules to implement the provisions of this title. The authority to examine insurer records, files, and documentation is provided by 31A-2-203.

R590-203-2. Purpose.

The purpose of this rule is to ensure that ~~health~~-insurer's grievance review procedures for individual and group health insurance and income replacement~~(employer health benefit)~~ plans comply with the Department of Labor, Pension and Welfare Benefits Administration Rules and Regulations for Administration and Enforcement: Claims Procedure, 29 CFR 2560.503-1, Utah Code Sections 31A-4-116 and 31A-22-629.

R590-203-3. Applicability and Scope.

(1) This rule applies to ~~an~~individual and group.

~~(a) policies issued or renewed and effective on or after January 1, 2001;~~

~~(b) income replacement policies;~~

~~(i) including short-term, and~~

~~(ii) long-term disability policies;~~

~~(b) health insurance; and~~

~~(c) [policies and] health maintenance organization contracts [as defined by 31A-1-301 covering individual and group benefit plans issued or renewed and effective on or after January 1, 2001].~~

(2) Long Term Care and Medicare supplement policies are not considered health insurance for the purpose of this rule.

R590-203-4. Definitions.

For the purposes of this rule:

(1) ~~["Benefit Plans" means health insurance as defined in 31A-1-301.]~~ "Consumer Representative" may be an employee who is a consumer of a health insurance or an income replacement policy, as long as the employee is not:

(a) the individual who had made the adverse determination, or
(b) a subordinate to the individual who made the adverse determination.

(2) "Health Insurance" means:

(a) health care insurance as defined in 31A-1-301; and

(b) health maintenance organization as defined in 31A-8-101.

~~(2)3~~ "Medical Necessity" means:

(a) health care services or products that a prudent health care professional would provide to a patient for the purpose of preventing, diagnosing or treating an illness, injury, disease or its symptoms in a manner that is:

(i) in accordance with generally accepted standards of medical practice in the United States;

(ii) clinically appropriate in terms of type, frequency, extent, site, and duration;

(iii) not primarily for the convenience of the patient, physician, or other health care provider; and

(iv) covered under the contract; and

(b) ~~that~~ when a medical question-of-fact exists medical necessity shall include the most appropriate available supply or level of service for the individual in question, considering potential benefits and harms to the individual, and known to be effective.

(i) For interventions not yet in widespread use, the effectiveness shall be based on scientific evidence.

(ii) For established interventions, the effectiveness shall be based on:

~~(a)A~~ scientific evidence;

~~(b)B~~ professional standards; and

~~(c)C~~ expert opinion.

~~(3)4(a)~~ "Scientific evidence" means:

~~(a)i~~ scientific studies published in or accepted for publication by medical journals that meet nationally recognized requirements for scientific manuscripts and that submit most of their published articles for review by experts who are not part of the editorial staff; or

~~(b)ii~~ findings, studies or research conducted by or under the auspices of federal government agencies and nationally recognized federal research institutes.

~~(e)b~~ Scientific evidence shall not include published peer-reviewed literature sponsored to a significant extent by a pharmaceutical manufacturing company or medical device manufacturer or a single study without other supportable studies.

R590-203-5. Adverse Benefit Determination~~[-Reviews]~~.

(1) An insurer's adverse benefit determination review procedure shall be compliant with the adverse benefit determination review requirements set forth in the Department of Labor, Pension and Welfare Benefits Administration Rules and Regulations for Administration and Enforcement: Claims Procedure, 29 CFR 2560.503-1, effective January 20, 2001. This document is incorporated by reference and available for inspection at the Insurance Department and the Department of Administrative Rules.

(2) The provision of this rule and federal regulation applies to claims filed under individual or group plans on or after the first day of the first plan year beginning on or after July 1, 2002, but no later than January 1, 2003.

(3) An insurer's adverse benefit determination appeal board or body shall include at least one consumer representative that shall be present at every meeting.

R590-203-6. Independent and Expedited Adverse Benefit Determination Reviews for Health Insurance.

(1) An insurer shall provide an independent review procedure as a voluntary option for the resolution of adverse benefit determinations~~[-of medical necessity]~~.

(2) An independent review procedure shall be conducted by an independent review organization, person, or entity other than the insurer, the plan, the plan's fiduciary, the employer, or any employee or agent of any of the foregoing, that do not have any material professional, familial, or financial conflict of interest with the health plan, any officer, director, or management employee of the health plan, the enrollee, the enrollee's health care provider, the provider's medical group or independent practice association, the health care facility where service would be provided and the developer or manufacturer of the service being provided.

(3) Independent review organizations shall be designated by the insurer, and the independent review organization chosen shall not own or control, be a subsidiary of, or in any way be owned or controlled by, or exercise control with a health insurance plan, a national, state, or local trade association of health insurance plans, and a national, state, or local trade association of health care providers.

(4) The submission to an independent review procedure is purely voluntary and left to the discretion of the claimant.

(5) An insurer's voluntary independent review procedure shall:

(a) waive any right to assert that a claimant has failed to exhaust administrative remedies because the claimant did not elect to submit a dispute of medical necessity to a voluntary level of appeal provided by the plan;

(b) agree that any statute of limitations or other defense based on timeliness is tolled during the time a voluntary appeal is pending;

(c) allow a claimant to submit a dispute of medical necessity to a voluntary level of appeal only after exhaustion of the appeals permitted under 29 CFR Subsection 2560.503-1(c)(2), of the Department of Labor, Pension and Welfare Benefits Administration Rules and Regulation for the Administration and Enforcement: Claims Procedure~~[-]~~;

(d) upon request from any claimant, provide sufficient information relating to the voluntary level of appeal to enable the claimant to make an informed decision about whether to submit a dispute of medical necessity to the voluntary level of appeal. This information shall contain a statement that the decision to use a voluntary level of appeal will not effect the claimant's rights to any other benefits under the plan and information about the applicable

rules, the claimants right to representation, the process for selecting the decision maker.

(e) An independent review conducted in compliance with Section 31A-22-629, and this rule, can be binding. A claimant's submission to a binding independent review is purely voluntary and appropriate disclosure and notification must be given as required by the Department of Labor, Pension and Welfare Benefits Administration Rules and Regulations for Administration and Enforcement: Claims Procedure, 29 CFR 2560.503-1.

(6) Standards for voluntary independent review:

(a) The insurer's internal adverse benefit determination process must be exhausted unless the insurer and insured mutually agree to waive the internal process.

(b) Any adverse benefit determination of medical necessity may be the subject of an independent review.

(c) The claimant has 180 calendar days from the date of the final internal review decision to request an independent review.

(d) An insurer shall use the same minimum standards and times of notification requirement for an independent review that are used for internal levels of review, as set forth in 29 CFR Subsection 2560.503-1(h)(3), (i)(2) and (j).

(7) An insurer shall provide an expedited review process for cases involving urgent care claims.

(8) A request for an expedited review of an adverse benefit determination of medical necessity may be submitted either orally or in writing. If the request is made orally an insurer shall, within 24 hours, send written confirmation to the claimant acknowledging the receipt of the request for an expedited review.

(9) An expedited review requires:

(a) all necessary information, including the plan's original benefit determination be transmitted between the plan and the claimant by telephone, facsimile, or other available similarly expeditious method;

(b) an insurer to notify the claimant of the benefit review determination, as soon as possible, taking into account the medical urgency, but not later than 72 hours after receipt of the claimant's request for review of an adverse benefit determination; and

(c) an insurer to use the same minimum standard for timing and notification as set forth in 29 CFR Subsection 2560.503-1(h), 503-1(i)(2)(i), 503-1(j).

R590-203-7. Income Replacement Adverse Benefit Determination Review.

(1) For initial level of review, an insurer will resolve a disability claim within 45 days of receipt of the claim for benefits.

(2) For reasons beyond the control of the plan administrator or the insurer, there may be a 30-day extension granted.

(3) If after the first 30-day extension, the plan administrator or the insurer should determine that they still cannot determine benefits and it is still out of their control, a final 30-day extension will be allowed.

(4) Upon request, relevant information free-of-charge, must be provided to the insured on any adverse benefit determination.

R590-203-[7]8. File and Record Documentation.

An insurer shall make available upon request by the commissioner, or the commissioner's duly appointed designees, all adverse benefit determination review[s] files and related documentation. An insurer shall keep these records for the current calendar year plus three years.

R590-203-[8]9. Compliance.

Insurers are to be compliant with the provisions of this rule and the Department of Labor, Pension and Welfare Benefits Administration Rules and Regulations for Administration and Enforcement: Claims Procedure, 29 CFR 2560.503-1, by July 1, 2002.

R590-203-[9]10. Relationship to Federal Rules.

If an insurer complies with the requirements of the Department of Labor, Pension and Welfare Benefits Administration Rules and Regulations for Administration and Enforcement: Claims Procedure, 29 CFR 2560.503-1, then this rule is not applicable to employer [benefit] plans, except for Sections [R590-203-]4, [R590-203-]5, [R590-203-]6, [and R590-203-]7, and 8 of this rule. All individual [health benefit] plans will remain subject to this rule in its entirety.

R590-203-[10]11. Severability.

If a provision or clause 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 these provisions shall not be affected.

KEY: insurance

~~May 17, 2002~~ 2004

31A-2-201

31A-2-203

31A-4-116

31A-22-629



Insurance, Administration
R590-232
Authorization for a Health Maintenance
Organization to Provide Services as
Third Party Administrator of Health
Care Benefits

NOTICE OF PROPOSED RULE

(New Rule)

DAR FILE NO.: 27506

FILED: 10/25/2004, 15:09

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of this rule is to authorize a health maintenance organization (HMO) to provide services as a third party administrator (TPA) of health care benefits. There has been confusion in the industry about whether or not a TPA business is reasonably incidental to the operation of a HMO.

SUMMARY OF THE RULE OR CHANGE: The purpose of this rule it to allow an HMO to provide services as a TPA of health care benefits without the need to obtain a separate license to do so.

STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Sections 31A-2-201 and 31A-8-103

ANTICIPATED COST OR SAVINGS TO:

❖ **THE STATE BUDGET:** Currently the state has seven licensed HMOs. Of these seven, two provide services as a TPA. As a result of this rule, the state budget will lose \$87 in new and renewal license fees for the two HMOs, as well as the requirement to obtain a separate license for the TPA business.

❖ **LOCAL GOVERNMENTS:** Local governments should not be affected by this rule since it deals with the relationship between HMOs and state government.

❖ **OTHER PERSONS:** This rule eliminates the need for an HMO to obtain a TPA license through the department. Therefore, the cost savings to the HMO would be the cost to establish a corporation, which would be done through the Department of Corporations, and the \$87 to obtain a new or renewal TPA insurance license. Any time an insurer can reduce their costs, costs are also potentially reduced for the consumer.

COMPLIANCE COSTS FOR AFFECTED PERSONS: This rule eliminates the need for an HMO to obtain a TPA license through the department. Therefore, the cost savings to the HMO would be the cost to establish a corporation, which would be done through the Department of Corporations, and the \$87 to obtain a new or renewal TPA insurance license. Any time an insurer can reduce their costs, costs are also potentially reduced for the consumer.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: It is anticipated that this rule will eliminate a potential cost to two HMOs for a TPA license.

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 at the above address, 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 TO THE ADDRESS ABOVE NO LATER THAN 5:00 PM on 12/15/2004

INTERESTED PERSONS MAY ATTEND A PUBLIC HEARING REGARDING THIS RULE: 11/30/2004 at 9:00 AM, State Office Building, Room 3112 (third floor), Salt Lake City, UT.

THIS RULE MAY BECOME EFFECTIVE ON: 12/16/2004

AUTHORIZED BY: Jilene Whitby, Information Specialist

R590. Insurance, Administration.**R590-232. Authorization for a Health Maintenance Organization to Provide Services as Third Party Administrator of Health Care Benefits.****R590-232-1. Authority.**

This rule is promulgated and adopted pursuant to Subsection 31A-8-103(2) allowing the commissioner to waive provisions of Title 31A that he considers inapplicable to health maintenance organizations, and Section 31A-2-201 giving the commissioner authority to implement the provisions of Title 31A.

R590-232-2. Purpose.

The purpose of this rule is to authorize a health maintenance organization to provide services as a third party administrator of health care benefits.

R590-232-3. Definitions.

All definitions in Sections 31A-1-301 and 31A-8-101 are hereby adopted by reference.

R590-232-4. Findings.

A. The term "organization" includes a health maintenance organization by definition.

B. Subsection 31A-8-106 provides, "No organization may engage, directly or indirectly, in any business other than that of an organization and business reasonably incidental to that business."

C. For some time, there has been a question as to whether providing services by a health maintenance organization as a "third party administrator" of health care benefits could be deemed to be the "business . . . of an organization" or at least be deemed to be "business reasonably incidental to that business."

D. The Commissioner finds that when a health maintenance organization provides services as a third party administrator of health care benefits, that business is, at the very least, "business reasonably incidental to that business" of a health maintenance organization.

E. In addition, Subsection 31A-8-103(2) provides, "The commissioner may by rule waive other specific provisions of this title that the commissioner considers inapplicable to health maintenance organizations or limited health plans, upon a finding that the waiver will not endanger the interests of: (a) enrollees; (b) investors; or (c) the public."

F. To the extent the definition of "third party administrator" in Section 31A-1-301 can be read as prohibiting a health maintenance organization from providing services as a third party administrator of health care benefits, and to the extent Chapter 25 of Title 31A can be read as requiring that a health maintenance organization apply for a separate license to provide services as a third party administrator of health care benefits, the commissioner finds that waiving those provisions with respect to health maintenance organizations will not endanger the interests of (a) enrollees, (b) investors, or (c) the public, and therefore the commissioner hereby waives those provisions with respect to a health maintenance organization providing third party administrator services of health care benefits.

R590-232-5. Rule.

A health maintenance organization may provide services as a third party administrator of health care benefits, and may do so without acquiring a third party administrator license under Chapter 25 of Title 31A.

R590-232-6. Severability.

If any provision of this rule or the application thereof to any person or circumstance is for any reason held to be invalid, the remainder of the rule and the application of such provision to other persons or circumstances shall not be affected thereby.

KEY: health maintenance organizations**2004****31A-2-201****31A-2-202****31A-21-312****31A-26-301****31A-26-303**

Tax Commission, Property Tax
R884-24P-53
 2004 Valuation Guides for Valuation of
 Land Subject to the Farmland
 Assessment Act Pursuant to Utah Code
 Ann. Section 59-2-515

NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 27513

FILED: 10/29/2004, 13:19

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: Section 59-2-515 authorizes the Tax Commission to promulgate rules regarding the Property Tax Act, Part 5, Farmland Assessment Act (FAA). Section 59-2-514 authorizes the Tax Commission to receive valuation recommendations from the State Farmland Advisory Committee for implementation as outlined in Section R884-24P-53.

SUMMARY OF THE RULE OR CHANGE: This amendment annually updates the agricultural use-values to be applied by county assessors to land qualifying for valuation and assessment under the FAA. The values are recommended to the Tax Commission by the State Farmland Evaluation Advisory Committee, which meets under the authority of Section 59-2-514.

STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 59-2-515

ANTICIPATED COST OR SAVINGS TO:

❖ THE STATE BUDGET: The amount of savings or cost to state government is undetermined. The state receives tax revenue for assessing and collecting and for the Uniform School Fund based on increased or decreased real and personal property valuation, including property assessed under the FAA (greenbelt). Property valuation (taxable value) changes have been recommended by class and by county. This year, 60 class/county valuations will increase, 30 will decrease, and 131 will remain unchanged. No total cost or savings could be

calculated without an exhaustive study of farmland acreage in each county by class, a listing of property newly-qualified for FAA assessment during 2005, and a listing of property no longer qualifying and removed from greenbelt during 2005. However, it is estimated that the overall change is minimal due to this amendment.

❖ LOCAL GOVERNMENTS: The amount of saving or cost to local government is undetermined. Local governmental entities receive tax revenue based on increased or decreased property valuation, including property on "greenbelt". Property valuation changes have been recommended by class and by county. This year, 60 class/county valuations will increase, 30 will decrease, and 131 will remain unchanged. No total cost or savings could be calculated without an exhaustive study of farmland acreage in each county by class, a listing of property newly-qualified for greenbelt during 2005, and a listing of property no longer qualifying and removed from greenbelt during 2005. However, it is estimated that the overall change is minimal due to this amendment. County assessors offices statewide will be required to input the new value indicators into their computer systems to be applied against the acreage for individual properties. This input process is easily done and represents no significant cost in time or money to the assessor's offices.

❖ OTHER PERSONS: Each property owner with proper eligible for assessment under the FAA may see a change in value, depending on property class and situs county; 60 such value indicators will increase, 30 will decrease, and 131 will not change. The effect on the property owner will be valuation increase, decrease, or no change depending on the mix of property types and situs. No aggregate compliance cost can be determined without an exhaustive study of farmland acreage in each county by class, a listing of property newly-qualified for greenbelt during 2005, and a listing of property no longer qualifying and removed from greenbelt during 2005. In addition, the compliance cost will further be altered by changes to local property tax rates. However, it is estimated that the overall change due to this amendment is minimal.

COMPLIANCE COSTS FOR AFFECTED PERSONS: Each property owner with property eligible for assessment under the Farmland Assessment Act may see a change in value, depending on property class and situs county; 60 such value indicators will increase, 30 will decrease, and 131 will not change. The effect on the property owner will be valuation increase, decrease, or no change depending on the mix of property types and situs. No aggregate compliance cost can be determined without an exhaustive study of farmland acreage in each county by class, a listing of property newly-qualified for greenbelt during 2005, and a listing of property no longer qualifying and removed from greenbelt during 2005. In addition, the compliance cost will further be altered by changes to local property tax rates. However, it is estimated that the overall change due to this amendment is minimal.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: The fiscal impact to businesses will vary depending on the county and the property classification. The impact is estimated to be minimal.

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

TAX COMMISSION
 PROPERTY TAX
 210 N 1950 W
 SALT LAKE CITY UT 84134, or
 at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:
 Cheryl Lee at the above address, by phone at 801-297-3900,
 by FAX at 801-297-3919, or by Internet E-mail at
 clee@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY
 SUBMITTING WRITTEN COMMENTS TO THE ADDRESS ABOVE NO LATER
 THAN 5:00 PM on 12/15/2004.

THIS RULE MAY BECOME EFFECTIVE ON: 12/16/2004

AUTHORIZED BY: Pam Hendrickson, Commissioner

R884. Tax Commission, Property Tax.
R884-24P. Property Tax.
R884-24P-53. [2004]2005 Valuation Guides for Valuation of
Land Subject to the Farmland Assessment Act Pursuant to Utah
Code Ann. Section 59-2-515.

A. Each year the Property Tax Division shall update and publish schedules to determine the taxable value for land subject to the Farmland Assessment Act on a per acre basis.

1. The schedules shall be based on the productivity of the various types of agricultural land as determined through crop budgets and net rents.

2. Proposed schedules shall be transmitted by the Property Tax Division to county assessors for comment before adoption.

3. County assessors may not deviate from the schedules.

4. Not all types of agricultural land exist in every county. If no taxable value is shown for a particular county in one of the tables, that classification of agricultural land does not exist in that county.

B. All property defined as farmland pursuant to Section 59-2-501 shall be assessed on a per acre basis as follows:

1. Irrigated farmland shall be assessed under the following classifications.

a) Irrigated I. The following counties shall assess Irrigated I property based upon the per acre values listed below:

TABLE 1
 Irrigated I

1) Box Elder	[830] <u>820</u>
2) Cache	680
3) Carbon	550
4) Davis	815
5) Emery	530
6) Iron	[805] <u>800</u>
7) Kane	[475] <u>460</u>
8) Millard	790
9) Salt Lake	[705] <u>700</u>
10) Utah	[740] <u>735</u>
11) Washington	[665] <u>655</u>
12) Weber	[775] <u>770</u>

b) Irrigated II. The following counties shall assess Irrigated II property based upon the per acre values listed below:

TABLE 2
 Irrigated II

1) Box Elder	[730] <u>720</u>
2) Cache	580
3) Carbon	450
4) Davis	715
5) Duchesne	[495] <u>490</u>
6) Emery	430
7) Grand	410
8) Iron	[705] <u>700</u>
9) Juab	[430] <u>440</u>
10) Kane	[375] <u>360</u>
11) Millard	690
12) Salt Lake	[605] <u>600</u>
13) Sanpete	[540] <u>550</u>
14) Sevier	575
15) Summit	470
16) Tooele	[440] <u>445</u>
17) Utah	[640] <u>635</u>
18) Wasatch	510
19) Washington	[565] <u>555</u>
20) Weber	[675] <u>670</u>

c) Irrigated III. The following counties shall assess Irrigated III property based upon the per acre values listed below:

TABLE 3
 Irrigated III

1) Beaver	565
2) Box Elder	[580] <u>570</u>
3) Cache	430
4) Carbon	300
5) Davis	565
6) Duchesne	[345] <u>340</u>
7) Emery	280
8) Garfield	[210] <u>205</u>
9) Grand	260
10) Iron	[555] <u>550</u>
11) Juab	[280] <u>290</u>
12) Kane	[225] <u>210</u>
13) Millard	540
14) Morgan	380
15) Piute	[355] <u>350</u>
16) Rich	[210] <u>200</u>
17) Salt Lake	[455] <u>450</u>
18) San Juan	[185] <u>190</u>
19) Sanpete	[390] <u>400</u>
20) Sevier	425
21) Summit	320
22) Tooele	[290] <u>295</u>
23) Uintah	370
24) Utah	[490] <u>485</u>
25) Wasatch	360
26) Washington	[415] <u>405</u>
27) Wayne	[365] <u>355</u>
28) Weber	[525] <u>520</u>

d) Irrigated IV. The following counties shall assess Irrigated IV property based upon the per acre values listed below:

TABLE 4
 Irrigated IV

1) Beaver	465
2) Box Elder	[480] <u>470</u>
3) Cache	330
4) Carbon	200
5) Daggett	[230] <u>220</u>
6) Davis	465

7) Duchesne	[245] 240	12) Juab	[140] 145
8) Emery	180	13) Kane	[100] 95
9) Garfield	[110] 105	14) Millard	190
10) Grand	160	15) Morgan	175
11) Iron	[455] 450	16) Piute	160
12) Juab	[180] 190	17) Rich	[110] 105
13) Kane	[125] 110	18) Salt Lake	225
14) Millard	440	19) Sanpete	[185] 190
15) Morgan	280	20) Sevier	200
16) Piute	[255] 250	21) Summit	195
17) Rich	[110] 100	22) Tooele	175
18) Salt Lake	[355] 350	23) Uintah	180
19) San Juan	[85] 90	24) Utah	230
20) Sanpete	[290] 300	25) Wasatch	210
21) Sevier	325	26) Washington	215
22) Summit	220	27) Wayne	160
23) Tooele	[190] 195	28) Weber	285
24) Uintah	270		
25) Utah	[390] 385		
26) Wasatch	260		
27) Washington	[315] 305		
28) Wayne	[265] 255		
29) Weber	[425] 420		

4. Dry land shall be classified as one of the following two categories and shall be assessed on a per acre basis as follows:

a) Dry III. The following counties shall assess Dry III property based upon the per acre values listed below:

2. Fruit orchards shall be assessed per acre based upon the following schedule:

TABLE 5
Fruit Orchards

1) Beaver	[600] 610
2) Box Elder	[650] 665
3) Cache	[600] 610
4) Carbon	[600] 610
5) Davis	[640] 655
6) Duchesne	[600] 610
7) Emery	[600] 610
8) Garfield	[600] 610
9) Grand	[600] 610
10) Iron	[600] 610
11) Juab	[600] 610
12) Kane	[600] 610
13) Millard	[600] 610
14) Morgan	[600] 610
15) Piute	[600] 610
16) Salt Lake	[600] 610
17) San Juan	[600] 610
18) Sanpete	[600] 610
19) Sevier	[600] 610
20) Summit	[600] 610
21) Tooele	[600] 610
22) Uintah	[600] 610
23) Utah	[630] 645
24) Wasatch	[600] 610
25) Washington	[760] 770
26) Wayne	[600] 610
27) Weber	[640] 655

TABLE 7
Dry III

1) Beaver	40
2) Box Elder	[70] 60
3) Cache	[65] 55
4) Carbon	40
5) Davis	[50] 45
6) Duchesne	40
7) Garfield	40
8) Grand	40
9) Iron	40
10) Juab	40
11) Kane	40
12) Millard	[45] 40
13) Morgan	[50] 45
14) Rich	[45] 40
15) Salt Lake	40
16) San Juan	40
17) Sanpete	40
18) Summit	40
19) Tooele	40
20) Uintah	40
21) Utah	40
22) Washington	40
23) Weber	[45] 40

b) Dry IV. The following counties shall assess Dry IV property based upon the per acre values listed below:

3. Meadow IV property shall be assessed per acre based upon the following schedule:

TABLE 6
Meadow IV

1) Beaver	230
2) Box Elder	[240] 235
3) Cache	255
4) Carbon	130
5) Daggett	170
6) Davis	260
7) Duchesne	160
8) Emery	125
9) Garfield	95
10) Grand	125
11) Iron	225

TABLE 8
Dry IV

1) Beaver	5
2) Box Elder	[35] 25
3) Cache	[30] 20
4) Carbon	5
5) Davis	[15] 10
6) Duchesne	5
7) Garfield	5
8) Grand	5
9) Iron	5
10) Juab	5
11) Kane	5
12) Millard	[10] 5
13) Morgan	[15] 10
14) Rich	[10] 5
15) Salt Lake	5
16) San Juan	5
17) Sanpete	5
18) Summit	5
19) Tooele	5

20) Uintah	5
21) Utah	5
22) Washington	5
23) Weber	[10] 5

27) Washington	16
28) Wayne	[18] 21
29) Weber	17

5. Grazing land shall be classified as one of the following four categories and shall be assessed on a per acre basis as follows:

a) Graze I. The following counties shall assess Graze I property based upon the per acre values listed below:

TABLE 9
GR I

1) Beaver	[57] 58
2) Box Elder	[56] 55
3) Cache	[61] 59
4) Carbon	[56] 64
5) Daggett	[65] 58
6) Davis	[60] 57
7) Duchesne	[64] 68
8) Emery	[56] 59
9) Garfield	[58] 67
10) Grand	[67] 75
11) Iron	[57] 58
12) Juab	[62] 67
13) Kane	[71] 77
14) Millard	[70] 73
15) Morgan	52
16) Piute	[54] 66
17) Rich	[65] 64
18) Salt Lake	[65] 64
19) San Juan	[56] 66
20) Sanpete	[62] 68
21) Sevier	[60] 68
22) Summit	[52] 58
23) Tooele	[72] 68
24) Uintah	[58] 65
25) Utah	50
26) Wasatch	[51] 53
27) Washington	[56] 55
28) Wayne	[63] 74
29) Weber	[61] 60

b) Graze II. The following counties shall assess Graze II property based upon the per acre values listed below:

TABLE 10
GR II

1) Beaver	[16] 17
2) Box Elder	16
3) Cache	17
4) Carbon	[16] 18
5) Daggett	[18] 17
6) Davis	[17] 16
7) Duchesne	[18] 20
8) Emery	[16] 17
9) Garfield	[16] 19
10) Grand	[19] 22
11) Iron	[16] 17
12) Juab	[18] 19
13) Kane	[20] 22
14) Millard	[20] 21
15) Morgan	15
16) Piute	[15] 19
17) Rich	18
18) Salt Lake	18
19) San Juan	[16] 19
20) Sanpete	[17] 19
21) Sevier	[17] 19
22) Summit	[15] 17
23) Tooele	[20] 19
24) Uintah	[17] 19
25) Utah	14
26) Wasatch	[14] 15

c) Graze III. The following counties shall assess Graze III property based upon the per acre values below:

TABLE 11
GR III

1) Beaver	[10] 11
2) Box Elder	10
3) Cache	11
4) Carbon	[10] 12
5) Daggett	[12] 11
6) Davis	11
7) Duchesne	[12] 13
8) Emery	[10] 11
9) Garfield	[11] 13
10) Grand	[12] 14
11) Iron	[10] 11
12) Juab	[11] 13
13) Kane	[13] 15
14) Millard	[13] 14
15) Morgan	10
16) Piute	[10] 13
17) Rich	12
18) Salt Lake	12
19) San Juan	[10] 13
20) Sanpete	[11] 13
21) Sevier	[11] 13
22) Summit	[10] 11
23) Tooele	13
24) Uintah	[11] 12
25) Utah	[9] 10
26) Wasatch	[9] 10
27) Washington	10
28) Wayne	[12] 14
29) Weber	11

d) Graze IV. The following counties shall assess Graze IV property based upon the per acre values listed below:

TABLE 12
GR IV

1) Beaver	5
2) Box Elder	5
3) Cache	5
4) Carbon	5
5) Daggett	5
6) Davis	5
7) Duchesne	5
8) Emery	5
9) Garfield	5
10) Grand	6
11) Iron	5
12) Juab	5
13) Kane	6
14) Millard	6
15) Morgan	5
16) Piute	5
17) Rich	5
18) Salt Lake	5
19) San Juan	5
20) Sanpete	5
21) Sevier	5
22) Summit	5
23) Tooele	[6] 5
24) Uintah	5
25) Utah	5
26) Wasatch	5
27) Washington	5
28) Wayne	[5] 6
29) Weber	5

6. Land classified as nonproductive shall be assessed as follows on a per acre basis:

TABLE 13
Nonproductive Land

a) Nonproductive Land	
1) All Counties	5

KEY: taxation, personal property, property tax, appraisals
[August 2], 2004
Notice of Continuation April 5, 2002
59-2-515



End of the Notices of Proposed Rules Section

NOTICES OF CHANGES IN PROPOSED RULES

After an agency has published a PROPOSED RULE in the *Utah State Bulletin*, it may receive public comment that requires the PROPOSED RULE to be altered before it goes into effect. A CHANGE IN PROPOSED RULE allows an agency to respond to comments it receives.

As with a PROPOSED RULE, a CHANGE IN PROPOSED RULE is preceded by a RULE ANALYSIS. This analysis provides summary information about the CHANGE IN 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 CHANGE IN PROPOSED RULE is usually printed. The text shows only those changes made since the PROPOSED RULE was published in an earlier edition of the *Utah State Bulletin*. Additions made to the rule appear underlined (e.g., example). Deletions made to the rule appear struck out with brackets surrounding them (e.g., [example]). A row of dots in the text (· · · · ·) indicates that unaffected text was removed to conserve space. If a CHANGE IN PROPOSED RULE is too long to print, the Division of Administrative Rules will include only the RULE ANALYSIS. A copy of rules that are too long to print is available from the agency or from the Division of Administrative Rules.

While a CHANGE IN PROPOSED RULE does not have a formal comment period, there is a 30-day waiting period during which interested parties may submit comments. The 30-day waiting period for CHANGES IN PROPOSED RULES published in this issue of the *Utah State Bulletin* ends December 15, 2004. At its option, the agency may hold public hearings.

From the end of the waiting period through March 15, 2005, the agency may notify the Division of Administrative Rules that it wants to make the CHANGE IN PROPOSED RULE effective. When an agency submits a NOTICE OF EFFECTIVE DATE for a CHANGE IN PROPOSED RULE, the PROPOSED RULE as amended by the CHANGE IN PROPOSED RULE becomes the effective rule. The agency sets the effective date. The date may be no fewer than 30 days nor more than 120 days after the publication date of this issue of the *Utah State Bulletin*. Alternatively, the agency may file another CHANGE IN PROPOSED RULE in response to additional comments received. If the Division of Administrative Rules does not receive a NOTICE OF EFFECTIVE DATE or another CHANGE IN PROPOSED RULE, the CHANGE IN PROPOSED RULE filing, along with its associated PROPOSED RULE, lapses and the agency must start the process over.

CHANGES IN PROPOSED RULES are governed by *Utah Code* Section 63-46a-6 (2001); and *Utah Administrative Code* Rule R15-2, and Sections R15-4-3, R15-4-5, R15-4-7, and R15-4-9.

The Changes in Proposed Rules Begin on the Following Page.

**Commerce, Occupational and
Professional Licensing
R156-31b
Nurse Practice Act Rules**

NOTICE OF CHANGE IN PROPOSED RULE

DAR File No.: 27301
Filed: 10/25/2004, 09:59

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: Following a public hearing, written public comments, and further Division review, further amendments are being made in the proposed rule.

SUMMARY OF THE RULE OR CHANGE: The changes include: throughout the entire rule, amendments are made to delete all language regarding the LPN-Geriatric Care Manager (GCM) pilot program. This issue will be addressed at a later date in another rule filing; adds a definition for the Council of Nurse Anesthesia Education Programs (COA) and includes this accreditation for approval of nurse anesthesia programs; adds Section R156-31b-302d regarding the handling of fingerprint cards and criminal background checks for applicants from foreign countries; and extends the date from July 1, 2005, to December 31, 2005, by which all provisionally approved nursing education programs must become nationally accredited to allow enough time for programs to complete the process. (DAR NOTE: This change in proposed rule has been filed to make additional changes to a proposed amendment that was published in the August 1, 2004, issue of the Utah State Bulletin, on page 6. Underlining in the rule below indicates text that has been added since the publication of the proposed rule mentioned above; strike-out indicates text that has been deleted. You must view the change in proposed rule and the proposed amendment together to understand all of the changes that will be enforceable should the agency make this rule effective.)

STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 58-31b-101, and Subsections 58-1-106(1)(a) and 58-1-202(1)(a)

ANTICIPATED COST OR SAVINGS TO:

❖ **THE STATE BUDGET:** No additional costs will be incurred beyond those identified in the proposed rule filing. By removing the LPN-GCM language from the rule, it will delay the implementation of the pilot program. If a government agency, i.e., Division of Aging, planned to employ the services of a LPN-GCM, any additional salary costs will not be incurred until further rules are proposed, adopted, and the pilot program goes forward.

❖ **LOCAL GOVERNMENTS:** By removing the LPN-GCM language from the rule, it will delay the implementation of the pilot program. If a government agency, i.e., Division of Aging, planned to employ the services of a LPN-GCM, any additional salary costs will not be incurred until further rules are proposed, adopted, and the pilot program goes forward.

❖ **OTHER PERSONS:** Any costs that may have been incurred by implementing the LPN-GCM pilot program, which were identified in the proposed rule filing, will be delayed until another rule filing and adoption.

COMPLIANCE COSTS FOR AFFECTED PERSONS: Any costs that may have been incurred by implementing the LPN-GCM pilot program, which were identified in the proposed rule filing, will be delayed until another rule filing and adoption.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: The rule filing clarifies the criminal background check procedure for applicants from foreign countries. The rule filing also includes technical changes by clarifying existing provisions with additional definitions and updating references within the existing rules. There is no fiscal impact to businesses as to these clarifying and technical changes. This change to proposed rules removes the geriatric nurse pilot program provisions based upon comments received after the filing of the original proposed rule. Therefore, any costs associated with that pilot program will not be incurred until the pilot program is implemented. Klarice A. Bachman, Executive Director

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

COMMERCE
OCCUPATIONAL AND PROFESSIONAL LICENSING
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:

Laura Poe at the above address, by phone at 801-530-6789, by FAX at 801-530-6511, or by Internet E-mail at lpoe@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS TO THE ADDRESS ABOVE NO LATER THAN 5:00 PM on 12/15/2004.

THIS RULE MAY BECOME EFFECTIVE ON: 12/16/2004

AUTHORIZED BY: J. Craig Jackson, Director

**R156. Commerce, Occupational and Professional Licensing.
R156-31b. Nurse Practice Act Rules.
R156-31b-102. Definitions.**

In addition to the definitions in Title 58, Chapters 1 and 31b, as defined or used in these rules:

(1) "Absolute discharge", as used in Subsection 58-31b-302(7)(b), means the completion of criminal probation or parole.

(2) "Activities of daily living (ADLs)" means those personal activities in which individuals normally engage or are required for an individual's well-being whether performed by them alone, by them with the help of others, or for them by others, including eating, dressing, mobilizing, toileting, bathing, and other acts or practices to which an individual is subjected while under care in a regulated

facility or under the orders of a licensed health care practitioner in a private residence.

(3) ~~["Affiliated", as used in these rules, means a condition of being united, being in close connection, allied, associated, or attached as a member or branch, as evidenced by a written contract or memorandum of understanding.~~

~~—(4)—~~"Affiliated with an institution of higher education", as used in Subsection 58-31b-601(1), means the general and science education courses required as part of a nursing education program are provided by an educational institution which is approved by the Board of Regents or an equivalent governmental agency in another state or a private educational institution which is regionally accredited by an accrediting board recognized by the Council for Higher Education Accreditation of the American Council on Education; and the nursing program and the institution of higher education are affiliated with each other as evidenced by a written contract or memorandum of understanding.

~~(5)~~4 "APRN" means an advanced practice registered nurse.

~~(6)~~5 "Approved continuing education" in Subsection R156-31b-303(3) means:

(a) continuing education that has been approved by a professional nationally recognized approver of health related continuing education;

(b) nursing education courses taken from an approved education program as defined in Section R156-31b-601; and

(c) health related course work taken from an educational institution accredited by a regional institutional accrediting body identified in the "Accredited Institutions of Postsecondary Education", 2003-04 edition, published by the American Council on Education.

~~(7)~~6 "Approved education program" as defined in Subsection 58-31b-102(3) is further defined to include any nursing education program published in the documents entitled "Directory of Accredited Nursing Programs", 2003, published by the National League for Nursing Accrediting Commission, which are hereby adopted and incorporated by reference as a part of these rules.

~~(8)~~7 "CCNE" means the Commission on Collegiate Nursing Education.

~~(9)~~8 "CGFNS" means the Commission on Graduates of Foreign Nursing Schools.

~~(9)~~ "COA", as used in these rules, means the Council of Accreditation of Nurse Anesthesia Education Programs.

(10) "Clinical mentor/preceptor", as used in Section R156-31b-607, means an individual who is employed by a clinical health care facility and is chosen by that agency, in collaboration with the Parent-Program, to provide direct, on-site supervision and direction to a nursing student who is engaged in a clinical rotation, and who is accountable to both the clinical agency and the supervisory clinical faculty member.

(11) "Contact hour" means 50 minutes.

(12) "Consultation", as used in Subsection R156-31b-703, means the LPN-GCM may develop or revise a treatment plan without the direction or immediate oversight of the RN. The LPN-GCM is to confer with or ask the advice of the RN as needed. However, the RN must review and approve treatment plans as required in Subsection R156-31b-703.

(13) "Contributing to or participating in", as used in Subsection 58-31-102(17), means a LPN makes observations, provides data, and input into the nursing process while under the direction of a RN, MD or other licensee as defined by these rules, who is responsible for developing and documenting the plan of care.

(14) "CRNA" means a certified registered nurse anesthetist.

(15) "Delegation" means transferring to an individual the authority to perform a selected nursing task in a selected situation. The nurse retains accountability for the delegation.

(16) "Direct supervision" is the supervision required in Subsection 58-31b-306(1)(a)(iii) and means:

(a) the person providing supervision shall be available on the premises at which the supervisee is engaged in practice; or

(b) if the supervisee is specializing in psychiatric mental health nursing, the supervisor may be remote from the supervisee if there is personal direct voice communication between the two prior to administering or prescribing a prescription drug.

(17) "Disruptive behavior", as used in these rules, means conduct, whether verbal or physical, that is demeaning, outrageous, or malicious and that places at risk patient care or the process of delivering quality patient care. Disruptive behavior does not include criticism that is offered in good faith with the aim of improving patient care.

(18) "Generally recognized scope and standards of nursing practice", as referred to in Subsections 58-31b-102(17), (18), and (19), means the "Nursing: Scope and Standards of Practice", 2003, published by the American Nurses Association, which is hereby adopted and incorporated by reference, or as established by the professional community.

~~(19) ["Geriatric", as used in these rules, means a population of people 50 years or older who reside in a long term facility which has been approved to participate in the LPN-GCM Pilot Program.~~

~~—(20)—~~"Licensure by equivalency" as used in these rules means licensure as a licensed practical nurse after successful completion of course work in a registered nurse program which meets the criteria established in Section R156-31b-601.

~~(24)~~20 "LPN" means a licensed practical nurse.[

~~—(22)—~~"LPN-GCM" means a licensed practical nurse geriatric care manager.]

~~(23)~~21 "NLNAC" means the National League for Nursing Accrediting Commission.

~~(24)~~22 "NCLEX" means the National Council Licensure Examination of the National Council of State Boards of Nursing.

~~(25)~~23 "Non-approved education program" means any foreign nurse education program.

~~(26)~~24 "Other specified health care professionals", as used in Subsection 58-31b-102(12), who may direct the licensed practical nurse means:

(a) advanced practice registered nurse;

(b) certified nurse midwife;

(c) chiropractic physician;

(d) dentist;

(e) osteopathic physician;

(f) physician assistant;

(g) podiatric physician;

(h) optometrist;

(i) certified registered nurse anesthetist.

~~(27)~~25 "Parent-program", as used in Section R156-31b-607, means a nationally accredited, Board of Nursing approved nursing education program that is providing nursing education (didactic, clinical or both) to a student and is responsible for the education program curriculum, and program and student policies.

~~(28)~~26 "Patient surrogate", as used in Subsection R156-31b-502(4), means an individual who has legal authority to act on behalf of the patient when the patient is unable to act or decide for himself,

including a parent, foster parent, legal guardian, or a person designated in a power of attorney.

~~(29)27~~ "Personal assistance and care", as used in Subsection 58-31b-102(11), means acts or practices by an individual to personally assist or aid another individual in activities of daily living. These activities do not include those services provided by physical therapy, occupational therapy, or recreational therapy aides/assistants.

~~(30)28~~ "Postsecondary school", as used in Section R156-31b-607, means a program registered and in good standing with the Utah Department of Commerce, Division of Consumer Protection, that offers coursework to individuals who have graduated from high school or have been awarded a GED.

~~(31) "PRN" means as needed.~~

~~(32)29~~ "Psychiatric mental health nursing specialty", as used in Subsection 58-31b-302(3)(g), includes psychiatric mental health nurse specialists and psychiatric mental health nurse practitioners.

~~(33)30~~ "RN" means a registered nurse.

~~(34)31~~ "Supervision" in Section R156-31b-701 means the provision of guidance or direction, evaluation and follow up by the licensed nurse for accomplishment of a task delegated to unlicensed assistive personnel or other licensed individuals.

~~(35)32~~ "Supervisory clinical faculty", as used in Section R156-31b-607, means one or more individuals employed by an approved nursing education program who meet the accreditation and Board of Nursing specific requirements to be a faculty member and are responsible for the overall clinical experiences of nursing students and may supervise and coordinate clinical mentors/preceptors who provide the actual direct clinical experience.

~~(36)33~~ "Unprofessional conduct" as defined in Title 58, Chapters 1 and 31b, is further defined in Section R156-31b-502.

R156-31b-302c. Qualifications for Licensure - Examination Requirements.

(1) In accordance with Section 58-31b-302, the examination requirements for graduates of approved nursing programs are as follows.

(a) An applicant for licensure as an LPN or RN shall pass the applicable NCLEX examination.

~~(b) [An applicant for certification as a LPN-GCM shall pass the Long Term Care Certification Examination offered by the National Association for Practical Nurse Education and Services, Inc. (NAPNES) with a passing score as established by NAPNES.~~

~~(c) [An applicant for licensure as an APRN shall pass one of the following national certification examinations consistent with his educational specialty:~~

~~(i) one of the following examinations administered by the American Nurses Credentialing Center Certification:~~

- ~~(A) Adult Nurse Practitioner;~~
- ~~(B) Family Nurse Practitioner;~~
- ~~(C) Pediatric Nurse Practitioner;~~
- ~~(D) Gerontological Nurse Practitioner;~~
- ~~(E) Acute Care Nurse Practitioner;~~
- ~~(F) Clinical Specialist in Medical-Surgical Nursing;~~
- ~~(G) Clinical Specialist in Gerontological Nursing;~~
- ~~(H) Clinical Specialist in Adult Psychiatric and Mental Health Nursing;~~

~~(I) Clinical Specialist in Child and Adolescent Psychiatric and Mental Health Nursing;~~

~~(J) Psychiatric and Mental Health Nurse Practitioner (Adult and Family);~~

- ~~(ii) Pediatric Nursing Certification Board;~~
- ~~(iii) American Academy of Nurse Practitioners;~~
- ~~(iv) the National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties;~~
- ~~(v) the Oncology Nursing Certification Corporation Advanced Oncology Certified Nurse if taken on or before July 1, 2005;~~
- ~~(vi) the Advanced Practice Certification for the Clinical Nurse Specialist in Acute and Critical Care; or~~
- ~~(vii) the Advanced Critical Care Examination administered by the American Association of Critical Care Nurses.~~

~~(d) An applicant for licensure as a CRNA shall pass the examination of the Council on Certification of Nurse Anesthetists.~~

~~(2) In accordance with Section 58-31b-303, an applicant for licensure as an LPN or RN from a non-approved nursing program shall pass the applicable NCLEX examination.~~

R156-31b-302d. Qualifications for Licensure - Criminal Background Checks.

~~(1) In accordance with Subsection 58-31b-302(7), an applicant for licensure under this chapter who is applying for licensure from a foreign country shall meet the fingerprint requirement by submitting:~~

~~(a) a visa issued within six months of making application to Utah; or~~

~~(b) a copy of a criminal background check from the country in which the applicant has immigrated, provided the check was completed within six months of making application to Utah.~~

R156-31b-303. Renewal Cycle - Procedures.

(1) In accordance with Subsection 58-1-308(1), the renewal date for the two year renewal cycle applicable to licensees under Title 58, Chapter 31b, is established by rule in Section R156-1-308.

(2) Renewal procedures shall be in accordance with Section R156-1-308.

(3) Each applicant for renewal shall comply with the following continuing competence requirements:

(a) A LPN or RN shall complete one of the following during the two years immediately preceding the application for renewal:

- ~~(i) licensed practice for not less than 400 hours;~~
- ~~(ii) licensed practice for not less than 200 hours and completion of 15 contact hours of approved continuing education; or~~
- ~~(iii) completion of 30 contact hours of approved continuing education hours.~~

~~(b) [A LPN-GCM shall complete the requirement in Subsection (3)(a)(i) of this section and 10 contact hours of approved continuing education specific to nursing practice in a long term care facility.~~

~~(c) [An APRN shall complete the following:~~

~~(i) be currently certified or recertified in their specialty area of practice; or~~

~~(ii) if licensed prior to July 1, 1992, complete 30 hours of approved continuing education and 400 hours of practice.~~

~~(d) [c] A CRNA shall be currently certified or recertified as a CRNA.~~

R156-31b-306. Inactive Licensure.

(1) A licensee may apply for inactive licensure status in accordance with Sections 58-1-305 and R156-1-305.

(2) To reactivate a license which has been inactive for five years or less, the licensee must document current compliance with

the continuing competency requirements as established in Subsection R156-31b-303(3).

(3) To reactivate a RN or LPN license which has been inactive for more than five years but less than 10 years, the licensee must document active licensure in another state or jurisdiction, pass the required examinations as defined in Section R156-31b-302c within six months prior to making application to reactivate a license, or successfully complete an approved re-entry program.

(4) To reactivate a RN or LPN license which has been inactive for 10 or more years, the licensee must document active licensure in another state or jurisdiction, or pass the required examinations as defined in Section R156-31b-302 within six months prior to making application to reactivate a license and successfully complete an approved re-entry program.

~~(5) [To reactivate a LPN-GCM certification which has been inactive for more than five years, the certificate holder must meet the requirements for reactivation of a LPN license as established in Subsections (3) and (4) of this section and complete the training and examination requirements defined in Section R156-31b-608 and Subsection R156-31b-302c(1)(b) within three months prior to making application to reactivate the certification.~~

~~—(6)—~~To reactivate an APRN or CRNA license which has been inactive for more than five years, the licensee must document active licensure in another state or jurisdiction or pass the required examinations as defined in Section R156-31b-302c within six months prior to making application to reactivate a license.

R156-31b-401. Disciplinary Proceedings.

(1) An individual licensed as a LPN ~~[or LPN-GCM]~~ who is currently under disciplinary action and qualifies for licensure as an RN may be issued an RN license under the same restrictions as the LPN ~~[or LPN-GCM]~~.

(2) A nurse or health care assistant whose license or registration is suspended under Subsection 58-31b-401(2)(d) may petition the division at any time that he can demonstrate that he can resume competent practice.

R156-31b-402. Administrative Penalties.

In accordance with Subsections 58-31b-102(1) and 58-31b-402(1), unless otherwise ordered by the presiding officer, the following fine schedule shall apply.

(1) Using a protected title:

initial offense: \$100 - \$300

subsequent offense(s): \$250 - \$500

(2) Using any title that would cause a reasonable person to believe the user is licensed or registered under this chapter:

initial offense: \$50 - \$250

subsequent offense(s): \$200 - \$500

(3) Conducting a nursing education program in the state for the purpose of qualifying individuals for licensure without board approval:

initial offense: \$1,000 - \$3,000

subsequent offense(s): \$5,000 - \$10,000

(4) Practicing or attempting to practice nursing or health care assisting without a license or registration or with a restricted license or registration:

initial offense: \$500 - \$2,000

subsequent offense(s): \$2,000 - \$10,000

(5) Impersonating a licensee or registrant, or practicing under a false name:

initial offense: \$500 - \$2,000

subsequent offense(s): \$2,000 - \$10,000

(6) Knowingly employing an unlicensed person:

initial offense: \$500 - \$1,000

subsequent offense(s): \$1,000 - \$5,000

(7) Knowingly permitting the use of a license or registration by another person:

initial offense: \$500 - \$1,000

subsequent offense(s): \$1,000 - \$5,000

(8) Obtaining a passing score, applying for or obtaining a license or registration, or otherwise dealing with the division or board through the use of fraud, forgery, intentional deception, misrepresentation, misstatement, or omission:

initial offense: \$500 - \$2,000

subsequent offense(s): \$2,000 - \$10,000

(9) violating or aiding or abetting any other person to violate any statute, rule, or order regulating nursing or health care assisting:

initial offense: \$500 - \$2,000

subsequent offense(s): \$2,000 - \$10,000

(10) violating, or aiding or abetting any other person to violate any generally accepted professional or ethical standard:

initial offense: \$500 - \$2,000

subsequent offense(s): \$2,000 - \$10,000

(11) Engaging in conduct that results in convictions of, or a plea of nolo contendere, or a plea of guilty or nolo contendere held in abeyance to a crime of moral turpitude or other crime:

initial offense: \$500 - \$2,000

subsequent offense(s): \$2,000 - \$10,000

(12) Engaging in conduct that results in disciplinary action by any other jurisdiction or regulatory authority:

initial offense: \$100 - \$500

subsequent offense(s): \$200 - \$1,000

(13) Engaging in conduct, including the use of intoxicants, drugs to the extent that the conduct does or may impair the ability to safely engage in practice as a nurse or a health care assistant:

initial offense: \$100 - \$500

subsequent offense(s): \$200 - \$1,000

(14) Practicing or attempting to practice as a nurse or health care assistant when physically or mentally unfit to do so:

initial offense: \$100 - \$500

subsequent offense(s): \$200 - \$1,000

(15) Practicing or attempting to practice as a nurse or health care assistant through gross incompetence, gross negligence, or a pattern of incompetency or negligence:

initial offense: \$500 - \$2,000

subsequent offense(s): \$2,000 - \$10,000

(16) Practicing or attempting to practice as a nurse or health care assistant by any form of action or communication which is false, misleading, deceptive, or fraudulent:

initial offense: \$100 - \$500

subsequent offense(s): \$200 - \$1,000

(17) Practicing or attempting to practice as a nurse or health care assistant beyond the individual's scope of competency, abilities, or education:

initial offense: \$100 - \$500

subsequent offense(s): \$200 - \$1,000

(18) Practicing or attempting to practice as a nurse or health care assistant beyond the scope of licensure:

initial offense: \$100 - \$500

subsequent offense(s): \$200 - \$1,000

(19) Verbally, physically, mentally, or sexually abusing or exploiting any person through conduct connected with the licensee's or registrant's practice:

initial offense: \$100 - \$500
subsequent offense(s): \$200 - \$1,000

(20) Failure to safeguard a patient's right to privacy:

initial offense: \$100 - \$500
subsequent offense(s): \$200 - \$1,000

(21) Failure to provide nursing service in a manner that demonstrates respect for the patient's human dignity:

initial offense: \$100 - \$500
subsequent offense(s): \$200 - \$1,000

(22) Engaging in sexual relations with a patient:

initial offense: \$5,000 - \$10,000
subsequent offense(s): \$10,000

(23) Unlawfully obtaining, possessing, or using any prescription drug or illicit drug:

initial offense: \$200 - \$1,000
subsequent offense(s): \$500 - \$2,000

(24) Unauthorized taking or personal use of nursing supplies from an employer:

initial offense: \$100 - \$500
subsequent offense(s): \$200 - \$1,000

(25) Unauthorized taking or personal use of a patient's personal property:

initial offense: \$200 - \$1,000
subsequent offense(s): \$500 - \$2,000

(26) Knowingly entering false or misleading information into a medical record or altering a medical record:

initial offense: \$100 - \$500
subsequent offense(s): \$200 - \$1,000

(27) Unlawful or inappropriate delegation of nursing care:

initial offense: \$100 - \$500
subsequent offense(s): \$200 - \$1,000

(28) Failure to exercise appropriate supervision:

initial offense: \$100 - \$500
subsequent offense(s): \$200 - \$1,000

(29) Employing or aiding and abetting the employment of unqualified or unlicensed person to practice:

initial offense: \$100 - \$500
subsequent offense(s): \$200 - \$1,000

(30) Failure to file or impeding the filing of required reports:

initial offense: \$100 - \$500
subsequent offense(s): \$200 - \$1,000

(31) Breach of confidentiality:

initial offense: \$200 - \$1,000
subsequent offense(s): \$500 - \$2,000

(32) Failure to pay a penalty:
Double the original penalty amount up to \$10,000

(33) Prescribing a schedule II-III controlled substance without a consulting physician or outside of a consultation and referral plan:

initial offense: \$500 - \$1,000
subsequent offense(s): \$500 - \$2,000

(34) Failure to confine practice within the limits of competency:

initial offense: \$500 - \$1,000
subsequent offense(s): \$500 - \$2,000

(35) Any other conduct which constitutes unprofessional or unlawful conduct:

initial offense: \$100 - \$500
subsequent offense(s): \$200 - \$1,000

(36) Engaging in a sexual relationship with a patient surrogate:
initial offense: \$1,000 - \$5,000

subsequent offense(s): \$5,000 - \$10,000

(37) Engaging in practice in a disruptive manner:

initial offense: \$100 - \$500
subsequent offense(s): \$200 - \$1,000]

~~(38) Practicing as a LPN-GCM in a setting other than a long-term care facility:~~

~~initial offense: \$500 - \$2,000~~

~~subsequent offense(s): \$2,000 - \$10,000~~

~~(39) Practicing as a LPN-GCM beyond the scope of practice established in Section R156-31b-703:~~

~~initial offense: \$100 - \$500~~

~~subsequent offense(s): \$200 - \$1,000].~~

R156-31b-502. Unprofessional Conduct.

"Unprofessional conduct" includes:

(1) failing to destroy a license which has expired due to the issuance and receipt of an increased scope of practice license;

(2) a RN issuing a prescription for a prescription drug to a patient except in accordance with the provisions of Section 58-17a-620, or as may be otherwise provided by law;

(3) failing as the nurse accountable for directing nursing practice of an agency to verify any of the following:

(a) that standards of nursing practice are established and carried out so that safe and effective nursing care is provided to patients;

(b) that guidelines exist for the organizational management and management of human resources needed for safe and effective nursing care to be provided to patients;

(c) nurses' knowledge, skills and ability and determine current competence to carry out the requirements of their jobs;

(4) engaging in sexual contact with a patient surrogate concurrent with the nurse/patient relationship unless the nurse affirmatively shows by clear and convincing evidence that the contact:

(a) did not result in any form of abuse or exploitation of the surrogate or patient; and

(b) did not adversely alter or affect in any way:

(i) the nurse's professional judgment in treating the patient;

(ii) the nature of the nurse's relationship with the surrogate; or

(iii) the nurse/patient relationship;

(5) engaging in disruptive behavior in the practice of nursing;

(6) unauthorized disclosure of confidential information obtained as a result of practice as a health care assistant; and

(7) engaging in any regulated health care practice for which the person is not registered, certified, or licensed; and

~~(8) practicing as a LPN-GCM beyond the scope of practice established in Section R156-31b-703].~~

R156-31b-601. Nursing Education Program Standards.

In accordance with Subsection 58-31b-601(2), the minimum standards that a nursing education program must meet to qualify graduates for licensure under this chapter are set forth in Sections R156-31b-601, 602, 603, and 604.

(1) Standards for programs located within Utah leading to licensure as a registered nurse, advanced practice registered nurse, or certified registered nurse anesthetist:

(a) be accredited or preaccredited regionally by a professional accrediting body approved by the Council for Higher Education Accreditation of the American Council on Education, or one of the

following national accrediting bodies: the Accrediting Bureau of Health Education Schools (ABHES), the Accrediting Commission of Career Schools and Colleges of Technology (ACCSCT), or the Accrediting Commission of the Distance Education and Training Council (DETC);

(b) admit as students, only persons having a certificate of graduation from a school providing secondary education^[2] or the recognized equivalent of such a certificate;

(c) be legally authorized by the State of Utah to provide a program of education beyond secondary education;

(d) provide not less than a two academic year program of study that awards a minimum of an associate degree that is transferable to another institution of higher education;

(e) provide an academic program of study that awards a minimum of a master's degree that is transferable to another institution of higher education if providing education toward licensure as an advanced practice registered nurse;

(f) meet the accreditation standards of either CCNE, NLNAC, or COA ~~[or NLNAC]~~ as evidenced by accreditation by either organization as required under Subsection R156-31b-602; and

(g) have at least 20 percent of the school's revenue from sources that are not derived from funds provided under title IV, HEA program funds or student fees, including tuition if a proprietary school.

(2) Standards for programs located within Utah leading to licensure as a licensed practical nurse:

(a) be accredited or preaccredited regionally by a professional accrediting body approved by the Council for Higher Education Accreditation of the American Council on Education; or one of the following national accrediting bodies: the Accrediting Bureau of Health Education Schools (ABHES)^[2] or the Accrediting Commission of Career Schools and Colleges of Technology (ACCSCT);

(b) admit as nursing students, only persons having a certificate of graduation from a school providing secondary education^[2] or the recognized equivalent of such a certificate;

(c) be legally authorized by the State of Utah to provide a program of education beyond secondary education;

(d) provide not less than one academic year program of study that leads to a certificate or recognized educational credential and provides courses that are transferable to an institution of higher education;

(e) meet the accreditation standards of either CCNE or NLNAC as evidenced by accreditation by either organization as required under Subsection R156-31b-602.

(f) have at least 20 percent of the school's revenue from sources that are not derived from funds provided under title IV, HEA program funds or student fees, including tuition if a proprietary school.

(3) Programs located outside of Utah leading toward licensure as a nurse must be:

(a) accredited by the CCNE, NLNAC or COA~~[or NLNAC]~~; and

(b) approved by the Board of Nursing or duly recognized agency in the state in which the program is offered.

R156-31b-602. Nursing Education Program Full Approval.

(1) Full approval of a nursing program shall be granted when it becomes accredited by the NLNAC or the CCNE.

(2) Programs which have been granted full approval as of the effective date of these rules and are not accredited, must become

accredited by ~~[July 1]~~December 31, 2005, or be placed on probationary status.

R156-31b-603. Nursing Education Program Provisional Approval.

(1) The division may grant provisional approval to a nursing education program for a period not to exceed three years after the date of the first graduating class, provided the program:

(a) is located or available within the state;

(b) is newly organized;

(c) meets all standards for provisional approval as required in this section; and

(d) is progressing in a reasonable manner to qualify for full approval by obtaining accreditation.

(2) The general standards for provisional approval include:

(a) the purpose and outcomes of the nursing program shall be consistent with the Nurse Practice Act and Rules and other relevant state statutes;

(b) the purpose and outcomes of the nursing program shall be consistent with generally accepted standards of nursing practice appropriate for graduates of the type of nursing program offered;

(c) the input of consumers shall be considered in developing and evaluating the purpose and outcomes of the program;

(d) the nursing program shall implement a comprehensive, systematic plan for ongoing evaluation that is based on program outcomes and incorporates continuous improvement;

(e) the curriculum shall provide diverse didactic and clinical learning experiences consistent with program outcomes;

(f) faculty and students shall participate in program planning, implementation, evaluation, and continuous improvement;

(g) the nursing program administrator shall be a professionally and academically qualified registered nurse with institutional authority and administrative responsibility for the program;

(h) professionally and academically qualified nurse faculty shall be sufficient in number and expertise to accomplish program outcomes and quality improvement;

(i) the fiscal, human, physical, clinical and technical learning resources shall be adequate to support program processes, security and outcomes;

(j) program information communicated by the nursing program shall be fair, accurate, complete, consistent, and readily available;

(k) the program must meet the criteria for nursing education programs established in Section R156-31b-601; and

(l) the nursing education program shall be an integral part of a governing academic institution accredited by an accrediting body that is recognized by the U.S. Secretary of Education.

(3) Programs which have been granted provisional approval status shall submit an annual report to the Division on the form prescribed by the Division.

(4) Programs which have been granted provisional approval prior to the effective date of these rules and are not accredited, must become accredited by ~~[July 1]~~December 31, 2005.

(5) A comprehensive nursing education program evaluation shall be performed annually for quality improvement and shall include but not be limited to:

(a) students' achievement of program outcomes;

(b) evidence of adequate program resources including fiscal, physical, human clinical and technical learning resources, and the availability of clinical sites and the viability of those sites to meet the objectives of the program;

(c) multiple measures of program outcomes for graduates such as NCLEX pass rate, student and employer survey, and successful completion of national certification programs;

(d) evidence that accurate program information for consumers is readily available;

(e) the head of the academic institution and the administration support meet program outcomes;

(f) the program administrator and program faculty meet board qualifications and are sufficient to achieve program outcomes; and

(g) evidence that the academic institution assures security of student information.

(6) The curriculum of the nursing education program shall enable the student to develop the nursing knowledge, skills and competencies necessary for the level, scope and standards of nursing practice consistent with the level of licensure. The curriculum shall include:

(a) content regarding legal and ethical issues, history and trends in nursing and health care, and professional responsibilities;

(b) experiences that promote the development of leadership and management skills and professional socialization consistent with the level of licensure, including the demonstration of the ability to supervise others and provide leadership of the profession;

(c) learning experiences and methods of instruction, including distance education methods~~[-]~~ are consistent with the written curriculum plan;~~[-and]~~

(d) coursework including, but not limited to:

(i) content in the biological, physical, social and behavioral sciences to provide a foundation for safe and effective nursing practice;

(ii) didactic content and supervised clinical experience in the prevention of illness and the promotion, restoration, and maintenance of health in clients across the life span and in a variety of clinical settings, to include:

(A) using informatics to communicate, manage knowledge, mitigate error and support decision making;

(B) employing evidence-based practice to integrate best research with clinical expertise and client values for optimal care, including skills to identify and apply best practices to nursing care;

(C) providing client-centered, culturally competent care:

(1) respecting client differences, values, preferences and expressed needs;

(2) involving clients in decision-making and care management;

(3) coordinating and managing continuous client care; and

(4) promoting healthy lifestyles for clients and populations;

(D) working in interdisciplinary teams to cooperate, collaborate, communicate and integrate client care and health promotion; and

(E) participating in quality improvement processes to measure client outcomes, identify hazards and errors, and develop changes in processes of client care; and

(e) supervised clinical practice ~~[shall]~~which include development of skill in making clinical judgments, management and care of groups of clients, and delegation to and supervision of other health care providers;

(i) clinical experience shall be comprised of sufficient hours to meet these standards, shall be supervised by qualified faculty and ensure students' ability to practice at an entry level;

(ii) delivery of instruction by distance education methods must be consistent with the program curriculum plan and enable students to meet the goals, competencies and objectives of the educational program and standards of the division; and

(iii) all student clinical experiences, including those with preceptors, shall be directed by nursing faculty.

(7) Students rights and responsibilities:

(a) students shall be provided the opportunity to acquire and demonstrate the knowledge, skills and abilities for safe and effective nursing practice, in theory and clinical experience with faculty oversight;

(b) all policies relevant to applicants and students shall be available in writing;

(c) students shall be required to meet the health standards and criminal background checks as required in Utah;

(d) students shall receive faculty instruction, advisement and oversight; and

(e) students shall maintain the integrity of their work.

(8) The qualifications for the administrator of a nursing education program shall include:

(a) the qualifications for an administrator in a program preparing an individual for licensure as an LPN shall include:

(i) a current, active, unencumbered RN license or multistate privilege to practice nursing in Utah;

(ii) a minimum of a masters degree in nursing or a nursing doctorate;

(iii) educational preparation or experience in teaching and learning principles for adult education, including curriculum development and administration, and at least two years of clinical experience; and

(iv) a current knowledge of nursing practice at the practical nurse level;

(b) the qualifications for an administrator in a program preparing an individual for licensure as an RN shall include:

(i) a current, active unencumbered RN license or multistate privilege to practice nursing in Utah;

(ii)(A) associate degree program: a minimum of a masters degree in nursing or a nursing doctorate;

(B) baccalaureate degree program: a minimum of a masters degree in nursing and an earned doctorate or a nursing doctorate;

(iii) education preparation or experience in teaching and learning principles for adult education, including curriculum development and administration, and at least two years of clinical experience; and

(iv) a current knowledge of RN practice;

(c) the qualifications for an administrator/director in a graduate~~[an APRN]~~ program preparing an individual for licensure as an APRN shall include:

(i) a current, active unencumbered APRN license or multistate privilege to practice as an APRN in Utah;

(ii) a minimum of a masters in nursing or a nursing doctorate in an APRN specialty;

(iii) educational preparation or experience in teaching and learning principles for adult education, including curriculum development and administration, and at least two years of clinical experience; and

(iv) a current knowledge of APRN practice.

(9) The qualifications for faculty in a nursing education program shall include:

(a) a sufficient number of qualified faculty to meet the objectives and purposes of the nursing education program;

(b) the nursing faculty shall hold a current, active, unencumbered RN license or multistate privilege, or APRN license or multistate privilege to practice in Utah; and

(c) clinical faculty shall hold a license or privilege to practice and meet requirements in the state of the student's clinical site.

(10) The qualifications for nursing faculty who teach in a program leading to licensure as a practical nurse include:

(a) a minimum of a baccalaureate degree with a major in nursing;

(b) two years of clinical experience; and

(c) preparation in teaching and learning principles for adult education, including curriculum development and implementation.

(11) The qualifications for nursing faculty who teach in a program leading to licensure as a [RN] include:

(a) a minimum of a masters degree with a major in nursing or a nursing doctorate degree;

(b) two years of clinical experience; and

(c) preparation in teaching and learning principles for adult education, including curriculum development and implementation.

(12) The qualifications for nursing faculty who teach in a program leading to licensure as an APRN include:

(a) a minimum of a masters degree with a major in nursing or a nursing doctorate degree;

(b) holding a license or multistate privilege to practice as an APRN;

(c) two years of clinical experience practicing as an APRN; and

(d) preparation in teaching and learning principles for adult education, including curriculum development and implementation.

(13) Adjunct clinical faculty employed solely to supervise clinical nursing experiences of students shall meet all the faculty qualifications for the program level they are teaching.

(14) Interdisciplinary faculty who teach non-clinical nursing courses shall have advanced preparation appropriate to the area of content.

(15) Clinical preceptors shall have demonstrated competencies related to the area of assigned clinical teaching responsibilities and will serve as a role model and educator to the student. Clinical preceptors may be used to enhance faculty-directed clinical learning experiences after a student has received clinical and didactic instruction in all basic areas for that course or specific learning experience. Clinical preceptors should be licensed as a nurse at or above the level for which the student is preparing.

(16) Additional required components of graduate education programs, including post-masters certificate programs, leading to APRN licensure include:

(a) Each student enrolled [~~in an APRN program~~] shall be licensed or have a multistate privilege to practice as an RN in Utah;

(b) The curriculum shall be consistent with nationally recognized APRN roles and specialties and shall include:

(i) graduate nursing program core courses;

(ii) advanced practice nursing core courses including legal, ethical and professional responsibilities of the APRN, advanced pathophysiology, advanced health assessment, pharmacotherapeutics, and management and treatment of health care status; and

(iii) coursework focusing on the APRN role and specialty.

(c) Dual track APRN graduate programs (preparing for two specialties) shall include content and clinical experience in both functional roles and specialties.

(d) Instructional track/major shall have a minimum of 500 hours of supervised clinical. The supervised experience shall be directly related to the knowledge and role of the specialty and category. Specialty tracks that provide care to multiple age groups

and care settings will require additional hours distributed in a way that represents the populations served.

(e) There shall be provisions for the recognition of prior learning and advanced placement in the curriculum for individuals who hold a masters degree in nursing who are seeking preparation in a different role and specialty. Post-masters nursing students shall complete the requirements of the masters APRN program through a formal graduate level certificate or master level track in the desired role and specialty. A program offering a post-masters certificate in a specialty area must also offer a master degree course of study in the same specialty area. Post-master students must master the same APRN outcome criteria as the master level students and are required to complete a minimum of 500 supervised clinical hours.

(f) A lead faculty member who is educated and nationally certified in the same specialty area and licensed as an APRN or possessing a APRN multistate privilege shall coordinate the educational component for the role and specialty in the APRN program.

R156-31b-607. Standards for Out-of-State Programs Providing Clinical Experiences in Utah.

In accordance with Subsection 58-31b-601(2), the minimum standards that a nursing education program which is located outside the state must meet to allow students to obtain clinical experiences in Utah are set forth as follows.

(1) An entry level distance learning nursing education program which leads to licensure utilizing precepted clinical experiences in Utah must meet the following criteria:

(a) parent-program must be Board of Nursing approved in the state of primary location (business), be nationally accredited by either NLNAC, [~~or~~] CCNE, or COA, and must be affiliated with an institution of higher education;

(b) parent-program clinical faculty supervisor must be licensed in Utah or a Compact state;

(c) preceptors within the health care facilities must be licensed[?] in good standing, in Utah or a Compact State;

(d) parent-program must have a contract with the Utah health care facilities that provide the clinical sites; and

(e) parent-program must document compliance with the above stated criteria, along with a request to be approved to have a student who is exempt from licensure under Subsection 58-1-307(c).

(2) A nursing education program located in another state that desires to use Utah health care facilities for clinical experiences for one or more students must meet the following criteria:

(a) be approved by the home state Board of Nursing, be nationally accredited by either NLNAC or CCNE, and must be affiliated with an institution of higher education;

(b) clinical faculty must be employed by the nursing education program, meet the requirements to be a faculty member as established by the accrediting body and the program's Board of Nursing, and must be licensed, in good standing in Utah or a Compact state;

(c) preceptors within the health care facilities must be licensed, in good standing, in Utah or a Compact state;

(d) have a contract with the Utah health care facilities that provide the clinical sites;

(e) submit an annual report on forms provided by the Division of Occupational and Professional Licensing and Utah Board of Nursing; and

(f) document compliance with the above stated criteria, along with a request to be approved to have a student(s) who is exempt from licensure under Subsection 58-1-307(c) of the Utah Code.

(3) A distance learning didactic nursing education program with a Utah based proprietary post-secondary school which provides tutoring services, facilitates clinical site selection, and provides clinical site faculty must meet the following criteria:

(a) parent-program must be approved by the Board of Nursing in the state of primary location (business), be nationally accredited by either NLNAC or CCNE, and must be affiliated with an institution of higher education;

(b) a formal contract must be in place between the parent-program and the Utah post-secondary school;

(c) parent-program and Utah post-secondary school must submit an application for program approval by the Division of Occupational and Professional Licensing in collaboration with the Board of Nursing in Utah, utilizing the parent-program's existing curriculum. Approval is granted to the parent-program, not to the post-secondary school;

(d) clinical faculty (mentors) must be employed by the parent-program (this can be as a contractual faculty member), meet the requirements to be a faculty member as established by the accrediting body and the parent-program's Board of Nursing, and must be licensed, in good standing in Utah or a Compact state;

(e) clinical faculty supervisor(s) located at the parent-program must be licensed, in Utah or a Compact state;

(f) parent-program is responsible for conducting the nursing education program, the program's policies and procedures, and the selection of the students;

(g) parent-program must have a contract with the Utah health care facilities that provide the clinical sites; and

(h) submit an annual report on forms provided by the Division of Occupational and Professional Licensing and Utah Board of Nursing.[]

~~R156-31b-608. LPN-GCM Training Standards and Criteria.~~

~~(1) In accordance with Subsection 58-31b-302(2), an approved geriatric care manager training program for licensed practical nurses shall be affiliated with a division approved and accredited nursing education program.~~

~~(2) The LPN-GCM curriculum shall consist of a minimum of 270 clock hours and include the following content areas:~~

~~(a) geriatric nursing (three credit hours, 45 clock hours of didactic and 0.5 credit hour, 10 clock hours lab) including:~~

~~(i) nursing process and care planning related to aging;~~

~~(ii) aging and nursing care in relation to:~~

~~(A) cognition and mental status;~~

~~(B) musculoskeletal system;~~

~~(C) neurological system;~~

~~(D) metabolic and endocrine system;~~

~~(E) hematological system;~~

~~(F) pulmonary system;~~

~~(G) cardiovascular system;~~

~~(H) urinary-renal system;~~

~~(I) gastrointestinal system;~~

~~(J) integumentary system;~~

~~(K) sensory changes;~~

~~(L) immunological system; and~~

~~(M) disuse syndrome;~~

~~(iii) geriatric physical assessment; and~~

~~(iv) functional assessment;~~

~~(b) pharmacology for the geriatric patient (two credit hours, 30 clock hours);~~

~~(c) leadership and management (three credit hours, 45 clock hours) including:~~

~~(i) delegation;~~

~~(ii) charge nursing and care coordination;~~

~~(iii) interpersonal relationship skills;~~

~~(iv) legal and ethical issues; and~~

~~(v) the Nurse Practice Act and scope of practice; and~~

~~(d) precepted clinical experience including at least 140 clock hours, completed under the direct, on-site supervision of a RN licensed and in good standing with the division. A preceptor supervisor may not supervise more than one preceptee at any given time.~~

~~R156-31b-703. LPN-GCM Extended Scope of Practice for the LPN-GCM Pilot Program.~~

~~(1) In accordance with Subsection 58-31b-102(14)(b), the expanded scope of practice for an individual certified as an LPN-GCM includes the following activities for geriatric patients/clients in long term care facilities, following consultation with a RN:~~

~~(a) supervise and direct the following nursing staff as a lead LPN-GCM:~~

~~(i) LPNs;~~

~~(ii) certified nursing assistants;~~

~~(iii) nursing aides; and~~

~~(iv) dining assistants;~~

~~(b) accept verbal orders from prescribing practitioners;~~

~~(c) implement the nursing process:~~

~~(i) assess the health of geriatric patients/clients;~~

~~(ii) identify health care needs;~~

~~(iii) establish short and long term goals to meet identified needs;~~

~~(iv) plan a strategy of care which is reviewed and approved by a RN within two calendar days if practicing in a skilled nursing facility, and three calendar days if practicing in any other long term care facility;~~

~~(v) determine nursing interventions;~~

~~(vi) implement a strategy of care;~~

~~(vii) maintain safe and effective nursing care; and~~

~~(viii) evaluate responses to interventions;~~

~~(d) perform admission and routine physical assessments, the admission physical assessment must be reviewed and approved by a RN within two calendar days if practicing in a skilled nursing facility, and three calendar days if practicing in any other long term care facility.~~

~~(2) In accordance with Subsections 58-31b-102(17) and 58-31b-102(18)(j), the RN who consults with an LPN-GCM is ultimately accountable for the patient care.~~

~~(3) The scope of practice activities listed in (1)(a) and (1)(b) of this section may also be performed by an LPN, if the facility's policies allows such scope of practice activities to be performed by a LPN.~~

~~R156-31b-704. LPN-GCM Pilot Program.~~

~~(1) The following are the criteria for the pilot program as established in Section 58-31b-301.5:~~

~~(a) A long term care facility must be licensed in good standing by the Department of Health, without any Class G-L deficiencies, to be eligible to participate in the pilot program. No more than five facilities will be approved for the pilot program.~~

~~—(b) A long term care facility chosen to participate in this pilot program must be affiliated with a fully approved nursing education program. The role of the nursing education program is to offer expertise and faculty to ensure the training specified in Section R156-31b-608 is accomplished.~~

~~—(2) A RN preceptor must be employed by the specific pilot long term care facility and provide consultation to an LPN GCM:~~

~~—(a) the RN is to determine the degree of consultation needed with respect to the patient's/client's condition and the experience and training of the LPN GCM;~~

~~—(b) the RN must review and co sign any plans of care or changes to plans of care written by an LPN GCM within 48 hours; and~~

~~—(c) the RN must review and co sign any initial assessments performed and documented by an LPN GCM within 48 hours.~~

~~—(3) A long term care facility participating in the pilot program will be formally evaluated every six months by a review committee appointed by the division. Evaluation tools will include:~~

~~—(a) audits of between 5-10% of each participating facility's geriatric patient charts, chosen at random by the division, including copies of patient assessments (both initial and on going), nursing care plans completed and/or revised by LPN GCMs, and the history and physical for those patients/clients included in the audit;~~

~~—(b) the position description for the LPN GCM and a summary by the director of nursing indicating how the LPN GCMs are being utilized in the facility; and~~

~~—(c) a copy of the most recent survey report from the Department of Health, and all other survey reports conducted during the time period of the pilot program.~~

~~—(4) The division may conduct on-site evaluations to any facility participating in this pilot program.]~~

KEY: licensing, nurses
[November 18, 2002]2005
 Notice of Continuation June 2, 2003
 58-31b-101
 58-1-106(1)(a)
 58-1-202(1)(a)

Natural Resources, Wildlife Resources

R657-13

Taking Fish and Crayfish

NOTICE OF CHANGE IN PROPOSED RULE

DAR File No.: 27432
 Filed: 10/20/2004, 12:47

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: This rule is being amended pursuant to Regional Advisory Council and Wildlife Board meetings conducted annually for taking public input and reviewing the Division of Wildlife's fish and crayfish management program.

SUMMARY OF THE RULE OR CHANGE: Section R657-13-12 is being amended to add Mill Meadow and Mantua reservoirs as waters where dead yellow perch may be used as bait. (DAR

NOTE: This change in proposed rule has been filed to make additional changes to a proposed amendment that was published in the October 15, 2004, issue of the Utah State Bulletin, on page 33. Underlining in the rule below indicates text that has been added since the publication of the proposed rule mentioned above; strike-out indicates text that has been deleted. You must view the change in proposed rule and the proposed amendment together to understand all of the changes that will be enforceable should the agency make this rule effective.)

STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Sections 23-14-18 and 23-14-19

ANTICIPATED COST OR SAVINGS TO:

❖ THE STATE BUDGET: This amendment allows dead yellow perch to be used as bait on Mill Meadow and Mantua reservoirs. The Division of Wildlife (DWR) determines that this amendment will not create any cost or savings impact to the state budget or DWR's budget.

❖ LOCAL GOVERNMENTS: None--This filing does not create any direct cost or savings impact to local governments because they are not directly affected by the amendment. Nor are local governments indirectly impacted because the amendment does not create a situation requiring services from local governments.

❖ OTHER PERSONS: This amendment allows dead yellow perch to be used as bait on Mill Meadow and Mantua reservoirs. The amendment does not impose any additional requirements on other persons, nor generate a cost or savings impact to other persons.

COMPLIANCE COSTS FOR AFFECTED PERSONS: This amendment allows dead yellow perch to be used as bait on Mill Meadow and Mantua reservoirs. DWR determines that there are no additional compliance costs associated with this amendment.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: The amendments to this rule do not create an impact on businesses.

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

NATURAL RESOURCES
 WILDLIFE RESOURCES
 1594 W NORTH TEMPLE
 SALT LAKE CITY UT 84116-3154, or
 at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

Debbie Merrill at the above address, by phone at 801-538-4707, by FAX at 801-538-4745, or by Internet E-mail at debbiemerrill@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS TO THE ADDRESS ABOVE NO LATER THAN 5:00 PM on 12/15/2004.

THIS RULE MAY BECOME EFFECTIVE ON: 12/16/2004

AUTHORIZED BY: Miles Moretti, Acting Director

**R657. Natural Resources, Wildlife Resources.
R657-13. Taking Fish and Crayfish.**

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R657-13-12. Bait.

- (1)(a) Fishing is permitted with any bait, except corn, hominy, or live fish.
- (b) Possession or use of corn or hominy while fishing is unlawful.
- (2) Use or possession of any bait while fishing on waters designated artificial fly and lure only is unlawful.
- (3) Game fish or their parts may not be used, except for the following:
 - (a) Dead Bonneville cisco may be used as bait only in Bear Lake.
 - (b) Dead yellow perch may be used as bait only in: Deer Creek, Echo, Fish Lake, Gunnison, Hyrum, Johnson, Jordanelle, Mantua, Mill Meadow, Newton, Pineview, Rockport, Starvation, Utah Lake and Willard Bay reservoirs.
 - (c) Dead white bass may be used as bait only in Utah Lake.

(d) Dead shad, from Lake Powell, may be used as bait only in Lake Powell. Dead shad must not be removed from the Glen Canyon National Recreation Area.

(e) The eggs of any species of fish, except prohibited fish, may be used. However, eggs may not be taken or used from fish that are being released.

(4) Use of live crayfish for bait is legal only on the water where the crayfish is captured. It is unlawful to transport live crayfish away from the water where captured.

(5) Manufactured, human-made items that may not be digestible, that are chemically treated with food stuffs, chemical fish attractants, or feeding stimulants may not be used on waters where bait is prohibited.

KEY: fish, fishing, wildlife, wildlife law
January 2, 2004 | 2005
Notice of Continuation September 20, 2002
23-14-18
23-14-19
23-19-1
23-22-3



End of the Notices of Changes in 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 responsible agency is required to review the rule. This review is designed 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 when filed. NOTICES are governed by *Utah Code* Section 63-46a-9 (1998).

Commerce, Occupational and Professional Licensing **R156-60** Mental Health Professional Practice Act Rules

FIVE YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

DAR FILE No.: 27501
FILED: 10/21/2004, 13:34

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 58, Chapter 60, provides for the licensure of various classifications of mental health therapists. Subsection 58-1-106(1)(a) provides that the Division may adopt and enforce rules to administer Title 58. This rule was enacted to clarify the provisions of Title 58, Chapter 60, with respect to various classifications of mental health therapist.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: Since this rule was last reviewed in November 1999, no amendments have been made to the rule. The Division has not received any written comments with respect to this rule since it was last reviewed.

REASONED JUSTIFICATION FOR CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: This rule should be continued as it clarifies the provisions of Title 58, Chapter 60, with respect to various classifications of mental health therapists.

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

COMMERCE
OCCUPATIONAL AND PROFESSIONAL LICENSING
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:

Debra Hendren at the above address, by phone at 801-530-6621, by FAX at 801-530-6511, or by Internet E-mail at dhendren@utah.gov

AUTHORIZED BY: J. Craig Jackson, Director

EFFECTIVE: 10/21/2004



Commerce, Occupational and Professional Licensing **R156-60a** Social Worker Licensing Act Rules

FIVE YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

DAR FILE No.: 27502
FILED: 10/21/2004, 17:26

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 58, Chapter 60, Part 2, provides for the licensure of social workers. Subsection 58-1-106(1)(a) provides that the Division may adopt and enforce rules to administer Title 58. Subsection 58-60-203(3) provides that the Social Worker's Licensing Board's duties and responsibilities shall be in accordance with Section 58-1-202.

Subsection 58-1-202(1)(a) provides that one of the duties of each board is to recommend appropriate rules to the division director. This rule was enacted to clarify the provisions of Title 58, Chapter 60, Part 2, with respect to social workers.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: Since this rule was last reviewed in November 1999, it has been amended four times. In November 2000, the National Association of Social Workers Code of Ethics was updated to the most current edition. In January 2003, amendments were made regarding continuing education hours. In September 2003, amendments were made to delete the requirement of a law/rule examination for applicants. In September 2004, amendments were made to update the name of the national social work boards association. The Division did not receive any written comments with respect to any of the four rule filings made since November 1999.

REASONED JUSTIFICATION FOR CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: This rule should be continued as it clarifies the provisions of Title 58, Chapter 60, Part 2, with respect to social workers.

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

COMMERCE
OCCUPATIONAL AND PROFESSIONAL LICENSING
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:
Debra Hendren at the above address, by phone at 801-530-6621, by FAX at 801-530-6511, or by Internet E-mail at dhendren@utah.gov

AUTHORIZED BY: J. Craig Jackson, Director

EFFECTIVE: 10/21/2004

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**Commerce, Occupational and
Professional Licensing
R156-60b
Marriage and Family Therapist
Licensing Act Rules**

**FIVE YEAR NOTICE OF REVIEW AND
STATEMENT OF CONTINUATION**

DAR FILE NO.: 27503
FILED: 10/21/2004, 17:30

**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 58, Chapter 60, Part 3, provides for the licensure of marriage and family therapists. Subsection 58-1-106(1)(a) provides that the Division may adopt and enforce rules to administer Title 58. Subsection 58-60-303(3)(a) provides that the Marriage and Family Therapist Licensing Board's duties and responsibilities shall be in accordance with Section 58-1-202. Subsection 58-1-202(1)(a) provides that one of the duties of each board is to recommend appropriate rules to the division director. This rule was enacted to clarify the provisions of Title 58, Chapter 60, Part 3, with respect to marriage and family therapists.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: Since this rule was last reviewed in November 1999, it has been amended two times as a result of legislative statute changes in 2000 and 2001. The Division did not receive any written comments with respect to the two rule amendment filings made since November 1999.

REASONED JUSTIFICATION FOR CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: This rule should be continued as it clarifies the provisions of Title 58, Chapter 60, Part 3, with respect to marriage and family therapists.

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

COMMERCE
OCCUPATIONAL AND PROFESSIONAL LICENSING
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:
Debra Hendren at the above address, by phone at 801-530-6621, by FAX at 801-530-6511, or by Internet E-mail at dhendren@utah.gov

AUTHORIZED BY: J. Craig Jackson, Director

EFFECTIVE: 10/21/2004

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**Education, Administration
R277-471
Oversight of School Inspections**

**FIVE YEAR NOTICE OF REVIEW AND
STATEMENT OF CONTINUATION**

DAR FILE NO.: 27517
FILED: 11/01/2004, 13:12

**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 53A-1-401(3) permits the Utah State Board of Education to adopt rules in accordance with its responsibilities, and Section 53A-20-104.5 directs the Utah State Board of Education to provide information regarding school building construction and inspection to school districts and to provide a process to verify that inspections occur by qualified inspectors.

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 CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: This rule is being continued because it provides specific provisions that are required under Section 53A-20-104.5 for the oversight of school construction and renovation inspections by school districts.

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

EDUCATION
ADMINISTRATION
250 E 500 S
SALT LAKE CITY UT 84111-3272, or
at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

Carol Lear at the above address, by phone at 801-538-7835, by FAX at 801-538-7768, or by Internet E-mail at clear@usoe.k12.ut.us

AUTHORIZED BY: Carol Lear, Coordinator School Law and Legislation

EFFECTIVE: 11/01/2004



Natural Resources, Wildlife Resources

R657-46

**The Use of Game Birds in Dog Field
Trials and Training**

**FIVE YEAR NOTICE OF REVIEW AND
STATEMENT OF CONTINUATION**

DAR FILE NO.: 27500
FILED: 10/19/2004, 14:39

**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: Under Sections 23-14-18, 23-14-19, and 23-17-9, the Wildlife Board is authorized and required to regulate and prescribe the means for the use of protected or privately-owned wildlife for the training of dogs.

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 of Wildlife Resources and the Wildlife Board have not received written comments, either in support or opposition to Rule R657-46. The Division of Wildlife Resources and the Wildlife Board have received minimal verbal comments during the public meetings in support of Rule R657-46. Verbal comment received during the last five-year review was not specific, but generally supported Rule R657-46. Both written and verbal comments received opposing the rule are resolved using existing policies and procedures or the issue is placed on the Regional Advisory Council's and Wildlife Board's agenda for review and discussion during the review process for taking public input. The public is welcome to view the Regional Advisory Council minutes, Wildlife Board minutes, and administrative record for this rule at the Division of Wildlife Resources.

REASONED JUSTIFICATION FOR CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: Rule R657-46 provides the requirements, standards, and application procedures for the use of game birds in dog field trials and training. The procedures adopted in this rule have provided an effective and efficient process. Continuation of this rule is necessary for continued success for the use of game birds in dog field trials and training, and therefore this rule should be continued.

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

NATURAL RESOURCES
WILDLIFE RESOURCES
1594 W NORTH TEMPLE
SALT LAKE CITY UT 84116-3154, or
at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

Debbie Merrill at the above address, by phone at 801-538-4707, by FAX at 801-538-4745, or by Internet E-mail at debbiemerrill@utah.gov

AUTHORIZED BY: Miles Moretti, Acting Director

EFFECTIVE: 10/19/2004



NOTICES OF RULE EFFECTIVE DATES

These are the effective dates of PROPOSED RULES or CHANGES IN PROPOSED RULES published in earlier editions of the *Utah State Bulletin*. These effective dates are at least 31 days and not more than 120 days after the date the following rules were published.

Abbreviations

AMD = Amendment
CPR = Change in Proposed Rule
NEW = New Rule
R&R = Repeal and Reenact
REP = Repeal

Commerce

Occupational and Professional Licensing

No. 27377 (AMD): R156-1. General Rules of the Division of Occupational and Professional Licensing.
Published: September 15, 2004
Effective: October 18, 2004

No. 27355 (AMD): R156-73. Chiropractic Physician Practice Act Rules.
Published: September 15, 2004
Effective: October 18, 2004

Real Estate

No. 27338 (AMD): R162-8. Prelicensing Education.
Published: September 1, 2004
Effective: October 21, 2004

No. 27335 (AMD): R162-9. Continuing Education.
Published: September 1, 2004
Effective: October 21, 2004

Environmental Quality

Water Quality

No. 27276 (AMD): R317-7. Underground Injection Control Program.
Published: August 1, 2004
Effective: October 26, 2004

Health

Health Care Financing, Coverage and Reimbursement Policy

No. 27366 (AMD): R414-54. Speech-Language Pathology Services.
Published: September 15, 2004
Effective: October 25, 2004

No. 27378 (AMD): R414-303. Coverage Groups.
Published: September 15, 2004
Effective: October 16, 2004

No. 27379 (AMD): R414-304. Income and Budgeting.
Published: September 15, 2004
Effective: October 16, 2004

Human Services

Recovery Services

No. 27376 (AMD): R527-200-10. Availability of a Hearing in Informal Adjudicative Proceedings.
Published: September 15, 2004
Effective: October 18, 2004

Lieutenant Governor

Elections

No. 27381 (AMD): R623-1. Lieutenant Governor's Procedure for Regulation of Lobbyist Activities.
Published: September 15, 2004
Effective: October 19, 2004

Natural Resources

Wildlife Resources

No. 27367 (AMD): R657-9. Taking Waterfowl, Common Snipe and Coot.
Published: September 15, 2004
Effective: October 19, 2004

No. 27368 (AMD): R657-10. Taking Cougar.
Published: September 15, 2004
Effective: October 19, 2004

No. 27369 (AMD): R657-11. Taking Furbearers.
Published: September 15, 2004
Effective: October 19, 2004

Regents (Board Of)

Administration

No. 27390 (AMD): R765-605. Utah Centennial Opportunity Program for Education.
Published: September 15, 2004
Effective: October 19, 2004

No. 27387 (AMD): R765-612. Lender Participation.
Published: September 15, 2004
Effective: October 19, 2004

Tax Commission

No. 27354 (AMD): R861-1A-37. Provisions Relating to Disclosure of Commercial Information Pursuant to Utah Code Ann. Section 59-1-404.
Published: September 1, 2004
Effective: October 19, 2004

Auditing

No. 27389 (AMD): R865-4D-24. Off-Highway Use of Undyed Diesel Fuel Pursuant to Utah Code Ann. Section 59-13-301.

Published: September 15, 2004

Effective: October 19, 2004

No. 27388 (AMD): R865-6F-8. Allocation and Apportionment of Net Income (Uniform Division of Income for Tax Purposes Act) Pursuant to Utah Code Ann. Sections 59-7-302 through 59-7-321.

Published: September 15, 2004

Effective: October 19, 2004

No. 27386 (AMD): R865-6F-36. Taxation of Registered Securities or Commodities Broker or Dealer Pursuant to Utah Code Ann. Sections 59-7-302 through 59-7-321.

Published: September 15, 2004

Effective: October 19, 2004

No. 27383 (AMD): R865-19S-38. Isolated and Occasional Sales Pursuant to Utah Code Ann. Section 59-12-104.

Published: September 15, 2004

Effective: October 19, 2004

No. 27384 (AMD): R865-19S-49. Sales to and by Farmers and Other Agricultural Producers Pursuant to Utah Code Ann. Section 59-12-104.

Published: September 15, 2004

Effective: October 19, 2004

Property Tax

No. 27382 (AMD): R884-24P-24. Form for Notice of Property Valuation and Tax Changes Pursuant to Utah Code Ann. Sections 59-2-918 through 59-2-294.

Published: September 15, 2004

Effective: October 19, 2004

No. 27353 (AMD): R884-24P-33. 2004 Personal Property Valuation Guides and Schedules Pursuant to Utah Code Ann. Section 59-2-301.

Published: September 1, 2004

Effective: October 19, 2004

Workforce Services

Employment Development

No. 27393 (AMD): R986-600. Workforce Investment Act.

Published: September 15, 2004

Effective: November 1, 2004

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, 2004, including notices of effective date received through November 1, 2004, the effective dates of which are no later than November 15, 2004. The *Rules Index* is published in the *Utah State Bulletin* and in the annual *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: The index may contain inaccurate page number references. Also the index is incomplete in the sense that index entries for Changes in Proposed Rules (CPRs) are not preceded by entries for their parent Proposed Rules. Bulletin issue information and effective date information presented in the index are, to the best of our knowledge, complete and accurate. If you have any questions regarding the index and the information it contains, please contact 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 (4120 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>Facilities Construction and Management</u>					
R23-3	Planning and Programming for Capital Projects	27313	5YR	07/28/2004	2004-16/33
R23-29	Across the Board Delegation	26991	5YR	03/10/2004	2004-7/35
<u>Finance</u>					
R25-7	Travel-Related Reimbursements for State Employees	27120	AMD	07/01/2004	2004-10/4
R25-7-6	Reimbursements for Meals	27164	AMD	07/02/2004	2004-11/4
<u>Fleet Operations, Surplus Property</u>					
R28-3	Utah State Agency for Surplus Property Adjudicative Proceedings	26843	AMD	02/12/2004	2004-1/4
<u>Records Committee</u>					
R35-1	State Records Committee Appeal Hearing Procedures	27277	5YR	07/02/2004	2004-15/62
R35-1	State Records Committee Appeal Hearing Procedures (5YR EXTENSION)	26973	NSC	07/02/2004	Not Printed

RULES INDEX

CODE REFERENCE	TITLE	FILE NUMBER	ACTION	EFFECTIVE DATE	BULLETIN ISSUE/PAGE
R35-2	Declining Appeal Hearings	27278	5YR	07/02/2004	2004-15/62
R35-3	Prehearing Conferences	27279	5YR	07/02/2004	2004-15/63
R35-4	Compliance with State Records Committee Decisions and Orders	27280	5YR	07/02/2004	2004-15/63
R35-5	Subpoenas Issued by the Records Committee	27281	5YR	07/02/2004	2004-15/64
R35-6	Expedited Hearings	27282	5YR	07/02/2004	2004-15/64
Agriculture and Food					
<u>Animal Industry</u>					
R58-20	Domesticated Elk Hunting Parks	26990	5YR	03/05/2004	2004-7/35
R58-20-5	Facilities	26989	AMD	05/04/2004	2004-7/3
R58-21	Trichomoniasis	26891	AMD	03/04/2004	2004-3/4
<u>Plant Industry</u>					
R68-6	Utah Nursery Act	27320	AMD	09/15/2004	2004-16/5
R68-7-6	Categorization of Pesticide Applicators	26794	NSC	01/01/2004	Not Printed
R68-20-1	Authority	26949	AMD	04/01/2004	2004-5/2
R68-20-1	Authority	26987	NSC	05/01/2004	Not Printed
<u>Regulatory Services</u>					
R70-310	Grade A Pasteurized Milk	27149	AMD	07/02/2004	2004-11/6
R70-310	Grade A Pasteurized Milk	27286	5YR	07/09/2004	2004-15/65
R70-330	Raw Milk for Retail	27069	AMD	06/02/2004	2004-9/4
R70-440	Egg Products Inspection	27425	NEW	11/04/2004	2004-19/4
R70-630	Water Vending Machine	27291	5YR	07/13/2004	2004-15/65
R70-630	Water Vending Machine	27290	AMD	09/08/2004	2004-15/4
R70-960	Weights and Measures Fee Registration	27424	NEW	11/02/2004	2004-19/4
Alcoholic Beverage Control					
<u>Administration</u>					
R81-1-3	General Policies	27025	AMD	06/01/2004	2004-8/4
R81-1-8	Consent Calendar Procedures	27027	AMD	06/01/2004	2004-8/5
R81-1-21	Beer Advertising in Event Venues	27028	AMD	06/01/2004	2004-8/6
R81-1-21	Beer Advertising in Event Venues	27145	NSC	06/01/2004	Not Printed
R81-1-21	Beer Advertising in Event Venues	27105	NSC	06/01/2004	Not Printed
R81-1-22	Diplomatic Embassy Shipments and Purchases	27029	AMD	06/01/2004	2004-8/8
R81-1-23	Sales Restrictions on Products of Limited Availability	27030	AMD	06/01/2004	2004-8/10
R81-2-1	Special Orders of Liquor by Public	27031	AMD	06/01/2004	2004-8/11
R81-2-2	Liquor Returns, Refunds and Exchanges	27032	AMD	06/01/2004	2004-8/12
R81-2-7	Minors on Premises	27033	AMD	06/01/2004	2004-8/14
R81-2-8	Accepting Checks as Payment for Liquor	27034	AMD	06/01/2004	2004-8/14
R81-2-9	Accepting Credit Cards as Payment for Liquor	27035	AMD	06/01/2004	2004-8/16
R81-2-9	Accepting Credit Cards as Payment for Liquor	27201	AMD	08/02/2004	2004-12/3
R81-2-10	State Store Hours	27036	AMD	06/01/2004	2004-8/17
R81-2-11	Industry Members in State Stores	27037	AMD	06/01/2004	2004-8/18
R81-3-5	Special Orders of Liquor by Public	27038	AMD	06/01/2004	2004-8/19
R81-3-6	Liquor Returns, Refunds and Exchanges	27039	AMD	06/01/2004	2004-8/20
R81-3-14	Type 5 Package Agencies	27040	AMD	06/01/2004	2004-8/22
R81-3-16	Minors on Premises	27041	AMD	06/01/2004	2004-8/23

CODE REFERENCE	TITLE	FILE NUMBER	ACTION	EFFECTIVE DATE	BULLETIN ISSUE/PAGE
R81-3-17	Consignment Inventory Package Agencies	27042	AMD	06/01/2004	2004-8/24
R81-3-18	Type 4 Package Agency Room Service - Mini-Bottle/187 ml Wine Sales	27043	AMD	06/01/2004	2004-8/25
R81-3-19	Credit Cards	27044	AMD	06/01/2004	2004-8/26
R81-3-19	Credit Cards	27146	NSC	06/01/2004	Not Printed
R81-3-19	Credit Cards	27104	NSC	06/01/2004	Not Printed
R81-4D-13	On-Premise Banquet License Room Service - Mini-Bottle/187 ml Wine Sales	27045	AMD	06/01/2004	2004-8/27
R81-6-6	Religious Wine Permits	27046	AMD	06/01/2004	2004-8/29
R81-8-2	Out of State Business	27047	AMD	06/01/2004	2004-8/30
R81-8-3	Winery Tasting Facilities	27048	AMD	06/01/2004	2004-8/31

Commerce

Administration

R151-33	Pete Suazo Utah Athletic Commission Act Rule	27312	AMD	09/15/2004	2004-16/8
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Consumer Protection

R152-11	Utah Consumer Sales Practices Act Rules	26945	AMD	05/20/2004	2004-5/3
R152-21	Credit Services Organizations Act Rules	27238	5YR	06/15/2004	2004-13/66
R152-34	Postsecondary Proprietary School Act Rules	26905	AMD	05/20/2004	2004-4/2

Occupational and Professional Licensing

R156-1	General Rules of the Division of Occupational and Professional Licensing	26678	NSC	01/01/2004	Not Printed
R156-1	General Rules of the Division of Occupational and Professional Licensing	27358	EMR	08/24/2004	2004-18/79
R156-1	General Rules of the Division of Occupational and Professional Licensing	27377	AMD	10/18/2004	2004-18/4
R156-1-106	Division - Duties, Functions, and Responsibilities	26805	AMD	01/20/2004	2003-24/4
R156-1-302	Consideration of Good Moral Character, Unlawful Conduct, Unprofessional Conduct, or Other Mental or Physical Condition	27103	NSC	06/01/2004	Not Printed
R156-5a	Podiatric Physician Licensing Act Rules	26917	5YR	01/27/2004	2004-4/74
R156-17a-612	Operating Standards - Pharmaceutical Wholesaler/Distributor and Pharmaceutical Manufacturer located in Utah	26754	AMD	02/19/2004	2003-22/11
R156-17a-612	Operating Standards - Pharmaceutical Wholesaler/Distributor and Pharmaceutical Manufacturer located in Utah	26754	CPR	02/19/2004	2004-2/10
R156-22-503	Administrative Penalties	26859	NSC	01/01/2004	Not Printed
R156-26a-303b	Renewal and Reinstatement Requirements - Continuing Professional Education (CPE)	26786	AMD	01/06/2004	2003-23/7
R156-26a-303b	Renewal and Reinstatement Requirements - Continuing Professional Education (CPE)	27019	AMD	05/24/2004	2004-8/32
R156-37c	Utah Controlled Substance Precursor Act Rules	26916	5YR	01/27/2004	2004-4/74
R156-38	Residence Lien Restriction and Lien Recovery Fund Rules	26834	AMD	02/03/2004	2004-1/5
R156-38	Residence Lien Restriction and Lien Recovery Fund Rules	27020	AMD	07/26/2004	2004-8/39
R156-38	Residence Lien Restriction and Lien Recovery Fund Rules	27020	CPR	07/26/2004	2004-12/73
R156-39a	Alternative Dispute Resolution Providers Certification Act Rules	26915	5YR	01/27/2004	2004-4/75
R156-42a	Occupational Therapy Practice Act Rules	27400	5YR	09/02/2004	2004-19/48
R156-44a	Nurse Midwife Practice Act Rules	27224	5YR	06/10/2004	2004-13/66
R156-46a	Hearing Instrument Specialist Licensing Act Rules	27247	5YR	06/24/2004	2004-14/56

RULES INDEX

CODE REFERENCE	TITLE	FILE NUMBER	ACTION	EFFECTIVE DATE	BULLETIN ISSUE/PAGE
R156-46b	Division Utah Administrative Procedures Act Rules	27401	AMD	11/02/2004	2004-19/6
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R708-26	Temporary Learner Permit Rule	27363	NSC	09/01/2004	Not Printed
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ABBREVIATIONS

AMD = Amendment
 CPR = Change in proposed rule
 EMR = Emergency rule (120 day)
 NEW = New rule
 EXD = Expired
 NSC = Nonsubstantive rule change
 REP = Repeal
 R&R = Repeal and reenact
 5YR = Five-Year Review

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	27524	R414-7B	5YR	11/03/2004	Not Printed
	27151	R414-9	NSC	06/01/2004	Not Printed
	26854	R414-9	NEW	02/03/2004	2004-1/26
	27525	R414-11	5YR	11/03/2004	Not Printed
	27482	R414-14	5YR	10/06/2004	2004-21/39
	27481	R414-14A	5YR	10/06/2004	2004-21/39
	27426	R414-25	REP	11/03/2004	2004-19/40
	27315	R414-26	REP	09/16/2004	2004-16/10
	27483	R414-31	5YR	10/06/2004	2004-21/40
	27327	R414-33B	NEW	10/15/2004	2004-16/12
	27323	R414-34	NEW	10/15/2004	2004-16/14
	27322	R414-36	NEW	11/03/2004	2004-16/15
	26964	R414-49	AMD	05/07/2004	2004-6/48
	27176	R414-49	AMD	07/02/2004	2004-11/17
	26802	R414-50	AMD	01/28/2004	2003-24/13
	27526	R414-50	5YR	11/03/2004	Not Printed
	26782	R414-51	AMD	01/28/2004	2003-23/25
	26798	R414-52	AMD	01/01/2004	2003-23/27
	26783	R414-53	AMD	01/28/2004	2003-23/28
	27366	R414-54	AMD	10/25/2004	2004-18/17
	26803	R414-54	AMD	01/28/2004	2003-24/14
	27012	R414-54	5YR	03/23/2004	2004-8/94
	27049	R414-55	AMD	06/17/2004	2004-8/69
	27385	R414-71	NSC	09/01/2004	Not Printed
	27231	R414-71	NEW	08/05/2004	2004-13/5
	27316	R414-90	NEW	09/16/2004	2004-16/17
	26809	R414-99	NEW	02/17/2004	2003-24/15
	27314	R414-140	NEW	09/16/2004	2004-16/19
	26811	R414-300	NEW	02/10/2004	2003-24/17
	26781	R414-304	AMD	01/01/2004	2003-23/29
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	27370	R414-501	5YR	08/27/2004	2004-18/82
	27371	R414-502	5YR	08/27/2004	2004-18/82
	27373	R414-503	5YR	08/27/2004	2004-18/83
	27325	R414-504	AMD	09/15/2004	2004-16/20
	27171	R414-504	AMD	07/02/2004	2004-11/20
<u>medical malpractice</u>					
Commerce, Occupational and Professional Licensing	27328	R156-78A-9	NSC	09/01/2004	Not Printed
<u>medical transportation</u>					
Health, Health Care Financing, Coverage and Reimbursement Policy	27216	R414-306	AMD	07/19/2004	2004-12/53
<u>mental health</u>					
Commerce, Occupational and Professional Licensing	27501	R156-60	5YR	10/21/2004	2004-22/68
<u>midwifery</u>					
Commerce, Occupational and Professional Licensing	27224	R156-44a	5YR	06/10/2004	2004-13/66
<u>migratory birds</u>					
Natural Resources, Wildlife Resources	27367	R657-9	AMD	10/19/2004	2004-18/47
<u>military voter</u>					
Lieutenant Governor, Elections	27406	R623-4	EMR	09/10/2004	2004-19/45
<u>minerals reclamation</u>					
Natural Resources, Oil, Gas and Mining; Non-Coal	27015	R647-1-106	AMD	06/01/2004	2004-8/74
	27016	R647-6	NEW	06/01/2004	2004-8/76
	27017	R647-7	NEW	06/01/2004	2004-8/79
	27018	R647-8	NEW	06/01/2004	2004-8/83
<u>motor carrier</u>					
Public Safety, Highway Patrol	27337	R714-600	5YR	08/06/2004	2004-17/57
	27100	R714-600	NSC	08/06/2004	Not Printed
<u>motor fuel</u>					
Tax Commission, Auditing	27269	R865-13G-10	AMD	09/14/2004	2004-14/32
<u>motorcycle rider training schools</u>					
Public Safety, Driver License	26918	R708-30	5YR	01/27/2004	2004-4/76
<u>natural resources</u>					
Natural Resources, Forestry, Fire and State Lands	26865	R652-40-1800	AMD	02/24/2004	2004-2/2
	27070	R652-41-1300	AMD	06/04/2004	2004-9/17
<u>naturopathic physician</u>					
Commerce, Occupational and Professional Licensing	26998	R156-71-202	AMD	05/04/2004	2004-7/3
	27140	R156-71-202	NSC	06/01/2004	Not Printed

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<u>naturopaths</u>					
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<u>network interconnection</u>					
Public Service Commission, Administration	26826	R746-348-6	AMD	04/13/2004	2003-24/65
<u>newborns screening</u>					
Health, Community and Family Health Services, Children with Special Health Care Needs	27443	R398-1	5YR	09/22/2004	2004-20/76
<u>noise</u>					
Transportation, Preconstruction	27156	R930-3	AMD	07/20/2004	2004-11/84
<u>noise walls</u>					
Transportation, Preconstruction	27156	R930-3	AMD	07/20/2004	2004-11/84
<u>nonprofit organization</u>					
Workforce Services, Workforce Information and Payment Services	27297	R994-309	5YR	07/14/2004	2004-15/66
<u>nurseries (agricultural)</u>					
Agriculture and Food, Plant Industry	27320	R68-6	AMD	09/15/2004	2004-16/5
<u>nursing facility</u>					
Health, Health Care Financing, Coverage and Reimbursement Policy	27143	R414-401	NEW	07/02/2004	2004-11/19
<u>nutrition</u>					
Education, Administration	26830	R277-720	AMD	01/15/2004	2003-24/10
	26848	R277-720	NSC	02/01/2004	Not Printed
<u>occupational licensing</u>					
Commerce, Occupational and Professional Licensing	27377	R156-1	AMD	10/18/2004	2004-18/4
	26678	R156-1	NSC	01/01/2004	Not Printed
	27358	R156-1	EMR	08/24/2004	2004-18/79
	26805	R156-1-106	AMD	01/20/2004	2003-24/4
	27103	R156-1-302	NSC	06/01/2004	Not Printed
	27401	R156-46b	AMD	11/02/2004	2004-19/6
	27112	R156-55b	AMD	06/15/2004	2004-10/6
<u>occupational therapy</u>					
Commerce, Occupational and Professional Licensing	27400	R156-42a	5YR	09/02/2004	2004-19/48
<u>off-highway vehicles</u>					
Natural Resources, Parks and Recreation	27304	R651-406	AMD	10/01/2004	2004-15/51
	27183	R651-411	NEW	07/19/2004	2004-12/61
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	27185	R651-615-7	AMD	07/19/2004	2004-12/65

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	27218	R307-420	5YR	06/08/2004	2004-13/69
<u>online testing</u>					
Education, Administration	27202	R277-402	NEW	07/16/2004	2004-12/5
<u>operating permits</u>					
Environmental Quality, Air Quality	26940	R307-415	5YR	02/09/2004	2004-5/45
	26947	R307-415-6c	AMD	08/03/2004	2004-5/10
	26947	R307-415-6c	CPR	08/03/2004	2004-13/52
	26941	R307-417	5YR	02/09/2004	2004-5/45
<u>operator certification</u>					
Environmental Quality, Water Quality	27022	R317-10	AMD	06/23/2004	2004-8/52
<u>optometry</u>					
Health, Health Care Financing, Coverage and Reimbursement Policy	26798	R414-52	AMD	01/01/2004	2003-23/27
<u>organ transplants</u>					
Health, Health Care Financing, Coverage and Reimbursement Policy	26935	R414-58	5YR	02/03/2004	2004-5/46
<u>orthodontia</u>					
Health, Health Care Financing, Coverage and Reimbursement Policy	26782	R414-51	AMD	01/28/2004	2003-23/25
<u>osteopathic physician</u>					
Commerce, Occupational and Professional Licensing	26956	R156-68	AMD	04/15/2004	2004-6/2
<u>osteopaths</u>					
Commerce, Occupational and Professional Licensing	26956	R156-68	AMD	04/15/2004	2004-6/2
<u>overpayments</u>					
Workforce Services, Workforce Information and Payment Services	27237	R994-305-801	AMD	08/03/2004	2004-13/49
	26924	R994-406	AMD	04/04/2004	2004-4/45
<u>overseas citizen voter</u>					
Lieutenant Governor, Elections	27406	R623-4	EMR	09/10/2004	2004-19/45
<u>overtime</u>					
Human Resource Management, Administration	27167	R477-8	AMD	07/02/2004	2004-11/50
	27273	R477-8-6	NSC	07/02/2004	Not Printed
<u>ozone</u>					
Environmental Quality, Air Quality	26896	R307-110-12	AMD	05/18/2004	2004-3/12
	26896	R307-110-12	CPR	05/18/2004	2004-8/87
	26983	R307-110-12	NSC	05/18/2004	Not Printed
	26946	R307-110-28	AMD	06/08/2004	2004-5/9
	26898	R307-110-31	CPR	05/18/2004	2004-8/87
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	27144	R307-343	NSC	06/08/2004	Not Printed
	27219	R307-343	5YR	06/08/2004	2004-13/69
	27107	R307-420	NSC	06/08/2004	Not Printed
	27218	R307-420	5YR	06/08/2004	2004-13/69
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Regents (Board Of), University of Utah, Museum of Natural History (Utah)	26913	R807-1	5YR	01/26/2004	2004-4/77
<u>paraprofessional qualifications</u>					
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<u>parental rights</u>					
Human Services, Administration	26936	R495-882	NEW	06/29/2004	2004-5/13
<u>parks</u>					
Natural Resources, Parks and Recreation	27153	R651-407	AMD	07/05/2004	2004-11/71
	27183	R651-411	NEW	07/19/2004	2004-12/61
	27181	R651-601-17	AMD	07/19/2004	2004-12/62
	26948	R651-611	AMD	04/01/2004	2004-5/29
	27184	R651-611	AMD	07/19/2004	2004-12/62
	26776	R651-611	AMD	01/06/2004	2003-23/52
	27305	R651-611	AMD	09/01/2004	2004-15/52
	27185	R651-615-7	AMD	07/19/2004	2004-12/65
	27154	R651-619-2	AMD	07/05/2004	2004-11/72
	27152	R651-626	AMD	07/05/2004	2004-11/73
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	27306	R651-634-1	AMD	09/01/2004	2004-15/54
<u>parole</u>					
Human Services, Youth Corrections	27264	R547-6	NSC	07/01/2004	Not Printed
<u>particulate matter</u>					
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<u>peer review</u>					
Commerce, Occupational and Professional Licensing	27019	R156-26a-303b	AMD	05/24/2004	2004-8/32
	26786	R156-26a-303b	AMD	01/06/2004	2003-23/7
<u>per diem allowances</u>					
Administrative Services, Finance	27120	R25-7	AMD	07/01/2004	2004-10/4
	27164	R25-7-6	AMD	07/02/2004	2004-11/4
<u>permits</u>					
Natural Resources, Wildlife Resources	27239	R657-42	AMD	08/03/2004	2004-13/41
	26820	R657-42	AMD	01/21/2004	2003-24/61
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<u>permitting authority</u>					
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<u>personal property</u>					
Tax Commission, Property Tax	27382	R884-24P-24	AMD	10/19/2004	2004-18/64
	26910	R884-24P-24	NSC	01/27/2004	Not Printed
	27190	R884-24P-24	AMD	08/02/2004	2004-12/66
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<u>personnel management</u>					
Human Resource Management, Administration	27160	R477-1	AMD	07/02/2004	2004-11/23
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	27170	R477-12	AMD	07/02/2004	2004-11/57
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<u>petroleum</u>					
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<u>pharmacies</u>					
Commerce, Occupational and Professional Licensing	26754	R156-17a-612	CPR	02/19/2004	2004-2/10
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<u>pharmacists</u>					
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<u>physician</u>					
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	27227	R414-1B	NEW	10/06/2004	2004-13/4
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Health, Health Care Financing, Coverage and Reimbursement Policy	27227	R414-1B	CPR	10/06/2004	2004-17/48
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<u>podiatric physician</u>					
Commerce, Occupational and Professional Licensing	26917	R156-5a	5YR	01/27/2004	2004-4/74
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<u>precursor</u>					
Commerce, Occupational and Professional Licensing	26916	R156-37c	5YR	01/27/2004	2004-4/74
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Commerce, Occupational and Professional Licensing	27328	R156-78A-9	NSC	09/01/2004	Not Printed
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<u>primary care network</u>					
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<u>private security officers</u>					
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<u>procurement</u>					
Administrative Services, Facilities Construction and Management	27313	R23-3	5YR	07/28/2004	2004-16/33
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	27209	R277-512	REP	07/16/2004	2004-12/20
	26981	R277-514	AMD	04/15/2004	2004-6/10
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Education, Administration	27203	R277-418	NEW	07/16/2004	2004-12/7
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Education, Administration	27410	R277-504	5YR	09/07/2004	2004-19/50
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<u>prohibited items and devices</u>					
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	27117	R523-1-10	AMD	06/17/2004	2004-10/21
	27118	R523-1-16	AMD	06/17/2004	2004-10/23
	27257	R523-1-22	AMD	08/17/2004	2004-14/25
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<u>property casualty insurance filing</u>					
Insurance, Administration	26821	R590-225	CPR	03/24/2004	2004-4/64
	26821	R590-225	NEW	03/24/2004	2003-24/38
<u>property tax</u>					
Tax Commission, Property Tax	26910	R884-24P-24	NSC	01/27/2004	Not Printed
	27190	R884-24P-24	AMD	08/02/2004	2004-12/66
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	26920	R710-4	EMR	01/28/2004	2004-4/66
<u>public education</u>					
Education, Administration	27214	R277-105	5YR	06/01/2004	2004-12/79
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	27205	R277-438	5YR	06/01/2004	2004-12/79
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	26850	R277-462	AMD	02/05/2004	2004-1/16
	27412	R277-714	5YR	09/07/2004	2004-19/51
	26870	R277-735	5YR	01/05/2004	2004-3/43
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	26957	R865-7H	5YR	02/25/2004	2004-6/63
	27056	R865-12L-7	AMD	06/29/2004	2004-9/20
	27060	R865-12L-15	AMD	06/29/2004	2004-9/24
	27061	R865-12L-16	AMD	06/29/2004	2004-9/25
	27062	R865-12L-17	AMD	06/29/2004	2004-9/26
	27269	R865-13G-10	AMD	09/14/2004	2004-14/32
	27092	R865-21U-1	AMD	06/29/2004	2004-9/56
	27078	R865-21U-12	AMD	06/29/2004	2004-9/58
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	27190	R884-24P-24	AMD	08/02/2004	2004-12/66
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	26901	R746-350	NSC	03/01/2004	Not Printed
	26785	R746-350	NEW	01/15/2004	2003-23/79
	26883	R746-365	5YR	01/06/2004	2004-3/49
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	27273	R477-8-6	NSC	07/02/2004	Not Printed
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Insurance, Administration	26791	R590-153	CPR	05/13/2004	2004-7/31
	26791	R590-153	AMD	05/13/2004	2003-23/41
	26885	R590-187	NSC	03/01/2004	Not Printed
	26792	R590-187	AMD	01/08/2004	2003-23/44
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	27500	R657-46	5YR	10/19/2004	2004-22/70
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	26928	R994-201	AMD	04/04/2004	2004-4/42
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