

UTAH STATE BULLETIN

OFFICIAL NOTICES OF UTAH STATE GOVERNMENT
Filed August 16, 2014, 12:00 a.m. through September 02, 2014, 11:59 p.m.

Number 2014-18
September 15, 2014

Nancy L. Lancaster, Editor
Kenneth A. Hansen, Director
Kimberly K. Hood, Executive Director

The *Utah State Bulletin (Bulletin)* is an official noticing publication of the executive branch of Utah state government. The Division of Administrative Rules, part of the Department of Administrative Services, produces the *Bulletin* under authority of Section 63G-3-402.

The Portable Document Format (PDF) version of the *Bulletin* is the official version. The PDF version of this issue is available at <http://www.rules.utah.gov/publicat/bulletin.htm>. Any discrepancy between the PDF version and other versions will be resolved in favor of the PDF version.

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

The information in this *Bulletin* is summarized in the *Utah State Digest (Digest)* of the same volume and issue number. The *Digest* is available by e-mail subscription or online. Visit <http://www.rules.utah.gov/publicat/digest.htm> for additional information.

Division of Administrative Rules, Salt Lake City 84114

Unless otherwise noted, all information presented in this publication is in the public domain and may be reproduced, reprinted, and redistributed as desired. Materials incorporated by reference retain the copyright asserted by their respective authors. Citation to the source is requested.

Utah state bulletin.

Semimonthly.

1. Delegated legislation--Utah--Periodicals. 2. Administrative procedure--Utah--Periodicals.

I. Utah. Division of Administrative Rules.

KFU440.A73S7

348.792'025--DDC

85-643197

TABLE OF CONTENTS

SPECIAL NOTICES	1
Health	
Health Care Financing, Coverage and Reimbursement Policy	
Notice for October 2014 Medicaid Rate Changes.....	1
NOTICES OF PROPOSED RULES	3
Agriculture and Food	
Regulatory Services	
No. 38813 (Amendment): R70-101-7 Manufacturer Identification and Tag Requirements.....	4
Commerce	
Occupational and Professional Licensing	
No. 38792 (Amendment): R156-15A-231 Administration of Building Code Training Fund	
and Factory Built Housing Fees Account.....	5
No. 38825 (Amendment): R156-55d Burglar Alarm Licensing Rule.....	8
No. 38814 (Amendment): R156-64 Deception Detection Examiners Licensing Act Rule.....	10
Health	
Children's Health Insurance Program	
No. 38817 (Amendment): R382-10 Eligibility.....	13
Health Care Financing, Coverage and Reimbursement Policy	
No. 38818 (Amendment): R414-303-11 Presumptive Pregnant Woman and Child Medicaid.....	16
No. 38819 (Amendment): R414-320 Medicaid Health Insurance Flexibility and Accountability	
Demonstration Waiver.....	18
Family Health and Preparedness, Maternal and Child Health	
No. 38802 (New Rule): R433-1 Very Low Birth Weight Infant Reporting.....	20
Human Services	
Administration, Administrative Services, Licensing	
No. 38812 (Amendment): R501-21 Outpatient Treatment Programs.....	22
No. 38835 (Amendment): R501-22 Residential Support Programs.....	25
Insurance	
Administration	
No. 38823 (Amendment): R590-170-4 Establishing the Trust Account.....	29
Title and Escrow Commission	
No. 38824 (New Rule): R592-16 Prohibited Escrow Settlement Closing Transactions.....	30
Labor Commission	
Industrial Accidents	
No. 38809 (Amendment): R612-100-1 Authority.....	31
No. 38805 (Amendment): R612-100-2 Definitions.....	32
No. 38811 (Amendment): R612-100-3 Official Forms.....	35
No. 38806 (Amendment): R612-200 Workers' Compensation Rules - Filing and Paying	
Claims.....	38
No. 38810 (Amendment): R612-300 Workers' Compensation Rules - Medical Care.....	46
No. 38803 (Amendment): R612-400-1 Notification of Workers' Compensation Insurance	
Coverage.....	55
No. 38804 (Amendment): R612-400-2 Employee Leasing Company Workers' Compensation	
Policy Endorsements.....	56
No. 38808 (Amendment): R612-400-3 Workers' Compensation Rules Self-Insurance.....	58
No. 38807 (Amendment): R612-400-4 Waivers.....	63
Public Service Commission	
Administration	
No. 38826 (Amendment): R746-341 Lifeline/Link-Up Rule.....	65
Tax Commission	
Property Tax	
No. 38822 (Amendment): R884-24P-33 2014 Personal Property Valuation Guides and Schedules	
Pursuant to Utah Code Ann. Section 59-2-301.....	69

TABLE OF CONTENTS

NOTICES OF CHANGES IN PROPOSED RULES.....	79
Environmental Quality	
Water Quality	
No. 38530: R317-1-3 Requirements for Waste Discharges.....	80
NOTICES 120-DAY (EMERGENCY) RULES.....	83
Health	
Health Care Financing, Coverage and Reimbursement Policy	
No. 38815: R414-310 Medicaid Primary Care Network Demonstration Waiver.....	83
No. 38816: R414-320 Medicaid Health Insurance Flexibility and Accountability Demonstration Waiver.....	85
FIVE-YEAR NOTICES OF REVIEW AND STATEMENTS OF CONTINUATION.....	89
Commerce	
Occupational and Professional Licensing	
No. 38801: R156-31c Nurse Licensure Compact Rule.....	89
Education	
Administration	
No. 38829: R277-504 Early Childhood, Elementary, Secondary, Special Education (K-12), Communication Disorders, Speech-Language Pathologist and Speech-Language Technician, and Preschool Special Education (Birth-Age 5) Licensure.....	89
No. 38831: R277-607 Truancy Prevention.....	90
No. 38832: R277-706 Public Education Regional Service Centers.....	90
Health	
Family Health and Preparedness, Children with Special Health Care Needs	
No. 38830: R398-5 Birth Defects Reporting.....	91
Health Care Financing, Coverage and Reimbursement Policy	
No. 38791: R414-140 Choice of Health Care Delivery Program.....	92
Insurance	
Administration	
No. 38828: R590-67 Proxy Solicitations and Consent and Authorization of Stockholders of Domestic Stock Insurers.....	92
No. 38827: R590-76 Health Maintenance Organizations.....	93
No. 38795: R590-79 Life Insurance Disclosure Rule.....	93
No. 38793: R590-83 Unfair Discrimination on the Basis of Sex or Marital Status.....	94
No. 38799: R590-127 Rate Filing Exemptions.....	94
No. 38794: R590-129 Unfair Discrimination Based Solely Upon Blindness or Physical or Mental Impairment.....	95
No. 38798: R590-167 Individual, Small Employer, and Group Health Benefit Plan Rule.....	95
No. 38796: R590-194 Coverage of Dietary Products for Inborn Errors of Amino Acid or Urea Cycle Metabolism.....	96
No. 38797: R590-229 Annuity Disclosure.....	96
Natural Resources	
Wildlife Resources	
No. 38790: R657-54 Taking Wild Turkey.....	97
Regents (Board Of)	
Administration	
No. 38820: R765-604 New Century Scholarship.....	98
NOTICES OF RULE EFFECTIVE DATES.....	99
RULES INDEX	
BY AGENCY (CODE NUMBER)	
AND	
BY KEYWORD (SUBJECT).....	101

SPECIAL NOTICES

Health Health Care Financing, Coverage and Reimbursement Policy

Notice for October 2014 Medicaid Rate Changes

Effective October 1, 2014, Utah Medicaid will adjust its rates consistent with approved methodologies. Rate adjustments include new codes priced consistent with approved Medicaid methodologies as well as potential adjustments to existing codes. Nursing home rate changes to case mix components are consistent with adopted payment methodology. All rate changes are posted to the web and can be viewed at: <http://health.utah.gov/medicaid/stplan/bcrp.htm>.

End of the Special Notices Section

NOTICES OF PROPOSED RULES

A state agency may file a **PROPOSED RULE** when it determines the need for a substantive change to an existing rule. With a **NOTICE OF PROPOSED RULE**, an agency may create a new rule, amend an existing rule, repeal an existing rule, or repeal an existing rule and reenact a new rule. Filings received between August 16, 2014, 12:00 a.m., and September 02, 2014, 11:59 p.m. are included in this, the September 15, 2014, 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 (example). Deletions made to existing rules are struck out with brackets surrounding them (~~example~~). Rules being repealed are completely struck out. A row of dots in the text between paragraphs (.) indicates that unaffected text from within a section was removed to conserve space. Unaffected sections are not usually printed. If a **PROPOSED RULE** is too long to print, the Division of Administrative Rules may 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 October 15, 2014. The agency may accept comment beyond this date and will indicate the last day the agency will accept comment in the **RULE ANALYSIS**. The agency may also hold public hearings. Additionally, citizens or organizations may request the agency hold a hearing on a specific **PROPOSED RULE**. Section 63G-3-302 requires that a hearing request be received by the agency proposing the rule "in writing not more than 15 days after the publication date of the proposed rule."

From the end of the public comment period through January 13, 2015, the agency may notify the Division of Administrative Rules that it wants to make the **PROPOSED RULE** effective. The agency sets the effective date. The date may be no fewer than seven calendar days after the close of the public comment period nor more than 120 days after the publication date of this issue of the *Utah State Bulletin*. Alternatively, the agency may file a **CHANGE IN PROPOSED RULE** in response to comments received. If the Division of Administrative Rules does not receive a **NOTICE OF EFFECTIVE DATE OF A CHANGE IN PROPOSED RULE**, the **PROPOSED RULE** lapses.

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

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

The Proposed Rules Begin on the Following Page

**Agriculture and Food, Regulatory
Services
R70-101-7
Manufacturer Identification and Tag
Requirements**

NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 38813

FILED: 08/25/2014

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of this amendment is to comply with the change to Section 4-10-7 for used mattresses from S.B. 231 from the 2014 General Legislative Session.

SUMMARY OF THE RULE OR CHANGE: Used mattresses must be tagged with the word "USED" and displayed so that the tag is clearly visible to the customer.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Subsection 4-10-7(4)

ANTICIPATED COST OR SAVINGS TO:

- ◆ **THE STATE BUDGET:** This amendment will not have any budgetary impact on the state budget as it is specifically geared toward retailers and it will be the retailers that will assume the associated costs.
- ◆ **LOCAL GOVERNMENTS:** This amendment will not have any budgetary impact on local government as it does not fall within their scope and is only for retailers.
- ◆ **SMALL BUSINESSES:** There will be minimal expense to small businesses because retailers are not required to register or license with the Utah Department of Agriculture and Food (UDAF) when selling used mattresses. Therefore, UDAF does not know how many retailers there are nor know what kind of printing process they may choose to use for the required tags. R.C. Willey is the largest mattress retailer in the state. Our experience shows approximately 50 used (customer returns) mattresses on the clearance floors of seven R.C. Willey locations. With an approximate cost of \$0.34 per tag (card stock and laminating) that would be \$17 and those tags can be reused.
- ◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** This amendment will not have any budgetary impact on persons as it will be the retailers that are affected by the associated costs of this amendment.

COMPLIANCE COSTS FOR AFFECTED PERSONS: There will be minimal expense to small businesses because retailers are not required to register or license with UDAF when selling used mattresses. Therefore, UDAF does not know how many retailers there are nor know what kind of

printing process they may choose to use for the required tags. R.C. Willey is the largest mattress retailer in the state. Our experience shows approximately 50 used (customer returns) mattresses on the clearance floors of seven R.C. Willey locations. With an approximate cost of \$0.34 per tag (card stock and laminating) that would be \$17 and those tags can be reused.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: Retailers are not required to register or license with UDAF when selling used mattresses. Therefore, UDAF does not know how many retailers there are nor know what kind of printing process they may choose to use for the required tags. RC Willey is the largest retailer of mattresses in the state.

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

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

DIRECT QUESTIONS REGARDING THIS RULE TO:

- ◆ Kathleen Mathews by phone at 801-538-7103, by FAX at 801-538-7126, or by Internet E-mail at kmathews@utah.gov
- ◆ Scott Ericson by phone at 801-538-7102, by FAX at 801-538-7126, or by Internet E-mail at sericson@utah.gov
- ◆ Travis Waller by phone at 801-538-7150, by FAX at 801-538-7124, or by Internet E-mail at twaller@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 10/15/2014

THIS RULE MAY BECOME EFFECTIVE ON: 10/22/2014

AUTHORIZED BY: LuAnn Adams, Commissioner

**R70. Agriculture and Food, Regulatory Services.
R70-101. Bedding, Upholstered Furniture and Quilted Clothing.
R70-101-7. Manufacturer Identification and Tag Requirements.**

A. The identification of a manufacturer, wholesaler, or supply dealer of quilted clothing or filling material which is to appear on the label and on the tag shall be the same as required in rule 19-20 of the Federal Textile Fiber Products Identification Act and Wool Products Labeling Act, and the Federal Trade Commission Rules and Regulations.

The form of identification used on labels and on the tags shall be the same supplied to the Department on the application for registration.

B. For articles of bedding and upholstered furniture, the law tag shall use the format adopted by the International Association of Bedding and Furniture Law Officials (IABFLO), as listed in the "Tagging Law Manual" of the International Sleep Products Association

(ISPA). A copy of the current edition of the "Tagging Law Manual" is available for public inspection at the Utah Department of Agriculture and Food, 350 North Redwood Road, Salt Lake City, Utah.

1. Tags on articles manufactured wholly of new material shall be white in color.

2. Tags on articles manufactured in whole or in part of secondhand materials and tags for "Owners Own Material" shall be yellow.

3. Color of ink on tags shall be black.

4. Tags shall be made of material that cannot be torn or easily abraded, and shall be the required color on both surfaces.

5. All required information shall be clearly and legibly printed in English and printed on one side of the tag only.

6. Tags shall be firmly attached to the article(s) in a position easily visible for examination. Regulated products which are offered for sale in boxes or in some other packaging which makes the law tags attached to the products themselves inaccessible, shall reproduce a fully legible facsimile of the law tag on the outer container or covering.

7. No mark, label, printed matter, illustration, sticker or any other device shall be placed upon the tags in such a way as to cover the required information.

8. A single uniform registry number (URN), issued by the state in which the firm is first registered, shall be used on the law tag. The firm's license with the state that issued the URN must be kept current for the number to be valid for use on products sold or offered for sale in Utah.

C. Every firm doing business under more than one state-issued uniform registry number (URN) shall obtain a license for each number used on products that are offered for sale in Utah. (A change of suffix on a URN shall constitute a new number and require an additional license.)

D. Retailers selling used mattresses shall display such mattresses with a tag stating "USED" that is clearly visible to a customer.

1. Tags shall be yellow in color.

2. Tags shall be a minimum of three inches by six inches.

3. Font shall be a minimum of one inch in height.

4. Color of ink on tags shall be black.

KEY: quality control

Date of Enactment or Last Substantive Amendment: [January 11, 2010]2014

Notice of Continuation: April 7, 2010

Authorizing, and Implemented or Interpreted Law: 4-10-3

**Commerce, Occupational and
Professional Licensing
R156-15A-231
Administration of Building Code
Training Fund and Factory Built
Housing Fees Account**

NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 38792

FILED: 08/19/2014

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: State compliance agencies that enforce statewide-adopted building codes charge a 1% surcharge on all building permits issued and submit 80% of the amount collected to the Division as the Uniform Building Code Commission Education Fund (Fund). The Fund is utilized to provide training with respect to codes and code amendments to building inspectors and individuals engaged in construction-related trades. The balance of the Fund has continued to increase over the last few years as a result of decreased funding requests. In an effort to address the underutilization of the Fund, the Division and the Uniform Building Code Commission (UBCC) Education Advisory Committee, as well as interested stakeholders, reviewed the process for reimbursement from the Fund and determined solutions that would increase grant money for underserved populations and geographical areas. An additional purpose of the filing is to establish maximum reimbursement rates for instructor fees and maximum reimbursement rates for a total event.

SUMMARY OF THE RULE OR CHANGE: In Subsection R156-15A-231(4)(d)(i), added instructor fees for approved events that use grant money that have not been established previously by rule. The UBCC Education Committee has considered local and national instructor rates and recommends up to \$150 per hour as a general guideline for approved fees reimbursed through a funding grant. The proposed rule also provides for rates that exceed \$150 per hour to be further considered by the Committee for approval by the Division. In Subsection R156-15A-231(4)(h), maximum reimbursement rates for events that use grant money have not been established previously by rule. The UBCC Education Committee has recommended a maximum reimbursement rate of the lesser of \$10 per student hour or the cost of all approved actual expenditures. In Subsections R156-15A-231(5)(a) through (d), the proposed rule change lists items that may be reimbursed by the Division above the maximum reimbursement rate, based upon the criteria established in Subsection R156-15A-231(4), and upon recommendation and approval of the Committee, to include: text books, code books, code update books, Division licensee mailing list, cost to upload continuing education hours to the Division's online registry, and reasonable advertising, printing and mailing costs. In Subsection R156-15A-231(9), the proposed amendment establishes that if an approved event or joint event is not held, no amount is reimbursable with the exception of approved costs as outlined in Subsection R156-15A-231(5)(d).

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 15A-1-205 and Subsection 15A-1-204(6) and Subsection 58-1-106(1)(a) and Subsection 58-1-202(1)(a)

ANTICIPATED COST OR SAVINGS TO:

◆ THE STATE BUDGET: There will be no additional cost to the state budget over and above the current allocation of the 1% surcharge on all building permits, which is appropriated as the UBCC Education Fund. Although the balance of the Fund will decrease as additional approved items are reimbursed from the Fund, these costs cannot be quantified. The Division will also incur minimal costs of approximately \$100 to print and distribute the rule once the proposed amendments are made effective. Any costs incurred will be absorbed in the Division's current budget.

◆ LOCAL GOVERNMENTS: The proposed amendments impact only those government agencies that have applied for and received funding grants to teach code classes to individuals involved in the construction trades. The amendments will result in overall lower costs for those local entities because the proposed amendments qualify additional expenses to become eligible for reimbursement. These costs cannot be quantified by the Division.

◆ SMALL BUSINESSES: The proposed amendments neither apply to nor impact small businesses because small businesses are not eligible for funding grants.

◆ PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES: The proposed amendments impact only those schools, colleges, universities, government agencies, and professional associations or organizations involved in the construction trades that have applied for and received funding grants to teach code classes to individuals in the construction trades. The proposed amendments will result in lower costs for those entities because the proposed amendments qualify additional expenses to become eligible for reimbursement. These costs and savings cannot be quantified by the Division.

COMPLIANCE COSTS FOR AFFECTED PERSONS: The proposed amendments impact only those schools, colleges, universities, government agencies, and professional associations or organizations involved in the construction trades that have applied for and received funding grants to teach code classes to individuals in the construction trades. The proposed amendments will result in lower costs for those entities because the proposed amendments qualify additional expenses to become eligible for reimbursement. These costs and savings cannot be quantified by the Division.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: This filing outlines circumstances in which funds from the Uniform Building Code Commission Education Fund may be used to reimburse persons who provide industry training regarding construction-related regulations. Providers that qualify for reimbursement will realize some financial benefit, the amount of which will vary and cannot be anticipated.

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:

◆ Robyn Barkdull by phone at 801-530-6727, by FAX at 801-530-6511, or by Internet E-mail at rbarkdull@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 10/15/2014

INTERESTED PERSONS MAY ATTEND A PUBLIC HEARING REGARDING THIS RULE:

◆ 09/16/2014 01:00 PM, Heber Wells Bldg, 160 E 300 S, Conference Room 402, Salt Lake City, UT

THIS RULE MAY BECOME EFFECTIVE ON: 10/22/2014

AUTHORIZED BY: Mark Steinagel, Director

R156. Commerce, Occupational and Professional Licensing.

R156-15A. State Construction Code Administration and Adoption of Approved State Construction Code Rule.

R156-15A-231. Administration of Building Code Training Fund and Factory Built Housing Fees Account.

In accordance with Subsection 15A-1-209(5)(c), the Division shall use monies received under Subsection 15A-1-209(5) (a) to provide education regarding codes and code amendments to building inspectors and individuals engaged in construction-related trades or professions. In accordance with Subsection 58-56-17.5(2) (c), the Division shall use a portion of the monies received under Subsection 58-56-17.5(1) to provide education for factory built housing. The following procedures, standards, and policies are established to apply to the administration of these separate funds:

(1) The Division shall not approve or deny education grant requests from the Building Code Training Fund or from the Factory Built Housing Fees Account until the Uniform Building Code Commission (UBCC) Education Advisory Committee ("the Committee"), created in accordance with Subsections 58-1-203(1) (f) and R156-15A-201(1)(a), has considered and made its recommendations on the requests.

(2) Appropriate funding expenditure categories include:

(a) grants in the form of reimbursement funding to the following organizations that administer code related or factory built housing educational events, seminars or classes:

(i) schools, colleges, universities, departments of universities, or other institutions of learning;

(ii) professional associations or organizations; and

(iii) governmental agencies.

(b) costs or expenses incurred as a result of educational events, seminars, or classes directly administered by the Division;

(c) expenses incurred for the salary, benefits or other compensation and related expenses resulting from the employment of a Board Secretary;

(d) office equipment and associated administrative expenses required for the performance of the duties of the Board Secretary, including but not limited to computer equipment, telecommunication equipment and costs and general office supplies; and

(e) other related expenses as determined by the Division.

(3) The following procedure shall be used for submission, review and payment of funding grants:

(a) A funding grant applicant shall submit a completed "Application for Building Code Training Funds Grant" or a "Factory Built Housing Education Grant Application" a minimum of 15 days prior to the meeting at which the request is to be considered and prior to the training event on forms provided for that purpose by the Division. Applications received less than 15 days prior to a meeting may be denied.

(b) Payment of approved funding grants will be made as reimbursement after the approved event, class, or seminar has been held and the required receipts, invoices and supporting documentation, including proof of payment, if requested by the Division or Committee, have been submitted to the Division.

(c) Approved funding grants shall be reimbursed only for eligible expenditures which have been executed in good faith with the intent to ensure the best reasonable value.

(d) A Request for Reimbursement of an approved funding grant shall be submitted to the Division within 60 days following the approved event, class, or seminar unless an extenuating circumstance occurs. Written notice must be given to the Division of such an extenuating circumstance. Failure to submit a Request for Reimbursement within 60 days shall result in non-payment of approved funds, unless an extenuating circumstance has been reviewed and accepted by the Division.

(4) The Committee shall consider the following in determining whether to recommend approval of a proposed funding request to the Division:

(a) the fund balance available and whether the proposed request meets the overall training objectives of the fund, including but not limited to:

(i) the need for training on the subject matter;

(ii) the need for training in the geographical area where the training is offered; and

(iii) the need for training on new codes being considered for adoption;

(b) the prior record of the program sponsor in providing codes training including:

(i) whether the subject matter taught was appropriate;

(ii) whether the instructor was appropriately qualified and prepared; and

(iii) whether the program sponsor followed appropriate and adequate procedures and requirements in providing the training and submitting requests for funding;

(c) costs of the facility including:

(i) the location of a facility or venue, or the type of event, seminar or class;

(ii) the suitability of said facility or venue with regard to the anticipated attendance at or in connection with additional non-funded portions of an event or conference;

(iii) the duration of the proposed educational event, seminar, or class; and

(iv) whether the proposed cost of the facility is reasonable compared to the cost of alternative available facilities;

(d) the estimated cost for instructor fees including:

(i) a reimbursement rate not to exceed \$150 per instruction hour without further review and approval by the Committee;

([i]ii) the experience or expertise of the instructor in the proposed training area;

(iii) the quality of training based upon events, seminars or classes that have been previously taught by the instructor;

([i]iv) the drawing power of the instructor, meaning the ability to increase the attendance at the proposed educational event, seminar or class;

([i]v) travel expenses; and

(vi) whether the proposed cost for the instructor or instructors is reasonable compared to the costs of similar educational events, seminars, or classes;

(e) the estimated cost of advertising materials, brochures, registration and agenda materials, including:

(i) printing costs that may include creative or design expenses; and

(ii) ~~whether~~ delivery or mailing costs, ~~including postage and handling, are reasonable compared to the cost of alternate available means of delivery~~;

(f) other reasonable and comparable cost alternatives for each proposed expense item; ~~and~~

(g) ~~any~~ other information the Committee reasonably believes may assist in evaluating a proposed expenditure; and

(h) a total reimbursement rate of the lesser of \$10 per student hour or the cost of all approved actual expenditures.

(5) The Division, after consideration and recommendation of the Committee, based upon the criteria in Subsection (4), may reimburse the following items in addition to the lesser of \$10 per student hour or the cost of all approved actual expenditures:

(a) text books, code books, or code update books;

(b) cost of one Division licensee mailing list per provider per two-year renewal period;

(c) cost incurred to upload continuing education hours into the Division's online registry for contractors, plumbers, electricians or elevator mechanics; and

(d) reasonable cost of advertising materials, brochures, registration and agency materials, including:

(i) printing costs that may include creative or design expenses; and

(ii) delivery or mailing costs.

([5]6) Joint function.

(a) "Joint function" means a proposed event, class, seminar, or program that provides code or code related or factory built housing education and education or activities in other areas.

(b) Only the prorated portions of a joint function that are code and code related or factory built housing education are eligible for a funding grant.

(c) In considering a proposed funding request that involves a joint function, the Committee shall consider whether:

(i) the expenses subject to funding are reasonably prorated for the costs directly related to the code and code amendment or factory built housing education; and

(ii) the education being proposed will be reasonable and successful in the training objective in the context of the entire program or event.

([6]Z) Advertising materials, brochures and agenda or training materials for a Building Code Training funded educational event, seminar, or class shall include a statement that acknowledges that partial funding of the training program has been provided by the Utah Division of Occupational and Professional Licensing from the 1% surcharge funds on all building permits.

([7]8) Advertising materials, brochures and agenda or training materials for a Factory Built Housing Fees Account funded educational event, seminar, or class shall include a statement that acknowledges that partial funding of the training program has been provided by the Utah Division of Occupational and Professional Licensing from surcharge fees on factory built housing sales.

(9) If an approved event or joint event is not held, no amount is reimbursable with the exception of the costs described in Subsection (5)(d).

KEY: contractors, building codes, building inspections, licensing

Date of Enactment or Last Substantive Amendment: ~~July 22,~~ 2014

Authorizing, and Implemented or Interpreted Law: 58-1-106(1)(a); 58-1-202(1)(a); 15A-1-204(6); 15A-1-205

Commerce, Occupational and Professional Licensing **R156-55d** Burglar Alarm Licensing Rule

NOTICE OF PROPOSED RULE (Amendment)

DAR FILE NO.: 38825
FILED: 08/28/2014

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The Division, Alarm System Security and Licensing Board, and Construction Services Commission reviewed the rule and determined changes should be made. The purpose of this filing is to: 1) add, modify, and renumber definitions in Section R156-55d-102; 2) add "direct seller" in Section R156-55d-302c; 3) modify the timing of retaking of exams in Section R156-55d-302d; and 4) clarify that unprofessional conduct of an alarm company agent, who is compensated as a direct seller in accordance with 26 USC Section 3508, may also be unprofessional conduct of the alarm company.

SUMMARY OF THE RULE OR CHANGE: The new Subsection R156-55d-102(1) adds a definition for "alarm company agent" for clarification to include a direct seller in accordance with 26 USC Section 3508. The new Subsection R156-55d-102(2) adds a definition for "conviction". The amended Subsection R156-55d-102(3) deletes an inapplicable reference to Subsection R156-55d-102(1) and adds additional clarifications to the definition of "employee". Subsection R156-55d-302c(2) adds "direct seller" in accordance with 26 USC Section 3508. Subsection R156-55d-302d(3) is rewritten to delete the requirement of burglar alarm company qualifiers to wait six months to retake a failed examination following the third failed attempt. Subsection R156-55d-502(2) is added to clarify that unprofessional conduct of an alarm company agent, whether compensated as a W-2 employee or compensated in accordance with 26 USC Section 3508 as a direct seller, may also be unprofessional conduct of the alarm company.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 58-55-101 and Section 58-55-308 and Subsection 58-1-106(1)(a) and Subsection 58-1-202(1)(a) and Subsection 58-55-302(3)(k) and Subsection 58-55-302(3)(l) and Subsection 58-55-302(4)

ANTICIPATED COST OR SAVINGS TO:

◆ **THE STATE BUDGET:** The Division will incur minimal costs of approximately \$75 to print and distribute the rule once the proposed amendments are made effective. Any costs incurred will be absorbed in the Division's current budget.

◆ **LOCAL GOVERNMENTS:** The proposed amendments only apply to licensed burglar alarm companies and burglar alarm company agents and applicants for licensure in those classifications. As a result, the proposed amendments do not apply to local governments.

◆ **SMALL BUSINESSES:** The proposed amendments apply only to licensed burglar alarm companies and burglar alarm company agents and applicants for licensure in those classifications. Licensees and applicants for licensure may work in a small business; however, the proposed amendments may decrease the amount of state and federal tax withholdings a burglar alarm company is required to withhold pursuant to 26 USC Section 3508. However, the Division cannot quantify any potential savings due to a wide range of circumstances.

◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** The proposed amendments apply only to licensed burglar alarm companies and burglar alarm company agents and applicants for licensure in those classifications. The Division does not anticipate these proposed amendments will impact other persons.

COMPLIANCE COSTS FOR AFFECTED PERSONS: The proposed amendments apply only to licensed burglar alarm companies and burglar alarm company agents and applicants for licensure in those classifications. The proposed amendments may decrease the amount of state and federal

tax withholdings a burglar alarm company is required to withhold pursuant to 26 USC Section 3508, specifically for burglar alarm company agents that qualify as direct sellers as defined by the Internal Revenue Service (IRS). However, the Division cannot quantify any potential savings due to a wide range of circumstances.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: This filing brings the rules into compliance with federal laws that exempt businesses that employ direct sellers from certain federal requirements regarding tax withholding and insurance coverage. Any fiscal impact to such businesses will vary and cannot be quantified.

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:

♦ Kristina Bean by phone at 801-530-6621, by FAX at 801-530-6511, or by Internet E-mail at kbean@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 10/15/2014

INTERESTED PERSONS MAY ATTEND A PUBLIC HEARING REGARDING THIS RULE:

♦ 09/24/2014 09:00 AM, Heber Wells Bldg, 160 E 300 S, Conference Room 474, Salt Lake City, UT

THIS RULE MAY BECOME EFFECTIVE ON: 10/22/2014

AUTHORIZED BY: Mark Steinagel, Director

R156. Commerce, Occupational and Professional Licensing.

R156-55d. Burglar Alarm Licensing Rule.

R156-55d-102. Definitions.

In addition to the definitions in Title 58, Chapters 1 and 55, as used in Title 58, Chapters 1 and 55, or this rule:

(1) "Alarm company agent", as defined in Subsection 58-55-102(2), is further defined for clarification to include a direct seller in accordance with 26 U.S.C. Section 3508.

(2) "Conviction", as used in this rule, means criminal conduct where the filing of a criminal charge has resulted in:

(a) a plea of guilty or nolo contendere which is held in abeyance pending the successful completion of probation;

(b) a pending diversion agreement;

(c) a plea of nolo contendere;

(d) a guilty plea;

(e) a finding of guilt based on evidence presented to a judge or jury; or

(f) a conviction which has been reduced pursuant to Section 76-3-402.

(~~2~~)³ "Employee", as used in Subsection[s] 58-55-102(17)[~~and R156-55d-102(1)~~], means an individual; [~~providing labor services for compensation who has federal and state taxes withheld and worker's compensation and unemployment insurance provided by the individual's employer.~~]

(a) whose manner and means of work performance are subject to the right of control of, or are controlled by, another person;

(b) whose compensation for federal income tax purposes is reported, or is required to be reported on a W-2 form issued by the controlling person; and

(c) who is entitled to workers compensation and unemployment insurance provided by the individual's employer per state or federal law.

(~~1~~)⁴ "Immediate supervision", as used in this rule, means reasonable direction, oversight, inspection, and evaluation of the work of a person, in or out of the immediate presence of the supervision person, so as to ensure that the end result complies with applicable standards.

(~~3~~)⁵ "Unprofessional conduct", as defined in Title 58, Chapters 1 and 55, is further defined, in accordance with Subsection 58-1-203(1), in Section R156-55d-502.

R156-55d-302c. Qualifications for Licensure - Experience Requirements.

In accordance with Subsections 58-1-203(1) and 58-1-301(3) the experience requirements for an alarm company applicant's qualifying agent in Subsection 58-55-302(3)(k)(i) are established as follows:

(1) [a] An applicant shall have within the past ten years:

(a) not less than 6,000 hours of experience in a lawfully operated alarm company business of which not less than 2,000 hours shall have been in a managerial, supervisory, or administrative position; or

(b) not less than 6,000 hours of experience in a lawfully operated alarm company business combined with not less than 2,000 hours of managerial, supervisory, or administrative experience in a lawfully operated construction company[;].

(2) [a] All experience under Subsection (1) shall be as an employee or in accordance with 26 U.S.C. Section 3508 as a direct seller, and under the immediate supervision of the applicant's employer;

(3) [a] All experience must be obtained while lawfully engaged as an alarm company agent and working for a lawfully operated burglar alarm company[;].

(4) A total of 2,000 hours of work experience constitutes one year (12 months) of work experience[;].

(5) [a] An applicant may claim no more than 2,000 hours of work experience in any 12 month period[; and].

(6) [a] No credit shall be given for experience obtained illegally.

R156-55d-302d. Qualifications for Licensure - Examination Requirements.

In accordance with Subsections 58-1-203(1) and 58-1-301(3), the examination requirements for an alarm company applicant's qualifying agent in Subsection 58-55-302(3)(k)(i)(C) are defined, clarified, or established in that an individual to be approved as a qualifying agent of an alarm company shall:

(1) pass the Utah Burglar Alarm Law and Rule Examination with a score of not less than 75%;

(2) pass the Burglar Alarm Qualifier Examination with a score of not less than 75%; and

(3) an applicant for licensure who fails an examination shall wait 30 days before retaking a [may retake the] failed examination [as follows:

~~(a) no sooner than 30 days following any failure, up to three failures; and~~

~~(b) no sooner than six months following any failure thereafter].~~

R156-55d-502. Unprofessional Conduct.

(1) "Unprofessional conduct" includes:

~~(1)a~~ failing as an alarm company to notify the Division of the cessation of performance of its qualifying agent or failing to replace its qualifying agent as required under Section R156-55d-306;

~~(2)b~~ failing as an alarm company agent to carry or display a copy of the licensee's license as required under Section R156-55d-601;

~~(3)c~~ failing as an alarm agent to carry or display a copy of his Electronic Security Association (ESA), formerly known as the National Burglar and Fire Alarm Association (NBFAA) level one certification or equivalent training as required under Section R156-55d-603;

~~(4)d~~ employing as an alarm company a qualifying agent or alarm company agent knowing that individual has engaged in conduct inconsistent with the duties and responsibilities of an alarm company agent.

~~(5)e~~ failing to comply with operating standards established by rule;

~~(6)f~~ a judgment on, or a judicial or prosecutorial agreement concerning a felony, or a misdemeanor involving moral turpitude, entered against an individual by a federal, state or local court, regardless of whether the court has made a finding of guilt, accepted a plea of guilty or nolo contendere by an individual, or a settlement or agreement whereby an individual has entered into participation as a first offender, or an action of deferred adjudication, or other program or arrangement where judgment or conviction is withheld;

~~(7)g~~ making false, misleading, deceptive, fraudulent, or exaggerated claims by an alarm company agent; and

~~(8)h~~ an alarm business or company having a residential or commercial false alarm rate 100% above the average of the residential or commercial false alarm rate of the municipality or county jurisdiction in which the alarm business or company's alarm systems are located.

(2) Unprofessional conduct by an alarm company agent, whether compensated as a W-2 employee or compensated in accordance with 26 U.S.C. Section 3508 as a direct seller, may also

be unprofessional conduct of the alarm company employing the alarm company agent.

KEY: licensing, alarm company, burglar alarms

Date of Enactment or Last Substantive Amendment: ~~October 29, 2013~~ 2014

Notice of Continuation: February 7, 2012

Authorizing, and Implemented or Interpreted Law: 58-55-101; 58-1-106(1)(a); 58-1-202(1)(a); 58-55-302(3)(k); 58-55-302(3)(l); 58-55-302(4); 58-55-308

Commerce, Occupational and
Professional Licensing
R156-64
Deception Detection Examiners
Licensing Act Rule

NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 38814

FILED: 08/25/2014

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The Division and the Deception Detection Examiners Board reviewed the rule and determined the following changes should be made. The purpose of this filing is to: 1) add to the existing definition of "deception detection case file" and "screening exam" and create a new definition for "directed lie screening"; 2) eliminate the education peer committee because there are not enough licensees to fill the committee; and 3) update the unprofessional conduct section to coincide with current standards of the profession.

SUMMARY OF THE RULE OR CHANGE: Subsection R156-64-102(5)(b) amends the definition of deception detection case file by requiring the name and license number of the examiner. Subsection R156-64-102(6) is added to define a "directed lie screening exam". Subsection R156-64-102(14) adds the clause "in the absence of any specific allegation" to the screening exam definition. Deletes Section R156-64-201 which creates the education peer committee. Subsection R156-64-502(4) makes it unprofessional conduct to base decisions concerning truthfulness upon data that fails to meet minimum requirements. Subsection R156-64-502(20) clarifies that using a relevant-irrelevant scoring system instead of a numerical scoring system is not unprofessional conduct. Subsection R156-64-502(22)(b)(iv) requires that all charts should include the license number of the examiner. Subsection R156-64-502(22)(i) amends the requirement regarding a functionality check of an instrument from a quarterly basis to a semi-annual basis.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 58-64-101 and Subsection 58-1-106(1)(a) and Subsection 58-1-202(1)(a)

ANTICIPATED COST OR SAVINGS TO:

◆ THE STATE BUDGET: The Division will incur minimal costs of approximately \$75 to print and distribute the rule once the proposed amendments are made effective. Any costs incurred will be absorbed in the Division's current budget.

◆ LOCAL GOVERNMENTS: The proposed amendments apply only to licensed deception detection examiners and applicants for licensure in that classification. As a result, the proposed amendments do not apply to local governments.

◆ SMALL BUSINESSES: The proposed amendments apply only to licensed deception detection examiners and applicants for licensure in that classification. Licensees and applicants for licensure may work in a small business; however, the proposed amendments will not directly affect the business.

◆ PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES: The proposed amendments apply only to licensed deception detection examiners and applicants for licensure in that classification. The Division anticipates the proposed amendments will not result in additional encumbrances for any party beyond what is currently identified by statute or rule.

COMPLIANCE COSTS FOR AFFECTED PERSONS: The proposed amendments only apply to licensed deception detection examiners and applicants for licensure in that classification. The Division anticipates the proposed amendments will not result in any additional costs or savings to affected persons beyond those already established.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: This rule filing clarifies standards regarding record keeping and data collection that licensed deception detection examiners must meet in their professional practice. It is anticipated that associated costs, if any, will affect individual licensees rather than businesses.

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:

◆ Kristina Bean by phone at 801-530-6621, by FAX at 801-530-6511, or by Internet E-mail at kbean@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 10/15/2014

INTERESTED PERSONS MAY ATTEND A PUBLIC HEARING REGARDING THIS RULE:

◆ 09/17/2014 01:00 PM, Heber Wells Bldg, 160 E 300 S, Conference Room 475 (fourth floor), Salt Lake City, UT

THIS RULE MAY BECOME EFFECTIVE ON: 10/22/2014

AUTHORIZED BY: Mark Steinagel, Director

**R156. Commerce, Occupational and Professional Licensing.
R156-64. Deception Detection Examiners Licensing Act Rule.
R156-64-102. Definitions.**

In addition to the definitions in Title 58, Chapters 1 and 64, as used in Title 58, Chapters 1 and 64 or this rule:

(1) "Activity sensor" means a sensor attached to a deception detection instrument that is approved for use by the manufacturer of the instrument for placement under the buttocks of the examinee to detect movement and attempts at countermeasures by the examinee.

(2) "Clinical testing" means a deception detection examination which is not intended to supplement and assist in a criminal investigation.

(3) "Comparison question" means a nonrelevant test question used for comparison against a relevant test question in a deception detection examination.

(4) "Concealed information exam" means a recognition examination administered to determine whether the examinee recognizes elements of a crime not reported to the public that are known only to the individual who engaged in the behavior, an investigator or both.

(5) "Deception detection case file" means written records of a polygraph exam including:

- (a) case information;
- (b) ~~examinee information~~ the name and license number of the examiner;
- (c) a list of all questions used during the examination;
- (d) copies of all charts recorded during the examination;

and

- (e) either the audio or video recording of the examination.

(6) "Directed lie screening exam" means a screening exam in which the examinee is instructed to lie to one or more questions.

(7) "Experienced deception detection examiner" means a deception detection examiner who has completed over 250 deception detection examinations and has been licensed or certified by the United States Government for three years or more.

(8) "Irrelevant and relevant testing" means a deception detection examination which consists of relevant questions, interspersed with irrelevant questions, and does not include any type of comparison questions.

(9) "Irrelevant question" means a question of neutral impact, which does not relate to a matter under inquiry, in a deception detection examination.

([9]10) "Post conviction sex offender testing" means testing of sex offenders and includes:

- (a) sexual history testing to determine if the examinee is accurately reporting all sexual offenses prior to a conviction;
- (b) maintenance testing to determine if the examinee is complying with the conditions of probation or parole; and
- (c) specific issue examinations.

([10]11) "Pre-employment exam" means a deception detection screening examination administered as part of a pre-employment background investigation.

([11]12) "Qualified continuing professional education" means continuing education that meets the standards set forth in Section R156-64-304.

([12]13) "Relevant question" means a question which relates directly to a matter under inquiry in a deception detection examination.

([13]14) "Screening exam" means a multiple issue deception detection examination administered to determine the examinee's truthfulness concerning more than one narrowly defined issue in the absence of any specific allegation.

([14]15) "Specific issue/single issue examination" means a deception detection examination administered to determine the examinee's truthfulness concerning one narrowly defined issue.

([15]16) "Supervision" means general supervision as established in Subsection R156-1-102a(4)(c).

([16]17) "Unprofessional conduct" as defined in Title 58, Chapters 1 and 64, is further defined, in accordance with Subsection 58-1-203(1)(e), in Section R156-64-502.

~~**R156-64-201. — Education Peer Committee created — Membership — Duties.**~~

~~(1) In accordance with Subsection 58-1-203(1)(f), there is created the Deception Detection Education Peer Committee.~~

~~(a) The duties and responsibilities of the Deception Detection Education Peer Committee are to conduct an oral interview on behalf of the Board to evaluate the deception detection intern's performance and make a recommendation to the Board to:~~

- ~~(i) approve the application; or~~
- ~~(ii) deny the application but extend the intern period.~~

~~(b) The composition of the Deception Detection Education Peer Committee shall be three deception detection examiners licensed in Utah who are not members of the Deception Detection Examiners Licensing Board.~~

R156-64-502. Unprofessional Conduct.

"Unprofessional conduct" includes:

- (1) not immediately terminating the examination upon the request of the examinee;
- (2) not conducting a pre-examination review with the examinee reviewing each question word for word prior to conducting the examination;
- (3) attempting to determine truth or deception on matters or issues not discussed with the examinee during the pre-examination review;
- (4) basing decisions concerning truthfulness or deception upon data that fails to meet the following minimum standards~~[less than]~~:
 - (a) two charts for a pre-employment exam;

- (b) two charts for a screening exam that is to be followed by a specific issue exam;~~[or]~~

- (c) three repetitions of each question on a directed lie screening exam; or

- ~~(d) three charts for all other exams;~~

- (5) conducting an examination if the examinee is not physically present and aware that an examination is being conducted;

- (6) using irrelevant and relevant testing techniques in other than pre-employment and periodic testing, without prior approval of the Division in collaboration with the Board;

- (7) using a polygraph instrument that does not record as a minimum:

- (a) respiration patterns recorded by two pneumograph components recording thoracic and abdominal patterns;

- (b) electro dermal activity reflecting relative changes in the conductance or resistance of current by the epidermal tissue;

- (c) relative changes in pulse rate, pulse amplitude and relative blood volume by use of a cardiograph;

- (d) continuous physiological recording of sufficient amplitude to be easily readable by the examiner; and

- (e) pneumograph and cardiograph tracings no less than one-half inch in amplitude when using an analog polygraph instrument;

- (8) conducting in a 24-hour period more than:

- (a) five specific issue examinations;

- (b) five clinical examinations;

- (c) five screening examinations;

- (d) five pre-employment examinations; or

- (e) 15 concealed information examinations;

- (9) conducting an examination of less than the required duration as follows:

- (a) 30 minutes for a concealed information exam;

- (b) 60 minutes for a pre-employment exam; and

- (c) 90 minutes for all other exams;

- (10) failing, after January 1, 2011, to use an activity sensor in all testing unless the examinee suffers from a diagnosed medical condition that contraindicates its use;

- (11) not audibly recording all criminal/specific examinations and informing the examinee of such recording prior to the examination;

- (12) during a pre-employment pre-test interview or actual examination, asking any questions concerning the subject's sexual attitudes, political beliefs, union sympathies or religious beliefs unless there is demonstrable overriding reason;

- (13) publishing, directly or indirectly, or circulating any fraudulent or false statements as to the skill or method of practice of any examiner;

- (14) dividing fees or agreeing to split or divide the fees received for deception detection services with any person for referring a client;

- (15) refusing to render deception detection services to or for any person on account of race, color, creed, national origin, sex or age of such person;

- (16) conducting an examination:

- (a) on a person who is under the influence of alcohol or drugs; or

(b) on a person who is under the age of 14 without written permission from the person's parent or guardian;

(17) not providing at least 20 seconds between the beginning of one question and the beginning of the next;

(18) failing during a pretest interview to specifically inquire whether the individual to be examined is currently receiving or has in the past received medical or psychiatric treatment or consultation;

(19) failing to obtain a release from the individual being examined or a physician's statement if there is any reasonable doubt concerning the individual's ability to safely undergo an examination;

(20) not using a numerical scoring system in all [specific] examinations except for relevant irrelevant;

(21) not creating and maintaining a record for every examination administered;

(22) creating records not containing at a minimum the following:

(a) all charts on each subject properly identified by name and date and if the exam was performed on an analog polygraph instrument, signed by the examinee;

(b) an index, either chronological or alphabetical, listing:

(i) the names of all persons examined;

(ii) the type of exam conducted;

(iii) the date of the exam;

(iv) the name and license number of the examiner;

(v) the file number in which the records are maintained;

(vi) the examiner's written opinion of the test results; and

(vii) the time the examination began and ended;

(c) all written reports or memoranda of verbal reports;

(d) a list of all questions asked while the instrument was recording;

(e) background information elicited during the pre-test interviews;

(f) a form signed by the examinee agreeing to take the examination after being informed of his or her right to refuse;

(g) the following statement, dated and signed by the examinee: "If I have any reason to believe that the examination was not completely impartial, fair and conducted professionally, I am aware that I can report it to the Division of Occupational and Professional Licensing";

(h) any recordings made of the examination; and

(i) documentation of an instrument functionality check on a [~~quarterly~~ semi-annual] basis including a [~~calibration~~] functionality chart;

(23) expressing a bias in any manner regarding the truthfulness of the examinee prior to the completion of any testing;

(24) conducting a clinical polygraph examination of a sex offender without holding a current certification from the American Polygraph Association for post conviction sex offender testing;

(25) not maintaining records of all deception detection examinations for a minimum of three years; and

(26) failing to conform to the generally accepted and recognized standards and ethics of the profession including those established by the American Polygraph Association Code of Ethics, dated January 10, 1999, and Standards of Practice, dated January 20, 2007, which are hereby incorporated by reference.

KEY: licensing, deception detection examiner, deception detection intern

Date of Enactment or Last Substantive Amendment: [~~August 24, 2010~~]2014

Notice of Continuation: January 31, 2012

Authorizing, and Implemented or Interpreted Law: 58-64-101; 58-1-106(1)(a); 58-1-202(1)(a)

Health, Children's Health Insurance Program **R382-10** Eligibility

NOTICE OF PROPOSED RULE (Amendment)

DAR FILE NO.: 38817

FILED: 08/26/2014

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of this change is to discontinue presumptive eligibility under the Children's Health Insurance Program (CHIP) due to lack of enrollment.

SUMMARY OF THE RULE OR CHANGE: This amendment discontinues CHIP presumptive eligibility for children who are under 19 years old.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 26-1-5 and Section 26-18-3 and Title 26, Chapter 40

ANTICIPATED COST OR SAVINGS TO:

♦ **THE STATE BUDGET:** Discontinuation of this program results in only negligible savings to the state budget because only a handful of children enroll in the Presumptive Eligibility program each year.

♦ **LOCAL GOVERNMENTS:** There is no impact to local governments because they do not fund or provide CHIP services to CHIP recipients.

♦ **SMALL BUSINESSES:** Small businesses will see little to no financial impact because very few children have been enrolled in CHIP as presumptively eligible, and a child who could have received presumptive eligibility may still apply for medical assistance. If such child is found eligible for CHIP, providers will be able to receive payment for services.

♦ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** This change will cause little to no financial impact on either providers or individuals because children who could have received presumptive eligibility may still apply for medical assistance, and if found eligible for CHIP, the child will have coverage for medical expenses, and providers will be able to receive payment for services.

COMPLIANCE COSTS FOR AFFECTED PERSONS: This change will cause little to no financial impact on any single provider or individual because children who could have received presumptive eligibility may still apply for medical assistance, and if found eligible for CHIP, the child will have coverage for medical expenses, and providers will be able to receive payment for services.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: There will be no material impact on business because of the small number of individuals eligible under the program.

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

HEALTH
CHILDREN'S HEALTH INSURANCE PROGRAM
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 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 NO LATER THAN AT 5:00 PM ON 10/15/2014

THIS RULE MAY BECOME EFFECTIVE ON: 11/01/2014

AUTHORIZED BY: David Patton, PhD, Executive Director

R382. Health, Children's Health Insurance Program.

R382-10. Eligibility.

R382-10-15. Application and Eligibility Reviews.

(1) The Department adopts and incorporates by reference 42 CFR 457.330, 457.340, 457.343, and 457.348, October 1, 2013 ed.

(2) The provisions of Section R414-308-3 apply to applicants for CHIP, except for Subsection R414-308-3(10) and the three months of retroactive coverage.

(3) Individuals can apply without having an interview. The eligibility agency may interview applicants and enrollee's, the parents or spouse, and any adult who assumes responsibility for the care or supervision of the child, when necessary to resolve discrepancies or to gather information that cannot be obtained otherwise.

~~_____ (4) According to the provisions of Section 2105(a)(4)(F) of the Social Security Act, the Department provides medical assistance during a presumptive eligibility period to a child if a Medicaid-eligibility worker with the Department of Human Services has determined, based on preliminary information, that:~~

~~_____ (a) the child meets citizenship or alien status criteria as defined in Section R414-302-3;~~

~~_____ (b) the child is not enrolled in a health insurance plan; and~~

~~_____ (c) the child's household income exceeds the applicable income limit for Medicaid, but does not exceed 200% of the federal poverty level for the applicable household size.~~

~~_____ (5) A child determined presumptively eligible is required to file an application for medical assistance with the eligibility agency in accordance with the requirements of Section 1920A of the Social Security Act.~~

~~_____ (6) A child may receive medical assistance during only one presumptive eligibility period in any six month period.~~

] ([7]4) The eligibility agency shall complete a periodic review of an enrollee's eligibility for CHIP medical assistance in accordance with the requirements of 42 CFR 457.343.

([8]5) If an enrollee fails to respond to a request for information to complete the review during the review month, the agency shall end the enrollee's eligibility effective at the end of the review month and send proper notice to the enrollee.

(a) If the enrollee responds to the review or reapplies within three calendar months of the review closure date, the eligibility agency shall treat the response as a new application without requiring the enrollee to reapply. The application processing period then applies for this new request for coverage.

(b) If the enrollee is determined eligible based on this reapplication, the new certification period begins the first day of the month in which the enrollee contacts the agency to complete the review if verification is provided within the application processing period. The four day grace period may apply. If the enrollee fails to return verification within the application processing period, or if the enrollee is determined ineligible, the eligibility agency shall send a denial notice to the enrollee.

(c) The eligibility agency may not continue eligibility while it makes a new eligibility determination.

([9]6) Except as defined in R382-10-15([8]5), the enrollee must reapply for CHIP if the enrollee's case is closed for one or more calendar months.

([10]7) If the eligibility agency sends proper notice of an adverse decision during the review month, the agency shall change eligibility for the month that follows.

([11]8) If the eligibility agency does not send proper notice of an adverse change for the month that follows, the agency shall extend eligibility to that month. The eligibility agency shall send proper notice of the effective date of an adverse decision. The enrollee does not owe a premium for the due process month.

([12]9) If the enrollee responds to the review in the review month and the verification due date is in the month that follows, the eligibility agency shall extend eligibility to the month that follows. The enrollee must provide all verification by the verification due date.

(a) If the enrollee provides all requested verification by the verification due date, the eligibility agency shall determine eligibility and send proper notice of the decision.

(b) If the enrollee does not provide all requested verification by the verification due date, the eligibility agency shall end eligibility effective at the end of the month in which the eligibility agency sends proper notice of the closure.

(c) If the enrollee returns all verification after the verification due date and before the effective closure date, the eligibility agency shall treat the date that it receives all verification as a new application date. The eligibility agency shall determine eligibility and send a notice to the enrollee.

(d) The eligibility agency may not continue eligibility while it determines eligibility. The new certification date for the application is the day after the effective closure date if the enrollee is found eligible.

(10[3]) The eligibility agency shall provide ten-day notice of case closure if the enrollee is determined to be ineligible or if the enrollee fails to provide verification by the verification due date.

(11[4]) If eligibility for CHIP enrollment ends, the eligibility agency shall review the case for eligibility under any other medical assistance program without requiring a new application. The eligibility agency may request additional verification from the household if there is insufficient information to make a determination.

(12[5]) An applicant must report at application and review whether any of the children in the household for whom enrollment is being requested have access to or are covered by a group health plan, other health insurance coverage, or a state employee's health benefits plan.

(13[6]) The eligibility agency shall deny an application or review if the enrollee fails to respond to questions about health insurance coverage for children whom the household seeks to enroll or renew in the program.

R382-10-16. Eligibility Decisions.

(1) The Department adopts and incorporates by reference 42 CFR 457.350, October 1, 2013, ed., regarding eligibility screening.

(2) The eligibility agency shall determine eligibility for CHIP within 30 days of the date of application. If the eligibility agency cannot make a decision in 30 days because the applicant fails to take a required action and requests additional time to complete the application process, or if circumstances beyond the eligibility agency's control delay the eligibility decision, the eligibility agency shall document the reason for the delay in the case record.

~~[(3) If a child made presumptively eligible files an application for medical assistance in accordance with the requirements of Section 1920A of the Social Security Act, presumptive eligibility continues only until the eligibility agency makes an eligibility decision based on that application. Filing additional applications does not extend the presumptive eligibility period.]~~

(4[3]) The eligibility agency may not use the time standard as a waiting period before determining eligibility, or as a reason for denying eligibility when the agency does not determine eligibility within that time.

(5[4]) The eligibility agency shall complete a determination of eligibility or ineligibility for each application unless:

(a) the applicant voluntarily withdraws the application and the eligibility agency sends a notice to the applicant to confirm the withdrawal;

(b) the applicant died; or

(c) the applicant cannot be located or does not respond to requests for information within the 30-day application period.

(6[5]) The eligibility agency shall redetermine eligibility every 12 months.

(7[6]) At application and review, the eligibility agency shall determine if any child applying for CHIP enrollment is eligible for coverage under Medicaid.

(a) A child who is eligible for Medicaid coverage is not eligible for CHIP.

(b) An eligible child who must meet a spenddown to receive Medicaid and chooses not to meet the spenddown may enroll in CHIP.

(8[7]) If an enrollee asks for a new income determination during the CHIP certification period and the eligibility agency finds the child is eligible for Medicaid, the agency shall end CHIP coverage and enroll the child in Medicaid.

R382-10-17. Effective Date of Enrollment and Renewal.

(1) Subject to the limitations in Section R414-306-6, Section R382-10-10, and the provisions in Subsection R414-308-3(7), the effective date of CHIP enrollment is the first day of the application month.

~~[(2) The presumptive eligibility period begins on the first day of the month in which a child is determined presumptively eligible for CHIP. Coverage cannot begin in a month that the child is otherwise eligible for medical assistance.]~~

(3[2]) If the eligibility agency receives an application during the first four days of a month, the agency shall allow a grace enrollment period that begins no earlier than four days before the date that the agency receives a completed and signed application. During the grace enrollment period, the individual must receive medical services, meet eligibility criteria, and have an emergency situation that prevents the individual from applying. The Department may not pay for any services that the individual receives before the effective enrollment date.

~~[(4) If a child determined eligible for a presumptive eligibility period files an application in accordance with the requirements of Section 1920A of the Social Security Act and is determined eligible for regular CHIP based on that application, the effective date of CHIP enrollment is the first day of the month of application or the first day of the month in which the presumptive eligibility period began, if later.]~~

~~(a) The four-day grace period defined in Subsection R382-10-17(3) applies if the applicant meets that criteria and the child was not eligible for any medical assistance during such time period.~~

~~(b) Any applicable CHIP premiums apply beginning with the month regular CHIP coverage begins, even if such months are the same months as the CHIP presumptive eligibility period.]~~

(5[3]) For a family who has a child enrolled in CHIP and who adds a newborn or adopted child, the effective date of enrollment is the date of birth or placement for adoption if the family requests the coverage within 30 days of the birth or adoption. If the family makes the request more than 30 days after the birth or adoption, enrollment in CHIP will be effective beginning the first day of the month in which the date of report occurs, subject to the limitations in Sections R414-306-6, R382-10-10 and the provisions of Subsection R382-10-17(3[2]).

(6[4]) The effective date of enrollment for a new certification period after the review month is the first day of the month after the review month, if the review process is completed by the end of the review month. If a due process month is approved, the effective date of enrollment for a renewal is the first day of the month after the due process month if the review process is completed by the end of the due process month. The enrollee must complete the review process and continue to be eligible to be reenrolled in CHIP at review.

R382-10-18. Enrollment Period.

(1) Subject to the provisions in Subsection R382-10-18(2), a child eligible for CHIP enrollment receives 12 months of coverage that begins with the effective month of enrollment. If the eligibility agency allows a grace enrollment period that extends into the month before the

application month, the days of the grace enrollment period do not count as a month in the 12-month enrollment period.

(2) CHIP coverage may end before the end of the 12-month certification period if the child:

(a) turns 19 years of age before the end of the 12-month enrollment period;

(b) moves out of the state;

(c) becomes eligible for Medicaid;

(d) begins to be covered under a group health plan or other health insurance coverage;

(e) enters a public institution or an institution for mental diseases; or

(f) does not pay the quarterly premium.

~~[(3) The presumptive eligibility period ends on the earlier of:
(a) the day the eligibility agency makes an eligibility decision for medical assistance based on the child's application when that application is made in accordance with the requirements of Section 1920A of the Social Security Act; or~~

~~(b) the last day of the month following the month in which a presumptive eligibility period begins if an application for medical assistance is not filed on behalf of the child by the last day of such month.~~

] ~~(4) Certain changes affect an enrollee's eligibility during the 12-month certification period.~~

(a) If an enrollee gains access to health insurance under an employer-sponsored plan or COBRA coverage, the enrollee may switch to UPP. The enrollee must report the health insurance within ten calendar days of enrolling, or within ten calendar days of when coverage begins, whichever is later. The employer-sponsored plan must meet UPP criteria.

(b) If income decreases, the enrollee may report the income and request a redetermination. If the change makes the enrollee eligible for Medicaid, the eligibility agency shall end CHIP eligibility and enroll the child in Medicaid.

(c) If income increases during the certification period, eligibility remains unchanged through the end of the certification period.

~~[(5) The agency shall redetermine eligibility if a family reports a decrease in income and requests a redetermination during the certification period. A decrease in the premium is effective as follows:~~

~~(a) The premium change is effective the month of report if income decreased that month and the family provides timely verification of income;~~

~~(b) The premium change is effective the month following the report month if the decrease in income is for the following month and the family provides timely verification of income;~~

~~(c) The premium change is effective the month in which verification of the decrease in income is provided, if the family does not provide timely verification of income.~~

~~[(6) Failure to make a timely report of a reportable change may result in an overpayment of benefits.~~

KEY: children's health benefits

Date of Enactment or Last Substantive Amendment: ~~[June 1,] 2014~~

Notice of Continuation: May 9, 2013

Authorizing, and Implemented or Interpreted Law: 26-1-5; 26-40

Health, Health Care Financing, Coverage and Reimbursement Policy **R414-303-11** Presumptive Pregnant Woman and Child Medicaid

NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 38818

FILED: 08/26/2014

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of this change is to discontinue Medicaid presumptive eligibility due to lack of enrollment.

SUMMARY OF THE RULE OR CHANGE: This amendment discontinues Medicaid presumptive eligibility for children who are under 19 years old.

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

MATERIALS INCORPORATED BY REFERENCES:

- ◆ Removes 78 FR 42303, published by Government Printing Office, 07/15/2013
- ◆ Adds 42 CFR 435.1110, published by Government Printing Office, 10/01/2013
- ◆ Updates 42 CFR 435.1103, published by Government Printing Office, 10/01/2013
- ◆ Adds 42 CFR 435.1101, published by Government Printing Office, 10/01/2013

ANTICIPATED COST OR SAVINGS TO:

◆ **THE STATE BUDGET:** Discontinuation of this program results in only negligible savings to the state budget because only a handful of children enroll in the Presumptive Eligibility program each year.

◆ **LOCAL GOVERNMENTS:** There is no impact to local governments because they do not fund or provide Medicaid services to Medicaid recipients.

◆ **SMALL BUSINESSES:** Small businesses will see little to no financial impact because very few children have been enrolled in Medicaid as presumptively eligible, and a child who could have received presumptive eligibility may still apply for medical assistance. If such child is found eligible for Medicaid, providers will be able to receive payment for services.

◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** This change will cause little to no financial impact on either providers or individuals because children who could have received presumptive eligibility may still apply for medical assistance, and if found eligible for Medicaid, the child will have coverage for medical expenses, and providers will be able to receive payment for services.

COMPLIANCE COSTS FOR AFFECTED PERSONS: This change will cause little to no financial impact on any single provider or individual because children who could have received presumptive eligibility may still apply for medical assistance, and if found eligible for Medicaid, the child will have coverage for medical expenses, and providers will be able to receive payment for services.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: There will be no material impact on business because of the small number of individuals eligible under the program.

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 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 NO LATER THAN AT 5:00 PM ON 10/15/2014

THIS RULE MAY BECOME EFFECTIVE ON: 11/01/2014

AUTHORIZED BY: David Patton, PhD, Executive Director

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

R414-303. Coverage Groups.

R414-303-11. Presumptive Eligibility for ~~Pregnant Woman and Child~~ Medicaid.

(1) The Department adopts and incorporates by reference, the definitions found at 42 CFR 435.1101, and the provisions found at 42 CFR 435.1103[2], and 42 CFR 435.1110, October 1, 2013[2] ed., [and also adopts and incorporates by reference 78 FR 42303,] in relation to determinations of presumptive eligibility [for pregnant women and children under 19 years of age].

(2) The following definitions apply to this section:

(a) "covered provider" means a provider ~~[that]~~ whom the Department ~~[has]~~ determine[d]s is qualified to make a determination of presumptive eligibility for a pregnant woman and ~~[that]~~ who meets the criteria defined in Section 1920(b)(2) of the Social Security Act. Covered provider also means a hospital that elects to be a qualified entity under a memorandum of agreement with the Department;

(b) "presumptive eligibility" means a period of eligibility for medical services based on self-declaration that the individual meets the eligibility criteria.

(3) The Department provides coverage to a pregnant woman during a period of presumptive eligibility if a covered provider determines, based on preliminary information, that the woman states she:

(a) is pregnant;

(b) meets citizenship or alien status criteria as defined in Section R414-302-3;

(c) has household income that does not exceed 139% of the federal poverty guideline applicable to her declared household size; and

(d) is not already covered by Medicaid or CHIP.

(4) A pregnant woman may only receive medical assistance during one presumptive eligibility period for any single term of pregnancy.

(5) A child born to a woman who is only presumptively eligible at the time of the infant's birth is not eligible for the one year of continued coverage defined in Section 1902(e)(4) of the Social Security Act. If the mother applies for Utah Medicaid after the birth and is determined eligible back to the date of the infant's birth, the infant is then eligible for the one year of continued coverage under Section 1902(e)(4) of the Social Security Act. If the mother is not eligible, the eligibility agency shall determine whether the infant is eligible under other Medicaid programs.

~~[(6) The Department provides medical assistance to children under the age of 19 during a period of presumptive eligibility if a Medicaid eligibility worker with the Department of Human Services has determined, based on preliminary information, that:~~

~~(a) the child meets citizenship or alien status criteria as defined in Section R414-302-3;~~

~~(b) for a child under age 6, the declared household income does not exceed 139% of the federal poverty guideline applicable to the declared household size;~~

~~(c) for a child six through 18 years of age, the declared household income does not exceed 133% of the federal poverty guideline applicable to the declared household size; and~~

~~(d) the child is not already covered under Medicaid or CHIP.~~

~~(7) A child may receive medical assistance during only one period of presumptive eligibility in any six-month period.~~

~~[(8) A child determined presumptively eligible who is under 19 years of age may receive presumptive eligibility only through the [applicable period]end of the month after the presumptive determination date or until the end of the month in which the child turns 19, whichever occurs first.~~

~~[(9) An individual determined presumptively eligible for former foster care children coverage may receive presumptive eligibility only through the end of the month after the presumptive determination date or until the end of the month in which the individual turns 26 years old, whichever occurs first. [The Department adopts and incorporates by reference 42 CFR 435.1110, October 1, 2013 ed., which relates to a hospital electing to be a qualified entity to make presumptive eligibility decisions.]~~

~~[(a) The Department shall limit the coverage groups for which a hospital may make a presumptive eligibility decision to the groups defined in Section 1920 (pregnant women, former foster care children, parents or caretaker relatives), Section 1920A (children under 19 years of age) and 1920 B (breast and cervical cancer patients but only Centers for Disease Control provider hospitals can do~~

presumptive eligibility for this group) of the Social Security Act, January 1, 2013.

(9[b]) A hospital must enter into a memorandum of agreement with the Department to be a qualified entity and receive training on policy and procedures.

(10[e]) The hospital shall cooperate with the Department for audit and quality control reviews on presumptive eligibility determinations the hospital makes. The Department may terminate the agreement with the hospital if the hospital does not meet standards and quality requirements set by the Department.

(11[d]) The covered provider~~[eligibility agency]~~ may not count as income the following.

(a) Veteran's Administration (VA) payments;[:]

(b[e]) ~~[The eligibility agency may not count as income]~~ Child support payments; or[:]

(c[f]) ~~[The eligibility agency may not count as income]~~ Educational grants, loans, scholarships, fellowships, or gifts that a client uses to pay for education.

(12[g]) An individual found presumptively eligible for one of [F]the following coverage groups may only receive one presumptive eligibility period in a calendar year:

(a[i]) Parents or caretaker relatives;

(b[ii]) Children under 19 years of age;

(c[iii]) Former foster care children; and

(d[iv]) Individuals with breast or cervical cancer.

~~[(h) The pregnant woman coverage group is limited to one presumptive eligibility period per pregnancy.]~~

KEY: MAGI-based, coverage groups, former foster care youth, presumptive eligibility

Date of Enactment or Last Substantive Amendment: [July 1,] 2014

Notice of Continuation: January 23, 2013

Authorizing, and Implemented or Interpreted Law: 26-18-3; 26-1-5

**Health, Health Care Financing,
Coverage and Reimbursement Policy
R414-320
Medicaid Health Insurance Flexibility
and Accountability Demonstration
Waiver**

NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 38819

FILED: 08/26/2014

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of this change is to clarify eligibility policy for Utah's Premium Partnership for Health Insurance (UPP) program when a member of a UPP household becomes eligible for Medicaid without a cost.

SUMMARY OF THE RULE OR CHANGE: This amendment clarifies eligibility policy for UPP when a member of a UPP household becomes eligible for Medicaid without a cost.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Pub. L. No. 111-148 and Section 26-1-5 and Section 26-18-3

ANTICIPATED COST OR SAVINGS TO:

◆ **THE STATE BUDGET:** There is no impact to the state budget because this amendment only clarifies UPP eligibility policy.

◆ **LOCAL GOVERNMENTS:** There is no impact to local governments because they neither fund UPP nor determine eligibility for the program.

◆ **SMALL BUSINESSES:** There is no impact to small businesses because this amendment only clarifies UPP eligibility policy.

◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** There is no impact to UPP providers and to UPP recipients because this amendment only clarifies UPP eligibility policy.

COMPLIANCE COSTS FOR AFFECTED PERSONS: There is no impact to a single UPP provider or to a UPP recipient because this amendment only clarifies UPP eligibility policy.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: No impact on business because this simply clarifies current practice.

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 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 NO LATER THAN AT 5:00 PM ON 10/15/2014

THIS RULE MAY BECOME EFFECTIVE ON: 11/01/2014

AUTHORIZED BY: David Patton, PhD, Executive Director

R414. Health, Health Care Financing, Coverage and Reimbursement Policy.**R414-320. Medicaid Health Insurance Flexibility and Accountability Demonstration Waiver.****R414-320-12. Effective Date of Enrollment and Enrollment Period.**

(1) Subject to Section R414-320-6, and the limitations in Section R414-306-4, the effective date of enrollment in the UPP program is the first day of the application month.

(a) The effective date of enrollment for a newborn or adopted child is the date of birth or the date of adoption, if the request is made within 30 days of the date of birth or adoption.

(b) If the request to add a newborn or adopted child is made after 30 days of the date of birth or the date of adoption, enrollment is effective on the first day of the month in which the date of request occurs.

(2) An individual who is approved for the UPP program must enroll in the employer-sponsored health plan or COBRA within 30 days of receiving an approval notice from the eligibility agency.

(3) If the applicant does not enroll in the employer-sponsored health insurance plan or COBRA within 30 days of the date that the eligibility agency sends the UPP approval notice, the eligibility agency shall deny the application.

(4) The Department may not reimburse the enrollee for premiums before the effective date of enrollment and not before the month in which the enrollee pays a health insurance or COBRA premium. The enrollee must verify the premium payment.

(5) The effective date of enrollment for an individual moving directly from Medicaid, PCN, or CHIP is the first day of the month after eligibility for Medicaid, PCN, or CHIP ends.

(6) The effective date of reenrollment in UPP after the eligibility agency completes the periodic review, is the first day of the month after the review month, or the first day after the due process month. Subsection R414-320-11(5) defines the effective date of reenrollment when the enrollee completes the review process in the three calendar months after the case is closed for incomplete review.

(7) An individual who becomes eligible for UPP is enrolled for a 12-month certification period that begins with the first month of eligibility.

(8) The eligibility agency shall end eligibility before the end of a 12-month certification period for any of the following reasons:

(a) The individual turns 65 years of age;

(b) An enrolled child turns 19 years of age and was covered by the parent's or guardian's health insurance plan;

(c) The individual becomes entitled to receive Medicare;

(d) The individual becomes covered by VA Health Insurance, or fails to apply for VA health system coverage when potentially eligible;

(e) The individual is determined eligible for Medicaid when the household requests a new eligibility determination for any household member;

~~([e]f)~~ The individual dies;

~~([f]g)~~ The individual moves out of state or cannot be located; or

~~([g]h)~~ The individual enters a public institution or an Institution for Mental Disease.

(9) The eligibility agency shall end eligibility if an adult enrollee discontinues enrollment in employer-sponsored insurance or

COBRA. The enrollee may switch to the PCN program if the enrollee meets PCN eligibility requirements.

R414-320-13. Change Reporting and Benefit Changes.

(1) Enrollees are required to report changes to the eligibility agency as defined in Subsection R414-320-3(2).

(a) The eligibility agency shall determine the effect of the change and make the appropriate change in the enrollee's eligibility.

(b) The eligibility agency shall send proper notice of changes in eligibility.

(2) An enrollee who fails to report changes or return verification timely must repay any overpayment of benefits for which the enrollee is not eligible to receive.

(3) An eligible household may request enrollment for an individual not enrolled in UPP; the application date for the individual is the date of the request.

(a) A new application form is not required.

(b) The eligibility agency determines the individual's eligibility for UPP in accordance with Section R414-320-11.

(c) The eligibility agency shall determine the effective date of enrollment for individuals in accordance with Section R414-320-12.

(d) The eligibility agency shall waive the requirement found in Subsection R414-320-6(2) if the individual is a newborn or adopted child, and the request to add the child is made within 30 days of the date of birth or adoption.

(e) A new income test must be completed for the individual. If the individual's income places the UPP household over the income limit for UPP, the individual is not eligible to enroll in UPP.

(f) All other eligibility requirements must be met.

(4) If an eligible household requests a new eligibility determination for any household member during the certification period, the eligibility agency shall determine if any enrolled household member is eligible for Medicaid coverage.

(a) An enrollee who is eligible for Medicaid coverage without a cost is no longer eligible for UPP.

(b) An enrollee who must meet a spenddown or MWI premium to receive Medicaid and chooses not to meet the spenddown or MWI premium may remain on UPP. [An enrollee may request a Medicaid determination of eligibility when there is a change of income during the certification period.]

~~(a) The eligibility agency shall end UPP enrollment and change the enrollee's coverage to Medicaid if the enrollee asks for a Medicaid determination and the reported change makes the enrollee eligible for Medicaid without cost.~~

~~(b) If the enrollee asks for a Medicaid determination and the reported change makes the enrollee eligible for Medicaid with a spenddown or MWI premium, the enrollee may choose to remain on UPP.]~~

KEY: CHIP, Medicaid, PCN, UPP

Date of Enactment or Last Substantive Amendment: [April 21,] 2014

Notice of Continuation: October 13, 2011

Authorizing, and Implemented or Interpreted Law: 26-18-3; 26-1-5

**Health, Family Health and
Preparedness, Maternal and Child
Health
R433-1**

Very Low Birth Weight Infant Reporting

NOTICE OF PROPOSED RULE

(New Rule)

DAR FILE NO.: 38802

FILED: 08/21/2014

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: This new rule establishes reporting requirements for certain very low birth weight (VLBW) infant morbidities and for newborn care capabilities in Utah.

SUMMARY OF THE RULE OR CHANGE: This rule establishes reporting and records access requirements for certain morbidities of VLBW infants and maternal risk factors of these infants' mothers, to monitor statewide trends, define the scope of the problems in Utah and provide baseline rates for improvement activities. Morbidities to be reported include Chronic Lung Disease, Late Bacterial Infection and organism, Nosocomial Infection and organism, Central Line infection and organism, Ventilator associated pneumonia and organism, Any Late Infection and organism, Grade III or IV Intraventricular Hemorrhage, Cystic Periventricular Leukomalacia, Grade III, IV or V Retinopathy of Prematurity (ROP), ROP surgery, Avastin following ROP surgery, Necrotizing Enterocolitis, Patent Ductus Arteriosus (PDA), and/or PDA surgery all as defined by the Vermont Oxford Network 2014 Manual of Operations: Part 2, Data Definitions and Infant Data Forms, Release 18.0, Published November 2013. Maternal risk factors to be reported include: Ethnicity of mother, Race of mother, Prenatal Care, Antenatal Steroids, Antenatal Magnesium Sulfate, Chorioamnionitis, Maternal Hypertension, Chronic or Pregnancy-Induced, Multiple Gestation, all as defined by the Vermont Oxford Network 2014 Manual of Operations: Part 2, Data Definitions and Infant Data Forms, Release 18.0, Published November 2013. These data will be submitted by any facility that admits and cares for a VLBW infant to the Utah Department of Health (UDOH) via a secure web-based reporting tool within 40 days of the infants discharge or death. This rule also establishes reporting by each hospital with a NICU or a nursery that admits or cares for newborn infants to the UDOH its capability to treat infants and their mothers. The hospital shall submit its report within 30 days of the UDOH's request. UDOH's request shall be in the form of a web-based survey created by the UDOH and based on the Guidelines for Perinatal Care published by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists Guidelines for Perinatal Care (seventh edition) and may be made no more than once in a calendar year. The medical director and nursing director of the NICU or nursery shall

jointly complete the survey. These data will be submitted to the UDOH via a secure web-based reporting tool.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Subsections 26-1-30(2)(c), (d), (e), and (p) and Subsections 26-10-1(a) and (b)

MATERIALS INCORPORATED BY REFERENCES:

- ◆ Adds Guidelines for Perinatal Care, published by American Academy of Pediatrics and the American College of Obstetricians and Gynecologists, 7th edition
- ◆ Adds Vermont Oxford Network 2014 Manual of Operations: Part 2, Data Definitions and Infant Data Forms, published by Vermont Oxford Network, Release 18.0

ANTICIPATED COST OR SAVINGS TO:

- ◆ **THE STATE BUDGET:** Anticipated one-time costs of \$1,200 will be incurred from existing budget resources for the development of a secure web-based reporting tool. Ongoing costs for data storage are estimated to be \$4,800 per year and also will be incurred from existing budget resources. The web-based tool will allow facilities to submit their reports online, to track their reports, and for UDOH staff to conduct data analysis. Analysis of the data and report out will be achieved by the Bureau of Maternal Child Health staff assigned to this program who will conduct periodic statewide analyses of infant morbidities and hospital newborn care capabilities as part of its existing duties. Efforts to improve rates of severe neonatal morbidities (once baseline has been established) and assure hospitals are self-designating LOC appropriately will in the long run benefit Utah infants and their families including Medicaid recipients and the costs associated with excess healthcare expenditures.
- ◆ **LOCAL GOVERNMENTS:** If a local government owns a healthcare facility, this may have an indirect impact on the subsidy they are providing to that facility. Currently there are only six hospitals that fall in this category and they are rural. The incidence of severe infant morbidities in these smaller rural facilities tends to be low as mothers are usually transported to tertiary care centers in anticipation of such an event or infants are air transported soon after birth. In the unlikely event that they admit a VLBW infant with severe morbidities, the impact for reporting morbidities will be negligible with the web-based reporting system. The hospital LOC survey will also be web-based and is estimated to require approximately 30 to 60 minutes to complete at an average nurse's salary rate of \$34 per hour and physician's salary of \$100 per hour annually.
- ◆ **SMALL BUSINESSES:** Two licensed hospitals in Utah, which will be required to report morbidities and newborn care capabilities have fewer than 50 employees on their payroll. Expected costs to these hospitals are anticipated to be minimal as the incidence of severe infant morbidities in these smaller rural facilities tends to be low as mothers are usually transported to tertiary care centers in anticipation of such an event or infants are air transported soon after birth. In the unlikely event that they admit an infant with severe

morbidities, the impact for reporting morbidities will be negligible with the web-based reporting system. The hospital LOC survey will also be web-based and is estimated to require approximately 30 to 60 minutes to complete at an average nurse's salary rate of \$34 per hour and physician's salary of \$100 per hour annually.

◆ PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES: Individual patients will not be directly affected by the reporting requirement, but should in the future, if statewide improvement interventions are developed and adopted, experience a drop in morbidity rates and expenses associated with severe infant morbidities.

COMPLIANCE COSTS FOR AFFECTED PERSONS: Actual costs will depend on the level of neonatal care the hospital provides. There were a total of 574 VLBW infants born in Utah hospitals during 2012 (see Utah Vital Statistics Birth Certificate Data, 2012). The 15 level I hospitals are expected to incur very minimal costs for reporting infant morbidities as, the number of VLBW infants born in these facilities was zero to two during 2012. The 1 Level I facilities do not have the capacity to care for VLBW infants and if at all possible mothers are transported to high level care centers in anticipation of a preterm birth or VLBW infants are air transported soon after birth and therefore not admitted. The 15 Level II hospitals expected costs may be slightly higher than Level I hospitals as zero to eight VLBW infants were born in Level II facilities during 2012. Again, Level II facilities do not have the capacity to care for VLBW infants, therefore mothers are transported to higher level care centers in anticipation of a preterm event or VLBW infants are air transported soon after birth and therefore not admitted. Rarely, a VLBW infant is born healthier than expected and admitted and cared for at a Level II facility. Estimating that the average time spent on submitting severe morbidity data on-line will be 30 to 40 minutes per infant at an average nurse's salary rate of \$34 per hour, the total annual cost to Level II hospitals would range between \$0 to \$136. The remaining eleven Level III facilities would experience the greatest time and costs for reporting severe infant morbidities. UDOH has attempted to be sensitive to any burden placed on these facilities by requiring the minimum number of conditions to be reported. UDOH has also required that data submitted are in the same format as data that all 11 facilities currently submit to national private quality improvement systems, e.g., Vermont Oxford Network. According to Utah Vital Statistics birth certificate data the number of VLBW infants born in these facilities ranged between 15 to 145 during 2012 with only two hospitals reporting more than 100 VLBW infant births during 2012. Estimating that the average time spent on submitting severe morbidity data on-line will be 45 to 60 minutes per infant at an average nurse's salary rate of \$34 per hour and that Level III facilities would care for approximately 15 to 145 VLBW infants per year, the total annual cost to Level III hospitals would range between \$382.50 and \$3,698. The hospital LOC survey will also be web-based and is estimated to require approximately 30 to 60 minutes to complete at an average

nurse's salary rate of \$34 per hour and physician's salary of \$100 per hour annually.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: The agency developed the reporting requirements in conjunction with the affected hospitals. This will have minimal effect on business due to the small number of individuals subject to this rule.

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

HEALTH
FAMILY HEALTH AND PREPAREDNESS,
MATERNAL AND CHILD HEALTH
PO BOX 142001
SALT LAKE CITY UT 84114-2001
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

◆ Lois Bloebaum by phone at 801-538-6792, or by Internet E-mail at lbloebaum@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 10/15/2014

THIS RULE MAY BECOME EFFECTIVE ON: 10/22/2014

AUTHORIZED BY: David Patton, PhD, Executive Director

R433. Health, Family Health and Preparedness, Maternal and Child Health.

R433-1. Very Low Birth Weight Infant Reporting.

R433-1-1. Purpose and Authority.

This rule establishes reporting and records access requirements for certain morbidities of Very Low Birth Weight infants. It establishes reporting of newborn care capabilities by Utah hospitals. Sections 26-1-30 (2)(b), (c), (d), (e), and (p) provide authority for this rule.

R433-1-2. Definitions.

As used in this rule:

(1) "Very Low Birth Weight" (VLBW) means the birth weight of an infant born weighing greater than 400 grams and less than 1500 grams.

(2) "Neonatal Intensive Care Unit" (NICU) is a designated unit within a hospital, which specializes in the care of ill or premature newborn infants.

(3) "Nursery" means a designated unit within a hospital, which unit specializes in the care of newborn infants.

(4) "Health care provider" means an individual or group of individuals who provide care for women and/or infants during the prenatal, perinatal and/or neonatal period.

(5) "Vermont Oxford Network" (VON) is a non-profit voluntary collaboration of health care professionals dedicated to improving the quality and safety of medical care for newborn infants and their families.

(6) "Hospital" is a general acute hospital licensed under Title 26, Chapter 21 that cares for a VLBW infant.

(7) "Department" means Utah Department of Health (UDOH), UDOH employed staff, or UDOH designated contractor.

(8) "Major morbidities" include: Chronic Lung Disease, Late Bacterial Infection and organism, Nosocomial Infection and organism, Any Late Infection and organism, Grade III or IV Intraventricular Hemorrhage, Cystic Periventricular Leukomalacia, Grade III, IV or V Retinopathy of Prematurity (ROP), ROP surgery, Avastin following ROP surgery, Necrotizing Enterocolitis, Patent Ductus Arteriosus (PDA), PDA surgery, and Central Line infection and organism, Ventilator associated pneumonia and organism, all as defined by the Vermont Oxford Network 2014 Manual of Operations: Part 2, Data Definitions & Infant Data Forms, Release 18.0, Published November 2013, which is adopted and incorporated by reference.

(9) "Maternal risk factors" include: Ethnicity of Mother, Race of Mother, Prenatal Care, Antenatal Steroids, Antenatal Magnesium Sulfate, Chorioamnionitis, Maternal Hypertension, Chronic or Pregnancy-Induced, Multiple Gestation, all as defined by the Vermont Oxford Network 2014 Manual of Operations: Part 2, Data Definitions & Infant Data Forms, Release 18.0, Published November 2013.

(10) "Guidelines for Perinatal Care" means the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists. Guidelines for Perinatal Care (7th ed.), October 2012 (ISBN-13: 9781581107340, ISBN: 158110734X), which are adopted and incorporated by reference.

R433-1-3. Reporting of VLBW Maternal and Infant Data by Hospital Facilities.

Each hospital that admits a VLBW infant shall report to the Department within 40 days of discharge or death, if the infant dies in the hospital, the following:

- (1) child's name;
- (2) child's date of birth;
- (3) mother's name;
- (4) mother's date of birth;
- (5) mother's zip code
- (6) delivery hospital;
- (7) maternal risk factors;
- (8) major morbidities for the child;
- (9) age of infant at admission; in hours if the infant is less than 24 hours old and in days if the child is older than 24 hours;
- (10) infant's discharge status (e.g., transported to other facility, discharged to home, death)
- (11) age of child at discharge; in hours if the infant is less than 24 hours old and in days if the child is older than 24 hours;
- (12) if transported to another hospital, the name of the hospital.

R433-1-4. Reporting of Capacity to Care for VLBW Infants, as Outlined by the 7th Edition of the Guidelines for Perinatal Care, to the Department.

Each hospital with a NICU or a Nursery that admits or cares for VLBW infants shall report as requested by the Department its capability to treat VLBW infants. The hospital shall submit its report within 30 days of the Department request. The Department's

request shall be in the form of a survey based on the Guidelines for Perinatal Care and may be made no more than once in a calendar year. The medical director and nursing director of the NICU or nursery shall jointly complete the survey. Medical directors and nursing directors are encouraged to report significant changes in capability more frequently.

R433-1-5. Record Abstraction.

A hospital or health care provider that treats an infant born VLBW shall, as provided in Utah Code, Title 26, Chapter 25, allow personnel from the Department or its agents to abstract information from the hospital's or health care provider's files on the mother and infant regarding issues related to the care and treatment of the VLBW infant.

R433-1-6. Confidentiality.

(1) Information that the Department holds under this rule is confidential under the provisions of Title 26, Chapter 3. Because of the public interest needs to foster health care systems improvements, the Department exercises its discretion under Section 26-3-8 and shall not release information collected under this rule to any person pursuant to the provisions of Subsections 26-3-7(1) or (8).

(2) Information produced or collected by a facility is confidential and privileged under the provisions of Title 26, Chapter 25.

R433-1-8. Liability.

As provided in 26-25-1, facilities that report, and those individuals submitting the report, as required by this rule, information covered by this rule may not be held liable for reporting the information to the Department.

R433-1-9. Penalties.

Pursuant to Section 26-23-6, a person that willfully violates any provision of this rule may be assessed an administrative civil money penalty not to exceed \$10,000 per violation.

KEY: very low birth weight infant, very low birth weight infant reporting, very low birth weight infant treatment capability
Date of Enactment or Last Substantive Amendment: 2014
Authorizing, and Implemented or Interpreted Law: 26-1-30(2) (c), (d), (e), and (p); 26-10-1(a) and (b)

Human Services, Administration,
 Administrative Services, Licensing
R501-21
 Outpatient Treatment Programs

NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 38812

FILED: 08/25/2014

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of the changes is to bring the requirements for Opioid Treatment Programs into line with best practice, reduce administrative costs, and reduce the need for changes if and when federal regulations change.

SUMMARY OF THE RULE OR CHANGE: This rule establishes definitions, legal requirements, staffing requirements, facility requirements health, and safety regulations for out patient treatment programs. This rule change removes specific requirements, provides flexibility, and reduces the need for future changes. The rule addresses physician training, face-to-face meetings with clients, and procedure. It brings the rule into compliance with the principles of Trauma Informed Care and the current accreditation requirements of both the Commission on Accreditation of Health Care Facilities and the Joint Commission on Accreditation of Health Care Facilities.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 62A-2-101 and Section 62A-2-106

ANTICIPATED COST OR SAVINGS TO:

◆ **THE STATE BUDGET:** This rule establishes requirements and regulations for outpatient programs. It will have no impact on state government and will not affect the budget.

◆ **LOCAL GOVERNMENTS:** This rule establishes requirements and regulations for outpatient programs. It will have no impact on local government and will not have any affect on the budget.

◆ **SMALL BUSINESSES:** This amendment will create a savings for small businesses and is being made at their request. While no specific cost saving has been computed, it will provide the saving to agencies by reducing physician costs by removing face-to-face requirements and reduce time required by clinical and support staff to observe all urine sample draws.

◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** The amendments to this rule affect only the programs providing Opioid Outpatient Replacement Treatment. This will create a savings to them due to change of requirements. This rule will not impact local government or other persons.

COMPLIANCE COSTS FOR AFFECTED PERSONS: This amendment will reduce costs and improve patient care by reducing time for patients desiring or needing changes in doses by removing the requirement for a face-to-face visit with a physician to cover information already provided.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: The fiscal impact this rule will have on businesses is a cost savings. There is no impact on state or local government.

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

ADMINISTRATION, ADMINISTRATIVE SERVICES,
LICENSING
195 N 1950 W 1ST FLR
SALT LAKE CITY, UT 84116
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

- ◆ Jeff Harris by phone at 801-538-4236, by FAX at 801-538-4553, or by Internet E-mail at jharris@utah.gov
- ◆ Julene Jones by phone at 801-538-4521, by FAX at 801-538-3942, or by Internet E-mail at jhjones@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 10/15/2014

THIS RULE MAY BECOME EFFECTIVE ON: 10/22/2014

AUTHORIZED BY: Diane Moore, Director

R501. Human Services, Administration, Administrative Services, Licensing.**R501-21. Outpatient Treatment Programs.****R501-21-1. Authority.**

Pursuant to Section 62A-2-101 et seq., the Office of Licensing, shall license outpatient treatment programs according to the following rules.

R501-21-2. Purpose.

Outpatient treatment programs shall serve consumers who require less structure than offered in day treatment or residential treatment programs. Consumers are provided treatment as often as determined and noted in the treatment plan.

R501-21-3. Definition.

Outpatient treatment program means individual, family, or group therapy or counseling designed to improve and enhance social or psychological functioning for those whose physical and emotional status allows them to continue functioning in their usual living environment in accordance with Subsection 62A-2-101(12).

R501-21-4. Administration.

A. In addition to the following rules, all Outpatient Treatment Programs shall comply with R501-2, Core Standards.

B. A current list of enrollment of all registered consumers shall be on-site at all times.

R501-21-5. Staffing.

Professional staff shall include at least one of the following individuals who has received training in the specific area listed below:

A. Mental Health

1. a licensed physician, or
2. a licensed psychologist, or
3. a licensed mental health therapist, or
4. a licensed advanced practice registered nurse-psychiatric mental health nurse specialist.

5. If unlicensed staff are used, they shall not supervise clinical programs. Unlicensed staff shall be trained to work with

psychiatric consumers and be supervised by a licensed clinical professional.

B. Substance Abuse

1. a licensed physician, or
2. a licensed psychologist, or
3. a licensed mental health therapist, or
4. a licensed advanced practice registered nurse-psychiatric mental health nurse specialist.

5. A licensed substance abuse counselor or unlicensed staff who work with substance abusers shall be supervised by a licensed clinical professional.

6. Opioid outpatient treatment programs shall have a licensed physician who is an American Society of Addiction Medicine certified physician or who can document specific training in methadone treatment for opioid addictions or who can document specific training or experience in methadone treatment for opioid addictions. Physicians prescribing buprenorphine must show proof of completion of [8 hour] federally required physician training.

C. Children and Youth

1. a licensed psychiatrist, or
2. a licensed psychologist, or
3. a licensed mental health therapist, or
4. a licensed advanced practice registered nurse-psychiatric mental health nurse specialist.

5. If the following individuals are used they shall not supervise clinical programs: A person with a graduate degree in counseling, psychiatric nursing, marriage and family therapy, social work or psychology who is working toward a clinical license, and has been approved by the Division of Occupational and Professional Licensing for the appropriate supervision, or a second year graduate student training for one of the above degrees.

D. Domestic Violence

1. a licensed psychiatrist, or
2. a licensed psychologist, or
3. a licensed clinical social worker, or
4. a licensed marriage and family therapist, or
5. a licensed professional counselor, or
6. a licensed advanced practice registered nurse-psychiatric mental health nurse specialist, or

7. a person with a graduate degree in counseling, psychiatric nursing, marriage and family therapy, social work or psychology who is working toward a clinical license, and has been approved by the Division of Occupational and Professional Licensing for the appropriate supervision, or

8. a second year graduate student in training for one of the above degrees, or

9. a licensed social services worker with at least three years of continual, full time, related experience, when practicing under the direction and supervision of a licensed clinical professional.

10. Individuals from categories 7. and 8. above shall not supervise clinical programs. Individuals in category i. above shall not supervise clinical programs, and may only co-facilitate group therapy sessions with a person qualified per paragraphs 1. through 6. above.

R501-21-6. Direct Service.

A. Treatment plans shall be developed based on assessment and evaluation of individual consumer needs. The treatment may be consultative and may include medication management.

B. Treatment plans shall be reviewed and signed by a

licensed clinical professional as frequently as determined in the treatment plan.

C. Except for Domestic Violence, individual, group, couple, or family counseling sessions shall be provided to the consumer as frequently as determined in the treatment plan. In the consumer's record and in the progress notes, the date of the session and the provider shall be documented. Treatment sessions may be provided less frequently than once a month if approved by the clinical supervisor and justified in the consumer record.

D. Domestic violence treatment programs shall comply with generally accepted practices in the current domestic violence literature and the following requirements:

1. Maintain and document cooperative working relationships with domestic violence shelters, treatment programs, referring agencies, custodial parents when the consumer is a minor and local domestic violence coalitions. If the consumer is a perpetrator, contact with victims, current partner, and the criminal justice referring agencies is also required, as appropriate.

2. Treatment sessions for each perpetrator, not including orientation and assessment interviews, shall be provided for at least one hour per week for a minimum of sixteen weeks. Treatment sessions for children and victims shall offer a minimum of 10 sessions for each consumer not including intake or orientation.

3. Staff to Consumer Ratio:

a. The staff to consumer ratio in adult treatment groups shall be one to eight for a one hour long group or one to ten for an hour and a half long group. The maximum group size shall not exceed sixteen.

b. Child victim or child witness groups shall have a ratio of one staff to eight children when the consumers are under twelve years of age, and a one staff to ten children ratio when the consumers are twelve years of age or older.

c. When any consumer enters a treatment program the staff shall conduct an in-depth, face to face interview and assessment to determine the consumer's clinical profile and treatment needs. For perpetrator consumers, additional information shall be obtained from the police incident report, perpetrator's criminal history, prior treatment providers, and the victim. When appropriate, additional information for child consumers shall be obtained from parents, prior treatment providers, schools and Child Protective Services. When any of the above information cannot be obtained the reason shall be documented. The assessment shall include the following:

1) a profile of the frequency, severity and duration of the domestic violence behavior, which includes a summary of psychological violence,

2) documentation of any homicidal, suicidal ideation and intentions as well as abusive behavior toward children,

3) a clinical diagnosis and a referral for evaluation to determine the need for medication if indicated,

4) documentation of safety planning when the consumer is an adult victim, child victim, or child witness, and that they have contact with the perpetrator. For victims who choose not to become treatment consumers, safety planning shall be addressed when they are contacted, and

5) documentation that appropriate measures have been taken to protect children from harm.

4. Consumers deemed appropriate for a domestic violence treatment program shall have an individualized treatment plan, which addresses all relevant treatment issues. Consumers who are not deemed appropriate for domestic violence programs shall be referred

to the appropriate resource, with the reasons for referral documented and notification given to the referring agency. Domestic violence counseling shall be provided when appropriate, concurrently with or after other necessary treatment.

5. Conjoint or group therapy sessions with victims and perpetrators together or with both co-perpetrators shall not be provided until a comprehensive assessment has been completed to determine that the violence has stopped and that conjoint treatment is appropriate. The perpetrator must complete a minimum of 12 domestic violence treatment sessions prior to implementing conjoint therapy.

6. A written procedure shall be implemented to facilitate the following in an efficient and timely manner:

- a. entry of the court ordered defendant into treatment,
- b. notification of consumer compliance, participation or completion,
- c. disposition of non-compliant consumers,
- d. notification of the recurrence of violence, and
- e. notification of factors which may exacerbate an individual's potential for violence.

7. Comply with the "Duty to Warn," Section 78B-3-502.

8. Document specialized training in domestic violence assessment and treatment practices including 24 hours of pre-service training within the last two years and 16 hours of training annually thereafter for all individuals providing treatment services.

9. Clinical supervision for treatment staff who are not clinically licensed shall consist of a minimum of an hour a week to discuss clinical dynamics of cases.

E. Opioid outpatient treatment programs shall:

1. Admit consumers to the program and dispense medications only after the completion of a face to face visit with a licensed practitioner having authority to prescribe controlled substances who confirms the opioid dependence. A licensed practitioner having authority to prescribe controlled substances must ~~conduct a face to face visit for~~ approve every subsequent dose increase prior to the change.

2. Assure all consumers see the physician at least once yearly.

3. Require all consumers admitted to the program to participate in random, ~~observed~~ drug testing. Drug testing will be performed by the program minimally, 2 times per month for the first 3 months of treatment, and monthly thereafter, except for a consumer whose lack of progress shall require more frequent drug testing for a longer period of time.

4. Require consumers to participate in counseling sessions at least 1 hour per week for the first 90 days. Upon successful completion of this phase of treatment, consumers shall be required to participate in counseling 2 hours per month for the next 6 months. Upon successful completion of 9 months of treatment, consumers shall be seen at least monthly thereafter until discharge. Exceptions to this requirement must be approved in writing by the Division of Substance Abuse and Mental Health.

5. Maintain a staff to consumer ratio of:

- a. 1 counselor to every 50 consumers.
- b. 1 hour of physician time at the program site each month for every 10 consumers enrolled.
- c. 1 FTE nurse to dispense medications for every 150 consumers dosing on an average daily basis.

6. Comply with R523-21-1 Rules Governing Methadone Providers.

R501-21-7. Physical Environment.

A. The program shall provide written documentation of compliance with the following:

1. local zoning ordinances,
2. local business license requirements,
3. local building codes,
4. local fire safety regulations, and
5. local health codes.

B. Building and Grounds

1. The program shall ensure that the appearance and cleanliness of the building and grounds are maintained.

2. The program shall take reasonable measures to ensure a safe physical environment for consumers and staff.

R501-21-8. Physical Facility.

A. Space shall be provided for private and group counseling sessions.

B. The program shall have storage for the following:

1. locked storage for medications, and
2. locked storage for hazardous chemicals and materials, according to the direction of the local fire authorities.

C. Equipment

1. Furniture and equipment shall be of sufficient quantity, variety, and quality to meet program and consumer plans.

2. All furniture and equipment shall be maintained in a clean and safe condition.

D. Bathrooms

1. Bathrooms shall accommodate physically disabled consumers.

2. Each bathroom shall be maintained in good operating order and be properly equipped with toilet paper, towels, and soap.

3. Bathrooms shall be ventilated by mechanical means or equipped with a screened window that opens.

KEY: human services, licensing, outpatient treatment programs

Date of Enactment or Last Substantive Amendment: [~~January 24, 2014~~]2014

Notice of Continuation: April 5, 2010

Authorizing, and Implemented or Interpreted Law: 62A-2-101 et seq.

Human Services, Administration, Administrative Services, Licensing **R501-22** Residential Support Programs

NOTICE OF PROPOSED RULE (Amendment)

DAR FILE NO.: 38835

FILED: 09/02/2014

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose for the changes to this rule is to implement the licensing of Temporary Homeless Youth

Shelters by the Office of Licensing as authorized by Section 62A-4a-501 as modified by H.B. 132, 2014 General Legislative Session. The changes are adding a new Section R501-22-13 and for clarification to Sections R501-22-2 and R501-22-3.

SUMMARY OF THE RULE OR CHANGE: This amendment updates the rule to include the definition of "Temporary Homeless Youth Shelters" and define specific provisions regarding bathrooms, bedrooms, educational requirements, staffing ratios, age requirements, assessment of imminent risk of harming and defined notifications as required by Section 62a-2-108.8. It also provides accurate clarification to Sections R501-22-2 and R501-22-3 of the rule.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 58-60-102 and Section 62A-2-101 and Section 62A-2-106 and Section 62A-4a-501

ANTICIPATED COST OR SAVINGS TO:

◆ **THE STATE BUDGET:** This rule establishes requirements and regulations for temporary homeless youth shelters. It will have no impact on state government and will not affect the budget. Fees paid by the licensee and designated by the Legislature will cover any state efforts to provide this new license.

◆ **LOCAL GOVERNMENTS:** This rule establishes requirements and regulations for temporary homeless youth shelters. It will have minimal impact on local government and will not affect the budget. Local government may on some licenses need to provide business licenses, and health/fire inspections, but this impact will be covered by their local protocols. It may even increase their revenue depending on their fee structure.

◆ **SMALL BUSINESSES:** The fee associated with these rules will impact the organizations applying for the new Temporary Homeless Youth Shelter Residential Support License. However, it is legislatively mandated as part of the cost of providing this service.

◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** This rule establishes requirements and regulations for temporary homeless youth shelters. It will have no impact on other entities.

COMPLIANCE COSTS FOR AFFECTED PERSONS: The compliance costs will be limited to the current approved fees of \$100 for the license. Other costs incurred are simply related to doing business in this area. Requirements for this new license are comparable to that of other similar licenses.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: The fiscal impact on business will be minimal. In addition to the current approved fees of \$100 for the license, other costs incurred are largely related to ensuring compliance with basic health and safety standards in order to provide this kind of service to vulnerable youth safely. Requirements for this new license are comparable to that of other similar licenses.

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

HUMAN SERVICES
ADMINISTRATION, ADMINISTRATIVE SERVICES,
LICENSING
195 N 1950 W 1ST FLR
SALT LAKE CITY, UT 84116
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

◆ Diane Moore by phone at 801-538-4235, by FAX at 801-538-4553, or by Internet E-mail at dmoore@utah.gov
◆ Jeff Harris by phone at 801-538-4236, by FAX at 801-538-4553, or by Internet E-mail at jharris@utah.gov
◆ Julene Jones by phone at 801-538-4521, by FAX at 801-538-3942, or by Internet E-mail at jhjones@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 10/15/2014

THIS RULE MAY BECOME EFFECTIVE ON: 10/22/2014

AUTHORIZED BY: Diane Moore, Director

R501. Human Services, Administration, Administrative Services, Licensing.

R501-22. Residential Support Programs.

R501-22-1. Authority.

Pursuant to Section 62A-2-101 et seq., the Office of Licensing, shall license residential support programs according to the following rules.

R501-22-2. Purpose.

~~[Residential support programs arrange for or provide the necessities of life as a protective service to individuals or families who are experiencing a dislocation or emergency which prevents them from providing these services for themselves or their families. Treatment is not a necessary component of residential support, however treatment shall be made available on request.]~~This rule establishes basic health and safety standards for residential support programs.

R501-22-3. Definition.

Residential Support ~~[program means a 24-hour group living environment, providing room and board for four or more consumers unrelated to the owner or provider in accordance with]~~is as defined in ~~[Sub]section 62A-2-101[(44)].~~ Temporary Homeless Youth Shelter is as defined in Section 62A-4a-501.

R501-22-4. Administration.

A. In addition to the following rules, all Residential Support Programs shall comply with R501-2, Core Standards.

B. The program shall ensure that consumers receive direct service from an assigned worker or other appropriate professional.

C. A list of current consumers shall be available and on-site at all times.

R501-22-5. Staffing.

A. The program shall have an employed manager responsible for the day to day resident supervision and operation of the facility. The responsibilities of the manager shall be clearly defined. Whenever the manager is absent there shall be a substitute to assume managerial responsibility[~~as needed~~]. With the exception of Domestic Violence Shelters, adult programs are not required to provide twenty four hour supervision.

B. The program shall make arrangement for medical backup with a medical clinic or physician licensed to practice medicine in the State of Utah.

C. [~~During normal staff hours, t~~]The program shall have at least one person on duty who has completed and remains current in a certified first aid and CPR program.

D. Programs which utilize students and volunteers, shall provide screening, training, and evaluation of volunteers. Volunteers providing care in Domestic Violence Shelters, without paid staff present, shall have direct communication access to designated staff at all times. Volunteers shall be informed verbally and in writing of program objectives and scope of service.

R501-22-6. Direct Service.

This section supersedes core standards, Section R501-2-8.

A. The program consumer records shall contain the following:

1. name, address, telephone number, admission date, and personal information [as]required by the program,
2. emergency information with names, address, and telephone numbers,
3. a statement indicating that the resident meets the admission criteria,
4. description of presenting problems,
5. service plan and services provided, and referral arrangements as required by the program,
6. discharge date,
7. signature of person or persons, or designee providing services, and
8. crisis intervention and incident reports.

B. The program's consumer service plan shall offer and document as many life enhancement opportunities as are appropriate and reasonable.

C. Domestic Violence Shelter action plans shall include the following:

1. a review of danger and lethality with victim and discussion of the level of the victim's risk of safety.
2. a review of safety plan with the victim,
3. a review of the procedure for a protective order and referral to appropriate agency or clerk of the court authorized to issue the protective order, and
4. a review of supportive services to include, but not limited to medical, self-sufficiency, day care, legal, financial, and housing assistance. The program shall facilitate connecting services to those resources as requested. Appropriate referrals shall be made, when indicated, and documented in the consumer record for victim treatment, psychiatric consultation, drug and alcohol treatment, or other allied services.
5. Domestic Violence Shelter staff completing action plans shall have at least a Bachelor's Degree in Behavioral Sciences.

R501-22-7. Physical Environment.

A. The program shall provide written documentation of compliance with the following:

1. local zoning ordinances,
2. local business license requirements,
3. local building codes,
4. local fire safety regulations,
5. local health codes, and
6. local approval from the appropriate government agency

for new program services or increased consumer capacity.

B. Building and Grounds

1. The program shall ensure that the appearance and cleanliness of the building and grounds are maintained.

2. The program shall take reasonable measures to ensure a safe physical environment for its consumers and staff.

R501-22-8. Physical Facility.

A. Live-in staff shall have separate living space with a private bathroom.

B. The program shall have space to serve as an administrative office for records, secretarial work and bookkeeping.

C. Space shall be provided for private and group counseling sessions.

D. Bathrooms -- The following bathroom standards shall apply.

1. There shall be separate bathrooms, including a toilet, lavatory, tub or shower, for males and females. These shall be maintained in good operating order and in a clean and safe condition.
2. Consumer to bathroom ratios shall be 10 to one.
3. Bathrooms shall accommodate consumers with physical disabilities, as required.
4. Each bathroom shall be maintained in good operating order and be equipped with toilet paper, towels, and soap.
5. There shall be mirrors secured to the walls at convenient heights.
6. Bathrooms shall be placed as to allow access without disturbing other residents during sleeping hours.
7. Bathrooms shall be ventilated by mechanical means or equipped with a screened window that opens.
8. Domestic Violence Shelters Bathrooms
 - a. family members may share bathrooms, and
 - b. where bathrooms are shared by more than one family or by children over the age of eight, parents or program staff shall ensure that privacy is protected.

9. Temporary Homeless Youth Shelters Bathrooms

- a. Single occupancy unisex bathrooms are permissible.

E. Sleeping Accommodations

1. A minimum of 60 square feet per consumer shall be provided in a multiple occupant bedroom and 80 square feet in a single occupant bedroom. Storage space shall not be counted.

2. Sleeping areas shall have a source of natural light, and shall be ventilated by mechanical means or equipped with a screened window that opens.

3. Each bed, none of which shall be portable, shall be solidly constructed and be provided with clean linens after each consumer stay and at least weekly.

4. Sleeping quarters serving male and female residents shall be structurally separated.

5. Consumers shall be allowed to decorate and personalize bedrooms with respect for other residents and property.

6. For Domestic Violence Shelters, Family Support Centers, Temporary Homeless Youth Shelters and children's shelters, the following shall apply:

a. A minimum of 40 square feet per consumer shall be provided in a multiple occupant bedroom. Storage space shall not be counted. The use of one crib for children under two years of age shall not be counted in the square foot requirement as long as it does not inhibit access to and from the room.

b. Roll away and hide-a-beds may be used as long as the consumer square foot requirement is maintained.

c. Family members are allowed to share bedrooms. Where bedrooms are shared by more than one family, parents or program staff shall make appropriate arrangements to ensure privacy is protected.

7. For Temporary Homeless Youth Shelters, the following shall apply:

a. A minimum of 40 square feet per consumer shall be provided in a multiple occupant dormitory style bedroom. Storage space shall not be counted.

b. For youth with their own children, a minimum of 40 square feet per person shall be provided in a separately enclosed bedroom that houses only youth that have their own children. Storage space shall not be counted.

F. Equipment

1. Furniture and equipment shall be of sufficient quantity, variety, and quality to meet program and consumer needs.

2. All furniture and equipment shall be maintained in a clean and safe condition.

G. Storage

1. The program shall have locked storage for medications.

2. The program shall have locked storage for hazardous chemicals and materials, according to the direction of the local fire authorities.

3. Any weapons brought into the facility shall be secured in a locked storage area or removed from the premises.

H. Laundry Service

1. Programs which permit consumers to do their own laundry shall provide equipment and supplies for washing, drying, and ironing.

2. Programs which provide for common laundry of linens and clothing, shall provide containers for soiled laundry separate from storage for clean linens and clothing.

3. Laundry appliances shall be maintained in good operating order and in a clean and safe condition.

R501-22-9. Food Service.

A. One staff shall be responsible for food service. If this person is not a professionally qualified dietitian, regularly scheduled consultation with a professionally qualified dietitian shall be obtained. Meals served shall be from dietitian approved menus.

B. The staff responsible for food service shall maintain a current list of consumers with special nutritional needs and record in the consumer's service record information relating to special nutritional needs and provide for nutritional counseling where indicated.

C. The program shall establish and post kitchen rules and privileges according to consumer needs.

D. Consumers present in the facility for four or more consecutive hours shall be provided nutritious food.

E. Meals may be prepared at the facility or catered.

F. Kitchens shall have clean, safe operational equipment for the preparation, storage, serving, and clean-up of all meals.

G. Adequate dining space shall be provided for consumers. The dining space shall be maintained in a clean and safe condition.

H. When meals are prepared by consumers, there shall be a written policy to include the following:

1. rules of kitchen privileges,

2. menu planning and procedures,

3. nutritional and sanitation requirements, and

4. schedule of responsibilities.

R501-22-10. Specialized Services for Substance Abuse.

A. The program shall not admit anyone who is currently experiencing convulsions, in shock, delirium tremens, in a coma or unconscious.

B. Before admission, consumers shall be tested for Tuberculosis. Both consumers and staff shall be tested annually or as directed by the local health requirements.

R501-22-11. Specialized Services for Programs Serving Children.

A. The program shall provide clean and safe age appropriate toys for children.

B. The program shall provide an outdoor play area enclosed with a five foot safety fence.

C. Only custodial parents, legal guardian, or persons designated in writing, are allowed to remove any child from the program.

D. The program shall provide adequate staff to supervise children at all times.

R501-22-12. Specialized Services for Domestic Violence Shelters.

A. The program shall provide clean and safe age appropriate toys for children.

B. The program shall provide an outdoor play area enclosed with a five foot safety fence.

C. The program shall provide and document the following information both verbally and in writing to the consumer: Shelter rules, reason for termination, and confidentiality issues.

D. Parents are responsible for supervising their children while at the shelter. If parents are required to be away from the shelter or involved in shelter activities without their children, they shall arrange for appropriate child care services.

R501-22-13. Specialized Services for Temporary Homeless Youth Shelters.

A. Temporary Homeless Youth Shelters shall provide a staff ratio of no less than one direct care staff to ten youth.

B. The age of the youth to be admitted shall be between 12 years of age and 17 years of age. Youth may be admitted with their own biological children of any age.

C. Youth shall be assessed by facility staff who meet the qualifications of a mental health therapist as defined in Section 58-60-102, to determine whether they are an imminent risk of harming themselves or others. Youth who are assessed as an imminent risk shall be referred to programs qualified to serve them.

D. Temporary Homeless Youth Shelters shall comply with Section 62A-4a-501 regarding mandatory notifications.

E. Temporary Homeless Youth Shelters shall comply with Section 62A-2-108.1 to coordinate educational requirements for all youth admitted.

KEY: human services, licensing

Date of Enactment or Last Substantive Amendment: ~~[May 2, 2000]~~ 2014

Notice of Continuation: April 5, 2010

Authorizing, and Implemented or Interpreted Law: 62A-2-101 et seq.

Insurance, Administration R590-170-4 Establishing the Trust Account

NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 38823

FILED: 08/28/2014

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: This section is being updated to more closely follow the current way trust funds are being established.

SUMMARY OF THE RULE OR CHANGE: This section is being changed to allow the use of a Social Security number in the establishment of a trust account. Another change allows trust accounts to be identified as a "premium fund account". These changes come at the request of members of the insurance industry.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 31A-23a-406 and Section 31A-23a-409 and Section 31A-23a-410 and Section 31A-23a-411.1 and Section 31A-23a-412 and Section 31A-25-305 and Subsection 31A-2-201(3)

ANTICIPATED COST OR SAVINGS TO:

- ◆ **THE STATE BUDGET:** The changes will have no fiscal impact on the department or state budget. The changes will not require licensees to make any special filings or pay additional fees. The changes give licensees more options in setting up trust accounts required by the insurance code.
- ◆ **LOCAL GOVERNMENTS:** The changes will have no fiscal impact on local governments. It simply provides additional options to insurance licensees in setting up a trust account.
- ◆ **SMALL BUSINESSES:** The changes provide additional options to licensees, including the small insurance agencies required to have trust accounts. The changes will provide additional options in the name of their trust account and now the use of a Social Security number or an EIN number in opening the account. Neither of these options will have a fiscal impact.

◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** The changes provide additional options to insurance licensees; individuals, agencies, and companies required to have trust accounts. The changes will provide additional options in the name of their account and the use of a Social Security number or an EIN number in opening the account. Neither of these options will have a fiscal impact.

COMPLIANCE COSTS FOR AFFECTED PERSONS: The changes provide additional options to insurance licensees; individuals, agencies, and companies, that are required to have trust accounts. The changes will provide additional options in the name of their account and the option to use a Social Security number or an EIN number in opening the account. Neither of these options will have a fiscal impact.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: These changes will have no fiscal impact on licensees. The ability to use a Social Security number will save a little time for those individuals and agencies previously required to obtain an EIN number.

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

INSURANCE
ADMINISTRATION
ROOM 3110 STATE OFFICE BLDG
450 N MAIN ST
SALT LAKE CITY, UT 84114-1201
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

◆ Jilene Whitby by phone at 801-538-3803, by FAX at 801-538-3829, or by Internet E-mail at jwhitby@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 10/15/2014

THIS RULE MAY BECOME EFFECTIVE ON: 10/22/2014

AUTHORIZED BY: Todd Kiser, Commissioner

R590. Insurance, Administration.

R590-170. Fiduciary and Trust Account Obligations.

R590-170-4. Establishing the Trust Account.

(1) All records relating to a trust account shall be identified with the wording "Trust Account" or words of similar import[-], including "premium fund account." These records include checks, bank statements, general ledgers and records retained by the bank pertaining to the trust account.

(2) All trust accounts shall be established with a Federal Employer Identification Number ~~[rather than]~~ or a Social Security Number.

(3) A trust account shall be separate and distinct from operating and personal accounts, i.e., a separate account number, a separate account register, and different checks, deposit and withdrawal slips.

(4) A non-licensee may not be a signator on a licensee's trust account, unless the non-licensee signatory is an employee of the licensee and has specific responsibility for the licensee's trust account.

KEY: insurance

Date of Enactment or Last Substantive Amendment: [~~March 7, 2000~~]**2014**

Notice of Continuation: February 11, 2014

Authorizing, and Implemented or Interpreted Law: 31A-2-201; 31A-23a-406; 31A-23a-409; 31A-23a-412; 31A-25-305

**Insurance, Title and Escrow
Commission
R592-16
Prohibited Escrow Settlement Closing
Transactions**

NOTICE OF PROPOSED RULE

(New Rule)

DAR FILE NO.: 38824

FILED: 08/28/2014

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: This rule replaces Bulletin 2007-1, Prohibited Escrow Settlement Closing Transactions. The purpose of this rule is to identify certain escrow practices involving two or more back-to-back sales and purchases of the same parcel of real property, which the Title and Escrow Commission (Commission) finds may violate the insurance code or rules.

SUMMARY OF THE RULE OR CHANGE: The rule defines a land flip and then describes a permitted and prohibited escrow flip transaction.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Subsection 31A-2-404(2)

ANTICIPATED COST OR SAVINGS TO:

◆ **THE STATE BUDGET:** The rule provides permitted and prohibited escrow procedures for a flip transaction. Those found to be in violation of this rule may be required to pay a forfeiture that would go into the state fund. Forfeiture amounts would vary depending on the severity of the violation.

◆ **LOCAL GOVERNMENTS:** The implementation of this rule will have no fiscal impact on local governments. The rule deals solely with the process of a flip transaction by a title licensee.

◆ **SMALL BUSINESSES:** This rule specifically requires title insurance agencies involved in property flip transactions to

use separate and distinct funds for each transaction. This rule is being promulgated to stop the practice of using the same funds for multiple transactions in a flip. Each transaction is to stand on its own financially. This may slow the process of flipping a property. As a result, slowing the flow of income may reduce the income. Not all licensees participate in the practice of flipping properties without properly funding each transaction. The fiscal impact will vary for those that do and now are not allowed to. The department has no way of calculating the impact on these licensees.

◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** This rule specifically requires title insurance licensees, agencies, and individuals, involved in property flip transactions to use separate and distinct funds for each transaction. This rule is being promulgated to stop the practice of using the same funds for multiple transactions in a flip. Each transaction is to stand on its own financially. This may slow the process of flipping a property. As a result, slowing the flow of income may reduce the income. Not all licensees participate in the practice of flipping properties without properly funding each transaction. The fiscal impact will vary for those that do and now are not allowed to. The department has no way of calculating the impact on these licensees.

COMPLIANCE COSTS FOR AFFECTED PERSONS: Not all licensees participate in the practice of flipping properties without proper funding for each transaction, and those that do, vary in how often they flip properties. As a result the fiscal impact of this rule, if any, will vary among those that participate in this practice. It cannot be calculated by the department.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: Any fiscal impact to businesses will be to those title licensees that have not used separate and distinct funds for multiple transactions in a flip. It is, however, a measure that protects individuals that could unknowingly be involved in a prohibited flip transaction not properly funded that could be financially harmful to them.

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

INSURANCE
TITLE AND ESCROW COMMISSION
ROOM 3110 STATE OFFICE BLDG
450 N MAIN ST
SALT LAKE CITY, UT 84114-1201
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

◆ Jilene Whitby by phone at 801-538-3803, by FAX at 801-538-3829, or by Internet E-mail at jwhitby@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 10/27/2014

INTERESTED PERSONS MAY ATTEND A PUBLIC HEARING REGARDING THIS RULE:

♦ 10/20/2014 09:00 AM, Senate Bldg, 420 N State St, Copper Room, Salt Lake City, UT

THIS RULE MAY BECOME EFFECTIVE ON: 11/03/2014

AUTHORIZED BY: Todd Kiser, Commissioner

R592. Insurance, Title and Escrow Commission.

R592-16. Prohibited Escrow Settlement Closing Transactions.

R592-16-1. Authority.

This rule is promulgated pursuant to Section 31A-2-404(2), which authorizes the Title and Escrow Commission (Commission) to make rules for the administration of the Insurance Code related to title insurance, including rules related to standards of conduct for a title insurer, agency title insurance producer or individual title insurance producer.

R592-16-2. Purpose and Scope.

(1) The purpose of this rule is to identify certain escrow practices involving two or more back to back sales and purchases of the same parcel of real property, which the Commission finds may violate the Insurance Code or rules, and therefore it is necessary to identify and prohibit such conduct.

(2) These practices include sales and purchases of the same parcel of real property where funds from the final purchaser are received by the initial seller despite having no contractual privity and those where no statutory authority exists for the title insurer, agency title insurance producer, or individual title insurance producer to conduct one or more of such escrows under Section 31A-23a-406 and Rule R592-6-4(5).

(3) This rule applies to all title insurers, agency title insurance producers, individual title insurance producers, and all employees, representatives, and any other party working for or on behalf of said entities whether as a full time or part time employee, or as an independent contractor.

R592-16-3. Definitions.

For the purpose of this rule the Commission adopts the definitions as set forth in Section 31A-1-301 and the following:

(1) "Land flip" means two or more escrows involving real property where the following circumstances exist:

(a) Buyer B contracts with Seller A to buy a parcel of real property;

(b) Buyer B then contracts with Buyer C to sell the same parcel of real property; and

(c) Buyer B anticipates buying and selling the same parcel at or near the same time to Buyer C.

R592-16-4. Permitted Escrows of Flip Transactions.

Title insurers, agency title insurance producers, and individual title insurance producers are permitted to conduct escrows involving a land flip if each real estate transaction stands on its own and the following conditions are met:

(1) Buyer B, in the transaction with Seller A, must use funds separate and distinct from the funds used by Buyer C as part of the transaction between Buyer B and Buyer C.

R592-16-5. Prohibited Escrows of Flip Transactions.

Except as allowed under R592-16-4, title insurers, agency title insurance producers, and individual title insurance producers are prohibited from conducting any escrows involving a land flip.

R592-16-6. Enforcement Date.

The commissioner will begin enforcing the provisions of this rule 45 days from the effective date of the rule.

R592-16-7. Severability.

If any provision or clause of this rule or its application to any person or situation is held invalid, such invalidity may not affect any other provision or application of this rule which can be given effect without the invalid provision or application, and to this end the provisions of this rule are declared to be severable.

KEY: escrow insurance flip

Date of Enactment or Last Substantive Amendment: 2014

Authorizing, Implemented, or Interpreted Law: 31A-2-404(2)

Labor Commission, Industrial Accidents
R612-100-1
Authority

NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 38809

FILED: 08/22/2014

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of the proposed amendments to Section R612-100-1 is to update the statutory references from which the rules are enacted.

SUMMARY OF THE RULE OR CHANGE: The amendment eliminates any reference to the Utah Injured Worker Reemployment Act. The Act was allowed to sunset in the 2014 General Legislative Session thus eliminating the necessity of any references.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 34A-1-104 et seq. and Section 34A-2-101 et seq. and Section 34A-3-101 et seq. and Section 63G-4-102 et seq.

ANTICIPATED COST OR SAVINGS TO:

♦ **THE STATE BUDGET:** Updating and clarifying Section R612-100-1's references will not have any substantive effect on the workers' compensation system. Consequently, the proposed amendment will not result in additional administrative or enforcement costs to the Labor Commission, nor will the changes affect the state's workers' compensation coverage expenses as an employer.

◆ LOCAL GOVERNMENTS: Updating and clarifying Section R612-100-1's references will not have any substantive effect on the workers' compensation system. Consequently, the proposed amendment will not change local governments' workers' compensation coverage expenses as employers.

◆ SMALL BUSINESSES: Updating and clarifying R612-100-1's references will not have any substantive effect on the workers' compensation system. Consequently, the proposed amendment will not change small businesses' workers' compensation coverage expenses as employers.

◆ PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES: The proposed change to Section R612-100-1 is consistent with current practice and will not result in any additional expense to other persons.

COMPLIANCE COSTS FOR AFFECTED PERSONS: The elimination of references to the Utah Injured Worker Reemployment Act will assist stakeholders in understanding and using the workers' compensation system. The proposed amendment is not expected to result in any additional compliance costs for affected persons.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: The proposed changes to Section R612-100-1 are part of the Industrial Accidents Division's comprehensive review of all its workers' compensation rules. As already noted, the proposed amendment is not substantive in nature, but works to simplify, update, and clarify definitions used throughout the Division's rules. As such, the amendment will not increase stakeholder costs, but should make use of the Division's rules easier.

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

LABOR COMMISSION
INDUSTRIAL ACCIDENTS
HEBER M WELLS BLDG
160 E 300 S
SALT LAKE CITY, UT 84111-2316
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

◆ Ron Dressler by phone at 801-530-6841, by FAX at 801-530-6804, or by Internet E-mail at rdressler@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 10/15/2014

THIS RULE MAY BECOME EFFECTIVE ON: 10/22/2014

AUTHORIZED BY: Sherrie Hayashi, Commissioner

R612. Labor Commission, Industrial Accidents.

R612-100. Workers' Compensation Rules - General Provisions.

R612-100-1. Authority.

These rules are enacted pursuant to the following statutory authority:

A. Section 34A-1-104 of the Utah Labor Commission Act;
B. Section 34A-2-103, 34A-2-201.3, 34A-2-407 and 34A-2-412 of the Utah Workers' Compensation Act;

C. Section 34A-2-1001 et seq. of the Workers' Compensation Coverage Waiver Act;

~~[D. Sections 34A-8a-202 and 34A-8a-203 of the Utah Injured Worker Reemployment Act;~~

] [E]D. Section 59-9-101 of the Taxation of Admitted Insurers Act;

[F]E. Section 63G-4-202(1) of the Utah Administrative Procedures Act; and

[G]E. Section 78B-8-404 of Chapter 8, Title 78B, Utah Code Annotated.

KEY: workers' compensation, administrative procedures

Date of Enactment or Last Substantive Amendment: [February 25, 2013]2014

Authorizing, and Implemented or Interpreted Law: 34A-2-101 et seq.; 34A-3-101 et seq.; 34A-1-104 et seq.; 63G-4-102 et seq.

Labor Commission, Industrial Accidents R612-100-2 Definitions

NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 38805

FILED: 08/22/2014

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of the proposed amendments to Section R612-100-2 is to update and clarify those definitions that remain in use in the workers' compensation program, eliminate redundant or unnecessary definitions, and define additional terms that are in use but have not previously been defined.

SUMMARY OF THE RULE OR CHANGE: The amendment eliminates definitions of the following terms because they are defined elsewhere in statute or rule, are no longer in use, or do not require definition: "aggregate excess insurance"; "contact"; "department"; "emergency medical services provider"; "emergency medical services (EMS) agency"; "employee leasing company"; "global fee case"; "medical panel"; "medical practitioner"; "receiving facility"; "reserve";

"significant exposure"; "source patient"; and "specific excess insurance". Definitions are added for the following terms: "benefit"; "claimant"; "injury"; and "payor". The definition of "first aid", also added to the rule, is the same definition of the term that was previously found in Section R612-100-3, and also in Subsection R612-200-1(A). Other definitions were clarified to correspond with their usage throughout the Industrial Accidents Division's rules.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 34A-1-104 et seq. and Section 34A-2-101 et seq. and Section 34A-3-101 et seq. and Section 63G-4-102 et seq.

ANTICIPATED COST OR SAVINGS TO:

- ◆ THE STATE BUDGET: Updating and clarifying Section R612-100-2's definitions will not have any substantive effect on the workers' compensation system. Consequently, the proposed amendment will not result in additional administrative or enforcement costs to the Labor Commission, nor will the changes affect the state's workers' compensation coverage expenses as an employer.
- ◆ LOCAL GOVERNMENTS: Updating and clarifying Section R612-100-2's definitions will not have any substantive effect on the workers' compensation system. Consequently, the proposed amendment will not change local governments' workers' compensation coverage expenses as employers.
- ◆ SMALL BUSINESSES: Updating and clarifying Section R612-100-2's definitions will not have any substantive effect on the workers' compensation system. Consequently, the proposed amendment will not change small businesses' workers' compensation coverage expenses as employers.
- ◆ PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES: The proposed change to Section R612-100-2 is consistent with current practice and will not result in any additional expense to other persons.

COMPLIANCE COSTS FOR AFFECTED PERSONS: The elimination of unnecessary and redundant definitions, the addition of necessary definitions, and the clarification of other definitions will assist stakeholders in understanding and using the workers' compensation system. The proposed amendment is not expected to result in any additional compliance costs for affected persons.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: The proposed changes to Section R612-100-2 are part of the Industrial Accidents Division's comprehensive review of all its workers' compensation rules. As already noted, the proposed amendment is not substantive in nature, but works to simplify, update, and clarify definitions used throughout the Division's rules. As such, the amendment will not increase stakeholder costs, but should make use of the Division's rules easier.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:
 LABOR COMMISSION
 INDUSTRIAL ACCIDENTS
 HEBER M WELLS BLDG
 160 E 300 S
 SALT LAKE CITY, UT 84111-2316
 or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:
 ◆ Ron Dressler by phone at 801-530-6841, by FAX at 801-530-6804, or by Internet E-mail at rdressler@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 10/15/2014

THIS RULE MAY BECOME EFFECTIVE ON: 10/22/2014

AUTHORIZED BY: Sherrie Hayashi, Commissioner

R612. Labor Commission, Industrial Accidents.
R612-100. Workers' Compensation Rules - General Provisions.
R612-100-2. Definitions.

A. "Administrative Law Judge" or "ALJ" means a person ~~[duty]~~designated by the Commission to hear and decide disputed cases.

~~[B. "Aggregate Excess Insurance" is the amount of insurance required to cover the total accumulated workers' compensation benefits for all claims payable for a given period of time with the employer retaining an obligation for a designated amount as a deductible and the insurance company paying all amounts due thereafter up to a maximum total obligation.]~~

~~[C. "Award" means [the finding or decision]a determination of the Commission, Appeals Board or Administrative Law Judge [as]of the benefits due a[n injured employee or the dependent(s) of a deceased employee]claimant.]~~

~~[D. "Benefits" includes any payment, entitlement, or other relief provided under the Utah Workers' Compensation Act or Utah Occupational Disease Act.]~~

~~[E. "Commission" means the Utah Labor Commission.]~~

~~[F. "Contact" means the designated person(s) within an emergency medical services agency or the employer of an emergency medical services provider.]~~

~~[G. "Defendant" means[, for purposes of workers' compensation proceedings,] an employer, insurance carrier, [self-insurer, the] Employers' Reinsurance Fund, [and/or the] Uninsured Employers' Fund or other person or entity against whom a claim for benefits is made.]~~

~~]~~ ~~H. "Department" means the Utah Labor Commission.~~
~~]~~ ~~[F]G. "Division" means the Division of Industrial Accidents within the [Labor] Commission.~~

~~]~~ ~~[F]H. "Disabled Injured Worker" means an injured worker who:~~

1. because of the injury or disease that is the basis for the employee being an injured worker:

- a. is or will be unable to return to work in the injured worker's usual and customary occupation; or
- b. is unable to perform work for which the injured worker has previous training and experience; and

2. reasonably can be expected to attain gainful employment after an evaluation provided for in accordance with ~~[the Utah Injured Worker Reemployment Act, Title 34A, Chapter 8a]~~Section 34A-2-413.5.

~~]~~ ~~K. "Emergency medical services provider" means Emergency Medical personnel as defined in Section 26-8a-102, a public safety officer, local fire department personnel, or personnel employed by the Department of Corrections or by a county jail, who provide prehospital Emergency medical care for an emergency medical services agency either as an employee or a volunteer.~~

~~]~~ ~~L. "Emergency medical services (EMS) agency" means an agency, entity, or organization that employs or utilizes emergency medical services providers as defined in (4) as employees or volunteers.~~

~~]~~ ~~M. "Employee leasing company" is as defined per Title 58, Chapter 59.~~

~~]~~ ~~[N]I. "Employer" is defined in Section 34A-2-103 of the Utah Workers Compensation Act and includes self-insured employers and uninsured employers [that are paying an injured workers' claim for benefits].~~

~~]~~ ~~J. "First Aid" is medical care that is:~~

1. administered on-site or at an employer-sponsored free clinic; and
2. limited to the following:
 - a. non-prescription medications at non-prescription strength;
 - b. tetanus immunizations;
 - c. cleaning and applying bandages to skin surface wounds;
 - d. hot or cold packs, contrast baths and paraffin;
 - e. non-rigid support, such as elastic bandages, wraps, and back belts;
 - f. temporary immobilization devices for transporting an accident victim, such as splints, slings, neck collars, or back boards;
 - g. drilling a fingernail or toenail to relieve pressure, or draining fluids from blisters;
 - h. eye patches or use of simple irrigation or a cotton swab to remove foreign bodies not embedded in or adhering to an eye;
 - i. use of irrigation, tweezers, or cotton swab to remove splinters or foreign material;
 - j. finger guards;
 - k. massages;
 - l. drinking fluids to relieve heat stress.
3. "First aid" is limited to initial treatment and one follow-up visit within a seven-day period after the initial treatment, except that if first aid treatment was provided by a licensed health professional in an employer-sponsored free clinic, first aid includes initial treatment and two follow-up visits within a fourteen-day period after the initial treatment.

~~]~~ ~~4. "First aid" does not include any treatment of a work injury that results in:~~

- a. loss of consciousness;
- b. loss of work;
- c. restriction of work;
- d. transfer to another job.

~~]~~ ~~O. "Global Fee Cases" are those flat fee cases where fees include pre-operative and follow-up or aftercare.~~

~~]~~ ~~K. "Injury" includes work-related accidental injury and occupational disease.~~

~~]~~ ~~[P]L. "[Insurer] Insurance Carrier" includes any worker's [workers'] compensation insurance carriers, [and] self-insured employer[s] and self-insured employer's adjusting company, unless otherwise specified.~~

~~]~~ ~~Q. "Insurance Carrier" includes all insurance companies writing workers' compensation and occupational disease and disability insurance, the Workers' Compensation Fund, and self-insurers who are granted self-insuring privileges by the Commission. In all cases involving no insurance coverage by the employer, the term "Insurance Carrier" includes the employer.~~

~~]~~ ~~R. "Medical Panel" means a panel appointed by an Administrative Law Judge pursuant to the standards set forth in Section 34A-2-601, which is responsible to make findings regarding disputed medical aspects of a compensation claim, and may make any additional findings, perform any tests, or make any inquiry as the Administrative Law Judge may require.~~

~~]~~ ~~S. "Medical Practitioner" means any person trained in the healing arts and licensed by the State in which such person practices.~~

~~]~~ ~~M. "Payor" means any insurance carrier, self-insured employer, or uninsured employer that is liable for any benefit or other relief under the Utah Workers' Compensation Act or Utah Occupational Disease Act.~~

~~]~~ ~~T. "Receiving facility" means a hospital, health care or other facility where the patient is delivered by the emergency medical services provider for care.~~

~~]~~ ~~U. "Reserve" is defined as the amount necessary to satisfy all debts, past, present, and future, incurred by reason of industrial accidents or occupational diseases, the origins of which commenced prior to the date of reserve determination.~~

~~]~~ ~~V. "Significant Exposure" and "Significantly Exposed" mean exposure of the body of one person to the blood or body fluids visibly contaminated by blood of another person by:~~

1. percutaneous injury, including a needle stick or cut with a sharp object or instrument; or
2. contact with an open wound, mucous membrane, or non-intact skin because of a cut, abrasion, dermatitis, or other damage; or

~~]~~ ~~W. "Source Patient" means any individual cared for by a pre-hospital emergency medical services provider, including but not limited to victims of accidents or injury, deceased persons, and prisoners or persons in the custody of the Department of Corrections.~~

~~]~~ ~~X. "Specific Excess Insurance" is defined as the amount of insurance required to cover the workers' compensation benefits arising out of a specific occurrence (accident) or occupational disease under the Workers' Compensation Law with the employer retaining an obligation for a designated amount as a deductible and the insurance company assuming the obligation for all amounts due thereafter up to a maximum total obligation.~~

] ~~[Y]~~N. "Usual and Customary Rate (UCR)" is the rate of payment using Ingenix, or a similar service, for charges for services ~~[for]~~in a particular zip code.

KEY: workers' compensation, administrative procedures
Date of Enactment or Last Substantive Amendment: [February 25, 2013]2014
Authorizing, and Implemented or Interpreted Law: 34A-2-101 et seq.; 34A-3-101 et seq.; 34A-1-104 et seq.; 63G-4-102 et seq.

Labor Commission, Industrial Accidents
R612-100-3
Official Forms

NOTICE OF PROPOSED RULE

(Amendment)
 DAR FILE NO.: 38811
 FILED: 08/22/2014

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of the amendments to Section R612-100-3 is to update and clarify the workers' compensation forms and filings that are required by the Industrial Accidents Division.

SUMMARY OF THE RULE OR CHANGE: The proposed amendment incorporate changes necessitated by the modern electronic data interchange (EDI), which has eliminated the need for filing some paper documents. The proposed change eliminates: 1) the definition of "first aid", which has been moved to a more appropriate location in Section R612-100-2; 2) reference to Form 001, "Application For Hearing", which is a form used by the Adjudication Division rather than the Industrial Accidents Division; and 3) Form 110, "Release To Return To Work", which is no longer used in connection with the Utah Injured Worker Reemployment Act. The changes also clarify and correct the description of other Division forms to conform those descriptions to actual use and practice.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 34A-1-104 et seq. and Section 34A-2-101 et seq. and Section 34A-3-101 et seq. and Section 63G-4-102 et seq.

ANTICIPATED COST OR SAVINGS TO:

◆ **THE STATE BUDGET:** The amendment of Section R612-100-3's list and description of Division forms will not have any substantive effect on the workers' compensation system. Consequently, the proposed amendment will not result in additional administrative or enforcement costs to the Labor Commission, nor will the changes affect the state's workers' compensation coverage expenses as an employer.

◆ **LOCAL GOVERNMENTS:** The amendment of Section R612-100-3's list and description of Division forms will not have any substantive effect on the workers' compensation system. Consequently, the proposed amendment will not change local governments' workers' compensation coverage expenses as employers.

◆ **SMALL BUSINESSES:** The amendment of Section R612-100-3's list and description of Division forms will not have any substantive effect on the workers' compensation system. Consequently, the proposed amendment will not change small businesses' workers' compensation coverage expenses as employers.

◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** The proposed change to Section R612-100-3 is consistent with current practice and will not result in any additional expense to other persons.

COMPLIANCE COSTS FOR AFFECTED PERSONS: The elimination of unnecessary forms and clarification of descriptions of forms that continue in use will assist stakeholders in understanding and using the workers' compensation system. The proposed amendment is not expected to result in any additional compliance costs for affected persons.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: The proposed changes to Section R612-100-3 are part of the Industrial Accidents Division's comprehensive review of all its workers' compensation rules. As already noted, the proposed amendment is not substantive in nature, but works to simplify, update, and clarify the Division's workers' compensation forms. As such, the amendment will not increase stakeholder costs, but should make use of the Division's rules easier.

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

LABOR COMMISSION
 INDUSTRIAL ACCIDENTS
 HEBER M WELLS BLDG
 160 E 300 S
 SALT LAKE CITY, UT 84111-2316
 or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

◆ Ron Dressler by phone at 801-530-6841, by FAX at 801-530-6804, or by Internet E-mail at rdressler@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 10/15/2014

THIS RULE MAY BECOME EFFECTIVE ON: 10/22/2014

AUTHORIZED BY: Sherrie Hayashi, Commissioner

R612. Labor Commission, Industrial Accidents.**R612-100. Workers' Compensation Rules - General Provisions.****[R612-100-3. Official Forms.**

A. "Employer's First Report of Injury - Form 122" - This form is used for reporting accidents, injuries, or occupational diseases as per Section 34A-2-407. This form must be filed within seven days of the occurrence of the alleged industrial accident or the employer's first knowledge or notification of the same. This form also serves as OSHA Form 301. The employer must report all injuries, other than first aid administered on site or at an employer sponsored free clinic, to the Industrial Accident Division and to the insurance carrier. First aid treatment is defined as:

- _____ a. non-prescription medications at non-prescription strength;
- _____ b. administering tetanus immunizations;
- _____ c. cleaning, flushing, or soaking wounds on the skin surface;
- _____ d. using wound coverings, such as bandages, Band Aid (TM), gauze pads, etc., or using SteriStrips (TM) or butterfly bandages;
- _____ e. using hot or cold therapy (limited to hot or cold packs; contrast baths and paraffin);
- _____ f. using any totally non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc.;
- _____ g. using temporary immobilization devices while transporting an accident victim (splints, slings, neck collars, or back boards);
- _____ h. drilling a fingernail or toenail to relieve pressure, or draining fluids from blisters;
- _____ i. using eye patches; using simple irrigation or a cotton swab to remove foreign bodies not embedded in or adhered to the eye;
- _____ j. using irrigation, tweezers, cotton swab or other simple means to remove splinters or foreign material from areas other than the eye;
- _____ k. using finger guards;
- _____ l. using massages;
- _____ m. drinking fluids to relieve heat stress;

First aid, as defined above, is limited to a one-time visit and one subsequent follow up visit within a 7 day time period. (This does not apply to reporting it on OSHA's 300 log). However, if first aid treatment is given by a licensed health professional in an employer sponsored free clinic then two subsequent visits within a 14 consecutive day time period are allowed. The employer must maintain the employer's injury report (Form 122) and health records on site for first aid treatment.

First aid, as defined in a through m, does not include any work injuries resulting in:

- _____ i) loss of consciousness;
- _____ ii) loss of work;
- _____ iii) restriction of work; or
- _____ iv) transfer to another job.

B. "Physician's Initial Report of Work Injury or Occupational Disease - Form 123" - This form is used by physicians and chiropractors to report their initial treatment of an injured employee. This form must be completed when a bill is generated for treatment administered by a licensed health care provider, as defined in 34A-2-11. This form is also to be completed by the health care provider if treatment, beyond first aid, is given at an employer sponsored free clinic. The form must be cosigned by the supervising physician, unless the form is completed by a nurse practitioner.

C. "Restorative Services Authorization - Forms 221(a)-Spine, 221(b) Upper Extremity, and 221(c) Lower Extremity" - These forms are to be used by any medical provider billing under the restorative services section of the Commission's adopted Resource-Based Relative Value Scale and the Medical Fee Guidelines. The medical provider shall file the appropriate form with the insurance carrier or self-insured employer and the division within ten days of the initial evaluation. After the initial filing, an updated Restorative Services Authorization form must be filed for approval or denial at least every six visits until a fixed state of recovery has been reached.

D. "Statement of Insurance Carrier or Self-Insurer with Respect to Payment of Benefits - Form 141" - This form is used for reporting the initial benefits paid to an injured employee. This form must be filed with or mailed to the division on the same date the first payment of compensation is mailed to the employee. A copy of this form must accompany the first payment.

E. "Employee Notification of Denial of Claim - Form 089" - This form is used by insurance carriers or self-insured employers to notify the claimant that his or her claim, in whole or part, is denied and the reason(s) why the claim is being denied. An insurance carrier or self-insured employer shall complete its investigation within 45 days of receipt of the claim and shall commence the payment of benefits or notify the claimant and the division in writing that the claim, in whole or part, is denied.

F. "Insurance Carriers/ Self-Insurer's Notice of Further Investigation of a Workers' Compensation Claim - Form 441" - This form is used by insurance carriers or self-insured employers to notify the claimant and the commission that further investigation is needed and the reasons for further investigation. This form or letter containing similar information is to be filed within 21 days of notification of claim that further investigation is needed.

G. "Statement of Insurance Carrier or Self-Insurer with Respect to Suspension of Benefits - Form 142" - This form is to be used by insurance carriers or self-insured employers to notify an employee of the suspension of weekly compensation benefits. The form must be mailed to the employee and filed with the division five days before the date compensation is suspended. The insurance carrier or self-insured employer must specify the reason for the suspension of benefits.

H. "Application for Hearing - Form 001" - Used by an applicant for instituting an industrial claim against an insurance carrier, self-insured employer, or uninsured employer. This form, obtainable from the division, must be filed and signed by the injured employee or his/her agent. All blanks must be completed to the best knowledge, belief, or information of the injured employee.

I. "Claim for Dependents' Benefits and/or Burial Benefits - Form 025" - This form is used by the dependent(s) of a deceased employee to seek benefits as a result of a fatal accident or occupational disease occurring in the course of employment.

1. This form must be filed before a hearing or an award is made, and pleadings will not be accepted in lieu thereof. If pleadings are submitted, the attorney so filing will be supplied the form for filing before any proceedings are initiated.

2. The filing of this form by the surviving spouse on behalf of the surviving spouse and the surviving spouse's dependent minor children is sufficient for all dependents.

3. Unless otherwise directed by an Administrative Law Judge, the following information shall be supplied before an Order or an Award is made:

_____ (a) A certified copy of the marriage license and birth certificates of dependent minor children. If such evidence is not readily available, the Administrative Law Judge will determine the adequacy of substitute evidence.

_____ (b) Adoption papers or other decrees of courts of record establishing legal responsibility for support of dependent children.

_____ (c) If either the deceased employee or surviving spouse has been involved in divorce proceedings, copies of decrees and orders of the court should be supplied.

_____ J. "Insurance Company's and Self-Insurer's Final Report of Injury and Statement of Total Losses - Form 130" - This form is used by insurance carriers and self-insurers to report the total losses occurring in a claim for any benefits. This form must be filed with the division as soon as final settlement is made but in no event more than 30 days from such settlement. This form shall be filed for all losses including medical only, compensation, survivor benefits, or any combination of all so as to provide complete loss information for each claim.

_____ K. "Dependents' Benefit Order - Form 151" - This form is used by the division in all accidental death cases where no issue of liability for the death or establishment of dependency is raised and only one household of dependents is involved. The carrier indicates acceptance of liability by completing the top half of the form and filing it with the division.

_____ L. "Medical Information Authorization - Form 046" - This form is used to release the applicant's medical records to the Commission or the chairman of a medical panel appointed by an Administrative Law Judge.

_____ M. "Application to Change Doctors - Form 102" - This form must be used by the employee pursuant to the provisions of Rule R612-2-9 as contained herein.

_____ N. "Employee's Notification of Intent to Leave Locality or State, and to Change Doctor or Hospital - Form 044" - As per Section 34A-2-604, this form is used by the employee and must be accompanied by the "Attending Physician's Statement - Form 043" before Commission approval can be granted. Otherwise, compensation may not be allowed.

_____ O. "Attending Physician's Statement - Form 043" - This form must be completed by employee and his last attending physician in the state to establish the medical condition of the employee. It must be accompanied by Form 044.

_____ P. "Compensation Agreement - Form 219" - This form is used by the parties to a workers' compensation claim to enter into an agreement as to a permanent partial impairment award, and must be submitted to the Division of Industrial Accidents for approval.

_____ Q. "Application for Lump Sum or Advance Payment - Form 134" - This form is used by an employee to apply for a lump sum or advance payment for a permanent partial impairment award.

_____ R. "Release to Return to Work - Form 110" - This form may be used to meet the requirements of Rule R612-2-3(D), as contained herein.

_____ S. "Request for Copies From Claimant's File - Form 205" - This form is used to request copies from a claimant's file in the Commission with the appropriate authorized release.

_____ T. Reemployment Program Forms

_____ 1. "Initial Assessment Report - Form 206" - This form is completed either by the self-insured employer, the workers' compensation insurance provider, or by a rehabilitation agency contracted by the employer/carrier. The report contains claimant

demographics and insurance coverage details, and addresses the issue of need for vocational assistance.

_____ 2. "Request for Decision of Administrative Review - Form 207" - This form is completed when the employee wishes to contest the information/decision made by the carrier or rehabilitation agency.

_____ 3. "U.S.O.R. Rehabilitation Progress Report - Form 208A" - This form shall be requested from the Utah State Office of Rehabilitation at each stage of the reemployment process (eligibility determination, reemployment plan development/implementation and ease closure) or at any interruption of the process. An Individualized Written Rehabilitation Program (USOR 5 IWRP) shall also be requested when a plan is developed. All other private rehabilitation providers shall submit a Form 206 for any plan progress, postponement, or interruption in the plan.

_____ 4. "Reemployment Plan - Form 209" - This form is used for either an original or amended work plan. The form contains the details and estimated costs in returning the injured worker to the work force.

_____ 5. "Reemployment Plan Closure Report - Form 210" - This form is submitted to the division upon completion of the reemployment plan. The closure report shall detail costs by category either by dollar amounts or time expended (only in the categories of evaluation and counseling). The report shall also contain all the details on the return to work.

_____ 6. "Application for Certification as a Reemployment Provider - Form 212" - This form is completed by rehabilitation providers who wish to be certified by the division. It contains provider demographics, Utah staff credentials, services/fees, and references.

_____ 7. "Administrative Review Determination - Form 213" - This form is used by the division to summarize the outcome of the administrative review.

_____ U. "Medical Records - Copies - Form 302" - This form is used by a claimant to request a free copy of his/her medical records from a medical provider. This form must be signed by a staff member of the division.

_____ V. The division may approve change of any of the above forms upon public notice. Carriers may print these forms or approved versions.]

R612-100-3. Forms Used By Industrial Accidents Division.

A. Physician's Initial Report of Work Injury Or Occupational Disease - Form 123. This form is used by physicians to report initial treatment of injured employees as required by Subsection R612-300-4.A. This form must be completed by the physician for any treatment for which a bill is generated, and for any treatment beyond "first aid" as that term is defined in Section R612-100-2.

B. Restorative Services Authorization - Forms 221a (Spine), 221b (Upper Extremity), and 221c (Lower Extremity). These forms must be used by any medical provider billing under the "Restorative Services" provisions of Subsection R612-300-5.G.

C. Statement of Benefits Paid by Insurance Carrier or Uninsured Employer - Form 141. This form is used by insurance carriers and uninsured employers to report the initial benefits paid to a claimant as required by Subsection R612-200-1.C.1.c.

D. Employee Notification of Denial of Claim - Form 089. This form is used by insurance carriers or uninsured employers, as required by Subsection R612-200-1.C.1.b. to notify a claimant of the reasons that the claim has been denied.

E. Statement of Suspension of Benefits - Form 142. An insurance carrier or uninsured employer must use this form to notify a claimant if disability compensation benefits are to be suspended. The

form must specify the reason for suspension. The form shall be mailed to the employee and filed with the Division five days before the suspension occurs. Suspension of benefits shall not occur until 5 days after the form is mailed and filed.

F. Final Report of Injury and Statement of Losses - Form 130. This form is used by insurance carriers and uninsured employers to report the total losses occurring in each claim. This form must be filed with the Division within 30 days from closure of each claim and shall include all payments, including medical, disability compensation, dependent's benefits, and any other payments.

G. Dependents' Benefit Order - Form 151. This form is used by the Division in all accidental death cases where no issue of liability for the death or establishment of dependency is raised and only one household of dependents is involved. The carrier indicates acceptance of liability by completing the top half of the form and filing it with the Division.

H. Medical Information Authorization - Form 046. This form is used to release the applicant's medical records for use by the Commission or its subdivisions.

I. Application to Change Doctors - Form 102. This form must be submitted by an injured worker seeking to change physicians as provided by Subsection R612-300-2.D.3.

J. Notice of Intent to Leave State - Form 044. As required by Subsection R612-300-2.F. an injured worker must submit this form, together with Form 043, "Attending Physician's Statement," to the Division prior to the injured worker's change of residency from Utah to another locale.

K. Attending Physician's Statement - Form 043. As required by Subsection R612-300-2.F, this form must be completed by an injured worker and his Utah attending physician and then submitted to the Division with Form 044 before the injured worker changes residency from Utah to another locale.

L. Statement of Compensation - Form 219. As required by Section R612-200-5, insurance carriers and uninsured employers shall use this form to notify injured workers or dependents of the basis upon which compensation has been computed.

M. Request for Copies from Claimant's File - Form 205. This form is used to request copies from a claimant's file in the Commission with the appropriate authorized release.

N. Reemployment Program Forms.

1. "Initial Assessment Report - Form 206" - This form is completed either by the self-insured employer, the workers' compensation insurance provider, or by a rehabilitation agency contracted by the employer/carrier. The report contains claimant demographics and insurance coverage details, and addresses the issue of need for vocational assistance.

2. "Request for Decision of Administrative Review - Form 207" - This form is completed when the employee wishes to contest the information/decision made by the carrier or rehabilitation agency.

3. "U.S.O.R. Rehabilitation Progress Report - Form 208A" - This form shall be requested from the Utah State Office of Rehabilitation at each stage of the reemployment process (eligibility determination, reemployment plan development/implementation and case closure) or at any interruption of the process. An Individualized Written Rehabilitation Program (USOR 5 IWRP) shall also be requested when a plan is developed. All other private rehabilitation providers shall submit a Form 206 for any plan progress, postponement, or interruption in the plan.

4. "Reemployment Plan - Form 209" - This form is used for either an original or amended work plan. The form contains the details and estimated costs in returning the injured worker to the work force.

5. "Reemployment Plan Closure Report - Form 210" - This form is submitted to the Division upon completion of the reemployment plan. The closure report shall detail costs by category either by dollar amounts or time expended (only in the categories of evaluation and counseling). The report shall also contain all the details on the return to work.

6. "Application for Certification as a Reemployment Provider - Form 212" - This form is completed by rehabilitation providers who wish to be certified by the Division. It contains provider demographics, Utah staff credentials, services/fees, and references.

7. "Administrative Review Determination - Form 213" - This form is used by the Division to summarize the outcome of the administrative review.

O. Medical Records - Form 302. This form is used by a claimant to request a free copy of his or her medical records from a medical provider. This form must be signed by a staff member of the Division.

KEY: workers' compensation, administrative procedures

Date of Enactment or Last Substantive Amendment: [February 25, 2013]2014

Authorizing, and Implemented or Interpreted Law: 34A-2-101 et seq.; 34A-3-101 et seq.; 34A-1-104 et seq.; 63G-4-102 et seq.

Labor Commission, Industrial Accidents **R612-200** Workers' Compensation Rules - Filing and Paying Claims

NOTICE OF PROPOSED RULE (Amendment)

DAR FILE NO.: 38806

FILED: 08/22/2014

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of amending Section R612-200-1, is to eliminate unnecessary or redundant parts of the rule, and to update and clarify the rule's remaining provisions. The purpose of amending Sections R612-200-2, R612-200-3, and R612-200-4 is to consolidate into one rule all the regulatory provisions that relate to the mechanics of paying workers' compensation benefits. The amendment eliminates unnecessary or redundant parts of existing rules; the amendment also updates and clarifies the remaining provisions. The purpose of amending and renumbering of former Section R612-200-5 into the new Section R612-200-3 is to eliminate the antiquated and misleading references to "compensation agreements" and substitute a requirement that payors use a new form, entitled "Statement of

Compensation" to provide claimants with information regarding the computation and amount of their disability or dependents' benefits. The proposed changes to Sections R612-200-4 and R612-200-5 are to re-number them in line with the new number format of the other sections. Also, certain terms are updated to make them consistent with the rules as a whole and updates a rule reference. The proposed change to Section R612-200-6 is to update the burial benefit amount paid on behalf of a deceased claimant.

SUMMARY OF THE RULE OR CHANGE: The amendment eliminates the lengthy and redundant definition of "first aid", which has instead been placed with other definitions in Section R612-100-2. Likewise, the amendment eliminates the detailed list of information to be reported regarding workplace injuries and, instead, incorporates electronic data interchange (EDI) standards which fully address such information requirements. The remaining provisions of the rule are then reorganized and consolidated into a sequential order that more clearly identifies the parties responsible for reporting and investigating workplace injuries, and the consequences for failure to do so. The amendment adds provisions to authorize a full range of electronic methods for paying benefits, provided that such methods impose no costs or delays on injured workers. The amendment establishes uniform principles for determining when benefits are "due and payable", from which interest may begin to accrue. Provisions in the former rule that addressed attorney fees have been removed, since that subject is under the control of the Adjudication Division and is addressed comprehensively in that Division's Section R602-2-4. The remaining provisions of the rule are then reorganized and consolidated into logical order. The amendment eliminates existing provisions that allow, but do not require payors and claimants to execute "compensation agreements". These voluntarily compensation agreements were not uniformly used by stakeholders; the agreements also contained language that might mislead the parties as to the binding effect of such agreements. The amendment substitutes a requirement that payors complete a new form, entitled "Statement of Compensation", which will disclose to claimants the basis by which a payor has computed their benefits. The amendment substitutes "claimant" for "worker", "payor" for "self insured employer and/or insurer", and substitutes Subsection R612-200-1(B) for Section R612-1-7. The amendment increases the awarded burial expenses from \$8,000 to \$9,000 and modifies the time period this amount is to be reviewed from "every two years" to "each even-numbered year". The rule sections are renumbered to make them consistent with the consolidation of Sections R612-200-2, R612-200-3, and R612-200-4.

STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 34A-1-104 and Section 34A-2-101 et seq. and Section 34A-3-101 et seq.

MATERIALS INCORPORATED BY REFERENCES:

- ◆ Adds Utah Claims R3 EDI Tables, published by Industrial Accidents Division, 04/19/2013
- ◆ Adds EDI Implementation Guide, published by Industrial Accidents Division, 04/19/2013

ANTICIPATED COST OR SAVINGS TO:

- ◆ **THE STATE BUDGET:** Consolidating, updating, and simplifying the existing provisions of Rule R612-200 will not result in additional administrative or enforcement costs to the Labor Commission, nor will the changes affect the state's workers' compensation coverage expenses as an employer.
- ◆ **LOCAL GOVERNMENTS:** Consolidating, updating, and simplifying the existing provisions of Sections R612-200-1 through R612-200-5 will not change local governments' workers' compensation coverage expenses as employers. For those local governments which are self-insured employers, Section R612-200-6 will require a possible increase of \$1,000 to burial benefits paid.
- ◆ **SMALL BUSINESSES:** Consolidating, updating, and simplifying the existing provisions of Rule R612-200 will not change small businesses' workers' compensation coverage expenses as employers.
- ◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** Consolidating, updating, and simplifying the existing provisions of Sections R612-200-1 through R612-200-5 will not change local governments' workers' compensation coverage expenses to other persons. Insurance carriers may see an increase of \$1,000 for burial expenses pursuant to Section R612-200-6.

COMPLIANCE COSTS FOR AFFECTED PERSONS: The elimination of unnecessary and redundant provisions, and the simplification and clarification of other provisions, will assist stakeholders in understanding and using the workers' compensation system. The proposed amendment is not expected to result in any additional compliance costs for affected persons.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: The proposed changes to Rule R612-200 are part of the Industrial Accidents Division's comprehensive review of all its workers' compensation rules. As already noted, the proposed amendment works to simplify, update and clarify the existing standards for reporting and investigating workplace injuries. As such, the amendment will not increase stakeholder costs, but should make use of the Division's rules easier to use.

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

LABOR COMMISSION
 INDUSTRIAL ACCIDENTS
 HEBER M WELLS BLDG
 160 E 300 S
 SALT LAKE CITY, UT 84111-2316
 or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

◆ Ron Dressler by phone at 801-530-6841, by FAX at 801-530-6804, or by Internet E-mail at rdressler@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 10/15/2014

THIS RULE MAY BECOME EFFECTIVE ON: 10/22/2014

AUTHORIZED BY: Sherrie Hayashi, Commissioner

R612. Labor Commission, Industrial Accidents.**R612-200. Workers' Compensation Rules - Filing and Paying Claims.****[R612-200-1. Reporting and investigating injuries.****A. Employer's Obligation to Report Injury.**

1. Time requirements. Within 7 days after first notice of a work-related injury, except an injury requiring only first aid treatment as defined in subsection B. of this rule, an employer must report the injury as follows:

a. Insured employer. An insured employer must report the injury to its workers' compensation insurance carrier.

b. Self-insured employer. A self-insured employer must report the injury to its claims administrator.

c. Uninsured employer. An uninsured employer must report the injury directly to the Division.

d. An employer is deemed to have notice of a workplace injury upon the earliest of the following:

- i. Observation of the injury;
- ii. Verbal or written notice of the injury from any source; or
- iii. Receipt of any other information sufficient to warrant further inquiry by the employer.

2. Penalty for failure to properly report injury. The Division may impose a civil assessment of up to \$500 against an employer for each occurrence in which the employer fails to report a work-related injury as required by this rule.

B. First Aid.

1. Injury Required Treatment Only by First Aid Need Not Be Reported. An employer is not required to report a work injury that requires only first aid treatment.

a. First aid treatment is limited to medical care provided on-site or at an employer-sponsored free clinic. It may include an initial visit and one subsequent follow-up visit within 7 days of the injury or, if provided by a licensed health professional in an employer-sponsored free clinic, then an initial visit and two subsequent visits within 14 days of the injury.

b. The Employer must maintain health records on-site for first aid treatment. (This does not apply to reporting it on OSHA's 300 log).

2. Treatments That Constitute First Aid. First aid treatment is limited to the following types of medical care:

- a. Non-prescription medications at non-prescription strength;
- b. Tetanus immunizations;
- c. Cleaning, flushing or soaking wounds on the skin surface;
- d. Applying bandages, gauze pads, etc.;

e. Hot or cold therapy, limited to hot or cold packs, contrast baths and paraffin;

f. Use of any totally non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc.;

g. Use of temporary immobilization devised while transporting an accident victim (splints, slings, neck collars, or back boards);

h. Drilling a fingernail or toenail to relieve pressure, or draining fluids from blisters;

i. Eye patches, simple irrigation, or use of a cotton swab to remove foreign bodies not embedded in or adhered to the eye;

j. Use of irrigation, tweezers, cotton swab or other simple means to remove splinters or foreign material from areas other than the eye;

l. Use of finger guards;

m. Massages;

n. Drinking fluids to relieve heat stress.

3. Treatments That Are Not Considered First Aid. First aid does not include treatment of any injury that has resulted in a loss of consciousness, inability to work, work restriction, or transfer to another job.

C. Insurer and Self-Insured Employer's Duty to File First Report of Injury.

1. Purpose of First Report of Injury. The First Report of Injury is used to provide notice of work injuries to the Division as required by Section 34A-2-407 of the Utah Workers' Compensation Act and Section 34A-3-108 of the Utah Occupational Disease Act.

2. Incorporation by Reference of Technical Standards Governing First Reports of Injury. The Labor Commission hereby adopts and incorporates by reference the Industrial Accidents Division Claims EDI Implementation Guide ("EDI Implementation Guide") and the Utah Claims R3 EDI Tables ("EDI Tables"). (Date/version, etc.)

3. Compliance with EDI Implementation Guide and EDI Tables.

a. Each First Report of Injury must comply with the formatting standards and content requirements of the EDI Implementation Guide and EDI Tables and must contain the following minimum information:

- i. Date of Injury;
- ii. Type of loss (injury or occupational disease);
- iii. Basic injury information, including a) nature of Injury (strain, puncture etc); b) part of body affected (hand, foot etc); and cause of injury (burn, fall, exposure etc);
- iv. Description of event or conditions leading to injury or disease;
- v. Injured worker's first and last name;
- vi. Injured worker's date of birth;
- vii. Injured worker's social security number, Green Card number, Employment Visa number, or Passport number. If none of these identification numbers are available, the entity preparing the First Report of Injury must contact the Division to obtain a substitute identification number;
- viii. Injured worker's mailing address;
- ix. Injured worker's employment status (part or full time);
- x. Date employer had notice of the injury;
- xi. Employer's name;
- xii. Employer's federal employer identification number or federal tax identification number;

_____ xiii. Employer's unemployment insurance number; and
 _____ xiv. Employer's physical business address.

_____ b. The claim administrator shall report the appropriate First Report of Injury (FROI) based on the EDI standard, which includes the ability to communicate immediate denial and under investigation. In the event of denial or under investigation, the claim administrator must provide the claimant written notice of determination and reasons for it.

_____ 4. Time requirement for filing First Report of Injury. Within 7 days of receiving notice of a work injury, an insurance carrier or self-insured employer must submit a First Report of Injury for the injury to the Division.

_____ a. An insurance carrier or self-insured employer is deemed to have notice of a workplace injury or disease upon receipt of verbal or written notice of the injury that includes the names of the employer and employee and the date of injury.

_____ b. An employer that is not self-insured and does not have workers' compensation insurance must report any work injury directly to the Division.

_____ c. The Division may impose a civil assessment of up to \$500 against an insurance carrier or self-insured employer for each occurrence or failure to properly report a work injury as required by this rule. The penalty shall be applied only to the improperly filed report as a whole and not applied to each required data element required by section 3-a.

_____ D. Investigation of Claims. An insurance carrier, claim administrator or uninsured employer shall promptly investigate the claim and either accept or deny the claim within 21 days of the date of notice. If, with exercise of reasonable diligence, the insurance carrier, claim administrator or uninsured employer cannot complete its investigation within the initial 21-day period, it shall within that initial 21-day period submit to the Division a "First Report of Injury Under Investigation" and provide a similar written notice to the subject employee. The insurance carrier, claim administrator or uninsured employer shall then be allowed 24 days in addition to the initial 21-day period to complete its investigation.

_____ 1. The Division may impose a civil assessment of up to \$500 against an insurance carrier or self-insured employer for each occurrence of failure to properly report its compensability determination by the conclusion of the additional 24-day period provided by this subsection. The penalty shall be applied only to the improperly filed report as a whole and not applied to each required data element required by section 3-a.

_____ E. The payment of compensation shall be considered overdue if not paid within 21 days of a valid claim or within the 45 days of investigation unless denied.

_____ F. Failure to make payment or to deny a claim within the 45 day time period without good cause shall result in a referral of the insurance company to the Insurance Department for appropriate disciplinary action and may be cause for revocation of the self-insurance certification for a self-insured employer. Good cause is defined as:

_____ 1. Failure by an employee claiming benefits to sign requested medical releases;

_____ 2. Injury or occupational disease did not occur within the scope of employment;

_____ 3. Medical information does not support the claim;

_____ 4. Claim was not filed within the statute of limitations;

_____ 5. Claimant is not an employee of the employer he/she is making a claim against;

_____ 6. Claimant has failed to cooperate in the investigation of the claim;

_____ 7. A pre-existing condition is the sole cause of the medical problem and not the claimed work-related injury or occupational disease;

_____ 8. Tested positive for drugs or alcohol; or

_____ 9. Other - a very specific reason must be given.

_____ G. If an insurance carrier or self-insured employer begins payment of benefits on an investigation basis so as to process the claim in a timely fashion, a later denial of benefits based on newly discovered information may be allowed.]

R612-200-1. Reporting and Investigating Injuries.

_____ A. Employers' Duty to Report Work Injuries.

_____ 1. An employer is not required to report an injury that requires only first aid treatment, as defined by Subsection R612-100-3.A.

_____ 2. Except for injuries treated only by first aid, an employer shall report each employee work injury within 7 days after receiving initial notice of the injury, as follows:

_____ a. An employer that has obtained workers' compensation insurance shall report the injury to its insurance carrier.

_____ b. An employer that has received Division authorization to self-insure shall report the injury to its claims administrator.

_____ c. An employer that has failed to obtain worker's compensation coverage shall report the injury by contacting the Division directly.

_____ 3. An employer has notice of a work injury upon the earliest of:

_____ a. Observation of the injury;

_____ b. Verbal or written notice of the injury from any source; or

_____ c. Receipt of any other information sufficient to warrant further inquiry by the employer.

_____ B. Submitting Reports of Injury to the Division.

_____ 1. Except for injuries treated only by first aid as defined by Subsection R612-100-3.A, an insurance carrier, self-insured claim administrator, or uninsured employer shall submit a First Report of Injury to the Division within seven days after receiving initial notice of the injury.

_____ a. An insurance carrier or self-insured claim administrator has notice of a work injury upon receipt of verbal or written information that includes the name of the employer, the name of the employee and the date of injury.

_____ b. The insurance carrier or self-insured claim administrator shall submit the First Report of Injury to the Division electronically in compliance with the content and formatting requirements of the Industrial Accidents Division Claims EDI Implementation Guide ("EDI Guide V2.2, 04-19-13) and the Utah Claims R3 EDI Tables ("EDI Tables": 04-19-13) adopted and incorporated by this reference as part of these rules.

_____ c. An uninsured employer shall report the information required by this subsection as part of the employer's initial contact with the Division required by subsection A.2.c of this rule.

_____ C. Investigation of Claims; Notice to Division and Claimants; Commencement of Benefits.

_____ 1. An insurance carrier, self-insured employer, or uninsured employer shall promptly investigate a reported work injury and either accept or deny workers' compensation liability for the claim within 21 days after receiving initial notice of the injury.

a. If, with reasonable diligence, an insurance carrier, self-insured employer, or uninsured employer cannot complete its investigation within 21 days after initial notice, it may complete and submit Division Form 441, "Notice of Further Investigation of a Workers' Compensation Claim" notify the Division and claimant that the matter remains under investigation. The insurance carrier, self-insured employer, or uninsured employer is then allowed 24 days in addition to the initial 21-day period to complete its investigation and accept or deny liability of the claim.

b. An insurance carrier or self-insured employer denying a claim for workers' compensation benefits shall report such denial through current EDI processes. An uninsured employer denying a claim for workers' compensation benefits shall complete and mail to the Division Form 089, "Employee Notification of Denial of Claim" and to the claimant.

c. If the insurance carrier, self-insured employer, or uninsured employer accepts liability for the claim, payment of benefits shall commence within 7 days from the date of acceptance. The insurance carrier, self-insured employer, or uninsured employer shall use Division Form 141, "Statement of Insurance Carrier or Uninsured Employer with Respect to Payment of Benefits" to report the initial benefits paid to a claimant. Form 141 must accompany the first payment to the claimant and must be filed with or mailed to the Division on that same date.

d. An insurance carrier, self-insured employer, or uninsured employer's payment of benefits during investigation of a claim does not prevent subsequent denial of the claim after the investigation is completed.

D. Consequences of Failure to Comply.

1. Pursuant to Subsection 34A-2-407(8) of the Utah Workers' Compensation Act, the Division may impose a civil assessment of up to \$500 for an insurance carrier, insured employer, self-insured employer, or uninsured employer's failure, without good cause, to comply with the requirements of this rule.

a. "Good cause" includes a claimant's unreasonable failure to sign requested medical releases or otherwise cooperate in the investigation of a claim.

b. For improperly filed reports, the civil assessment shall be imposed for the report as a whole and not for each data element within a report.

2. In addition to the civil assessment authorized by Subsection 34A-2-407(8), an insurance company or self-insured employer's failure, without good cause, to comply with the requirements of this rule may result in:

a. referral of the insurance company to the Insurance Department for appropriate disciplinary action; or

b. revocation of a self-insured employer's authorization to remain self-insured.

[R612-200-2. Issuance of Checks.

A. Any entity issuing compensation checks or drafts must make those checks/drafts payable directly to the injured worker and must mail them directly to the last known mailing address of the injured worker, with the following exceptions:

1. If the employer provides full salary to the injured worker in return for the worker's compensation benefits, the check may be mailed to the worker at the place of employment;

2. If the employer coordinates other benefits with the worker's compensation benefits, the check may be mailed to the worker at the place of employment.

B. In no case may the check be made out to the employer.

C. Where attorney fees are involved, a separate check should be issued to the worker's attorney in the amount approved or ordered by the Commission, unless otherwise directed by the Commission. Payment of the worker's attorney by issuing a check payable to the worker and his attorney jointly constitutes a violation of this rule.

R612-200-3. Interest.

A. Interest must be paid on each benefit payment which comprises the award from the date that payment would have been due and payable at the rate of 8% per annum.

B. For the purpose of interest calculation, benefits shall become "due and payable" as follows:

1. Temporary total compensation shall be due and payable within 21 days of the date of the accident.

2. Permanent partial compensation shall be due and payable on the next day following the termination of a temporary total disability. However, where the condition is not fixed for rating purposes, the interest shall commence from the date the permanent partial impairment can be medically determined.

3. Permanent partial or permanent total disability compensation payable by the Employers' Reinsurance Fund or the Uninsured Employers' Fund shall be due and payable as soon as reasonably practical after an order is issued.

R612-200-4. Discount.

Eight percent shall be used for any discounting or present value calculations. Lump sums ordered by the Commission or for any attorney fees paid in a single up-front amount, or of any other sum being paid earlier than normally paid under a weekly benefit method shall be subject to the 8% discounting. The Commission shall create and make available a precise discount or present value table based on a 365-day year. For those instances where discount calculations are not routinely utilized or where the Commission's precise table is not available, the following table, which is a shortened version of the precise table, may be utilized by interpolating between the stated weeks and the related discount.

TABLE

Unaccrued Weeks	X Weekly Benefit \$	X Cumulative Discount	= Discount \$
1			.001475
10			.008076
20			.015343
30			.022538
40			.029663
50			.036719
60			.043706
70			.050626
80			.057478
90			.064264
100			.070984
110			.077639
120			.084229
130			.090756
140			.097221

150	.103623
160	.109963
170	.116243
180	.122463
190	.128623
200	.134724
210	.140767
220	.146752
230	.152680
240	.158552
250	.164368
260	.170129
270	.175835
280	.181488
290	.187087
300	.192633
312	.199219

]

R612-200-2. Payment of Benefits, Interest and Attorney Fees.

A. Timing and payment of benefits. A workers' compensation benefit is due and payable when the claimant has satisfied all legal requirements applicable to that benefit.

1. Payment intervals for compensation. After entitlement to disability compensation or dependent's benefits has been established, such compensation shall be paid in regular intervals of at least once a month, except that TTD and TPD benefits shall be paid twice monthly.

2. Form of payment. A payor may choose to pay benefits by check, debit card or electronic fund transfer, provided that the form of payment allows a claimant to access the full amount of the benefit on the date the payment is due. No fee or charge of any kind may be assessed against the claimant.

3. Payment to be made directly to claimant. Workers' compensation disability benefits and dependents' benefits shall be paid solely and directly to the claimant. Benefits may be paid "in care of" the employer if the employer coordinates employee benefits. If payment of such benefits is made by check, the check shall be personally delivered to the claimant or mailed to the claimant's home address.

B. Deduction and payment of attorney fee. The computation and payment of fees for claimants' attorneys is governed by 34A-1-309 and Section R602-2-4, "Attorney Fees." A separate check should be issued to the worker's attorney in the amount approved or ordered by the Commission, unless otherwise directed by the Commission. Payment of the worker's attorney by issuing a check payable to the worker and his attorney jointly constitutes a violation of this rule.

C. Interest. As required by Subsection 34A-2-420(3) of the Utah Workers' Compensation Act, any final order of the Commission awarding benefits will include interest on the principal amount of the benefits at the rate of 8% per annum from the date the benefit or any part thereof was due and payable.

D. Discounting of lump sum payments. Any proposal to pay all or part of a claimant's future workers' compensation benefits in a present lump sum must be submitted to the Adjudication Division for review and approval. A discount rate of eight percent per annum shall be used to determine the present value of such benefits. The following table may be used to determine a benefit's present value by interpolating, when necessary, the weeks to be discounted between the weeks listed on the table.

TABLE

Unaccrued Weeks	X Weekly Benefit \$	X Cumulative Discount	= Discount \$
1			.001475
10			.008076
20			.015343
30			.022538
40			.029663
50			.036719
60			.043706
70			.050626
80			.057478
90			.064264
100			.070984
110			.077639
120			.084229
130			.090756
140			.097221
150			.103623
160			.109963
170			.116243
180			.122463
190			.128623
200			.134724
210			.140767
220			.146752
230			.152680
240			.158552
250			.164368
260			.170129
270			.175835
280			.181488
290			.187087
300			.192633
312			.199219

[R612-200-5. Compensation Agreements.

A. An applicant, insurance company, and/or employer may enter into a compensation agreement for the purpose of resolving a worker's compensation claim. Compensation agreements must be approved by the Commission. The compensation agreement must be that contained on Form 019 of the Commission forms and shall include the following information:

1. Signatures of the parties involved;
2. Form 122 - Employer's First Report of Injury;
3. Doctor's report of impairment rating;
4. Form 141 - Payment of Benefits Statement.

B. Failure to provide any of the above documentation and forms may result in the return of the compensation agreement to the carrier or self-insured employer without approval.

[R612-200-3. Statement of Compensation.

At the time a payor first pays permanent partial disability compensation or dependent's benefits to a claimant, the payor shall complete Form 219 "Statement of Compensation." The completed form and supporting documents shall be mailed to the claimant or dependents but need not be filed with the Division unless requested.

R612-200-[6]4. Insurance Carrier/Employer Liability.

A. This rule governs responsibility for payment of [workers' compensation-]benefits for [industrial accidents]a work injury when:

1. The ~~[worker's ultimate]~~ claimant's entitlement to benefits is not in dispute; ~~but]and~~

2. There is a dispute between ~~[self-insured employers and/or insurers]~~ payors regarding their respective liability for ~~[the injured worker's]~~ such benefits because the claimant has suffered separate compensable injuries which are the liability of the different payors ~~[arising out of separate industrial accidents which are compensable under Utah law].~~

B. In cases meeting the criteria of subsection A, the ~~[self-insured employer or insurer]~~ payor providing ~~[workers' compensation]~~ coverage for the most recent compensable injury shall advance ~~[workers' compensation]~~ benefits to the ~~[injured worker]~~ claimant. The benefits advanced shall be limited to medical benefits and temporary total disability compensation ~~[The benefits advanced]~~ and shall be paid according to the entitlement in effect on the date of the earliest related injury.

1. The ~~[self-insured employer or insurance carrier]~~ payor advancing benefits shall notify the non-advancing ~~[party(s)]~~ payor within the time periods ~~[as specified in rule R612-1-7]~~ established by Subsection R612-200-1-B, that benefits are to be advanced pursuant to this rule.

2. The ~~[self-insured employers or insurers]~~ payor not advancing benefits, upon notification from the advancing ~~[party]~~ payor, shall notify the advancing ~~[party]~~ payor within 10 working days of any potential defenses or limitations of the non-advancing ~~[party(s)]~~ payor's liability.

C. ~~[The parties]~~ Payors are encouraged to settle liabilities pursuant to this rule. ~~[, -h]~~ However, any party may file a request for agency action with the Commission for determination of liability for the ~~[workers' compensation]~~ benefits at issue.

D. The medical utilization decisions of the ~~[self-insured employer or insurer]~~ payor advancing benefits pursuant to this rule shall be presumed reasonable with respect to the issue of reimbursement.

R612-200-[7]5. Permanent Total Disability.

A. This rule applies to claims for permanent total disability compensation under the Utah Workers' Compensation Act.

1. Subsection B applies to permanent total disability claims arising from accident or disease prior to May 1, 1995.

2. Subsection C applies to permanent total disability claims arising from accident or disease on or after May 1, 1995.

B. For claims arising from accident or disease on or after July 1, 1988 and prior to May 1, 1995, the Commission is required under Section 34A-2-413, to make a finding of total disability as measured by the substance of the sequential decision-making process of the Social Security Administration under Title 20 of the Code of Federal Regulations, amended April 1, 1993. The use of the term "substance of the sequential decision-making process" is deemed to confer some latitude on the Commission in exercising a degree of discretion in making its findings relative to permanent total disability. The Commission does not interpret the code section to eliminate the requirement that a finding by the Commission in permanent and total disability shall in all cases be tentative and not final until rehabilitation training and/or evaluation has been accomplished.

1. In the event that the Social Security Administration or its designee has made, or is in the process of making, a determination of disability under the foregoing process, the Commission may use this information in lieu of instituting the process on its own behalf.

2. In evaluating industrial claims in which the injured worker has qualified for Social Security disability benefits, the Commission will determine if a significant cause of the disability is the claimant's industrial accident or some other unrelated cause or causes.

3. To make a tentative finding of permanent total disability the Commission incorporates the rules of disability determination in 20 CFR 404.1520, amended April 1, 1993. The sequential decision making process referred to requires a series of questions and evaluations to be made in sequence. In short, these are:

a. Is the claimant engaged in a substantial gainful activity?

b. Does the claimant have a medically severe impairment?

c. Does the severe impairment meet or equal the duration requirement in 20 CFR 404.1509, amended April 1, 1993, and the listed impairments in 20 CFR Subpart P Appendix 1, amended April 1, 1993?

d. Does the impairment prevent the claimant from doing past relevant work?

e. Does the impairment prevent the claimant from doing any other work?

4. After the Commission has made a tentative finding of permanent total disability:

a. In those cases arising after July 1, 1994, the Commission shall order initiation of payment of permanent total disability compensation;

b. the Commission shall review a summary of reemployment activities undertaken pursuant to the Utah Injured Worker Reemployment Act, as well as any qualified reemployment plan submitted by the employer or its insurance carrier; and

c. unless otherwise stipulated, the Commission shall hold a hearing to consider the possibility of rehabilitation and reemployment of the claimant pending final adjudication of the claim.

5. After a hearing, or waiver of the hearing by the parties, the Commission shall issue an order finding or denying permanent total disability based upon the preponderance of the evidence and with due consideration of the vocational factors in combination with the residual functional capacity which the commission incorporates as published in 20 CFR 404 Subpart P Appendix 2, amended April 1, 1993.

C. For permanent total disability claims arising on or after May 1, 1995, Section 34A-2-413 requires a two-step adjudicative process. First, the Commission must make a preliminary determination whether the applicant is permanently and totally disabled. If so, the Commission will proceed to the second step, in which the Commission will determine whether the applicant can be reemployed or rehabilitated.

1. First Step - Preliminary Determination of Permanent Total Disability: On receipt of an application for permanent total disability compensation, the Adjudication Division will assign an Administrative Law Judge to conduct evidentiary proceedings to determine whether the applicant's circumstances meet each of the elements set forth in Subsections 34A-2-413(1)(b) and (c).

(a) If the ALJ finds the applicant meets each of the elements set forth in Subsections 34A-2-413(1)(b) and (c), the ALJ will issue a preliminary determination of permanent total disability and shall order the employer or insurance carrier to pay permanent total disability compensation to the applicant pending completion of the second step of the adjudication process. The payment of permanent total disability compensation pursuant to a preliminary determination shall commence

as of the date established by the preliminary determination and shall continue until otherwise ordered.

(b) A party dissatisfied with the ALJ's preliminary determination may obtain additional agency review by either the Labor Commissioner or Appeals Board pursuant to Subsection 34A-2-801(3). If a timely motion for review of the ALJ's preliminary determination is filed with either the Labor Commissioner or Appeals Board, no further adjudicative or enforcement proceedings shall take place pending the decision of the Commissioner or Board.

(c) A preliminary determination of permanent total disability by the Labor Commissioner or Appeals Board is a final agency action for purposes of appellate judicial review.

(d) Unless otherwise stayed by the Labor Commissioner, the Appeals Board or an appellate court, an appeal of the Labor Commissioner or Appeals Board's preliminary determination of permanent total disability shall not delay the commencement of "second step" proceedings discussed below or payment of permanent total disability compensation as ordered by the preliminary determination.

(e) The Commissioner or Appeals Board shall grant a request for stay if the requesting party has filed a petition for judicial review and the Commissioner or Appeals Board determine that:

(i) the requesting party has a substantial possibility of prevailing on the merits;

(ii) the requesting party will suffer irreparable injury unless a stay is granted; and

(iii) the stay will not result in irreparable injury to other parties to the proceeding.

2. Second Step - Reemployment and Rehabilitation: Pursuant to Subsection 34A-2-413(6), if the first step of the adjudicatory process results in a preliminary finding of permanent total disability, an additional inquiry must be made into the applicant's ability to be reemployed or rehabilitated, unless the parties waive such additional proceedings.

(a) The ALJ will hold a hearing to consider whether the applicant can be reemployed or rehabilitated.

(i) As part of the hearing, the ALJ will review a summary of reemployment activities undertaken pursuant to the Utah Injured Worker Reemployment Act;

(ii) The employer or insurance carrier may submit a reemployment plan meeting the requirements set forth in Subsection 34A-2-413(6)(a)(ii) and Subsections 34A-2-413(6)(d)(i) through (iii).

(b) Pursuant to Subsection 34A-2-413(4)(b) the employer or insurance carrier may not be required to pay disability compensation for any combination of disabilities of any kind in excess of the amount of compensation payable over the initial 312 weeks at the applicable permanent total disability compensation rate.

(i) Any overpayment of disability compensation may be recouped by the employer or insurance carrier by reasonably offsetting the overpayment against future liability paid before or after the initial 312 weeks.

(ii) An advance of disability compensation to provide for the employee's subsistence during the rehabilitation process is subject to the provisions of Subsection 34A-2-413(4)(b), described in subsection 2.(b) above, but can be funded by reasonably offsetting the advance of disability compensation against future liability normally paid after the initial 312 weeks.

(iii) To fund an advance of disability compensation to provide for an employee's subsistence during the rehabilitation

process, a portion of the stream of future weekly disability compensation payments may be discounted from the future to the present to accommodate payment. Should this be necessary, the employer or insurance carrier shall be allowed to reasonably offset the amounts paid against future liability payable after the initial 312 weeks. In this process, care should be exercised to reasonably minimize adverse financial impact on the employee.

(iv) In the event the parties cannot agree as to the reasonableness of any proposed offset, the matter may be submitted to an ALJ for determination.

(c) Subsections 34A-2-413(7) and (9) require the applicant to fully cooperate in any evaluation or reemployment plan. Failure to do so shall result in dismissal of the applicant's claim or reduction or elimination of benefit payments including disability compensation and subsistence allowance amounts, consistent with the provisions of Section 34A-2-413(7) and (9).

(d) Subsection 34A-2-413(6) requires the employer or its insurance carrier to diligently pursue any proffered reemployment plan. Failure to do so shall result in a final award of permanent total disability compensation to the applicant.

(e) If, after the conclusion of the foregoing "second step" proceeding, the ALJ concludes that successful rehabilitation is not possible, the ALJ shall enter a final order for continuing payment of permanent total disability compensation. The period for payment of such compensation shall [be] commence on the date the employee became permanently and totally disabled, as determined by the ALJ.

(f) Alternatively, if after the conclusion of the "second step" proceeding, the ALJ concludes that successful rehabilitation and/or reemployment is possible, the ALJ shall enter a final order to that effect, which order shall contain such direction to the parties as the ALJ shall deem appropriate for successful implementation and continuation of rehabilitation and/or reemployment. As necessary under the particular circumstances of each case, the ALJ's final order shall provide for reasonable offset of payments of any disability compensation that constitute an overpayment under Subsection 34A-2-413(4)(b).

(g) The ALJ's decision is subject to all administrative and judicial review provided by law.

D. For purposes of this rule, the following standards and definitions apply:

1. Other work reasonably available: Subject to medical restrictions and other provisions of the Act and rules, other work is reasonably available to a claimant if such work meets the following criteria:

a. The work is either within the distance that a resident of the claimant's community would consider to be a typical or acceptable commuting distance, or is within the distance the claimant was traveling to work prior to his or her accident;

b. The work is regular, steady, and readily available; and

c. The work provides a gross income at least equivalent to:

(1) The current state average weekly wage, if at the time of the accident the claimant was earning more than the state average weekly wage then in effect; or

(2) The wage the claimant was earning at the time of the accident, if the employee was earning less than the state average weekly wage then in effect.

2. Cooperation: As determined by an administrative law judge, an employee is not entitled to permanent total disability compensation or subsistence benefits unless the employee fully

cooperates with any evaluation or reemployment plan. The ALJ will evaluate the cooperation of the employee using, but not limited to, the following factors: attendance, active participation, effort, communication with the plan coordinator, and compliance with the requirements of the vocational plan. In determining if these factors were met, the ALJ shall consider relevant changes in the employee's documented medical condition.

3. Diligent Pursuit: The employer or its insurance carrier shall diligently pursue the reemployment plan. The ALJ will evaluate the employer or insurance carrier's diligent pursuit of the plan using, but not limited to, the following factors: timely payment of expenses and benefits outline in the vocational plan, and as required by the educational institution providing the vocational training, communication with the employee, compliance with the requirements of the vocational plan, and timely modification of the plan as required by documented changes in the employee's medical condition.

4. Resolution of disputes regarding "cooperation" and "diligent pursuit": If a party believes another party is not cooperating with or diligently pursuing either the evaluations necessary to establish a plan, or the requirements of an approved reemployment or rehabilitation plan, the aggrieved party shall submit to the workers' compensation mediation unit an outline of the specific instances of non-cooperation or lack of diligence. Other parties may submit a reply. The Mediation Unit will promptly schedule mediation to reestablish cooperation among the parties necessary to evaluate or comply with the plan. If mediation is unsuccessful, a party may request the Adjudication Division resolve the dispute. The Adjudication Division will conduct a hearing on the matter within 30 days and shall issue a written decision within 10 days thereafter.

R612-200-[8]6. Burial Expenses.

1. The Commission adopts this rule pursuant to authority granted by Section 34A-2-418 of the Utah Workers' Compensation Act.

2. If death results from a work injury, burial expenses up to \$9,000 shall be paid. Unusual circumstances may require additional payment, either voluntarily or through Commission order.

3. During each even-numbered year the Commission shall review this rule and make such adjustments as are necessary so that payment of burial expense required by this rule remains equitable when compared to the average cost of burial in this state.

KEY: workers' compensation, filing deadlines, time, administrative proceedings

Date of Enactment or Last Substantive Amendment: ~~July 8, 2013~~ 2014

Authorizing, and Implemented or Interpreted Law: 34A-2-101 et seq.; 34A-3-101 et seq.; 34A-1-104

Labor Commission, Industrial Accidents

R612-300

Workers' Compensation Rules - Medical Care

NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 38810

FILED: 08/22/2014

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of the proposed amendments to Rule R612-300 is to adjust definitions and make certain requirements consistent with current practice.

SUMMARY OF THE RULE OR CHANGE: The amendment adds the term "chiropractor" to the definition of "Physician"; adds the description "health care" to the type of providers who can be selected by an injured workers from a preferred provider program; changes any reference to "employee" to "injured worker"; adds the term "medically" to the phrase "necessary emergency treatment"; defines the standard of practice and billing mechanism for drug screenings; allows for "two phone calls and an e-mail" under the definition of a reasonable attempt to contact; and includes "county correctional facility or a public law enforcement entity" to the definition of "source patient".

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 34A-1-101 et seq. and Section 34A-2-101 et seq.

ANTICIPATED COST OR SAVINGS TO:

◆ **THE STATE BUDGET:** Updating and clarifying Rule R612-300 will not have any substantive effect on the workers' compensation system. Consequently, the proposed amendment will not result in additional administrative or enforcement costs to the Labor Commission, nor will the changes affect the state's workers' compensation coverage expenses as an employer.

◆ **LOCAL GOVERNMENTS:** Updating and clarifying Rule R612-300 will not have any substantive effect on the workers' compensation system. Consequently, the proposed amendment will not change local governments' workers' compensation coverage expenses as employers.

◆ **SMALL BUSINESSES:** Updating and clarifying Rule R612-300 will not have any substantive effect on the workers' compensation system. Consequently, the proposed amendment will not change small businesses' workers' compensation coverage expenses as employers.

◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** The proposed changes to Rule R612-300 are consistent with current practice and will not result in any additional expense to other persons.

COMPLIANCE COSTS FOR AFFECTED PERSONS: The elimination of unnecessary and redundant definitions, the addition of necessary definitions, and the clarification of other definitions will assist stakeholders in understanding and using

the workers' compensation system. The proposed amendment is not expected to result in any additional compliance costs for affected persons.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: The proposed changes to Rule R612-300 are part of the Industrial Accidents Division's comprehensive review of all its workers' compensation rules. As already noted, the proposed amendment is not substantive in nature, but works to simplify, update, and clarify definitions used throughout the Division's rules. As such, the amendment will not increase stakeholder costs, but should make use of the Division's rules easier.

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

LABOR COMMISSION
INDUSTRIAL ACCIDENTS
HEBER M WELLS BLDG
160 E 300 S
SALT LAKE CITY, UT 84111-2316
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Ron Dressler by phone at 801-530-6841, by FAX at 801-530-6804, or by Internet E-mail at rdressler@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 10/15/2014

THIS RULE MAY BECOME EFFECTIVE ON: 10/22/2014

AUTHORIZED BY: Sherrie Hayashi, Commissioner

R612. Labor Commission, Industrial Accidents.

R612-300. Workers' Compensation Rules - Medical Care.

R612-300-1. Purpose, Scope and Definitions.

A. Purpose and scope. Pursuant to authority granted the Utah Labor Commission under Subsection 34A-2-407(9) and Subsection 34A-2-407.5(1) of the Utah Workers' Compensation Act, these rules establish:

1. Reasonable fees for medical care necessary to treat workplace injuries;
2. Standards for disclosure of medical records;
3. Reporting requirements; and
4. Treatment protocols and quality care guidelines.

B. Definitions. The following definitions apply within Rule R612-300:

1. "Health care provider" is defined by Subsection 34A-2-111(1)(a) as "a person who furnishes treatment or care to persons who have suffered bodily injury" and includes hospitals, clinics, emergency care centers, physicians, nurses and nurse practitioners, physician's assistants, paramedics and emergency medical technicians.

2. "Injured worker" is an individual claiming workers' compensation medical benefits for a work-related injury or disease.

3. "Payor" is the entity responsible for payment of an injured worker's medical expenses'.

4. "Physician" is defined by Subsection 34A-2-111(1)(b) to include[d] any licensed podiatrist, physical therapist, physician, osteopath, dentist or dental hygienist, physician's assistant, naturopath, acupuncturist, chiropractor, or advance practice registered nurse.

5. "Workplace injury" is an injury or disease compensable under either the Utah Workers' Compensation Act or the Utah Occupational Disease Act.

R612-300-2. Obtaining Medical Care for Injured Workers.

A. Right of payor to designate initial health care provider.

1. A Payor may adopt managed health care programs. Such programs may designate specific health care providers as "preferred providers" for providing initial medical care for injured workers.

2. A preferred provider program must allow an injured worker to select from two or more health care providers to obtain necessary medical care. At the time a preferred provider program is established, the payor must notify employees of the requirements of the program.

3. If the requirement of subsection A.2. are met, an injured worker subject to a preferred provider program must seek initial medical care from a preferred provider unless:

- a. No preferred provider is available;
- b. The injured worker believes in good faith that his or her medical condition [in]is not a workplace injury; or
- c. Travel to a preferred provider is unduly burdensome.

4. If an injured worker who is subject to a preferred provider program fails to obtain initial medical care from a preferred provider, the payor's liability for the cost of such initial medical care is limited to the amount the payor would have paid a preferred provider. The injured worker may be held personally liable for the remaining balance.

B. Liability for medical expense incurred at payor's direction. If a payor directs an [employee]injured worker to obtain an initial medical assessment of a possible work injury, the payor is liable for the cost of such assessment.

1. A medical provider performing an initial assessment must obtain the payor's preauthorization for any diagnostic studies beyond plain x-rays.

C. Injured worker's right to select provider after initial medical care. After an injured worker has received initial care from a preferred provider, the [employee]injured worker may obtain subsequent medical care from a qualified provider of his or her choice. The payor is liable for the expense of such medical care.

1. An [employee's]injured worker's right to select medical providers is subject to subsection D. of this rule, "Limitations on Injured Worker's Right to Change Physicians."

D. Limitations on injured worker's right to change physicians.

1. An injured worker may change health care providers one time without obtaining permission from the payor. The following circumstances DO NOT constitute a change of health care provider:

- a. A treating physician's referral of the injured worker to another health care provider for treatment or consultation;
- b. Transfer of treatment from an emergency room to a private physician, unless the emergency room was designated as the payor's preferred provider;
- c. Medically [N]necessary emergency treatment;
- d. A change of physician necessitated by the treating physician's failure or refusal to rate a permanent partial impairment.

2. The injured ~~[employee]~~worker shall promptly report any change of provider to the payor.

3. After an injured worker has exercised his or her one-time right to change health care providers, the worker must request payor approval of any subsequent change of provider. If the payor denies or fails to respond to the request, the injured worker may request approval from the Director of the Division ~~[on]~~of Industrial Accidents. The Director will authorize a change of provider if necessary for the adequate medical treatment of the injured worker or for other reasonable cause.

4. An injured worker who changes health care providers without payor or Division approval may be held personally liable for the non-approved provider's fees.

E. Hospital or surgery pre-authorization. Except when immediate surgery or hospitalization is medically necessary on an emergency basis, surgery or hospitalization must be pre-authorized by the payor.

1. Within two working days of receipt of a request for authorization, the payor shall notify the physician and injured worker that the request is either approved or denied, or is undergoing medical review.

2. Any medical review of a pending request for authorization must be conducted promptly.

F. Notification required from injured ~~[employees]~~workers leaving Utah. Section 34A-2-604 of the Workers' Compensation Act requires injured workers receiving medical care for a workplace injury to notify the Industrial Accidents Division before leaving the state or locality. Division forms 043 and Form 044 are to be used to provide such notice.

G. Injured worker's right to privacy. No agent of the payor may be present during an injured worker's medical care without the consent of the injured worker. However, if the payor's agent is excluded from a medical visit, the physician and the injured worker shall meet with the agent at the conclusion of the visit or at some other reasonable time so as to communicate regarding medical care and return-to-work issues.

H. Payor's right of medical examination. The payor may arrange for the medical examination of an injured worker at any reasonable time and place. A copy of the medical examination report shall be made available to the Commission upon request.

R612-300-3. Required Reports.

A. Form 123, Physician's Initial Report. Within one week after providing initial medical care to an injured worker, a health care provider shall complete "Form 123 - Physicians' Initial Report." The provider shall fully complete Form 123 according to its instructions. The provider shall then file Form 123 with the Division and payor.

1. Form 123 must be completed and filed for every initial visit for which a bill is generated, including first aid, when the worker reports that his or her medical condition is work related.

2. If initial medical care is provided by any health care provider other than a physician, Form 123 must be countersigned by the supervising physician.

B. Form 221, Restorative Services Authorization. Form 221, "Restorative Services Authorization Form" required by ~~[Rule]~~Subsection R612-300-5. C. 7. shall be filed with both the payor and the Division.

C. Forms 043, Employee's Intent to Leave State, and Form 044, Attending Physician's Statement. These forms are to be submitted to the Division before an injured worker leaves Utah.

D. Form 110, Release to Return to Work. Form 110 shall be mailed by either the health care provider or payor to the injured worker and Division within five calendar days after the health care provider releases the injured worker to return to work.

R612-300-4. General Method For Computing Medical Fees.

A. Adoption of "CPT" and "RBRVS." The Labor Commission hereby adopts and by this reference incorporates:

1. "Optum 2013 Current Procedural Coding Expert, CPT codes with Medicare essentials enhanced for accuracy," ("CPT" hereafter); and

2. "Optum 2013 The Essential RBRVS, 2013 1st Quarter Emergency Update," designated as 1761/RBRCU/U1771R--RBRC13/RBRC/U1771R, ("RBRVS" hereafter).

B. Medical fees calculated according to CPT and RBRVS. Unless some other provision of these rules specifies a different method, the CPT and RBRVS are to be used in conjunction with the "conversion factors" established in subsection C. of this rule to calculate payments for medical care provided to injured workers.

C. Conversion Factors. Fees for medical care of injured workers shall be computed by determining the relative value unit ("RVU") assigned by the RBRVS to a CPT code and then multiplying that RVU by the following conversion factors for specific medical specialties:

1. Anesthesiology (1 unit per 15 minutes of anesthesia): \$50.00;

2. Medicine (Evaluation and Medicine Codes 99201 - 99204 and 99211-99214): \$46.00;

3. Pathology and Laboratory: \$52.00;

4. Radiology: \$53.00;

5. Restorative Services: \$46.00;

6. Surgery (all 20000 codes, codes 49505 thru 49525, and all 60000 codes): \$58.00;

7. Other Surgery: \$37.00.

D. Fees for Medical care not addressed by CPT/RBRVS, or requiring unusual treatment.

1. The payor and medical provider may establish and agree to a reasonable fee for medical care of an injured worker if:

a. neither the CPT/RBRVS or any other provision of these rules address the medical care in question; or

b. application of CPT/RBRVS or other provisions of these rules would result in an inadequate fee due to extraordinary difficulty of treatment.

2. If the medical provider and payor cannot agree to a reasonable fee in such cases, the provider can request a hearing before the Commission's Adjudication Division to establish a reasonable fee.

R612-300-5. Fees for Specific Procedures.

A. Needle procedures: Trigger point injections are reported per muscle. Payment under CPT code 20553 for injections of up to three muscles is the maximum allowed for any one treatment session, regardless of the number of muscles treated.

B. Radiology.

1. The cost of radioisotopes, gadolinium and comparable materials may be charged at the provider's cost plus 15%.

2. When x-rays are reviewed as part of an independent evaluation of the patient, a consultation, or other office visit, the review is included as a part of the basic service to the patient and may not be billed separately.

C. Restorative Services.

1. The following criteria must be met before payment is allowed for restorative services:

a. The patient's condition must have the potential for restoration of function;

b. The treatment must be prescribed by the treating physician;

c. The treatment must be specifically targeted to the patient's condition; and

d. The provider must be in constant attendance during the providing of treatment.

2. No payment is allowed for CPT codes 97024, diathermy; 97026, infrared therapy; 97028, ultraviolet therapy/cold laser therapy; 97005, athletic training evaluations; 97006, athletic training reevaluation.

3. All restorative services provided must be itemized even if not billed.

4. Medical providers billing under CPT codes 97001 through 97703 are limited to payment for a maximum of three procedures/units per visit, or six procedures if different sites are treated. Services billed under CPT codes 97545, 97546 and 97150 require preauthorization and are limited to 4 units per injury. The [payer]payor shall pay the three highest valued procedures for each treatment site for the visit.

5. Patient education is to be billed using CPT code 97535 rather than codes 98960 through 98962, and is limited to 4 units per injury claim.

6. The entire spine is considered to be a single body part or unit. For that reason, CPT codes 98941 through 98943 and 98926 through 98929 may not be used for billing purposes.

7. When a change in treatment or a new RSA is required, physicians and physical therapists may bill for one evaluation and up to 2 modalities/procedures. Without an evaluation, they may bill for up to 3 modalities/procedures. With prior authorization from the payor, physicians and physical therapists may make additional billing when justified by special circumstances.

8. Any medical provider billing for restorative services shall file the appropriate version of Form 221, "Restorative Services Authorization (RSA) form" with the payor and the Division within ten days of the initial evaluation. Subjective/objective/ assessment/plan ("SOAP") notes are to be sent to the payor in addition to the RSA form. SOAP notes are not to be sent to the Division unless requested.

a. Upon receipt of the provider's RSA form and SOAP notes, the payor shall respond within ten days by authorizing a specified number of treatments or denying the request. No more than eight treatments may be provided during this ten-day authorization period.

b. A payor may deny the requested treatments for the following reasons:

i. The injury or disease being treated is not work related; or

ii. The payor has received written medical opinion or other medical information indicating the treatment is not necessary. A copy of such written opinion or information must be provided to the injured worker, the medical provider, and the Division.

c. In cases where approval is received for initial treatment, the provider shall submit updated RSA forms and SOAP notes to the payor for approval or denial at least every six treatments.

d. An injured worker or provider may request a hearing before the Division of Adjudication to resolve issues of compensability, necessity of treatment, and compliance with this subsection's time limits.

D. Functional Capacity Evaluations. The following functional capacity evaluations require payor preauthorization and are billed in 15 minute increments under CPT code 97750:

1. A limited functional capacity evaluation to determine an injured worker's dynamic maximal repetitive lifting, walking, standing and sitting tolerance. Billing for this type of evaluation is limited to a maximum of 45 minutes.

2. A full functional capacity evaluation to determine an injured worker's maximum and repetitive lifting, walking, standing, sitting, range of motion, predicted maximal oxygen uptake, as well as ability to stoop, bend, crawl or perform work in an overhead or bent position. In addition, this evaluation includes reliability and validity measures concerning the individual's performance. Billing for this type of evaluation is limited to a maximum of 2.5 hours.

3. A work capacity evaluation to determine an injured worker's capabilities based on the physical aspects of a specific job description. Billing for this type of evaluation is limited to a maximum of 2 hours.

4. A job analysis to determine the physical aspects of a particular job. Billing is not subject to a maximum time limit due to the variability of factors involved in the analysis.

E. Impairment Ratings and Insurance Medical Examinations.

1. Impairment Rating by Treating Physician. Treating physicians shall bill for preparation of impairment ratings under CPT code 99455, with 2.0 RVU assigned/30 minutes.

2. Impairment Rating by Non-Treating Physician. Non-treating physicians may bill for preparation of impairment ratings under CPT code 99456, with 2.65 RVU assigned/30 minutes.

3. Medical Evaluations Commissioned by Payors. The Labor Commission does not regulate fees for medical evaluations requested by payors.

F. Transcutaneous Electrical Nerve Stimulators (TENS). No fee is allowed for TENS unless it is prescribed by a physician and supported by prior diagnostic testing showing the efficacy of TENS in control of the patient's chronic pain. TENS testing and training is limited to four (4) sessions and a 30-day trial period but may be extended with written documentation of medical necessity.

G. Electrophysiologic Testing. A physician who is legally authorized by his or her medical practice act to diagnose injury or disease is entitled to the full fee for electrophysiologic testing. Physical therapists and physicians who are qualified to perform such testing but who are not legally authorized to diagnose injury or disease are entitled to payment of 75% of the full fee.

H. Dental Injuries.

1. Initial Treatment.

a. If an employer maintains a medical staff or designates a company doctor, an employee requiring treatment for a workplace dental injury shall report to such medical staff or doctor and follow their directions for obtaining the necessary dental treatment.

b. If an employer does not maintain a medical staff or designate a company doctor, or if such medical staff or doctor is unavailable, the injured worker may obtain the necessary dental care from a dentist of his or her choice. The payor shall pay the dentist at 70% of UCR for services rendered.

2. Subsequent treatment.

a. If additional dental care is necessary, the dentist who provided initial treatment may submit to the payor a request for authorization to continue treatment. The transmission date of the request must be verifiable. The request itself must include a description of the injury, the additional treatment required, and the fee to be charged for the additional treatment.

i. The payor shall respond to the request for authorization within 10 working days of the request's transmission. This 10-day period can be extended with written approval of the Director of the Industrial Accidents Division.

ii. If the payor does not respond to the dentist's request for authorization within 10 working days, the dentist may proceed with treatment and the payor shall pay the cost of treatment as contained in the request for authorization.

iii. If the payor approves the proposed treatment, the payor shall send written authorization to the dentist and injured worker. This authorization shall include the amount the payor agrees to pay for the treatment. If the dentist accepts the payor's payment offer, the dentist may proceed to provide the approved services and shall be paid the agreed upon amount.

iv. If the dentist proceeds with treatment without authorization, the dentist's fee is limited to 70% of UCR.

b. If the dentist who provided initial treatment is unwilling to provide subsequent treatment under the terms outlined in subsection 2.a., above, the payor shall within 20 calendar days direct the injured worker to a dentist located within a reasonable travel distance who will accept the payor's payment offer.

i. If, after receiving notice that the payor has arranged for the services of a dentist, the injured worker chooses to obtain treatment from a different dentist, the payor shall only be liable for payment at 70% of UCR. The treating dentist may bill the injured worker for the difference between the dentist's charges and the amount paid by the insurer.

c. If the payor is unable to locate another dentist to provide the necessary services, the payor shall attempt to negotiate a satisfactory reimbursement with the dentist who provided initial treatment.

I. Drug testing. Drug screenings for addictive classes of pain medications shall be performed as recommended in the Utah clinical Guidelines on Prescribing Opiates for Treatment of Pain, Utah Department of Health 2009. The collection and billing shall be limited to one 80100 code per date of service, except for unusual circumstances.

J. Procedures for which no fee is allowed. Due to a lack of evidence of medical efficacy, no payment is authorized for the following:

1. Muscle Testing, CPT codes 95832 through 95857;
2. Computer based Motion Analysis, CPT codes 96000 through 96004;
3. Athletic Training Evaluation, CPT codes 97005 and 97006;
4. Acupuncture, CPT codes 97810 through 97814;
5. Analysis of Data, now BR, CPT code 99090;

6. Patient Education, CPT codes 98960 through 98962;
7. Educational supplies, CPT code 99071; or
8. Thermograms, artificial discs, percutaneous diskectomies, endoscopic diskectomies, IDEPT, platelet rich plasma injections, thermo-rhizotomies and other heat or chemical treatments for discs.

R612-300-6. Limitations on Fees for Specific Medical Providers and Non-Physicians.

A. Physician Assistants, Nurse Practitioners, Medical Social Workers, Nurse Anesthetists, and Physical Therapy Assistants. Fees for services performed by physician assistants, nurse practitioners, medical social workers, nurse anesthetists, and physical therapy assistants are set at 75% of the amount that would otherwise be allowed by these rules and shall be billed using an 83 modifier.

B. Assistant Surgeons. Fees for assistant surgeons are limited as follows:

1. Medical doctors, osteopaths and podiatrists, designated with an -80 modifier, are to be paid 20% of the primary surgeon's fee;
2. Minimum paramedicals, designated with an -81 modifier, are to be paid 15% of the primary surgeon's value or 75% of the amount allowed under subsection B. 1., above.
3. When a qualified resident surgeon is not available, 20% of the primary surgeon's fee;
4. Other paramedical assistants, such as surgical assistants, are not billed separately.

C. Home health care. The following fees, which include mileage and travel time, are payable for Home Health Codes 99500 through 99602:

1. RN: \$100/ 2 hours
2. LPN: \$75 / 2 hours
3. Home Health Aide: \$25 / hour + \$6 additional 30 min.
4. Speech Therapists: \$80 / visit
5. Physical Therapy: \$125/ hour
6. Occupational Therapy: \$125/ hour

7. Home Infusion Providers are to be paid according to contract between the payor and home infusion provider. ~~If~~ If no contract is established, the payor shall pay the amount specified in Days Guidelines and pay UCR or Cost + 15% for the drugs and supplies.

D. Acupuncturists, naturopathic providers and massage therapy. Payor preauthorization is required for any services provided by acupuncturists and naturopaths. Payment for massage therapy is only allowed when administered by a medical provider and billed according to the requirements of Rule R612-300. 5. C, "Restorative Services."

E. Ambulance. Ambulance charges are limited to the rates set by the State Emergency Medical Service Commission.

R612-300-7. Billing and Payment.

A. Billing Limitations.

1. Except as otherwise provided by a specific provision of the Workers' Compensation Act or these rules, an injured worker may not be billed for the cost of medical care necessary to treat his or her workplace injuries.

2. A health care provider may not submit a bill for medical care of an injured worker to both the employer and the insurance carrier.

B. Discounting and down-coding.

1. Discounting or reducing the fees established by these rules is permitted only pursuant to a specific contract between the medical provider and payor.

2. A payor may change the CPT code submitted by a health care provider under the following circumstances:

- a. The submitted code is incorrect;
- b. Another code more closely identifies the medical care;
- c. The medical provider has not submitted the documentation necessary to support the code; or
- d. The medical care is part of a larger procedure and included in the fee for that procedure.

3. If a payor changes a code number, the payor shall explain the reason for the change and provide the name and phone number of the payor's claims processor to the medical provider in order to allow further discussion.

C. Place of Treatment. A medical provider's billing for a medical procedure must identify the setting where a procedure was performed.

1. In an office or clinic: Fees for procedures performed in an office or clinic are to be computed using the Non-Facility Total RVU.

2. In a facility setting: Fees for physician services for procedures performed in a facility are to be computed using the "Facility Total RVU," as the facility will be billing for the direct and indirect costs related to the service.

D. Separate Bills. Separate bills must be presented by each medical provider within 30 days of treatment on a HCFA 1500 billing form. All bills must contain the federal ID number of the provider submitting the bill.

E. Hospital Fees.

1. The Labor Commission does not have authority to set fees for hospital care of injured workers. However, hospitals are subject to the Commission's reporting requirements, and fees charged by health care providers for services performed in a hospital are subject to the Commission's fee ~~regulations~~ rules.

2. Fees covering hospital care shall be separate from those for professional services and shall not extend beyond the actual necessary hospital care.

3. All billings must be submitted on a UB92 form, properly itemized and coded, and shall include all documentation, including discharge summary, necessary to support the billing. No separate fee may be charged for billing or documentation of hospital services.

F. Charges for Supplies, Materials, or Drugs.

1. Ordinary supplies, materials or drugs used in treatment shall not be charged separately but shall be included in the amount allowed for the underlying medical care.

2. Special or unusual supplies, materials, or drugs not included as a normal and usual part of the service or procedure may be billed at cost plus 15% restocking fees and any taxes paid.

G. Miscellaneous.

1. A physician may bill the new patient E and M code when seeing an established patient for a new work injury.

2. Payment for hospital care is limited to the bed rate for semi-private room unless a private room is medically necessary.

3. Non-facility RVS total unit values apply, except that procedures provided in a facility setting shall be reimbursed at the facility total unit value and the facility may bill a separate facility charge.

4. Items that are a portion of an overall procedure are NOT to be itemized or billed separately.

5. Payors may round charges to the nearest dollar. If this is done on some charges, it must be done with all charges.

H. Prompt Payment and Interest.

1. All bills for medical care of injured workers must be paid within 45 days of submission to the payor unless the bill or some portion of the bill is in dispute. Any portion of the bill not in dispute[;] remains payable within 45 days of billing.

2. As required by Section 34A-2-420 of the Utah Workers' Compensation Act, any award for medical care made by the Commission shall include interest at 8% per annum from the date of billing for such [the] medical care.

I. Billing Disputes. Payors and health care providers shall use the following procedures to resolve billing disputes.

1. The provider shall submit a bill for services with supporting documentation to the payor within one year of the date of service.

2. The payor shall evaluate the bill and pay the appropriate fee as established by these rules.

3. If the provider believes the payor has improperly computed the fee, the provider may submit a written request for reevaluation to the payor. The request shall describe the specific areas of disagreement and include all appropriate documentation. Any such request for re-evaluation must be submitted to the payor within one year of the date of the original payment.

4. Within 30 days of receipt of the request for re-evaluation, the payor shall either pay the additional fee due the provider or respond with a specific written explanation of the basis for its denial of additional fees. The payor shall maintain proof of transmittal of its response.

5. A payor seeking reimbursement from a provider for overpayment of a bill shall, within one year of the overpayment, submit to the provider a written request for repayment that explains the basis for request. Within 90 days of receipt of the request, the provider shall either make appropriate repayment or respond with a specific written denial of the request.

6. If the provider and payor continue to disagree regarding the proper fee, either party may request informal review of the matter by the Division. Any party may also file a request for hearing on the dispute with the Adjudication Division.

R612-300-8. Travel Allowance for Injured Workers.

A. Payment for Travel to Obtain Medical Care. An injured worker who must travel outside his or her community to obtain necessary medical care is entitled to payment of meals, lodging and other travel expense. Payors shall reimburse injured workers for these expenses according to the standards set forth in State of Utah Accounting Policies and Procedures, Section FIACCT 10-02.00, "Travel Reimbursement".

1. All travel must be by the most direct route and to the nearest location where adequate treatment is reasonably available.

2. Travel may not be required between the hours of 10:00 p.m. and 6:00 a.m., unless approved by the Commission.

B. Time Limits for Requesting and Paying Travel Expenses.

1. Requests for travel reimbursement must be submitted to the payor for payment within one year after the subject travel expenses were incurred;

2. The payor must pay an injured employee's travel expenses at the earlier of:

- a. Every three months;
- b. Upon accrual of \$100 in such expense; or
- c. At closure of the injured worker's claim.

C. Prescriptions. Travel allowance shall not include picking up prescriptions with the following exceptions:

1. Travel allowance will be allowed if documentation is provided substantiating a claim that prescriptions cannot be obtained locally within the injured worker's community;

2. Travel allowance will be allowed in instances where dispensing laws do not allow a medication to be called in to a pharmacy thus requiring an injured worker to physically obtain an original prescription from the provider's office.

R612-300-9. Permanent Impairment Ratings.

A. Utah's 2006 Impairment Guides. The "Utah 2006 Impairment Guides" are incorporated by reference and are to be used to rate a permanent impairment not expressly listed in Section 34A-2-412 of the Utah Workers' Compensation Act.

B. American Medical Association's "Guides to the Evaluation of Permanent Impairment, Fifth Edition." For those permanent impairments not addressed in either Section 34A-2-412 or the "Utah 2006 Impairment Guides," impairment ratings are to be established according to the American Medical Association's "Guides to the Evaluation of Permanent Impairment, Fifth Edition."

R612-300-10. Medical Records.

A. Relationship between HIPAA and Workers' Compensation Disclosure Requirements. Workers' compensation insurers, employers and the Utah Labor Commission need access to health information of individuals who are injured on the job or who have a work-related illness in order to process or adjudicate claims, or to coordinate care under Utah's workers' compensation system. Generally, this health information is obtained from health care providers who treat these individuals and who may be covered by federal "HIPAA" privacy rules.

The HIPAA Privacy Rule specifically recognizes the legitimate need of the workers' compensation system to have access to individuals' health information to the [extend]extent authorized by State law. See 45 CFR 164.512(1). The Privacy Rule also recognizes the importance of permitting disclosures required by other laws. See 45 CFR 164.512(a). Therefore, disclosures permitted by this rule for workers' compensation purposes or otherwise required by this rule do not conflict with and are not prohibited by the HIPAA Privacy Rule.

B. Disclosures Permitted Without Authorization. A medical provider, without authorization from the injured worker[s], shall:

1. For purposes of substantiating a bill submitted for payment or filing required Labor Commission forms, such as the "Physician's Initial Report of Injury/Illness" or the "Restorative Services Authorization," disclose medical records necessary to substantiate the billing, including drug and alcohol testing, to:

- a. An employer's workers' compensation insurance carrier or third party administrator;
- b. A self-insured employer who administers its own workers' claims.
- c. The Uninsured Employers' Fund;
- d. The Employers' Reinsurance Fund; or

e. The Labor Commission as required by Labor Commission rules.

2. Disclose medical records pertaining to treatment of an injured worker who makes a claim for workers' compensation benefits, to another physician for specialized treatment, to a new treating physician chosen by the claimant, or for a consultation regarding the claimed work related injury or illness.

C. Disclosures Requiring Authorization.

1. Except as limited in C(3), a medical provider, whose medical records are relevant to a worker's compensation claim, shall, upon receipt of a Labor Commission medical records release [from]form, or an authorization form that conforms to HIPAA requirements, disclose his/her medical records to:

- a. An employer's insurance carrier or third party administrator;
- b. A self-insured employer who administers its own workers' compensation claims;
- c. An agent of an entity listed in B(1)(a through e), which includes, but is not limited to a case manager or reviewing physician;
- d. The Uninsured Employers Fund;
- e. The Employers' Reinsurance Fund;
- f. The Labor Commission;
- g. The injured worker[s];
- h. An injured workers' personal representative;
- i. An attorney representing any of the entities listed above in an industrial injury or occupational disease claim.

2. Medical records are relevant to a workers' compensation claim if[;]:

a. The records were created after the reported date of the accident or onset of the illness for which workers' compensation benefits have been claimed; or

b. the records were created in the past ten years (15 years if permanent total disability is claimed) and:

i. There is a specific reason to suspect that the medical condition existed prior to the reported date of the claimed work related injury or illness or;

ii. The claim is being adjudicated by the Labor Commission.

3. Medical records related to care provided by a psychiatrist, psychologist, obstetrician, or care related to the reproductive organs may not be disclosed by a medical provider unless a claim has been made for a mental condition, a condition related to the reproductive organs, or the claimant has signed a separate, specific release for these records.

D. Disclosure Regarding Return to Work. A medical provider, who has treated an injured worker for a work related injury or illness, shall disclose information to an injured workers' employer as to when and what restrictions an injured worker may return to work.

E. Additional Disclosures Requiring Specific Approval. Requests for medical records beyond what subsections B, C, and D permit require a signed approval by the director, the medical director, a designated person(s) within the Industrial Accidents Division or an administrative law judge if the claim is being adjudicated.

F. Appeals. A party affected by the decision made by a person in subsection E may appeal that decision to the Adjudication Division of the Labor Commission.

G. Injured Worker's Duty to Disclose Medical Treatment and Providers. Upon receipt and within the scope of this rule, an

injured worker shall provide those entities or persons listed in C(1) the names, address, and dates of medical treatment (if known) of the medical providers who have provided medical care within the past 10 years (15 years for permanent total disability claim) except for those medical providers names in C(3). Labor ~~commission~~ Commission form number 307 "Medical Treatment Provider List" must be used for this purpose. Parties listed in C(1) of this rule must provide each medical provider identified on form 307 with a signed authorization for access to medical records. A copy of the signed authorization may be sent to the medical providers listed on form 307.

H. Injured Worker's Right to Contest Requests for Pre-Injury Medical Records. An injured worker may contest, for good reason, a request for medical records created prior to the reported date of the accident or illness for which the injured worker has made a claim for benefits by filing a complaint with the Labor Commission. Good reason is defined as the request has gone beyond the scope of this rule or sensitive medical information is contained in a particular medical record.

I. Limitations on Use and Re-disclosure of Medical Information.

1. Any party obtaining medical records under authority of this rule may not disclose those medical records, without a valid authorization, except as required by law.

2. An employer may only use medical records obtained under the authority of this rule to:

a. Pay or adjudicate workers' compensation claims if the employer is self-insured;

b. To assess and facilitate an injured workers' return to work;

c. As otherwise authorized by the injured worker.

3. An employer obtaining medical records under authority of this rule must maintain the medical records separately from the employee's personnel file.

4. Any medical records obtained under the authority of this rule to make a determination regarding the acceptance of liability or for treatment of a condition related to a workers' compensation claim shall only be used for workers' compensation purposes and shall not be released, without a signed release by the injured worker or his/her personal representative, to any other party. An employer shall make decisions related only to the workers' compensation claim based on any medical information received under this rule.

K. Permissible Fees for Providing Medical Records. When any medical provider provides copies of medical records, other than the records required when submitting a bill for payment or as required by the Labor Commission rules, the following charges are presumed reasonable:

1. A search fee of \$15 payable in advance of the search;

2. Copies at \$.50 per page, including copies of microfilm, payable after the records have been prepared and

3. Actual costs of postage payable after the records have been prepared and sent. Actual cost of postage ~~are~~ is deemed to be the cost of regular mail unless the requesting party has requested the delivery of the records by special mail or method.

4. The Labor Commission will release its records per the above charges to parties/entities with a signed and notarized release from the injured worker unless the information is classified and controlled under the Government Records Access and Management Act (GRAMA).

5. No fee shall be charged when the RBRVS or the Commission's Medical Fee Guidelines require specific documentation for a procedure or when medical providers are required to report by statute or rule.

6. An injured worker or his/her personal representative may obtain one copy of each of the following records related to the industrial injury or occupational disease claim, at no cost, when the injured worker or his/her personal representative have signed a form by the Industrial Accidents Division to substantiate his/her industrial injury/illness claim;

a. History and physical;

b. Operative reports of surgery;

c. Hospital discharge summary;

d. Emergency room records;

e. Radiological reports;

f. Specialized test results; and

g. Physician SOAP notes, progress notes, or specialized reports.

h. Alternatively, a summary of the patients records may be made available to the injured worker or his/her personal representative at the discretion of the physician.

R612-300-11. Utilization Review Standards.

A. Purpose of Utilization Review and Definitions.

1. "Utilization Review" is used to manage medical costs, improve patient care and enhance decision-making. Utilization review includes, but is not limited to, the review of requests for authorization and the review of medical bills to determine whether the medical services were or are necessary to treat a workplace injury. Utilization review does not include:

a. bill review for the purpose of determining whether the medical services rendered were accurately billed, or

b. any system, program, or activity used to determine whether an individual has sustained a workplace injury.

2. Any utilization review system shall incorporate a two-level review process that meets the criteria set forth in subsections B and C of this rule.

3. Definitions. As used in this rule:

a. "Request for Authorization" means any request by a physician for assurance that appropriate payment will be made for a course of proposed medical treatment.

b. "Reasonable Attempt" requires at least two phone calls and a fax, two phone calls and an e-mail, or three phone calls, within five business days from date of the payor's receipt of the physician's request for review.

B. Level I - Initial Request and Review.

1. A health care provider may use Form 223 to request authorization and payment for proposed medical treatment. The provider shall attach all documentation necessary for the payor to make a decision regarding the proposed treatment.

a. Requests for approval of restorative services are governed by the provisions of ~~[Rule]~~ Section R612-300.5. C. 7. which requires submission of the appropriate RSA form and documentation.

2. Upon receipt of the provider's request for authorization, the payor may use medical or non-medical personnel to apply medically-based criteria to determine whether to approve the request. The payor must:

a. Within 5 business days after receiving the request and documentation, transmit Form 223 back to the physician, in a verifiable manner, advising of the payor's approval or denial of the proposed treatment.

i. If approval is denied, the payor must include with its denial a statement of the criteria it used to make its determination. A copy of the denial must also be mailed to the injured worker.

C. Level II - Review.

1. A health care provider who has been denied authorization or has received no timely response may request a physician's review by completing and sending the applicable portion of Commission Form 223 to the payor.

a. The provider must include the times and days that he/she is available to discuss the case with the reviewing physician, and must be reasonably available during normal business hours.

b. This request for review may be used by a health care provider who has been denied authorization for restorative services pursuant to ~~Rule~~ Subsection R612-300-5.C.7.

2. The payor's physician representative must complete the review within five business days of the treating physician's request for review. Additional time may be requested from the Commission to accommodate highly unusual circumstances or particularly difficult cases.

a. The insurer's physician representative must make a reasonable effort to contact the requesting provider to discuss the request for treatment. The payor shall notify the Commission if an additional five days is needed in order to contact the treating physician or to review the case.

b. If the payor again denies approval of the recommended treatment, the payor must complete the appropriate portion of Commission Form 223, and shall include~~§~~:

i. the criteria used by the payor in making the decision to deny authorization; and

ii. the name and specialty of the payor's reviewing physician;

iii. appeals information.

c. The denial to authorize payment for treatment must then be sent to the physician, the injured worker and the Commission.

3. The payor's failure to respond to the review request within five business days, by a method which provides certification of transmission, shall constitute authorization for payment of the treatment.

~~§~~D. Mediation and Adjudication. Upon receipt of denial of authorization for payment for medical treatment at Level II, the Commission will facilitate, upon the request of the injured worker, the final disposition of the case.

1. If the parties agree, the medical dispute will be referred to Commission staff for mediation.

2. If the parties do not agree to mediation, the matter will be referred to the Division of Adjudication for hearing and decision.

~~§~~E. Reduction of Fee for Failure to Follow Utilization Review Standards.

1. In cases in which a health care provider has received notice of this rule but proceeds with non-emergency medical treatment without obtaining payor authorization, the following shall apply:

a. If the medical treatment is ultimately determined to be necessary to treat a workplace injury, the fee otherwise due the health care provider shall be reduced by 25%.

b. If the medical treatment is ultimately determined to be unnecessary to treat a workplace injury, the payor is not liable for payment for such treatment. The injured worker may be liable for the cost of treatment.

2. The penalty provision in D. 1. shall not apply if the medical treatment in question has been preauthorized by some other non-worker's compensation insurance company or other payor.

R612-300-12. Commission Approval of Health Care Treatment Protocols.

A. Authority. Pursuant to authority granted by Subsection 34A-2-111(2)(c)(i)(B)(VII) of the Utah Workers' Compensation Act, the Utah Labor Commission establishes the following standards and procedures for Commission approval of medical treatment and quality care guidelines.

B. Standards

1. Scientifically based: Subsection 34A-2-111(2)(c)(i)(B)(VII)(Aa) of the Act requires that guidelines be scientifically based. The Commission will consider a guideline to be "scientifically based" when it is supported by medical studies and/or research.

2. Peer reviewed: Subsection 34A-2-111(2)(c)(i)(B)(VII)(Bb) of the Act requires that guidelines be peer reviewed. The Commission will consider a guideline to be "peer reviewed" when the medical study's content, methodology, and results have been reviewed and approved prior to publication by an editorial board of qualified experts".

3. Other standards: Pursuant to its rulemaking authority under Subsection 34A-2-111(2)(c)(i)(B)(VII), the Utah Labor Commission establishes the following additional standards for medical treatment and quality care guidelines.

a. The guidelines must be periodically updated and, subject to Commission discretion, may not be approved for use unless updated in whole or in part at least biannually;

b. Guideline sources must be identified;

c. The guidelines must be reasonably priced;

d. The guidelines must be easily accessible in print and electronic versions.

C. Procedure: Pursuant to Subsection 34A-2-111(2)(c)(i)(B)(VII) of the Utah Workers' Compensation Act, a party seeking Commission action to approve or disapprove a guideline shall file a petition for such action with the Labor Commission.

R612-300-13. HIV, Hepatitis B and C Testing and Reporting for Emergency Medical Service Providers.

A. Purpose and Authority. This rule, established pursuant to U.C.A. Section 78B-8-404, establishes procedures for testing and reporting following a significant exposure of an emergency medical services provider to infectious diseases.

B. Definitions. In addition to the terms defined in Section 78B-8-401, the following definitions apply for purposes of this rule.

1. Contact means designated person(s) within the emergency medical services agency or the employer of the emergency medical services provider.

2. Emergency medical services (EMS) agency means an agency, entity, or organization that employs or utilizes emergency medical services providers as defined in (4) as employees or volunteers.

3. Source Patient means any individual cared for by a pre-hospital emergency medical services provider, including but not limited to victims of accidents or injury, deceased persons, ~~[and]~~ prisoners or persons in the custody of the Department of Corrections, a county correctional facility, or a public law enforcement entity.

4. Receiving facility means a hospital, health care or other facility where the patient is delivered by the emergency medical services provider for care.

C. Emergency Medical Services Provider Responsibility.

1. The EMS provider shall document and report all significant exposures to the receiving facility and contact as defined in C.2.

2. The reporting process is as follows:

a. The exposed EMS provider shall complete the Exposure Report Form (ERF) at the time the patient is delivered to the receiving facility and provide a copy to the person at the receiving facility authorized by the facility to receive the form. In the event the exposed EMS provider does not accompany the source patient to the receiving facility, he/she may report the exposure incident, with information requested on the ERF, by telephone to a person authorized by the facility to receive the form. In this event, the exposed EMS provider shall nevertheless submit a written copy of the ERF within three days to an authorized person of the receiving facility.

b. The exposed EMS provider shall, within three days of the incident, submit a copy of the ERF to the contact as defined in C.2.

D. Receiving Facility Responsibility.

1. The receiving facility shall establish a system to receive ERFs as well as telephoned reports from exposed EMS providers on a 24-hour per day basis. The facility shall also have available or on call, trained pre-test counselors for the purpose of obtaining consent and counseling of source patients when HIV testing has been requested by EMS providers. The receiving facility shall contact the source patient prior to release from the facility to provide the individual with counseling or, if unable to provide counseling, provide the source patient with phone numbers for a trained counselor to provide the counseling within 24 hours.

2. Upon notification of exposure, the receiving facility shall request permission from the source patient to draw a blood sample for disease testing ~~[, as defined in C.3].~~ In conjunction with this request, the source patient must be advised of his/her right to refuse testing and be advised that if he/she refuses to be tested that fact will be forwarded to the EMS agency or employer of EMS provider. The source patient shall also be advised that if he/she refuses to be tested, the EMS agency or provider may seek a court order to compel the source patient to submit to a blood draw for the disease testing.

Testing is authorized only when the source patient, his/her next of kin or legal guardian consents to testing, with the exception that consent is not required from an individual who has been convicted of a crime and is in the custody or under the jurisdiction of the Department of Corrections, a county correctional facility, a public law enforcement entity, or if the source patient is dead. If consent is denied, the receiving facility shall complete the ERF and send it to the EMS agency or employer of the EMS provider. If consent is received, the receiving facility shall draw a sample of the source patient's blood and send it, along with the ERF, to a qualified laboratory for testing.

3. The laboratory that the receiving facility has sent source patient's blood draw to shall send the disease test results, by Case ID number, to the EMS agency or employer of the EMS provider.

F. EMS Agency/Employer Responsibility:

1. The EMS agency/employer, upon receipt of the disease tests, from the receiving facility laboratory, shall immediately report the result, by case number, not name, to the exposed EMS provider.

2. The EMS agency/employer, upon the receipt of refusal of testing by the source, shall report that refusal to the EMS provider.

3. The agency/employer or its insurance carrier shall pay for the EMS provider and the source patient testing for the covered diseases per the Labor Commission fee schedule.

4. The EMS agency/employer shall maintain the records of any disease exposures contained in this rule per the OSHA Blood Borne Pathogen standards.

KEY: workers' compensation, fees, medical practitioners

Date of Enactment or Last Substantive Amendment: ~~November 22, 2013~~ 2014

Authorizing, and Implemented or Interpreted Law: 34A-1-104; 34A-2-201

Labor Commission, Industrial Accidents R612-400-1 Notification of Workers' Compensation Insurance Coverage

NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 38803

FILED: 08/22/2014

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: Section 34A-2-205 of the Utah Workers' Compensation Act requires workers' compensation insurance carriers to file insurance policy and coverage information with the Labor Commission's Industrial Accidents Division. The Labor Commission's Rule R612-400 specifies the manner in which such information is to be submitted. The Commission proposes to amend Rule R612-400 in order to conform the rule to current practice by requiring all insurance carriers to submit the required information through an agent approved by the Division. The amendment also makes other nonsubstantive changes to simplify and clarify the rule.

SUMMARY OF THE RULE OR CHANGE: The new language for Section R612-400-1 continues the existing requirements that policy and coverage information be submitted electronically and in accordance with standards established by the International Association of Industrial Accidents Boards and Commissions (IAIABC). However, the proposed language eliminates the option provided by the current rule which allows insurance carriers to submit such information directly to the Division. As a result of this change, insurance carriers will be required to use an agent authorized by the Division to submit the information.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Subsection 59-9-101(2)

ANTICIPATED COST OR SAVINGS TO:

◆ **THE STATE BUDGET:** The proposed change to Section R612-400-1 conforms the section's content to current practice. It will not result in any additional administrative or enforcement costs to the Labor Commission, nor will the change have any effect to the state's workers' compensation coverage expenses as an employer.

◆ **LOCAL GOVERNMENTS:** The proposed change to Section R612-400-1 conforms the section's content to current practice. It will not result in any additional expense to local governments.

◆ **SMALL BUSINESSES:** The proposed change to Section R612-400-1 conforms the section's content to current practice. It will not result in any additional expense to small businesses.

◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** The proposed change to Section R612-400-1 conforms the section's content to current practice. It will not result in any additional expense to other persons.

COMPLIANCE COSTS FOR AFFECTED PERSONS: The elimination of the direct submission option from the existing language is consistent with actual current practice. Consequently, it will not require any insurance carriers to change the manner in which they are now submitting the subject policy and coverage information, and will impose no new compliance costs on such carriers.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: The proposed changes to Section R612-400-1 are part of the Industrial Accidents Division's comprehensive review of all its workers' compensation rules. The proposed substantive amendment to the section, which requires insurance carriers to use qualified agents to submit policy and coverage information, is consistent with current practice and will not require any additional expenditure by such carriers.

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

LABOR COMMISSION
INDUSTRIAL ACCIDENTS
HEBER M WELLS BLDG
160 E 300 S
SALT LAKE CITY, UT 84111-2316
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

◆ Ron Dressler by phone at 801-530-6841, by FAX at 801-530-6804, or by Internet E-mail at rdressler@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 10/15/2014

THIS RULE MAY BECOME EFFECTIVE ON: 10/22/2014

AUTHORIZED BY: Sherrie Hayashi, Commissioner

R612. Labor Commission, Industrial Accidents.

R612-400. Workers' Compensation Insurance, Self-Insurance and Waivers.

R612-400-1. ~~Notification of Workers' Compensation Insurance Coverage.~~

~~Any insurance carrier subject to the policy reporting requirements of Section 34A-2-205 may satisfy such reporting requirements by either of the following methods:~~

~~1. The insurance carrier may directly file the required information electronically with the Industrial Accidents Division in accordance with the International Association of Industrial Accidents Boards and Commissions (IAIABC) standards and format.~~

~~2. Alternatively, the insurance carrier may use an agent to file the required information electronically with the Industrial Accidents Division in accordance with IAIABC standards and format, provided that the agent has been authorized by the Labor Commission as meeting its electronic filing standards.]~~ **Policy Reporting by Workers' Compensation Insurance Carriers.**

An insurance carrier writing workers' compensation insurance in Utah shall report to the Division the information required by Section 34A-2-205 of the Utah Workers' Compensation Act as follows:

1. The report shall be filed on behalf of the insurance carrier by an agent that has been approved by the Division as meeting the Division's filing standards.

2. The insurance carrier's agent shall submit the information electronically in accordance with the standards and format established by the International Association of Industrial Accidents Boards and Commissions (IAIABC).

KEY: workers' compensation, insurance, rates, waivers

Date of Enactment or Last Substantive Amendment: ~~December 23, 2013~~ 2014

Authorizing, and Implemented or Interpreted Law: 59-9-101(2)

Labor Commission, Industrial Accidents

R612-400-2

Employee Leasing Company Workers' Compensation Policy Endorsements

NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 38804

FILED: 08/22/2014

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: Section R612-400-2 addresses the unique workers' compensation coverage and reporting requirements

that apply to professional employer organizations, their client companies and insurance carriers. The proposed amendment of Section R612-400-2 will simplify, update, and clarify the section's language and conform the section to the Utah Workers' Compensation Act and other Commission rules.

SUMMARY OF THE RULE OR CHANGE: The proposed new language for Section R612-400-2 provides a clear statement of its purpose, scope, and authority. The section's substantive provisions are also reorganized for clarity. The proposed change substitutes the correct term "professional employer organization" for the out-moded "employee leasing company". The proposed change eliminates the enumeration of specific reporting requirements, since insurance carriers are already required by another section, R612-400-1, to report this information. Likewise, the proposed change eliminates references to submission of policy information "in writing", since Section R612-400-1 requires that such information be submitted electronically. The proposed rule eliminates the current rule's requirement that insurance carriers provide "30 day advance notice . . . of a proposed cancellation" of coverage because such advanced notice is not authorized by the Workers' Compensation Act. Finally, the proposed rule clarifies that an insurance carrier who fails to comply with applicable reporting requirements may be subject to penalties authorized by Section 34A-2-205.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Subsection 59-9-101(2)

- ANTICIPATED COST OR SAVINGS TO:**
- ◆ **THE STATE BUDGET:** The proposed changes to Section R612-400-2, which simplify and clarify the existing workers' compensation rules for professional employer organizations, their client companies, and their insurance carriers, will not result in any additional administrative or enforcement costs to the Labor Commission, nor will the changes have any effect to the state's workers' compensation coverage expenses as an employer.
 - ◆ **LOCAL GOVERNMENTS:** The proposed changes to Section R612-400-2, which simplify and clarify the existing workers' compensation rules for professional employer organizations, their client companies, and their insurance carriers, will not result in any additional workers' compensation expense for local governments in their capacity as employers.
 - ◆ **SMALL BUSINESSES:** The proposed changes to Section R612-400-2 have no effect on small businesses other than professional employer organizations and their client companies. With respect to the professional employer organization and client companies that are subject to the proposed change, the change simplifies and clarifies existing standards. It will not result in any additional workers' compensation expense for those businesses.
 - ◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** The proposed changes to Section R612-400-2 will have no impact on the workers who are "co-employees" of

professional employee organizations and their client companies. These workers will continue to receive the same workers' compensation coverage as all other Utah workers. Likewise, the proposed changes are not expected to have any financial impact on any other persons or businesses.

COMPLIANCE COSTS FOR AFFECTED PERSONS: The professional employer organizations, client companies, and insurance carriers that are subject to this proposed rule will not experience any additional costs in complying with the rule.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: The proposed changes to Section R612-400-2 are part of the Industrial Accidents Division's comprehensive review of all its workers' compensation rules. The proposed changes to Section R612-400-2 do not impose any additional requirements or burdens on professional employer organizations, client companies or insurance carriers but, rather, simplify and clarify existing requirements. The proposed rule also eliminates some provisions of the old rule that were not authorized by the Workers' Compensation Act. In summary, the entities subject to the rule will not experience any additional costs of compliance but should find the new rule easier to understand and follow.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:
 LABOR COMMISSION
 INDUSTRIAL ACCIDENTS
 HEBER M WELLS BLDG
 160 E 300 S
 SALT LAKE CITY, UT 84111-2316
 or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:
 ◆ Ron Dressler by phone at 801-530-6841, by FAX at 801-530-6804, or by Internet E-mail at rdressler@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 10/15/2014

THIS RULE MAY BECOME EFFECTIVE ON: 10/22/2014

AUTHORIZED BY: Sherrie Hayashi, Commissioner

R612. Labor Commission, Industrial Accidents.
R612-400. Workers' Compensation Insurance, Self-Insurance and Waivers.
~~[R612-400-2. Employee Leasing Company Workers' Compensation Policy Endorsements.~~
~~2.1. Workers' Compensation Coverage for Client Companies Under an Endorsement Arrangement.~~
~~An insurance company licensed to write workers' compensation coverage in the state of Utah underwriting an employee leasing company as the named insured shall insure all of the primary~~

~~insured's client companies under an umbrella policy and shall provide a separate endorsement for each client company unless the client company provides workers' compensation coverage under a separate policy.~~

~~2.2. Notification of a New Policy and Endorsements.~~

~~A. Any insurance carrier underwriting a new policy naming an employee leasing company as the primary insured shall notify the division in writing or by electronic means within ten working days of the new policy including all client companies covered under the policy. The notification shall include all the information as specified in this rule.~~

~~B. The insurance carrier shall subsequently notify the division in writing or by electronic means within ten working days of any new client company endorsements covered under a leasing company's umbrella policy after the initial policy is written giving all information as specified in this rule.~~

~~2.3. Required Information.~~

~~The following information is required on any notice sent to the division on a policy underwritten by the insurance carrier naming an employee leasing company as the primary insured:~~

~~A. Name and both mailing and physical address of the employee leasing company.~~

~~B. The policy number and effective dates of coverage for the employee leasing company.~~

~~C. Each client company's DBA's (doing business as) names(s) and mailing and physical location(s).~~

~~D. The Standard Industrial Classification (SIC) for each client company.~~

~~E. The effective dates of coverage on the endorsement for each client company.~~

~~2.4. Reporting Injuries.~~

~~The reporting of injuries as required in Section 34A-2-407 shall be in the name of the client company.~~

~~2.5. Cancellations.~~

~~Any insurance carrier underwriting an employee leasing company as the primary insured shall:~~

~~A. Give the division a 30 day advance notice in writing or by electronic means of a proposed cancellation of an employee leasing company or any client company written as an endorsement under an employee leasing company's policy.~~

~~B. Give the division notice in writing or through electronic means within ten working days after cancellation of a policy underwritten naming the employee leasing company as the primary insured and any cancellation of an endorsement of a client company covered under the primary insured.~~

~~C. Failure by an insurance carrier to notify the division of the cancellation of either the primary insured employee leasing company or a client company will result in the continuation of coverage by the insurance carrier until the division receives notification as specified in this rule.]~~

R612-400-2. Workers' Compensation Coverage for Professional Employer Organizations and Client Companies.

A. Purpose, Authority and Scope.

1. Purpose. The Utah Professional Employer Organization Licensing Act, Title 31A, Chapter 40, Utah Code Annotated, ("the Act") allows a professional employer organization ("PEO") and a client company to establish a contractual relationship by which the PEO and client company are co-employers of some or all of the client company's workers. This rule establishes workers' compensation

coverage and reporting requirements for such co-employment relationships.

2. Authority. This rule is enacted pursuant to authority granted by Section 34A-40-209 of the Act.

3. Scope. This rule applies only to those situations in which one or more workers are co-employees of a PEO and client company. The rule does not apply to workers who are solely employed by either a PEO or a client company. In such cases, the coverage and reporting requirements generally applicable to sole employers must be followed.

B. Alternatives for Providing Workers' Compensation Insurance Coverage for Co-employees.

1. Coverage provided by Client Company utilizing a PEO. A client company may provide workers' compensation coverage for co-employees of the client company and PEO by purchasing an insurance policy from a workers' compensation insurance company. The insurance policy shall list the client company as the named insured and shall provide coverage for the PEO as an additional insured by means of an individual endorsement.

2. Coverage provided through a PEO for a client company. Alternatively, a PEO may provide workers' compensation coverage for co-employees of the client company and PEO by purchasing an insurance policy, if available, from a workers' compensation insurance company. The insurance policy shall list the PEO as the named insured and shall provide coverage for the client company as an additional insured by means of an individual endorsement.

C. Insurance Carrier Reporting Obligation.

1. New Policies. An insurance company providing workers' compensation coverage to a PEO and client company shall comply with the reporting requirements set forth in Subsection R612-400-1. Such reports shall identify any PEO or client company covered by endorsement under the policy.

2. Additional insureds under an existing policy. If an insurance company extends coverage under an existing policy to a PEO or client company by means of an additional endorsement, the company shall report such additional endorsement and coverage to the Division in accordance with the requirements of Section R612-400-1.

3. Cancellations. An insurance company shall notify the Division of cancellation of coverage for any PEO or client company by complying with the requirements of Section R612-400-1. Failure by an insurance company to provide such notice will result in the continuation of coverage by the insurance company until the Division receives notification and may also result in imposition of penalties pursuant to Section 34A-2-205.

D. Reporting Injuries.

Work-related injuries of co-employees shall be reported in the name of the client company.

KEY: workers' compensation, insurance, rates, waivers

Date of Enactment or Last Substantive Amendment: [December 23, 2013]2014

Authorizing, and Implemented or Interpreted Law: 59-9-101(2)

**Labor Commission, Industrial Accidents
R612-400-3
Workers' Compensation Rules Self-
Insurance**

NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 38808

FILED: 08/22/2014

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: Section 34A-2-201.5 of the Utah Workers' Compensation Act allows an employer or public agency insurance mutual to apply to the Industrial Accidents Division for authorization to self-insure the employer or insurance mutual's workers' compensation obligations. The Labor Commission has previously promulgated Section R612-400-3 to address issues related to such self-insurance. The Commission now proposes to amend Section R612-400-3 in order to simplify, update, and clarify the rule's content. The proposed rule will also set forth the appeal rights that are available to applicants for authorization to self-insure.

SUMMARY OF THE RULE OR CHANGE: As amended, Section R612-400-3 provides a clear statement of its purpose, scope and authority. The section then establishes definitions of several terms, notably the term "acceptable credit rating agency", and also consolidates within the rule other existing definitions that were found elsewhere in Division rules. The section's substantive provisions are also reorganized for clarity and to conform to the Division's existing practice in consideration of applications to self-insure. In particular, the section is subdivided into subsections that correlate with the various steps and requirements of the self-insurance process. Finally, the section adds a requirement that applicants for authorization to self-insure must designate an agent for service of notices and orders, and sets forth the process by which an applicant can challenge a Division denial or revocation of self-insured status.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Subsection 59-9-101(2)

ANTICIPATED COST OR SAVINGS TO:

◆ **THE STATE BUDGET:** The proposed changes to Section R612-400-3, which simplify and clarify the existing workers' compensation rules for self-insurance, will not result in any additional administrative or enforcement costs to the Labor Commission, nor will the changes have any effect to the state's workers' compensation coverage expenses as an employer.

◆ **LOCAL GOVERNMENTS:** The Commission notes that several local government entities self-insure their workers' compensation obligations, either individually or as members of public agency insurance mutuals. The proposed changes to Section R612-400-3, which simplify and clarify the existing workers' compensation rules for self-insurance, will not result in any additional workers' compensation expense, either for self-insured local governments or for those local governments who purchase workers' compensation insurance.

◆ **SMALL BUSINESSES:** Small businesses typically do not self-insure their workers' compensation obligations. Therefore, the proposed changes to Section R612-400-3 are not expected to result in any additional workers' compensation expense for small businesses.

◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** The proposed changes to Section R612-400-3 will have no impact on employees of self-insured businesses. Such employees will continue to receive the same workers' compensation coverage as all other Utah workers. Likewise, the proposed changes are not expected to have any financial impact on any other persons or businesses.

COMPLIANCE COSTS FOR AFFECTED PERSONS: The simplification and clarification of Section R612-400-3 should ease compliance by employers and public agency insurance mutuals that choose to self-insure, thereby tending to reduce their compliance costs.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: The proposed changes to Section R612-400-3 are part of the Industrial Accidents Division's comprehensive review of all its workers' compensation rules. The proposed changes to Section R612-400-3 do not impose any additional requirements or burdens on self-insureds but, rather, simplify and clarify existing requirements. At the same time, the proposed rule maintains prudent oversight over the self-insurance process in order to ensure that self-insureds are able to meet their workers' compensation obligations, thereby avoiding situations in which a self-insured's failure would require other employers to assume its obligations.

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

LABOR COMMISSION
INDUSTRIAL ACCIDENTS
HEBER M WELLS BLDG
160 E 300 S
SALT LAKE CITY, UT 84111-2316
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

◆ Ron Dressler by phone at 801-530-6841, by FAX at 801-530-6804, or by Internet E-mail at rdressler@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 10/15/2014

THIS RULE MAY BECOME EFFECTIVE ON: 10/22/2014

AUTHORIZED BY: Sherrie Hayashi, Commissioner

R612. Labor Commission, Industrial Accidents.**R612-400. Workers' Compensation Insurance, Self-Insurance and Waivers.****[R612-400-3. Workers' Compensation Rules-Self Insurance.**~~3.1. Application:~~

~~A. An employer seeking authorization to become self-insured under the provision of Section 34A-2-201 of the Utah Workers' Compensation Act must apply to the division through the use of a form entitled "Application for Self Insurance."~~

~~B. The division will require annual renewals for continuing self-insurance. Renewal, through the use of a form entitled "Renewal Application for Self Insurance", will require an update of the initial information. Renewal information must be submitted at least 60 days before the self-insurance anniversary date. Failure to file a renewal application on time may result in an interruption or cancellation of self-insurance privileges.~~

~~C. The initial and all renewal applications must be completed and signed by the employer's duly authorized representative.~~

~~3.2. Qualifying Requirements:~~

~~A. To qualify, an employer must be in business for a period of not less than five years and shall demonstrate sufficient financial strength and liquidity of the business to assure that all obligations will be promptly met. An employer in business less than five years will be considered only if a pre-existing parent corporation (in business more than five years) guarantees the liability. In cases of merger or name-identification change, the history of the pre-existing entity will be considered for the five-year requirement. Upon applying for self-insurance privileges, the applicant must forward a current, certified financial statement or other proof of financial ability to pay direct compensation and other expenses as provided by Section 34A-2-201. Mergers occurring after an entity is self-insured will require a new application by the merged entity. However, entities whose financial information can be obtained from Dunn and Bradstreet will not be required to file financial statements unless clarification or supplemental statements are deemed appropriate or necessary.~~

~~B. Specific or aggregate excess insurance with policy limits and retention amounts acceptable are required as a condition of approval and continuation of self-insurance privileges.~~

~~C. Excess Insurance policies shall include a bankruptcy and insolvency endorsement (Form 303) for each self-insured entity. The endorsement adds the Uninsured Employer's Fund to the excess insurance policy and specifies the conditions of the Utah bankruptcy and insolvency endorsement for individual self-insureds.~~

~~D. A minimum \$100,000 surety bond.~~

~~E. No corporate surety shall be eligible to write self-insurers' surety bonds or excess insurance unless authorized to transact such business in this state.~~

~~F. Surety bonds must be issued on a prescribed form entitled "Self-Insurance Aggregate Surety Bond" and shall be exchanged or replaced with another surety bond only if a 60-day notice of termination of liability is given by the bonding company. The replacement bond must be issued on a form as prescribed by the Commission. No replacements will be authorized by the Commission unless the new surety accepts the liability of the previous surety(ies) or a guarantee is filed by both (all) sureties acknowledging their respective liabilities and periods of time covering such liabilities.~~

~~G. All subsidiary companies must have the parent company guarantee liability for payment of benefits (unless such requirement is~~

~~waived by the division). The form and substance of such guarantees are to be approved by the division.~~

~~H. The division may utilize services such as Dunn and Bradstreet credit ratings for the purpose of evaluating a company's financial ability to pay.~~

~~I. Entities that fall within the top two composite credit appraisal ratings by Dunn and Bradstreet (or information from an equivalent service) and their top two ratings on estimated financial strength may qualify for self-insurance in Utah with the minimum requirements as set forth in Rule R612-3-4C. Companies with a 5A or 4A estimated financial strength rating and falling within the fair composite credit appraisal of Dunn and Bradstreet may qualify for self-insurance with higher security requirements as determined by the division. The provisions herein are to be construed as optional, with the division having the option.~~

~~J. Self-insured entities, or their parent company if such is a guarantor, that fall below either the 5A or 4A estimated financial strength rating or the top three composite credit appraisal ratings of Dunn and Bradstreet will not be allowed to self-insure. A company already self-insured that falls in the aforementioned disqualifying categories will not be allowed to continue self-insurance privileges. However, at the discretion of the division continuation of self-insurance will be considered if the following steps are taken:~~

~~1. An independent actuarial study satisfactory to the division and the employer is made of the reserve requirements of the self-insured entity, said study to be at the employer's expense. Selection of the actuary will be mutually agreed upon by the division and the employer. However, should the parties fail to agree, the division will make the final selection.~~

~~2. Satisfactory security is obtained for the reserves plus the aggregate excess retention amount.~~

~~3. Any company whose self-insurance privileges are revoked under the provisions of these rules will be required to obtain security for their reserve requirements under the foregoing two-step process regardless of whether or not self-insurance privileges are continued.~~

~~4. Companies whose privileges are to be revoked will be allowed 60 days from notice to comply with steps 1 through 3 above.~~

~~5. Quarterly financial reviews will be taken of entities which retain their self-insurance privileges by following 1, 2, and 3 above.~~

~~K. Security requirements for all entities requiring security will be determined by a review of past incurred losses and application of exposure, loss, and contingency factors. The minimum acceptable bond amount is \$100,000.~~

~~L. Public and eleemosynary entities are classified as special categories requiring separate consideration for self-insurance privileges and security requirements.~~

~~3.3. Administration of the Self-Insurance Program.~~

~~A. A self-insurer must procure the services of an insurance carrier or adjusting company to administer the self-insurance program with regard to claims, setting up of reserves, and safety programs; or~~

~~B. The self-insurer must show proof of sufficient and competent staff to administer the self-insurance program and provide safety engineering. The division reserves the right to train and test adjustors and administrators of self-insurance programs.~~

~~C. Whether a self-insurer hires their own adjustor or contracts with an insurance carrier or service organization, the following conditions must be met:~~

~~1. A knowledgeable contact concerning claims will be located in the state of Utah.~~

~~2. The self-insurer will maintain a toll free number or accept during office hours a reasonable number of collect calls from injured employees if either employees of the company or the division offices are in a different city than that of the adjuster.~~

~~D. The self-insurer will comply with all rules of the Commission and with the Workers' Compensation Act.~~

~~3.4. Notice of Certification for Self-Insurance or Denial and Renewal.~~

~~Upon meeting the requirements set forth in these rules, an employer shall receive a formal certificate approving self-insured status. The privilege may be renewed from year to year with renewal procedure as required by these rules. An employer whose original or renewal application for self-insurance has been denied or revoked, or who takes exception to insurance or reserve requirements, may request a review or reconsideration by the Commission. The request must be made within 20 days of the notice of Commission action issued to the employer. A request for review will not automatically extend the authorization to self-insure. However, the Commission may extend the privilege pending review. Without such an extension, the privilege is revoked on the anniversary date.~~

~~3.5. Revocation of Right to Self-Insure.~~

~~The right to self-insure may be revoked by the division for failure to comply with the rules contained herein.]~~

R612-400-3. Self Insurance of Workers' Compensation Obligations.

A. Purpose, Authority and Scope. 34A-2-201.5 of the Utah Workers' Compensation Act allows an employer or public agency insurance mutual to request authorization from the Division to self-insure workers' compensation obligations. Pursuant to the authority granted by Section 34A-2-201.5, this rule establishes procedures for applying for authorization to self-insure; it also establishes standards for Division decisions to grant, deny, or revoke such authorization and addresses the process for appealing Division decisions.

B. Definitions. In addition to the definitions found in Subsection 34A-2-201.5(1) and Section R612-100-2, the following definitions apply to this rule:

1. "Acceptable Credit Rating Agency" means Dun and Bradstreet or another similarly reputable credit rating agency acceptable to the Division.

2. "Aggregate Excess Insurance" is the amount of insurance required to cover the total accumulated workers' compensation benefits for all claims payable for a given period of time with the employer, retaining an obligation for a designated amount as a deductible and insurance company paying all amounts due thereafter up to a maximum total obligation.

3. "Applicant" means an employer or public agency insurance mutual seeking initial authorization or renewal authorization to self-insure workers' compensation obligations.

4. "Reserve" is defined as the amount necessary to satisfy all debts, past, present, and future, incurred by reason of industrial accidents or occupational diseases, the origins of which commenced prior to the date of reserve determination.

5. "Self-Insured" means an employer or public agency insurance mutual that is authorized by the Division to self-insure workers' compensation obligations.

6. "Specific Excess Insurance" is defined as the amount of insurance required to satisfy workers' compensation obligations related

to a workplace accident or disease with the employer retaining an obligation for a designated amount as a deductible and the insurance company assuming the obligation for all amounts due thereafter.

C. Application Process. An Applicant must complete the following process to receive Division authorization to self-insure.

1. The Applicant shall complete Division Form 109, "Application for Self Insurance" and submit the form to the Division, together with payment of the applicable fee as established by the Commission pursuant to Section 63J-1-504.

2. The Applicant shall demonstrate that it has been in business continuously for five years immediately preceding its application.

a. If the Applicant is a wholly-owned subsidiary of another company, it may satisfy this requirement by demonstrating that the parent company has been in business continuously for five years immediately preceding the application, provided that the parent company guarantees the Applicant's workers' compensation obligations. Unless this guarantee requirement is waived by the Division, the form and substance of any such guarantee is subject to Division approval.

b. If the Applicant has changed its business name, the applicant may satisfy this requirement by demonstrating that it has been in business under a combination of its current name and previous name continuously for five years immediately preceding the application.

c. If the Applicant has been formed by merger of two or more companies, the applicant may satisfy this requirement by demonstrating that it and at least one of its predecessor companies, when considered jointly, have been in business continuously for five years immediately preceding the application.

3. The Applicant shall demonstrate sufficient financial strength and liquidity to pay its workers' compensation obligations promptly and in full. The Applicant shall submit to the Division:

a. A current, certified financial statement or other proof acceptable to the Division of the Applicant's financial ability to pay direct compensation and other related expenses;

b. Proof that the Applicant is covered by specific aggregate excess insurance issued by a company authorized to transact such business in Utah and with policy limits and retention amounts acceptable to the Division. The insurance company shall execute Division Form 303, "Utah Bankruptcy and Insolvency Endorsement" for each covered self-insured entity and shall name the Uninsured Employers' Fund as an additional insured.

c. A surety bond issued by a corporate surety authorized to transact such business in this state or other acceptable security as approved by the Division. If a surety bond is submitted, it shall be issued on Division Form 213E, "Self-Insurance Aggregate Surety Bond" in an amount established by the Division based on its review of the applicant's past incurred losses, exposure, and contingency factors. The minimum bond shall be \$100,000.

i. With Division approval, a surety bond provided under this subsection may be replaced with another surety bond, provided that a 60-day notice of termination of liability is given to the Division by the original surety, the replacement bond is issued on the prescribed form, and the new surety accepts the liability of the previous surety or a guarantee is filed by all sureties acknowledging their respective liabilities and periods of time covering such liabilities.

ii. The Division may waive surety bond requirements for a public entity.

4. The Division shall confirm through Dun and Bradstreet or other acceptable credit rating agency that the Applicant is within the agency's two highest composite credit appraisal ratings and two highest ratings of estimated financial strength.

a. An Applicant that is within the agency's two highest composite credit appraisal ratings but has received only a "fair" or equivalent composite credit rating may be granted authorization to self-insure by satisfying any additional security requirements required by the Division.

b. The Division may waive credit rating requirements for a public entity, provided that the public entity files financial statements or such other supplemental information as the Division finds necessary.

5. The Applicant shall demonstrate its ability to properly administer a self-insurance program.

a. The Applicant shall either procure the services of an insurance carrier or adjusting company to administer claims and establish reserves or demonstrate that the Applicant has sufficient competent staff to perform such tasks.

b. The Applicant or its adjusting company shall maintain within Utah a knowledgeable contact concerning claims and shall maintain a toll free number or accept a reasonable number of collect calls from injured employees.

c. The Applicant shall register with the Division a designated agent in Utah who is authorized to receive on behalf of the Applicant all notices or orders provided for under the Utah Workers' Compensation Act or the Utah Occupational Disease Act.

d. At its discretion, the Division may train and test adjustors and administrators of self-insurance programs.

6. A subsidiary company may rely upon its parent company to satisfy any of the requirements of subsection C of this rule, provided that the parent company guarantees all the subsidiary company's workers' compensation liabilities. The form and substance of such guarantees must be approved by the Division.

D. Division Action to Grant or Deny Authorization to Self-Insure.

1. If the Division determines that the Applicant has satisfactorily completed the application process required by subsection C, the Division shall issue written authorization for the applicant to self-insure. Such authorization shall be effective for one year from issuance and may be renewed annually as set forth in subsection E of this rule.

2. If the Division determines that the Applicant has not satisfied the requirement of subsection C, the Division will issue a written notice denying the Applicant's request to self-insure. The notice of denial shall state the basis for denial, advise the Applicant of any actions necessary to correct deficiencies in its application, and set forth the Applicant's right to appeal the denial.

E. Renewal of Authorization to Self-Insure.

1. Annual Renewal Application. To request annual renewal of authority to self-insure, a self-insured shall complete and submit Division Form 223E, "Renewal Application for Self Insurance" together with payment of the applicable fee as established by the Commission pursuant to Section 63J-1-504.

a. The completed "Renewal Application" and applicable fee must be submitted at least 60 days before the expiration of the previous self-insurance authorization. Late filing of a renewal application may result in suspension or cancellation of self-insurance privileges.

b. Renewal applicants must satisfy all requirements set forth in subsection C of this rule, except that renewal applicants whose financial information cannot be obtained from Dun and Bradstreet will be required to file financial statements or such other supplemental information as the Division finds necessary.

2. If the Division determines that the renewal applicant qualifies for renewal of authorization to self-insure, the Division shall issue a written renewal. Such renewal shall be effective for one year from issuance.

3. If the Division determines that the renewal applicant has not satisfied the requirements of this rule, the Division will issue a written denial of the request to renew, stating the specific basis for denial, advising the applicant of any actions necessary to correct deficiencies in its renewal application, and the applicant's right to appeal the denial.

F. Revocation of Authority to Self-Insure.

1. In cases where a self-insured entity merges with another entity, the existing authorization to self-insure will be revoked and the newly formed entity must apply for authority to self-insure in its own right.

2. If the Division receives complaints regarding a self-insured's practices or ability to satisfy its obligations, has other reason to believe that a self-insured no longer meets the standards for self-insurance set forth in this rule, or has failed to meet other requirements imposed by law upon self-insureds, the Division shall provide written notice to the self-insured and provide the self-insured a reasonable opportunity to respond.

a. If, after reviewing the self-insured's response, the Division remains of the opinion that the self-insured no longer meets the standards for self-insurance, the Division shall commence informal adjudicative proceedings to revoke the self-insured's authority to self-insure.

b. At the conclusion of such proceedings, the Division shall issue either:

i. written confirmation of the self-insured's continuing authority to self-insure; or

ii. written revocation of authority to self-insure, stating the specific basis for revocation, the self-insured's appeal rights, and the self-insured's right to continue its self-insured status by providing additional security pursuant to subsection F of this rule.

c. Within 60 days of notice of revocation, a self-insured whose self-insurance privileges are revoked shall obtain security for their reserve requirements under the two step process set forth in subsection G.1 and 2 of this rule.

G. Continuation of Self-Insurance Authorization by Providing Additional Security.

1. A self-insured that falls below the standards required by subsection C.4 of this rule may, at the discretion of the Division, be allowed to continue self-insurance privileges if the following steps are taken:

a. An independent actuarial study, at the self-insured's expense and satisfactory to the Division, establishes the self-insured's reserve requirements.

b. The self-insured provides acceptable security to the Division for such reserve requirements.

2. Self-insured which retain their self-insurance authorization by complying with the requirements of subsection F.1 and 2 are subject to quarterly financial reviews by the Division

H. Appeals.

An entity dissatisfied with a Division decision to deny or revoke self-insured status may contest the decision by filing an Application For Hearing with the Commission's Adjudication Division pursuant to 34A-302(1) of the Utah Labor Commission Act and complying with the rules and procedures of the Adjudication Division.

KEY: workers' compensation, insurance, rates, waivers
Date of Enactment or Last Substantive Amendment: [December 23, 2013]2014
Authorizing, and Implemented or Interpreted Law: 59-9-101(2)

Labor Commission, Industrial Accidents
R612-400-4
Waivers

NOTICE OF PROPOSED RULE
 (Amendment)

DAR FILE NO.: 38807
 FILED: 08/22/2014

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The Workers' Compensation Coverage Waivers Act authorizes the Labor Commission, through its Industrial Accidents Division, to issue workers' compensation coverage waivers to business entities that meet the statutory conditions for such waivers. The Labor Commission has previously promulgated Section R612-400-4 to establish the process for applying for such waivers, and other related matters. The proposed amendments to Section R612-400-4 clarify and simply the provisions of the existing rule and eliminate the unnecessary restatement of the prerequisites for coverage waivers, which are already specified by statute.

SUMMARY OF THE RULE OR CHANGE: The proposed amendments to Section R612-400-4 simplify and clarify the existing provisions of the rule. These changes do not result in any substantive change to existing coverage waiver requirements or procedures. The amendment also eliminates the existing rule's unnecessary reiteration of the statutory requirements for coverage waivers.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Subsection 59-9-101(2)

ANTICIPATED COST OR SAVINGS TO:

♦ **THE STATE BUDGET:** The proposed changes to Section R612-400-4 will not result in any additional administrative or enforcement costs to the Labor Commission or have any effect on the state's workers' compensation expenses as an employer.

♦ **LOCAL GOVERNMENTS:** The proposed changes to Section R612-400-4, which simplify and clarify the existing rules for workers' compensation coverage waivers, will not result in any additional workers' compensation expense for local governments.

♦ **SMALL BUSINESSES:** Workers' compensation coverage waivers are only available to very small business entities: sole proprietors, partnerships, etc. that have no employees. The proposed changes to Section R612-400-4 do not change the process or cost for such waivers and will not result in any additional expense for such small businesses.

♦ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** The proposed changes to Section R612-400-4, which simply and clarify the existing rules for workers' compensation coverage waivers, will have no impact on other persons.

COMPLIANCE COSTS FOR AFFECTED PERSONS: The simplification and clarification of Section R612-400-4 should ease compliance by affected small businesses and will not result in any additional compliance costs.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: The proposed changes to Section R612-400-4 are part of the Industrial Accidents Division's comprehensive review of all its workers' compensation rules. The proposed changes to Section R612-400-4 do not impose any additional requirements or burdens on those who use or rely upon workers' compensation compliance waivers but, rather, simplify and clarify existing requirements.

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

LABOR COMMISSION
 INDUSTRIAL ACCIDENTS
 HEBER M WELLS BLDG
 160 E 300 S
 SALT LAKE CITY, UT 84111-2316
 or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Ron Dressler by phone at 801-530-6841, by FAX at 801-530-6804, or by Internet E-mail at rdressler@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 10/15/2014

THIS RULE MAY BECOME EFFECTIVE ON: 10/22/2014

AUTHORIZED BY: Sherrie Hayashi, Commissioner

R612. Labor Commission, Industrial Accidents.**R612-400. Workers' Compensation Insurance, Self-Insurance and Waivers.****R612-400-4. Waivers.**[4-1]A. Authority and Purpose.

~~[This rule is enacted under authority of 34A-1-104 of the Utah Labor Commission Act and] Pursuant to Title 34A, Chapter Two, Part [One]Ten, [the] Workers' Compensation Coverage Waivers Act ("the Act")~~[- The purpose of]~~, this rule ~~[is to]~~ establishes procedures for applying for workers' compensation coverage waivers~~["coverage waivers"]~~. The rule also addresses the effect of coverage waivers and ~~[the adjudicative]~~ procedures to be followed by the Labor Commission's Industrial Accidents Division in granting, denying, or revoking coverage waivers.~~

[4.2. Administration by Industrial Accidents Division.

~~Except as otherwise provided, the Utah Labor Commission's Division of Industrial Accidents ("Division") shall administer the provisions of the Act and this rule.~~

4.3.]B. Procedure for Application, [and] Issuance and Renewal of [Certificate] Coverage Waiver.

[A]1. A business entity may [apply for] obtain a coverage waiver by:

a. completing [a form provided by] the application process, available either online at the Utah Labor Commission website or by written application also available at the Commission;[;]

b. submitting the [required] supporting documents required by 34A-2-1004 of the Act;[;] and

c. paying a non-refundable application fee of \$50~~[- The Division's determination of whether to grant or deny a request for coverage waiver shall be conducted as informal proceedings under the Utah Administrative Procedures Act.], used to defray the costs of processing and evaluating the application. Payment of the fee by check may delay issuance of a coverage waiver until the check has been honored.~~

~~[B. Supporting documents. 34A-2-1004 of the Workers' Compensation Coverage Waivers Act requires a business entity to submit the following documentation to support its request for a coverage waiver:~~

~~(1) a copy of two or more of the following:~~

~~(a) the business entity's federal or state income tax return that shows business income for the complete taxable year that immediately precedes the day on which the business entity submits the information;~~

~~(b) a valid business license;~~

~~(c) a license to engage in an occupation or profession, including a license under Title 58, Occupations and Professions; or~~

~~(d) documentation of an active liability insurance policy that covers the business entity's activities; or~~

~~(2) a copy of one item listed in Subsection (1) and a copy of two or more of the following:~~

~~(a) proof of a bank account for the business entity;~~

~~(b) proof that for the business entity there is:~~

~~(i) a telephone number; and~~

~~(ii) a physical location; or~~

~~(c) an advertisement of services in a newspaper of general circulation or telephone directory showing the business entity's:~~

~~(i) name; and~~

~~(ii) contact information.~~

~~C. Fee. A business entity applying for a workers' compensation coverage waiver certificate shall submit payment of a fee of \$50.00. Such fees are used to defray the costs of processing and evaluating the application and are nonrefundable. If payment of the fee is made by check, the Division may delay issuance of a coverage waiver until it has verified that the check will be honored.~~

~~D]2. [Issuance or Denial of Certificate.—] If the Division determines that a business entity has satisfied each requirement for a coverage waiver, the Division will issue the coverage waiver. If the Division determines that a business entity has not satisfied each requirement for a workers' compensation insurance waiver, the Division will issue a written denial to the business entity, stating the basis for denial and setting forth the business entity's appeal rights.~~

[4.4. Duration, Renewal and Revocation.

~~A]3. [Duration.—] Subject to revocation of a coverage waiver as provided by sub[paragraph]section C. of this section, a coverage waiver remains in effect for the following time periods:~~

[1]a. A coverage waiver issued by a licensed workers' compensation insurance company prior to July 1, 2011, the effective date of the [Workers' Compensation Coverage Waivers] Act, shall remain effective for the period shown on the coverage waiver.

[2]b. A coverage waiver issued by the Division after July 1, 2011, shall be effective for one year from the date the coverage waiver is issued.

~~[B. Renewal. The Division will renew a business entity's coverage waiver if:~~

~~1. The business entity requests renewal; and~~

~~2. The business entity satisfies all requirements in effect at the time of the renewal request.~~

] 4. A business entity may renew a coverage waiver by completing the on-line renewal application available at the Utah Labor Commission website and satisfying the requirements set forth in subsection B.1.b. and c. of this rule.

C. Revocation.

1. If the Division has reason to believe that a business entity no longer qualifies for a coverage waiver, the Division shall institute proceedings to determine whether the business entity's coverage waiver should be revoked. Such proceedings shall be conducted as informal proceedings under the Utah Administrative Procedures Act.

2. If the Division concludes that the business entity does not satisfy each requirement for a [workers' compensation insurance] coverage waiver, the Division will issue a written order revoking the waiver certificate[;]. The order shall state [stating] the basis for revocation[;] and [setting forth] the business entity's appeal rights. The Division may also initiate other proceedings authorized by the Utah Workers' Compensation Act to compel the business entity to obtain workers' compensation coverage for its employees.

~~[4.5.— Review of Division Decisions to Deny or Revoke Waiver Certificate.] D. Appeal Rights.~~

A business entity may challenge a Division decision to deny or revoke [the business entity's] a coverage waiver by filing an appeal of the decision with the [Commission's] Adjudication Division. Such appeal proceedings shall be [assigned to an administrative law judge and] conducted as de novo formal adjudicatory proceedings [pursuant to] under the Utah Administrative Procedures Act.

[4.6]E. Effect, Verification and Limitation of Coverage Waiver.

[A]1. Effect of coverage waiver. Subsection 34A-2-103 (7) (c) permits an employer contracting with a business entity to rely upon a valid coverage waiver issued by the Division as proof that the business entity is not required to have a workers' compensation insurance policy.

[B]2. Verification of coverage waiver. Before [A]an employer [~~seeking to~~]may rely upon a business entity's coverage waiver, the employer shall retain the following documents:

[1]a. A photocopy of the coverage waiver issued to the business entity by the Division; and

[2]b. A printout of the Division's waiver status verification web page showing that the business entity's coverage waiver had not been revoked as of the date on which the employer contracted with the business entity.

[C]3. Limitations to effect of coverage waiver. A coverage waiver does not excuse a business entity from obtaining and maintaining workers' compensation insurance coverage for employees who are entitled to such coverage under the Utah Workers' Compensation Act. If and when a business entity has such employees, any coverage waiver previously issued to that business entity becomes void and the business entity must immediately obtain workers' compensation coverage.

KEY: workers' compensation, insurance, rates, waivers
Date of Enactment or Last Substantive Amendment: [~~December 23, 2013~~]2014
Authorizing, and Implemented or Interpreted Law: 59-9-101(2)

Public Service Commission,
 Administration
R746-341
 Lifeline/Link-Up Rule

NOTICE OF PROPOSED RULE
 (Amendment)
 DAR FILE NO.: 38826
 FILED: 08/28/2014

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: This rule amendment is necessary to address errors, consistency, and clarification issues associated with the prior rule amendment.

SUMMARY OF THE RULE OR CHANGE: The following is a summary of the amendments to the rule: 1) Section R746-341-2 provides an updated definition of income; 2) Section R746-341-3 corrects an error in the list of aid programs that qualify an applicant to participate in the Lifeline program; 3) Section R746-341-4 clarifies the duties of the program administrator reflecting current practice and anticipated improvement to procedures and capabilities; and 4) Section R746-341-5 defines the duties of the eligible telecommunications carrier (ETC) with respect to record keeping, documentation and customer interactions.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 54-4-1 and Section 54-4-4

ANTICIPATED COST OR SAVINGS TO:

- ◆ THE STATE BUDGET: Amending this rule will result in reduced administrative costs for the Lifeline program and a more streamlined process for removing non-qualifying participants from the Lifeline program.
- ◆ LOCAL GOVERNMENTS: The lifeline program will have no fiscal impact on local government because the program only disburses money to private companies. Local governments will not be required to collect taxes nor will they receive any payments. As such, this rule amendment will have no effect on local government.
- ◆ SMALL BUSINESSES: The lifeline program will have no fiscal impact on small businesses because the program only disburses money to eligible telecommunication carriers approved by the Public Service Commission. As such, this rule amendment will have no effect on small businesses.
- ◆ PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES: This rule amendment will facilitate more accurate Lifeline program participant eligibility decisions.

COMPLIANCE COSTS FOR AFFECTED PERSONS: This rule amendment will not result in additional compliance costs for affected persons (companies) because the rule reduces the cost of participating in a program for the eligible telecommunication carriers. For customers receiving the benefit it will reduce their cost of telephone service.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: This rule amendment will have no fiscal impact on businesses because the program only disburses money to eligible telecommunication carriers approved by the Public Service Commission.

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

- ◆ Jordan White by phone at 801-530-6712, or by Internet E-mail at jordanwhite@utah.gov
- ◆ Sheri Bintz by phone at 801-530-6714, by FAX at 801-530-6796, or by Internet E-mail at sbintz@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 10/15/2014

THIS RULE MAY BECOME EFFECTIVE ON: 10/22/2014

AUTHORIZED BY: Jordan White, Legal Counsel

R746. Public Service Commission, Administration.

R746-341. Lifeline Rule.

R746-341-1. Applicability.

This Rule applies to each telecommunications corporation that is designated as an eligible telecommunications carrier (ETC) by the Commission, pursuant to 47 U.S.C. 214.

R746-341-2. Definitions.

A. "Account holder" -- means the person responsible to pay the Lifeline account bills.

B. "Applicant" -- means an ETC's customer, residing in an ETC's service area, who fills out an application for Lifeline service.

C. "ETC" -- means an eligible telecommunications carrier.

D. "Federal ETC" -- means an ETC that qualifies for, and participates in, only the federal Lifeline program.

E. "Federal Poverty Guidelines" -- means the poverty guidelines issued each year by the Department of Health and Human Services and published in the Federal Register.

F. "Household" -- means a single person or group of individuals who meet the definition of mutual support contained in the federal Lifeline rules established pursuant to 47 U.S.C. 214.

G. "Income" -- means income as defined in 47 CFR Section 54.400 and includes gross income, whether earned or unearned, received by all members of the household including, but not limited to, salary before deductions. Income shall not include student financial aid, military housing and cost-of-living allowances, or irregular income from occasional small jobs.

H. "Lifeline" -- means either federal or state programs defined by 47 CFR Section 54.401(a)[U.S.C. 214] and this rule.

I. "NLAD" -- means the National Lifeline Accountability Database as provided for in 47 CFR Section 54.404.

J. "Participant" -- means an ETC's customer currently receiving a Lifeline benefit.

K. "Program administrator" -- means the state government agency with which the Commission contracts to administer the initial eligibility verification and continued eligibility verification, of the State Lifeline participants.

L. "State ETC" -- means an ETC that participates in both the federal and state Lifeline programs.

R746-341-3. Eligibility Requirements.

A. Initial Program-Based Criteria -- An ETC shall provide Lifeline telephone service to an applicant's household which, using an approved application form, is verified by either the program administrator (for State ETCs), or by a federal ETC, in compliance with the procedures set forth in 47 CFR 54.410(c), to be eligible for public assistance under one of the following or its successor programs:

1. Medicaid;
2. Supplemental Nutrition Assistance Program (SNAP or Food Stamps);
3. Supplemental Security Income (SSI);
4. Federal Public Housing Assistance (Section 8);

5. Low-Income Home Energy Assistance Program (LIHEAP);

6. Temporary Assistance to Needy Families (TANF); or

7. National School Lunch Program's Free Lunch Program,;

or

8. Head Start (if income eligibility criteria are met);

~~B. Tribal Residents -- [For an individual who could qualify for Tribal programs, but who wishes to receive (non-Tribal) Lifeline service instead of Tribal Lifeline service, the following programs may be used to determine eligibility in addition to any of the above listed programs] A consumer who lives on Tribal lands is eligible for Lifeline service as a "qualifying low-income consumer" as defined by Section 54.400(a) and as an "eligible resident of Tribal lands" as defined by Section 54.400(e) if that consumer meets the qualifications for Lifeline specified Section A. or if the consumer, one or more of the consumer's dependents, or the consumer's household participates in one of the following Tribal-specific federal assistance programs:~~

1. Bureau of Indian Affairs General Assistance;

2. Tribally-Administered Temporary Assistance for Needy Families (TTANF);

~~3. Head Start (if income eligibility criteria are met); or~~

[3]4. Food Distribution Program on Indian Reservations (FDPIR).

C. Initial Income-Based Criteria -- An ETC shall provide Lifeline telephone service to an applicant who certifies via supporting documentation (to either the ETC for federal ETC customers, or the program administrator for state ETC customers), under penalty of perjury, that the applicant's household income is at or below 135 percent of the then applicable Federal Poverty Guidelines.

1. Income-based eligibility is based on family size and actual income; therefore, an applicant shall certify, under penalty of perjury, the number of individuals residing in the household.

2. An applicant shall certify, under penalty of perjury, that the documentation presented accurately represents the applicant's annual household income. The following documents, or any combination of these documents, are acceptable for Lifeline certification;

a. Prior year's state, federal, or tribal tax return;

b. Current year-to-date earnings statement from an employer or three consecutive months of paycheck stubs within the previous twelve months;

c. Social Security statement of benefits;

d. Veterans Administration statement of benefits;

e. Retirement/pension statement of benefits;

f. Unemployment/Workers Compensation statement of benefits;

g. Federal or tribal notice letter of participation in Bureau of Indian Affairs General Assistance; or

h. Divorce decree or child support wage assignment statement.

~~D. In order to be approved as a qualifying low-income consumer, an applicant must not already be receiving a Lifeline service, and there must not be anyone else in the applicant's household subscribed to a Lifeline service.~~

[D]E. Eligibility Certification -- The application form for participation shall be supplied by the ETC or the program administrator and shall be consistent with both the federal

requirements, then in effect, and any additional information requirements of the program administrator, and shall include:

1. a statement, under penalty of perjury, as to whether the person is participating in one of the programs listed in Subsection R746-341-3(A) or qualifies under other federal eligibility criteria; or a statement, under penalty of perjury, as to whether the person's household income is at or below 135 percent of the current Federal Poverty Guidelines;
2. if qualified by income-based criteria, a statement, under penalty of perjury, that identifies the number of individuals residing in the household and affirms that the documentation presented to support eligibility accurately represents the applicant's household income;
3. a statement that if the applicant is later shown to have submitted false information in an attempt to qualify for the Lifeline program, the applicant shall be responsible to re-pay the benefits received; and
4. the signature of applicant, either physical or electronic.

[E]E. False Certification Penalties -- A participant who does not qualify, but who has submitted false documentation or statements to qualify for the Lifeline program, is responsible to re-pay the value of the benefits received to the state Lifeline program, and is subject to whatever penalties are then current for the federal Lifeline program.

[F]G. Tribal Land Lifeline Discounts - This rule does not govern or otherwise affect the Tribal Land Lifeline Discount program.

R746-341-4. Duties of the Program Administrator.

A. Initial Eligibility

1. The program administrator shall process all applications submitted for participation in the state Lifeline telephone service program. The program administrator shall [after-]check[ing] the NLAD for pre-existing participation if possible. The program administrator shall inform the applicant and the state ETC of the results of the application process.

B. Annual Eligibility Verification

1. The program administrator shall verify on an annual basis the continuing eligibility status of state ETC Lifeline telephone service participants. The annual eligibility verification shall be performed on the participant list as defined by the FCC in its May 22, 2013 Public Notice in Docket No. 11-42 and any subsequent FCC guidance.

2. The annual eligibility verification shall be performed by the program administrator using the same process as outlined in the de-enrollment process in R746-341-4.C. and in accordance with 47 CFR Section 54.410(f)(3).

3. The program administrator shall provide results of the annual recertification efforts to the ETCs pursuant to 47 CFR Section 54.410(f)(4) and will provide all necessary FCC Form 555 information to ETCs by December 31 of the year in which the annual verification was performed, [on a participant list current as of December 31, and shall be conducted in the month following the deadline for submission of Federal Communication Commission Form 497.]

C. De-Enrollment Process

1. The program administrator shall manage the de-enrollment process for state ETC Lifeline telephone service participants who are no longer eligible for the program. Upon an initial finding that a Lifeline recipient is no longer eligible to participate in the state the Lifeline program, the program administrator shall send a notice to the participant explaining the participant's Lifeline telephone service benefit will be discontinued after 30 days unless the participant verifies continuing eligibility before that date.

The notice shall include the reason(s) for the recipient being ineligible and a description of the options available to the recipient to demonstrate eligibility.

2. At the end of thirty days, if the participant has not demonstrated continuing eligibility, the program administrator shall notify the relevant state ETC to discontinue the ineligible participant's Lifeline telephone service benefit. The benefit must be discontinued in the month following notification; thus the next month's benefit cannot be provided.

3. Ineligible past participants may reapply for the Lifeline program, but must do so by submitting a completed application to the program administrator for state program participation, or to a federal ETC for federal only participation, in accordance with the application process in R746-341-3.

D. Participants Switching Between ETCs -- When a current Lifeline telephone service participant desires to change to a different ETC's Lifeline telephone service, the participant and ETCs shall follow the established NLAD procedures. A participant who is not able to complete the switch due to unresolved problems may seek the assistance of the Division of Public Utilities requesting help in resolving the issue.

E. Documentation Retention -- The program administrator shall retain income and program eligibility certification documentation, in electronic format, for as long as required by then current federal Lifeline policies. Copies of the relevant documentation shall be made available on request to auditors from either the federal Lifeline telephone service program or the state Lifeline telephone service program.

R746-341-5. Duties of ETCs.

A. State ETCs

1. Each state ETC shall, ~~[at least]~~ monthly, send to the program administrator changes in the status of the Lifeline participants to whom the state ETC provides Lifeline telephone service, including:

- a. participants changing residence locations (addresses);
- b. participants switching carriers; or
- c. customers who no longer receive telephone service.

2. The records sent shall contain the full identifying information for each participant as required by the program administrator's policies.

3. Each state ETC shall provide information to potential applicants regarding how to receive an application from the program administrator. This information shall be provided in person, on the phone, in written format at the ETC's offices, and online at the ETC's website.

4. Each state ETC shall add the Lifeline discount to a customer's account, as directed by the program administrator, within five business days.

5. Each state ETC shall remove the Lifeline discount from a participant's account as directed by the program administrator ~~[beginning with the next month's billing cycle following]~~ within five days of notification of the participant's ineligible status.

6. Each state ETC shall update the NLAD whenever it implements changes in a participants' Lifeline status in accordance with the requirements for NLAD updates found in 47 CFR Section 54.404.

7. If a Lifeline participant seeks to switch service to a different ETC, the program administrator shall be notified by ~~[the ETC to which the participant switches. The]~~ the participant of their desire

~~to switch Lifeline providers. Once informed by the program administrator of the applicant's eligibility, the involved ETCs shall follow all applicable NLAD procedures to accomplish the participant's desired switch. [The new benefit may not be applied until the following month. Each ETC shall update the NLAD to reflect the change in the participant's status.]~~

8. Annually, each state ETC shall send the program administrator ~~[a full list of all Lifeline participants, and qualifying individuals if necessary, current as of December 31 of the preceding year]~~ the participant list as defined by the FCC in its May 22, 2013 Public Notice in Docket No. 11-42 and any subsequent FCC guidance. The list shall be provided to the program administrator when the ETC submits the Federal Communication Commission Form 497 for the year in question or March 31, whichever is earlier. The list shall contain the identifying information as required by the program administrator's policies.

9. If a state ETC has a reasonable basis to believe a Lifeline telephone service participant no longer qualifies for Lifeline service, the ETC shall promptly inform the program administrator and provide the documentation, or reason, for its belief.

10. A state ETC shall cooperate with the Division of Public Utilities to resolve Lifeline service complaints the Division brings to the state ETC's attention.

B. Federal ETCs

Each designated federal ETC shall operate in the State of Utah subject to the conditions outlined in the commission order granting ETC status, the applicable provisions of this rule, and in accordance with the federal Lifeline program requirements.

1. Each federal ETC shall update the NLAD to reflect the ETC's initial eligibility verification decision and the participant's Lifeline status whenever the federal ETC adds or removes a Lifeline customer.

2. Each federal ETC shall update the NLAD with all changes in the ETC's participants' Lifeline status.

3. If a Lifeline participant seeks to switch service to a different ETC the ~~[program administrator shall be notified by the ETC to which the participant switches. The]~~ ETCs shall follow all applicable NLAD procedures to accomplish the participant's desired switch. ~~[The new benefit may not be applied until the following month. Each ETC shall update the NLAD to reflect the change in the participant's status.]~~

4. A federal ETC shall cooperate with the Division of Public Utilities to resolve Lifeline service complaints the Division of Public Utilities brings to a federal ETC's attention.

R746-341-6. State Lifeline Telephone Service Features.

A. Discounts -- Lifeline telephone service provided by state ETCs shall consist of dial tone line, usage charges or their equivalent, and authorized Extended Area Service (EAS) charges, less a discount of \$3.50 and all other matching funds established by the Federal Communication Commission.

B. Service Characteristics -- State Lifeline telephone service shall include all features listed in Utah Code Ann. Section 54-8b-2(2).

C. Deposits -- When customer security deposits are otherwise required they shall be waived for Lifeline telephone service participants if the customer voluntarily elects to receive toll blocking.

D. Nonrecurring Charge Waiver -- Lifeline telephone service participants shall receive a waiver of the nonrecurring service charge for changing the type of local exchange usage service to Lifeline service, or changing from flat rate service to message rate service, or vice versa, but only one such waiver shall be allowed during a given 12-month period.

E. Disconnection -- Lifeline telephone service shall not be disconnected for nonpayment of toll service.

F. Restrictions -- Lifeline telephone service shall be subject to the following restrictions:

1. Lifeline telephone service shall only be provided to the applicant's principal residence.

2. A Lifeline telephone service participant shall only receive a Lifeline discount on one single residential access line.

G. Other Services -- A Lifeline telephone service participant may not be required to purchase other services from the state ETC, nor prohibited from purchasing other services unless the participant has failed to comply with the state ETC's terms and conditions for those services.

R746-341-7. Federal Lifeline Telephone Service Features.

Federal Lifeline telephone service consists of those features and conditions set forth in the applicable commission docket in which the federal ETC status was granted, as modified by subsequent orders and R746-341.E

R746-341-8. State ETC Reporting Requirements.

Reporting Requirements -- State ETCs shall submit, to the Division of Public Utilities, a semi-annual report, for the periods through June 30 and December 31, of each year, containing a description of the state ETC's Lifeline program. The reports shall also contain monthly information on:

A. the forgone revenue resulting from the discounts provided to Lifeline participants, if any;

B. the amounts of administrative expenses;

C. interest accrual amounts on Lifeline funds, if any;

D. the number of Lifeline telephone service participants by exchange area per month; and

E. a detailed report of outreach efforts.

R746-341-9. Funding of Lifeline.

Cost Recovery -- The total cost of providing the state portion of Lifeline telephone service, including commission approved administrative costs of the state ETCs and the costs incurred by the program administrator, shall be recovered and funded as provided in Utah Code Ann. Section 54-8b-15.

R746-341-10. Collection and Disbursement of Lifeline Funds.

State ETC Payment -- Within 30 days after the review audit of a state ETC's semi-annual report by the Division of Public Utilities results in a favorable recommendation, the Public Service Commission shall disburse an amount equal to the ETC's semi-annual Lifeline program expenses and Lifeline discounts granted. For amounts the Division of Public Utilities disallows, the state ETC may petition the Commission to open a docket to examine the reasonableness of the denied amounts.

KEY: telephone, telecommunications, rules and procedures, lifeline rates

Date of Enactment or Last Substantive Amendment: [~~August 6,~~ 2014

Notice of Continuation: October 18, 2010

Authorizing, and Implemented or Interpreted Law: 54-4-1; 54-4-4

Tax Commission, Property Tax
R884-24P-33
2014 Personal Property Valuation
Guides and Schedules Pursuant to
Utah Code Ann. Section 59-2-301

NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 38822

FILED: 08/28/2014

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The valuation guides and schedules contained in this rule are reviewed and updated annually by the Property Tax Division. The personal property guides and schedules are used for local property tax valuation and assessment of business personal property and certain motor vehicles by county assessors.

SUMMARY OF THE RULE OR CHANGE: Section 59-2-107 authorizes the State Tax Commission to promulgate rules that define classes of items considered to be personal property and provide valuation percent good schedules to value locally assessed personal property. County assessors must use the percent good schedules as contained in this rule. Any deviation which affects an entire class or type of personal property requires a written report documenting the schedule change to be submitted to the Tax Commission for approval prior to use.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 59-2-301

ANTICIPATED COST OR SAVINGS TO:

◆ **THE STATE BUDGET:** The amount of savings or cost to state government is not affected by this rule. Tax revenue generated by taxing personal property is distributed to local governments to finance public services, programs, school districts, and local districts. No tax revenues generated by taxation of personal property will be retained by state government.

◆ **LOCAL GOVERNMENTS:** The amount of saving or cost to local government is undetermined. Local governmental entities receive tax revenue based on increased or decreased personal property values and the change in the annual

property tax rate. Increases or decreases in 2015 property tax revenue cannot be determined, even if there were no changes in the percent good tables, because taxpayer acquisitions and deletions of personal property during 2015 are unknown. The proposed personal property schedules in this amendment are raised, lowered, or remain the same for 2015 based upon the type and age of the personal property assessed. Schedules used to value business personal property increase or decrease based upon the calculation of economic trends from cost indexes published by the Marshall Valuation Service. It is anticipated that the change in the annual property tax rate will have a larger impact on revenue than will the proposed amendments to this rule.

◆ **SMALL BUSINESSES:** In the aggregate, the amount of savings or cost to individuals and business is undetermined. Affected persons pay property taxes based on increased or decreased personal property values and the change in the annual property tax rate. The proposed personal property schedules in this rule are raised, lowered, or remain the same for 2015 based upon the type and age of the property. Since some schedules are increased and some decreased, it is not possible to determine the change to affected persons without knowing the 2015 personal property mix compared to the previous year.

◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** In the aggregate, the amount of savings or cost to individuals and business is undetermined. Affected persons pay property taxes based on increased or decreased personal property values and the change in the annual property tax rate. The proposed personal property schedules in this rule are raised, lowered or remain the same for 2015 based upon the type and age of the property. Since some schedules are increased and some decreased, it is not possible to determine the change to affected persons without knowing the 2015 personal property mix compared to the previous year.

COMPLIANCE COSTS FOR AFFECTED PERSONS: Local business owners and property tax practitioners will once again be required to be aware of new percent good figures. This is an annual occurrence; therefore, the compliance cost in completing the assessment process will not change. The change in taxes charged for these businesses depends entirely on the owner's mix of personal property since some percent good schedules are increasing and others decreasing. For example, the owner of a business may discard some personal property items and add new equipment or replace equipment which may increase or decrease personal property values. In addition, the personal property percent good schedule percentages often change from the previous year due to current economic conditions.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: Business may see increased tax or decreased tax depending upon the personal property owned, obtained, and disposed of since its last return.

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:

♦ Christa Johnson by phone at 801-297-3901, by FAX at 801-297-3907, or by Internet E-mail at cj@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 10/15/2014

THIS RULE MAY BECOME EFFECTIVE ON: 10/23/2014

AUTHORIZED BY: Robert Pero, Commissioner

R884. Tax Commission, Property Tax.

R884-24P. Property Tax.

R884-24P-33. [2014]2015 Personal Property Valuation Guides and Schedules Pursuant to Utah Code Ann. Section 59-2-301.

(1) Definitions.

(a)(i) "Acquisition cost" does not include indirect costs such as debugging, licensing fees and permits, insurance, or security.

(ii) Acquisition cost may correspond to the cost new for new property, or cost used for used property.

(b)(i) "Actual cost" includes the value of components necessary to complete the vehicle, such as tanks, mixers, special containers, passenger compartments, special axles, installation, engineering, erection, or assembly costs.

(ii) Actual cost does not include sales or excise taxes, maintenance contracts, registration and license fees, dealer charges, tire tax, freight, or shipping costs.

(c) "Cost new" means the actual cost of the property when purchased new.

(i) Except as otherwise provided in this rule, the Tax Commission and assessors shall rely on the following sources to determine cost new:

(A) documented actual cost of the new or used vehicle; or

(B) recognized publications that provide a method for approximating cost new for new or used vehicles.

(ii) For the following property purchased used, the taxing authority may determine cost new by dividing the property's actual cost by the percent good factor for that class:

(A) class 6 heavy and medium duty trucks;

(B) class 13 heavy equipment;

(C) class 14 motor homes;

(D) class 17 vessels equal to or greater than 31 feet in length; and

(E) class 21 commercial trailers.

(d) For purposes of Sections 59-2-108 and 59-2-1115, "item of taxable tangible personal property" means a piece of equipment, machinery, furniture, or other piece of tangible personal property that is functioning at its highest and best use for the

purpose it was designed and constructed and is generally capable of performing that function without being combined with other items of personal property. An item of taxable tangible personal property is not an individual component part of a piece of machinery or equipment, but the piece of machinery or equipment. For example, a fully functioning computer is an item of taxable tangible personal property, but the motherboard, hard drive, tower, or sound card are not.

(e) "Percent good" means an estimate of value, expressed as a percentage, based on a property's acquisition cost or cost new, adjusted for depreciation and appreciation of all kinds.

(i) The percent good factor is applied against the acquisition cost or the cost new to derive taxable value for the property.

(ii) Percent good schedules are derived from an analysis of the Internal Revenue Service Class Life, the Marshall and Swift Cost index, other data sources or research, and vehicle valuation guides such as Penton Price Digests.

(2) Each year the Property Tax Division shall update and publish percent good schedules for use in computing personal property valuation.

(a) Proposed schedules shall be transmitted to county assessors and interested parties for comment before adoption.

(b) A public comment period will be scheduled each year and a public hearing will be scheduled if requested by ten or more interested parties or at the discretion of the Commission.

(c) County assessors may deviate from the schedules when warranted by specific conditions affecting an item of personal property. When a deviation will affect an entire class or type of personal property, a written report, substantiating the changes with verifiable data, must be presented to the Commission. Alternative schedules may not be used without prior written approval of the Commission.

(d) A party may request a deviation from the value established by the schedule for a specific item of property if the use of the schedule does not result in the fair market value for the property at the retail level of trade on the lien date, including any relevant installation and assemblage value.

(3) The provisions of this rule do not apply to:

(a) a vehicle subject to the age-based uniform fee under Section 59-2-405.1;

(b) the following personal property subject to the age-based uniform fee under Section 59-2-405.2:

(i) an all-terrain vehicle;

(ii) a camper;

(iii) an other motorcycle;

(iv) an other trailer;

(v) a personal watercraft;

(vi) a small motor vehicle;

(vii) a snowmobile;

(viii) a street motorcycle;

(ix) a tent trailer;

(x) a travel trailer; and

(xi) a vessel, including an outboard motor of the vessel, that is less than 31 feet in length and

(c) an aircraft subject to the uniform statewide fee under Section 59-2-404.

(4) Other taxable personal property that is not included in the listed classes includes:

(a) Supplies on hand as of January 1 at 12:00 noon, including office supplies, shipping supplies, maintenance supplies, replacement parts, lubricating oils, fuel and consumable items not held for sale in the ordinary course of business. Supplies are assessed at total cost, including freight-in.

(b) Equipment leased or rented from inventory is subject to ad valorem tax. Refer to the appropriate property class schedule to determine taxable value.

(c) Property held for rent or lease is taxable, and is not exempt as inventory. For entities primarily engaged in rent-to-own, inventory on hand at January 1 is exempt and property out on rent-to-own contracts is taxable.

(5) Personal property valuation schedules may not be appealed to, or amended by, county boards of equalization.

(6) All taxable personal property, other than personal property subject to an age-based uniform fee under Section 59-2-405.1 or 59-2-405.2, or a uniform statewide fee under Section 59-2-404, is classified by expected economic life as follows:

(a) Class 1 - Short Life Property. Property in this class has a typical life of more than one year and less than four years. It is fungible in that it is difficult to determine the age of an item retired from service.

(i) Examples of property in the class include:

- (A) barricades/warning signs;
- (B) library materials;
- (C) patterns, jigs and dies;
- (D) pots, pans, and utensils;
- (E) canned computer software;
- (F) hotel linen;
- (G) wood and pallets;
- (H) video tapes, compact discs, and DVDs; and
- (I) uniforms.

(ii) With the exception of video tapes, compact discs, and DVDs, taxable value is calculated by applying the percent good factor against the acquisition cost of the property.

(iii) A licensee of canned computer software shall use one of the following substitutes for acquisition cost of canned computer software if no acquisition cost for the canned computer software is stated:

- (A) retail price of the canned computer software;
- (B) if a retail price is unavailable, and the license is a nonrenewable single year license agreement, the total sum of expected payments during that 12-month period; or
- (C) if the licensing agreement is a renewable agreement or is a multiple year agreement, the present value of all expected licensing fees paid pursuant to the agreement.

(iv) Video tapes, compact discs, and DVDs are valued at \$15.00 per tape or disc for the first year and \$3.00 per tape or disc thereafter.

TABLE 1

Year of Acquisition	Percent Good of Acquisition Cost
[13]14	71%
[12]13	[42%]41%
[11]12 and prior	[11%]10%

(b) Class 2 - Computer Integrated Machinery.

(i) Machinery shall be classified as computer integrated machinery if all of the following conditions are met:

(A) The equipment is sold as a single unit. If the invoice breaks out the computer separately from the machine, the computer must be valued as Class 12 property and the machine as Class 8 property.

(B) The machine cannot operate without the computer and the computer cannot perform functions outside the machine.

(C) The machine can perform multiple functions and is controlled by a programmable central processing unit.

(D) The total cost of the machine and computer combined is depreciated as a unit for income tax purposes.

(E) The capabilities of the machine cannot be expanded by substituting a more complex computer for the original.

(ii) Examples of property in this class include:

- (A) CNC mills;
- (B) CNC lathes;
- (C) high-tech medical and dental equipment such as MRI equipment, CAT scanners, and mammography units.

(iii) Taxable value is calculated by applying the percent good factor against the acquisition cost of the property.

TABLE 2

Year of Acquisition	Percent Good of Acquisition Cost
[13]14	90%
[12]13	[81%]79%
[11]12	[71%]68%
[10]11	59%
[09]10	[49%]48%
[08]09	[38%]36%
[07]08	[27%]25%
[06]07 and prior	[14%]13%

(c) Class 3 - Short Life Trade Fixtures. Property in this class generally consists of electronic types of equipment and includes property subject to rapid functional and economic obsolescence or severe wear and tear.

(i) Examples of property in this class include:

- (A) office machines;
- (B) alarm systems;
- (C) shopping carts;
- (D) ATM machines;
- (E) small equipment rentals;
- (F) rent-to-own merchandise;
- (G) telephone equipment and systems;
- (H) music systems;
- (I) vending machines;
- (J) video game machines; and
- (K) cash registers and point of sale equipment.

(ii) Taxable value is calculated by applying the percent good factor against the acquisition cost of the property.

TABLE 3

Year of Acquisition	Percent Good of Acquisition Cost
[13]14	84%
[12]13	[69%]68%
[11]12	[54%]51%
[10]11	35%
[09]10 and prior	18%

(d) Class 5 - Long Life Trade Fixtures. Class 5 property is subject to functional obsolescence in the form of style changes.

(i) Examples of property in this class include:

- (A) furniture;
- (B) bars and sinks;
- (C) booths, tables and chairs;
- (D) beauty and barber shop fixtures;
- (E) cabinets and shelves;
- (F) displays, cases and racks;
- (G) office furniture;
- (H) theater seats;
- (I) water slides; and
- (J) signs, mechanical and electrical.

(ii) Taxable value is calculated by applying the percent good factor against the acquisition cost of the property.

TABLE 5

Year of Acquisition	Percent Good of Acquisition Cost
[13]14	91%
[12]13	[83%]81%
[11]12	[75%]72%
[10]11	[64%]63%
[09]10	[55%]54%
[08]09	[45%]43%
[07]08	[36%]33%
[06]07	[25%]23%
[05]06 and prior	[13%]12%

(e) Class 6 - Heavy and Medium Duty Trucks.

(i) Examples of property in this class include:

- (A) heavy duty trucks;
- (B) medium duty trucks;
- (C) crane trucks;
- (D) concrete pump trucks; and
- (E) trucks with well-boring rigs.

(ii) Taxable value is calculated by applying the percent good factor against the cost new.

(iii) Cost new of vehicles in this class is defined as follows:

(A) the documented actual cost of the vehicle for new vehicles; or

(B) 75 percent of the manufacturer's suggested retail price.

(iv) For state assessed vehicles, cost new shall include the value of attached equipment.

(v) The [2014]2015 percent good applies to [2014]2015 models purchased in [2013]2014.

(vi) Trucks weighing two tons or more have a residual taxable value of \$1,750.

TABLE 6

Model Year	Percent Good of Cost New
[14]15	90%
[13]14	71%
[12]13	[65%]64%
[11]12	[60%]58%
[10]11	[54%]52%
[09]10	[48%]46%
[08]09	[42%]39%
[07]08	[37%]33%
[06]07	[31%]27%
[05]06	[25%]21%
[04]05	[20%]14%
[03]04	[14%]10%
[02]03	[8%]7%
[01]02 and prior	3%

(f) Class 7 - Medical and Dental Equipment. Class 7 property is subject to a high degree of technological development by the health industry.

(i) Examples of property in this class include:

- (A) medical and dental equipment and instruments;
- (B) exam tables and chairs;
- (C) microscopes; and
- (D) optical equipment.

(ii) Taxable value is calculated by applying the percent good factor against the acquisition cost of the property.

TABLE 7

Year of Acquisition	Percent Good of Acquisition Cost
[13]14	93%
[12]13	[87%]85%
[11]12	[80%]77%
[10]11	70%
[09]10	[64%]63%
[08]09	[57%]54%
[07]08	[50%]46%
[06]07	[42%]38%
[05]06	[34%]30%
[04]05	[23%]21%
[03]04 and prior	[12%]11%

(g) Class 8 - Machinery and Equipment. Property in this class is subject to considerable functional and economic obsolescence created by competition as technologically advanced and more efficient equipment becomes available.

(i) Examples of property in this class include:

- (A) manufacturing machinery;
- (B) amusement rides;
- (C) bakery equipment;
- (D) distillery equipment;
- (E) refrigeration equipment;
- (F) laundry and dry cleaning equipment;
- (G) machine shop equipment;
- (H) processing equipment;
- (I) auto service and repair equipment;
- (J) mining equipment;
- (K) ski lift machinery;
- (L) printing equipment;

- (M) bottling or cannery equipment;
- (N) packaging equipment; and
- (O) pollution control equipment.

(ii) Except as provided in Subsection (6)(g)(iii), taxable value is calculated by applying the percent good factor against the acquisition cost of the property.

(iii)(A) Notwithstanding Subsection (6)(g)(ii), the taxable value of the following oil refinery pollution control equipment required by the federal Clean Air Act shall be calculated pursuant to Subsection (6)(g)(iii)(B):

- (I) VGO (Vacuum Gas Oil) reactor;
- (II) HDS (Diesel Hydrotreater) reactor;
- (III) VGO compressor;
- (IV) VGO furnace;
- (V) VGO and HDS high pressure exchangers;
- (VI) VGO, SRU (Sulfur Recovery Unit), SWS (Sour Water Stripper), and TGU; (Tail Gas Unit) low pressure exchangers;
- (VII) VGO, amine, SWS, and HDS separators and drums;
- (VIII) VGO and tank pumps;
- (IX) TGU modules; and
- (X) VGO tank and air coolers.

(B) The taxable value of the oil refinery pollution control equipment described in Subsection (6)(g)(iii)(A) shall be calculated by:

- (I) applying the percent good factor in Table 8 against the acquisition cost of the property; and
- (II) multiplying the product described in Subsection (6)(g)(iii)(B)(I) by 50%.

TABLE 8

Year of Acquisition	Percent Good of Acquisition Cost
[13]14	93%
[12]13	[87%]85%
[11]12	[80%]77%
[10]11	[71%]70%
[09]10	[64%]63%
[08]09	[57%]54%
[07]08	[50%]46%
[06]07	[42%]38%
[05]06	[34%]30%
[04]05	[23%]21%
[03]04 and prior	[12%]11%

(h) Class 9 - Off-Highway Vehicles.

(i) Because Section 59-2-405.2 subjects off-highway vehicles to an age-based uniform fee, a percent good schedule is not necessary.

(i) Class 10 - Railroad Cars. The Class 10 schedule was developed to value the property of railroad car companies. Functional and economic obsolescence is recognized in the developing technology of the shipping industry. Heavy wear and tear is also a factor in valuing this class of property.

(i) Taxable value is calculated by applying the percent good factor against the acquisition cost of the property.

TABLE 10

Year of Acquisition	Percent Good of Acquisition Cost
[13]14	94%
[12]13	[90%]88%
[11]12	[86%]82%
[10]11	[78%]77%
[09]10	[73%]72%
[08]09	[68%]65%
[07]08	[64%]59%
[06]07	[59%]54%
[05]06	[54%]49%
[04]05	[47%]42%
[03]04	[38%]37%
[02]03	[29%]28%
[01]02	19%
[00]01 and prior	9%

(j) Class 11 - Street Motorcycles.

(i) Because Section 59-2-405.2 subjects street motorcycles to an age-based uniform fee, a percent good schedule is not necessary.

(k) Class 12 - Computer Hardware.

(i) Examples of property in this class include:

- (A) data processing equipment;
- (B) personal computers;
- (C) main frame computers;
- (D) computer equipment peripherals;
- (E) cad/cam systems; and
- (F) copiers.

(ii) Taxable value is calculated by applying the percent good factor against the acquisition cost of the property.

TABLE 12

Year of Acquisition	Percent Good of Acquisition Cost
[13]14	62%
[12]13	46%
[11]12	21%
[10]11	9%
[09]10 and prior	7%

(l) Class 13 - Heavy Equipment.

(i) Examples of property in this class include:

- (A) construction equipment;
- (B) excavation equipment;
- (C) loaders;
- (D) batch plants;
- (E) snow cats; and
- (F) pavement sweepers.

(ii) Taxable value is calculated by applying the percent good factor against the acquisition cost of the property.

(iii) [2014]2015 model equipment purchased in [2013]2014 is valued at 100 percent of acquisition cost.

TABLE 13

Year of Acquisition	Percent Good of Acquisition Cost
[13] 14	50%
[12] 13	47%
[11] 12	44%
[10] 11	[42%] 41%
[09] 10	[39%] 38%
[08] 09	36%
[07] 08	33%
[06] 07	30%
[05] 06	27%
[04] 05	[24%] 25%
[03] 04	[21%] 22%
[02] 03	[18%] 19%
[01] 02	16%
[00] 01 and prior	[12%] 14%

(m) Class 14 - Motor Homes.

(i) Taxable value is calculated by applying the percent good against the cost new.

(ii) The [2014]2015 percent good applies to [2014]2015 models purchased in [2013]2014.

(iii) Motor homes have a residual taxable value of \$1,000.

TABLE 14

Model Year	Percent Good of Cost New
[14] 15	90%
[13] 14	[68%] 67%
[12] 13	[64%] 63%
[11] 12	[60%] 59%
[10] 11	[56%] 55%
[09] 10	[53%] 52%
[08] 09	[49%] 48%
[07] 08	[45%] 44%
[06] 07	[41%] 40%
[05] 06	37%
[04] 05	33%
[03] 04	29%
[02] 03	25%
[01] 02	[22%] 21%
[00] 01	18%
[99] 00	14%
[98] 99 and prior	10%

(n) Class 15 - Semiconductor Manufacturing Equipment.

Class 15 applies only to equipment used in the production of semiconductor products. Equipment used in the semiconductor manufacturing industry is subject to significant economic and functional obsolescence due to rapidly changing technology and economic conditions.

(i) Examples of property in this class include:

- (A) crystal growing equipment;
- (B) die assembly equipment;
- (C) wire bonding equipment;
- (D) encapsulation equipment;
- (E) semiconductor test equipment;
- (F) clean room equipment;
- (G) chemical and gas systems related to semiconductor manufacturing;
- (H) deionized water systems;
- (I) electrical systems; and

(J) photo mask and wafer manufacturing dedicated to semiconductor production.

(ii) Taxable value is calculated by applying the percent good factor against the acquisition cost of the property.

TABLE 15

Year of Acquisition	Percent Good of Acquisition Cost
[13] 14	47%
[12] 13	34%
[11] 12	24%
[10] 11	15%
[09] 10 and prior	6%

(o) Class 16 - Long-Life Property. Class 16 property has a long physical life with little obsolescence.

(i) Examples of property in this class include:

- (A) billboards;
- (B) sign towers;
- (C) radio towers;
- (D) ski lift and tram towers;
- (E) non-farm grain elevators; and
- (F) bulk storage tanks.

(ii) Taxable value is calculated by applying the percent good factor against the acquisition cost of the property.

TABLE 16

Year of Acquisition	Percent Good of Acquisition Cost
[13] 14	96%
[12] 13	[93%] 91%
[11] 12	[91%] 87%
[10] 11	[85%] 84%
[09] 10	82%
[08] 09	[80%] 76%
[07] 08	[78%] 72%
[06] 07	[75%] 69%
[05] 06	[74%] 67%
[04] 05	[70%] 64%
[03] 04	[64%] 62%
[02] 03	57%
[01] 02	50%
[00] 01	[44%] 43%
[99] 00	37%
[98] 99	30%
[97] 98	[23%] 22%
[96] 97	15%
[95] 96 and prior	8%

(p) Class 17 - Vessels Equal to or Greater Than 31 Feet in Length.

(i) Examples of property in this class include:

- (A) houseboats equal to or greater than 31 feet in length;
 - (B) sailboats equal to or greater than 31 feet in length;
- and
- (C) yachts equal to or greater than 31 feet in length.
- (ii) A vessel, including an outboard motor of the vessel, under 31 feet in length:
- (A) is not included in Class 17;
 - (B) may not be valued using Table 17; and
 - (C) is subject to an age-based uniform fee under Section 59-2-405.2.

(iii) Taxable value is calculated by applying the percent good factor against the cost new of the property.

(iv) The Tax Commission and assessors shall rely on the following sources to determine cost new for property in this class:

(A) the following publications or valuation methods:

(I) the manufacturer's suggested retail price listed in the ABOS Marine Blue Book;

(II) for property not listed in the ABOS Marine Blue Book but listed in the NADA Marine Appraisal Guide, the NADA average value for the property divided by the percent good factor; or

(III) for property not listed in the ABOS Marine Blue Book or the NADA Appraisal Guide:

(aa) the manufacturer's suggested retail price for comparable property; or

(bb) the cost new established for that property by a documented valuation source; or

(B) the documented actual cost of new or used property in this class.

(v) The ~~2014~~2015 percent good applies to ~~2014~~2015 models purchased in ~~2013~~2014.

(vi) Property in this class has a residual taxable value of \$1,000.

TABLE 17

Model Year	Percent Good of Cost New
14 15	90%
13 14	63% 66%
12 13	61% 64%
11 12	58% 61%
10 11	56% 59%
09 10	53% 57%
08 09	51% 54%
07 08	48% 52%
06 07	46% 49%
05 06	43% 47%
04 05	41% 45%
03 04	38% 42%
02 03	36% 40%
01 02	33% 37%
00 01	31% 35%
99 00	28% 33%
98 99	26% 30%
97 98	24% 28%
96 97	21% 25%
95 96	19% 23%
94 95	16% 20%
93 94 and prior	12% 16%

(q) Class 17a - Vessels Less Than 31 Feet in Length

(i) Because Section 59-2-405.2 subjects vessels less than 31 feet in length to an age-based uniform fee, a percent good schedule is not necessary.

(r) Class 18 - Travel Trailers and Class 18a - Tent Trailers/Truck Campers.

(i) Because Section 59-2-405.2 subjects travel trailers and tent trailers/truck campers to an age-based uniform fee, a percent good schedule is not necessary.

(s) Class 20 - Petroleum and Natural Gas Exploration and Production Equipment. Class 20 property is subject to significant functional and economic obsolescence due to the volatile nature of the petroleum industry.

(i) Examples of property in this class include:

(A) oil and gas exploration equipment;

(B) distillation equipment;

(C) wellhead assemblies;

(D) holding and storage facilities;

(E) drill rigs;

(F) reinjection equipment;

(G) metering devices;

(H) cracking equipment;

(I) well-site generators, transformers, and power lines;

(J) equipment sheds;

(K) pumps;

(L) radio telemetry units; and

(M) support and control equipment.

(ii) Taxable value is calculated by applying the percent good factor against the acquisition cost of the property.

TABLE 20

Year of Acquisition	Percent Good of Acquisition Cost
13 14	92% 93%
12 13	83% 88%
11 12	81%
10 11	75% 76%
09 10	71% 70%
08 09	66% 61%
07 08	61% 56%
06 07	56% 50%
05 06	50% 44%
04 05	42% 38%
03 04	32% 31%
02 03	21%
01 02 and prior	11%

(t) Class 21 - Commercial Trailers.

(i) Examples of property in this class include:

(A) dry freight van trailers;

(B) refrigerated van trailers;

(C) flat bed trailers;

(D) dump trailers;

(E) livestock trailers; and

(F) tank trailers.

(ii) Taxable value is calculated by applying the percent good factor against the cost new of the property. For state assessed vehicles, cost new shall include the value of attached equipment.

(iii) The ~~2014~~2015 percent good applies to ~~2014~~2015 models purchased in ~~2013~~2014.

(iv) Commercial trailers have a residual taxable value of \$1,000.

TABLE 21

Model Year	Percent Good of Cost New
[14] 15	95%
[13] 14	[90%] 93%
[12] 13	[85%] 88%
[11] 12	[80%] 83%
[10] 11	[75%] 78%
[09] 10	[70%] 73%
[08] 09	[65%] 67%
[07] 08	[59%] 62%
[06] 07	[54%] 57%
[05] 06	[49%] 52%
[04] 05	[44%] 47%
[03] 04	[39%] 42%
[02] 03	[34%] 36%
[01] 02	[29%] 31%
[00] 01	[24%] 26%
[99] 00	[18%] 21%
[98] 99 and prior	[13%] 16%

(u) Class 21a - Other Trailers (Non-Commercial).

(i) Because Section 59-2-405.2 subjects this class of trailers to an age-based uniform fee, a percent good schedule is not necessary.

(v) Class 22 - Passenger Cars, Light Trucks/Utility Vehicles, and Vans.

(i) Class 22 vehicles fall within four subcategories: domestic passenger cars, foreign passenger cars, light trucks, including utility vehicles, and vans.

(ii) Because Section 59-2-405.1 subjects Class 22 property to an age-based uniform fee, a percent good schedule is not necessary.

(w) Class 22a - Small Motor Vehicles.

(i) Because Section 59-2-405.2 subjects small motor vehicles to an age-based uniform fee, a percent good schedule is not necessary.

(x) Class 23 - Aircraft Required to be Registered With the State.

(i) Because Section 59-2-404 subjects aircraft required to be registered with the state to a statewide uniform fee, a percent good schedule is not necessary.

(y) Class 24 - Leasehold Improvements on Exempt Real Property.

(i) The Class 24 schedule is to be used only for those leasehold improvements where the underlying real property is owned by an entity exempt from property tax under Section 59-2-1101. See Tax Commission rule R884-24P-32. Leasehold improvements include:

- (A) walls and partitions;
- (B) plumbing and roughed-in fixtures;
- (C) floor coverings other than carpet;
- (D) store fronts;
- (E) decoration;
- (F) wiring;
- (G) suspended or acoustical ceilings;
- (H) heating and cooling systems; and
- (I) iron or millwork trim.

(ii) Taxable value is calculated by applying the percent good factor against the cost of acquisition, including installation.

(iii) The Class 3 schedule is used to value short life leasehold improvements.

TABLE 24

Year of Installation	Percent of Installation Cost
[13] 14	94%
[12] 13	88%
[11] 12	82%
[10] 11	77%
[09] 10	71%
[08] 09	65%
[07] 08	59%
[06] 07	54%
[05] 06	48%
[04] 05	42%
[03] 04	36%
[02] 03 and prior	30%

(z) Class 25 - Aircraft Parts Manufacturing Tools and Dies. Property in this class is generally subject to rapid physical, functional, and economic obsolescence due to rapid technological and economic shifts in the airline parts manufacturing industry. Heavy wear and tear is also a factor in valuing this class of property.

(i) Examples of property in this class include:

- (A) aircraft parts manufacturing jigs and dies;
- (B) aircraft parts manufacturing molds;
- (C) aircraft parts manufacturing patterns;
- (D) aircraft parts manufacturing taps and gauges; and
- (E) aircraft parts manufacturing test equipment.

(ii) Taxable value is calculated by applying the percent good factor against the acquisition cost of the property.

TABLE 25

Year of Acquisition	Percent Good of Acquisition Cost
[13] 14	84%
[12] 13	[70%] 68%
[11] 12	[54%] 52%
[10] 11	36%
[09] 10	[20%] 19%
[08] 09 and prior	4%

(aa) Class 26 - Personal Watercraft.

(i) Because Section 59-2-405.2 subjects personal watercraft to an age-based uniform fee, a percent good schedule is not necessary.

(bb) Class 27 - Electrical Power Generating Equipment and Fixtures

(i) Examples of property in this class include:

- (A) electrical power generators; and
- (B) control equipment.

(ii) Taxable value is calculated by applying the percent good factor against the acquisition cost of the property.

TABLE 27

Year of Acquisition	Percent Good of Acquisition Cost
[13] 14	97%
[12] 13	95%
[11] 12	92%
[10] 11	90%
[09] 10	87%
[08] 09	84%
[07] 08	82%
[06] 07	79%
[05] 06	77%
[04] 05	74%
[03] 04	71%
[02] 03	69%
[01] 02	66%
[00] 01	64%
[99] 00	61%
[98] 99	58%
[97] 98	56%
[96] 97	53%
[95] 96	51%
[94] 95	48%
[93] 94	45%
[92] 93	43%
[91] 92	40%
[90] 91	38%
[89] 90	35%
[88] 89	32%
[87] 88	30%
[86] 87	27%
[85] 86	25%
[84] 85	22%
[83] 84	19%
[82] 83	17%
[81] 82	14%
[80] 81	12%
[79] 80 and prior	9%

(cc) Class 28 - Noncapitalized Personal Property. Property shall be classified as noncapitalized personal property if the following conditions are met:

- (i) the property is an item of taxable tangible personal property with an acquisition cost of \$1,000 or less; and
- (ii) the property is eligible as a deductible expense under Section 162 or Section 179, Internal Revenue Code, in the year of acquisition, regardless of whether the deduction is actually claimed.

TABLE 28

Year of Acquisition	Percent Good of Acquisition Cost
[13] 14	75%
[12] 13	50%
[11] 12	25%
[10] 11 and prior	0%

The provisions of this rule shall be implemented and become binding on taxpayers beginning January 1, [2014]2015.

KEY: taxation, personal property, property tax, appraisals
Date of Enactment or Last Substantive Amendment: [January 1,] 2014
Notice of Continuation: January 3, 2012
Authorizing, and Implemented or Interpreted Law: Art. XIII, Sec 2; 9-2-201; 11-13-302; 41-1a-202; 41-1a-301; 59-1-210; 59-2-102; 59-2-103; 59-2-103.5; 59-2-104; 59-2-201; 59-2-210; 59-2-211; 59-2-301; 59-2-301.3; 59-2-302; 59-2-303; 59-2-303.1; 59-2-305; 59-2-306; 59-2-401; 59-2-402; 59-2-404; 59-2-405; 59-2-405.1; 59-2-406; 59-2-508; 59-2-514; 59-2-515; 59-2-701; 59-2-702; 59-2-703; 59-2-704; 59-2-704.5; 59-2-705; 59-2-801; 59-2-918 through 59-2-924; 59-2-1002; 59-2-1004; 59-2-1005; 59-2-1006; 59-2-1101; 59-2-1102; 59-2-1104; 59-2-1106; 59-2-1107 through 59-2-1109; 59-2-1113; 59-2-1115; 59-2-1202; 59-2-1202(5); 59-2-1302; 59-2-1303; 59-2-1308.5; 59-2-1317; 59-2-1328; 59-2-1330; 59-2-1347; 59-2-1351; 59-2-1365; 59-2-1703

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 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.

While the law does not designate a comment period for a **CHANGE IN PROPOSED RULE**, it does provide for a 30-day waiting period. An agency may accept additional comments during this period and, at its option, may designate a comment period or may hold a public hearing. The 30-day waiting period for **CHANGES IN PROPOSED RULES** published in this issue of the *Utah State Bulletin* ends October 15, 2014.

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 (*example*). Deletions made to the rule appear struck out with brackets surrounding them (~~example~~). A row of dots in the text between paragraphs (.) indicates that unaffected text, either whole sections or subsections, was removed to conserve space. If a **CHANGE IN PROPOSED RULE** is too long to print, the Division of Administrative Rules may 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.

From the end of the 30-day waiting period through January 13, 2015, an 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 the **CHANGE IN PROPOSED RULE**. If the agency designates a public comment period, the effective date may be no fewer than seven calendar days after the close of the public comment period nor more than 120 days after the publication date. 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** by the end of the 120-day period after publication, the **CHANGE IN PROPOSED RULE** filing, along with its associated **PROPOSED RULE**, lapses.

CHANGES IN PROPOSED RULES are governed by Section 63G-3-303, Rule R15-2, and Sections R15-4-3, R15-4-4, R15-4-5b, R15-4-7, R15-4-9, and R15-4-10.

The Changes in Proposed Rules Begin on the Following Page

Environmental Quality, Water Quality R317-1-3 Requirements for Waste Discharges

NOTICE OF CHANGE IN PROPOSED RULE

DAR FILE NO.: 38530

FILED: 09/02/2014

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: This change incorporates modifications to proposed Subsection R317-1-3(3.3) that address public concerns that were submitted during the original comment period relating to the implementability and effectiveness of Technology-Based Phosphorus Effluent Limits, proposed exceptions, and water quality monitoring requirements.

SUMMARY OF THE RULE OR CHANGE: This change in proposed rule (CPR) consists of five principal modifications to the original proposed rule: 1) the term "exception" to the rule was changed to "variance" to better reflect the need for division approval of conditions that would allow a permittee to off-ramp from rule requirements and to clarify that such variances may be revisited periodically to validate continued applicability; 2) the exception in Subsection R317-1-3(3.3)(C)(2), which provided a rule off-ramp for de minimis discharges of phosphorus, was deleted entirely. This exception established 10% impact on receiving stream water quality as de minimis, which was determined to be unworkable and problematic. Another exception (now variance in Subsection R317-1-3(3.3)(C)(2)(c)) allows permittees to establish no deleterious effect from their discharge and be off-ramped; 3) the exception in Subsection R317-1-3(3.3)(C)(3) (now a variance in Subsection R317-1-3(3.3)(C)(2)(b)) provides an off-ramp for economic hardship that could result should a permittee be required to implement the proposed rule. The CPR clarifies that publicly owned treatment works (POTW) must pursue low interest loan and grant opportunities to minimize costs and potential economic hardship before the variance would be applied. The proposed variance change also allows non-POTWs to demonstrate economic hardship, e.g., for industry, to the division on a case-by-case basis to qualify for the variance. In the case of demonstrated hardship, alternative technology-based limits may be applied; 4) a variance was added to allow permittees the opportunity to propose innovative alternative approaches such as nutrient trading with other facilities that meet the spirit of the proposed rule without necessarily meeting the prescribed effluent limits; and 5) water quality monitoring requirements associated with implementing the proposed rule were modified for facilities that discharge less than 5,000,000 gallons per day. For these facilities, monitoring frequencies were increased to one sampling event each month. (DAR NOTE: The original proposed amendment upon which this change in proposed

rule (CPR) was based was published in the June 1, 2014, issue of the Utah State Bulletin, on page 141. 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 CPR and the proposed amendment together to understand all of the changes that will be enforceable should the agency make this rule effective.)

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Title 19, Chapter 5

ANTICIPATED COST OR SAVINGS TO:

- ◆ **THE STATE BUDGET:** There is no anticipated cost or savings to the state budget as a result of these proposed changes. They would remain the same as estimated in the original amendment.
- ◆ **LOCAL GOVERNMENTS:** The total aggregate anticipated costs for local governments would change \$150,000 per year statewide.
- ◆ **SMALL BUSINESSES:** There are no anticipated changes to costs for small businesses since most of the changes affect POTWs.
- ◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** It is anticipated that these changes would increase the costs to other persons \$275,000 per year statewide.

COMPLIANCE COSTS FOR AFFECTED PERSONS: No changes to the compliance costs for affected persons due to the proposed changes.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: The changes in this rule are to incorporate the suggestions received during the comment period. Although there are costs involved with implementing these changes, they allow greater flexibility to obtain the goal of reducing future pollution of the state's waters, while controlling the costs of doing so.

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

ENVIRONMENTAL QUALITY
WATER QUALITY
THIRD FLOOR
195 N 1950 W
SALT LAKE CITY, UT 84116

or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

- ◆ Judy Etherington by phone at 801-536-4344, by FAX at 801-536-4301, or by Internet E-mail at jetherington@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 10/15/2014

THIS RULE MAY BECOME EFFECTIVE ON: 10/22/2014

AUTHORIZED BY: Walter Baker, Director

R317. Environmental Quality, Water Quality.

R317-1. Definitions and General Requirements.

R317-1-3. Requirements for Waste Discharges.

3.1 Compliance With Water Quality Standards.

All persons discharging wastes into any of the waters of the State shall provide the degree of wastewater treatment determined necessary to insure compliance with the requirements of Rule R317-2 Water Quality Standards, except that the Director may waive compliance with these requirements for specific criteria listed in Rule R317-2 where it is determined that the designated use is not being impaired or significant use improvement would not occur or where there is a reasonable question as to the validity of a specific criterion or for other valid reasons as determined by the Director.

3.2 Compliance With Secondary Treatment Requirements.

All persons discharging wastes from point sources into any of the waters of the State shall provide treatment processes which will produce secondary effluent meeting or exceeding the following effluent quality standards.

A. The arithmetic mean of BOD values determined on effluent samples collected during any 30-day period shall not exceed 25 mg/l, nor shall the arithmetic mean exceed 35 mg/l during any 7-day period. In addition, if the treatment plant influent is of domestic or municipal sewage origin, the BOD values of effluent samples shall not be greater than 15% of the BOD values of influent samples collected in the same time period. As an alternative, if agreed to by the person discharging wastes, the following effluent quality standard may be established as a requirement of the discharge permit and must be met: The arithmetic mean of CBOD values determined on effluent samples collected during any 30-day period shall not exceed 20 mg/l nor shall the arithmetic mean exceed 30 mg/l during any 7-day period. In addition, if the treatment plant influent is of domestic or municipal sewage origin, the CBOD values of effluent samples shall not be greater than 15% of the CBOD values of influent samples collected in the same time period.

B. The arithmetic mean of SS values determined on effluent samples collected during any 30-day period shall not exceed 25 mg/l, nor shall the arithmetic mean exceed 35 mg/l during any 7-day period. In addition, if the treatment plant influent is of domestic or municipal sewage origin, the SS values of effluent samples shall not be greater than 15% of the SS values of influent samples collected in the same time period.

C. The geometric mean of total coliform and fecal coliform bacteria in effluent samples collected during any 30-day period shall not exceed either 2000 per 100 ml or 200 per 100 ml respectively, nor shall the geometric mean exceed 2500 per 100 ml or 250 per 100 ml respectively, during any 7-day period; or, the geometric mean of *E. coli* bacteria in effluent samples collected during any 30-day period shall not exceed 126 per 100 ml nor shall the geometric mean exceed 158 per 100 ml respectively during any 7-day period. Exceptions to this requirement may be allowed by the Director where domestic wastewater is not a part of the effluent and where water quality standards are not violated.

D. The effluent values for pH shall be maintained within the limits of 6.5 and 9.0.

E. Exceptions to the 85% removal requirements may be allowed where infiltration makes such removal requirements infeasible and where water quality standards are not violated.

F. The Director may allow exceptions to the requirements of Subsections R317-1-3.2.A, R317-1-3.2.B, and R317-1-3.2.D where the discharge will be of short duration and where there will be ~~of~~ no significant detrimental effect on receiving water quality or downstream beneficial uses.

G. The Director may allow that the BOD5 and TSS effluent concentrations for discharging domestic wastewater lagoons shall not exceed 45 mg/l for a monthly average nor 65 mg/l for a weekly average provided the following criteria are met:

1. the lagoon system is operating within the organic and hydraulic design capacity established by Rule R317-3;
2. the lagoon system is being properly operated and maintained;
3. the treatment system is meeting all other permit limits;
4. there are no significant or categorical industrial users (IU) defined by 40 CFR Part 403, unless it is demonstrated to the satisfaction of the Director that the IU is not contributing constituents in concentrations or quantities likely to significantly affect the treatment works; and

5. a Waste Load Allocation (WLA) indicates that the increased permit limits would not impair beneficial uses of the receiving stream.

3.3 Technology-based Limits for Controlling ~~Nutrient~~Phosphorus Pollution.

A. ~~[Total Phosphorus Limits]~~Technology-based Phosphorus Effluent Limits (TBPEL)

1. All non-lagoon treatment works discharging wastewater to surface waters of the state shall provide treatment processes which will produce effluent less than or equal to an annual mean of 1.0 mg/L for total phosphorus.

2. The ~~TBPEL [phosphorus effluent limit identified in Subsection R317-1-3.3]~~ shall be achieved by January 1, 2020.

B. Discharging Lagoons -Phosphorus Loading Cap

1. No ~~TBPEL [technology-based effluent limit for phosphorus]~~ will be instituted for discharging treatment lagoons. Instead, each discharging lagoon will be evaluated to determine the current annual average total phosphorus load based on average flows and concentrations. Absent field data to determine these loads, they will be estimated by the Division.

2. A cap of 125% times the current average annual total phosphorus load will be established ~~and referred to as phosphorus loading cap~~. Once the lagoon's phosphorus ~~loading cap~~ ~~[s-have]~~ ~~has~~ been reached, the owner of the facility will have five years to construct treatment processes or implement treatment alternatives to prevent the total phosphorus loading cap from being exceeded.

C. ~~[Exceptions]~~Variances for TBPEL and Phosphorus Loading Caps

1. ~~The Director may authorize a variance to the TBPEL or phosphorus loading cap under any of the following conditions:~~

a. Where an existing TMDL has allocated a total phosphorus wasteload to a treatment works, no ~~TBPEL [technology-based limit]~~ or phosphorus loading cap, as applicable, ~~[for total phosphorus]~~ will be applied.

~~[2.—If the owner of a discharging treatment works can demonstrate that the discharge from the treatment works will not increase the total phosphorus concentration in the receiving water~~

beyond 10%, no technology-based limit or loading cap, as applicable, for total phosphorus will be applied.

~~3~~b. If the owner of a discharging treatment works can demonstrate that imposing [a technology-based limit]the TBPEL or phosphorus loading cap [for phosphorus]would result in an economic hardship for the users of the treatment works, no [technology-based limit]TBPEL or phosphorus loading cap [for phosphorus]will be applied. "Economic hardship" for a publicly owned treatment works is defined as sewer service [fees]costs that, as a result of implementing a [technology-based limit]TBPEL or phosphorus loading cap[for phosphorus], [being]would be greater than 1.4% of the median adjusted gross household income of the service area based on the latest information compiled by the Utah Tax Commission, after inclusion of grants, loans, or other funding made available by the Utah Water Quality Board or other sources. If this variance is granted, the discharging treatment works may receive an alternative TBPEL or phosphorus loading cap that would fail to cause economic hardship. The Director will consider other demonstrations of economic hardship on a case-by-case basis.

~~4~~c. If the owner of a discharging treatment works can demonstrate that the [technology-based limit identified in Subsection R317-1-3.3.A;]TBPEL or [the]phosphorus loading cap [identified in Subsection R317-1-3.3.B,]are clearly unnecessary to protect waters downstream from the point of discharge, no TBPEL[the technology-based limit] or [the]phosphorus loading cap[, as applicable,] will [not] be applied.

d. If the owner of the discharging treatment works can demonstrate that a commensurate phosphorus reduction can be achieved in receiving waters using innovative alternative approaches such as water quality trading, seasonal offsets, effluent reuse, or land application.

2. All variances to TBPEL and phosphorus loading caps shall be revisited periodically to determine if the rationale used to justify the conditions in Subsection R317-1-3.3.C remains applicable.

~~3~~3. For treatment works required to implement TBPEL[technology-based limits] or a phosphorus loading cap[for total phosphorus], the demonstration under Subsection R317-1-3.3.C must be made by January 1, 2018. Unless this demonstration is made, the owner of the discharging treatment works must proceed to implement the TBPEL[technology-based limit] or phosphorus loading cap, as applicable, in accordance with, respectively, Subsections R317-1-3.3.A and R317-1-3.3.B.

[E]D. Monitoring

1. All discharging treatment works [with reasonable potential to discharge nitrogen or phosphorus]are required to implement, at a minimum, monthly[influent] monitoring[for total phosphorus and total Kjeldahl nitrogen concentrations, and effluent monitoring for total phosphorus, ammonium (as N), ortho phosphorus, nitrate-nitrite (as N) and total Kjeldahl nitrogen, as follows] of:

a. influent for total phosphorus (as P) and total Kjeldahl nitrogen (as N) concentrations[annually for treatment works with flows less than 1 mgd]; and

b. effluent for total phosphorus and orthophosphate (as P), and ammonia, nitrate-nitrite, and total Kjeldahl nitrogen (as N). [quarterly for treatment works with flows greater than 1 mgd and less than 5 mgd; or

monthly for treatment works with flows greater than 5 mgd]

2. If a discharging treatment works demonstrates to the Director that there is no reasonable potential to discharge nitrogen or phosphorus, the monitoring requirement identified in Subsection R317-1-3.3.D.1 will be waived.

3. All monitoring under Subsection R317-1-3.3.[E]D shall be based on 24-hour composite samples by use of an automatic sampler or minimum of four grab samples collected a minimum of two hours apart.

~~3~~4. These monitoring requirements shall be self-implementing beginning January 1, 2015.

3.4 Pollutants In Diverted Water Returned To Stream.

A user of surface water diverted from waters of the State will not be required to remove any pollutants which such user has not added before returning the diverted flow to the original watercourse, provided there is no increase in concentration of pollutants in the diverted water. Should the pollutant constituent concentration of the intake surface waters to a facility exceed the effluent limitations for such facility under a federal National Pollutant Discharge Elimination System permit or a permit issued pursuant to State authority, then the effluent limitations shall become equal to the constituent concentrations in the intake surface waters of such facility. This section does not apply to irrigation return flow.

KEY: water pollution, waste disposal, nutrient limits, effluent standards

Date of Enactment or Last Substantive Amendment: 2014

Notice of Continuation: October 2, 2012

Authorizing, and Implemented or Interpreted Law: 19-5

End of the Notices of Changes in Proposed Rules Section

NOTICES OF 120-DAY (EMERGENCY) RULES

An agency may file a **120-DAY (EMERGENCY) RULE** when it finds that regular rulemaking procedures would:

- (a) cause an imminent peril to the public health, safety, or welfare;
- (b) cause an imminent budget reduction because of budget restraints or federal requirements; or
- (c) place the agency in violation of federal or state law (Subsection 63G-3-304(1)).

As with a **PROPOSED RULE**, a **120-DAY RULE** is preceded by a **RULE ANALYSIS**. This analysis provides summary information about the **120-DAY RULE** including the name of a contact person, justification for filing a **120-DAY RULE**, anticipated cost impact of the rule, and legal cross-references.

Following the **RULE ANALYSIS**, the text of the **120-DAY RULE** is printed. New text is underlined (example) and text to be deleted is struck out with brackets surrounding the deleted text ([example]). An emergency rule that is new is entirely underlined. Likewise, an emergency rule that repeals an existing rule shows the text completely struck out. A row of dots in the text (.) indicates that unaffected text was removed to conserve space.

A **120-DAY RULE** is effective when filed with the Division of Administrative Rules, or on a later date designated by the agency. A **120-DAY RULE** is effective for 120 days or until it is superseded by a permanent rule. Because of its temporary nature, a **120-DAY RULE** is not codified as part of the *Utah Administrative Code*.

The law does not require a public comment period for **120-DAY RULES**. However, when an agency files a **120-DAY RULE**, it may file a **PROPOSED RULE** at the same time, to make the requirements permanent.

Emergency or **120-DAY RULES** are governed by Section 63G-3-304, and Section R15-4-8.

Health, Health Care Financing, Coverage and Reimbursement Policy

R414-310

Medicaid Primary Care Network Demonstration Waiver

NOTICE OF 120-DAY (EMERGENCY) RULE

DAR FILE NO.: 38815

FILED: 08/26/2014

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: This emergency rule is necessary because the Office of Refugee Resettlement (ORR) and the Centers for Medicare and Medicaid Services (CMS) recommend the Department enroll eligible refugees in the Refugee Medical Assistance program (RMA) instead of the Primary Care Network (PCN) to better serve the refugee population and to protect public health in the communities of Utah.

SUMMARY OF THE RULE OR CHANGE: This emergency rule clarifies that individuals who are eligible for RMA without a spenddown are not eligible for PCN. It also clarifies eligibility decisions and reviews for the RMA program at the time of application.

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

EMERGENCY RULE REASON AND JUSTIFICATION:

REGULAR RULEMAKING PROCEDURES WOULD cause an imminent peril to the public health, safety, or welfare; and cause an imminent budget reduction because of budget restraints or federal requirements; and place the agency in violation of federal or state law.

JUSTIFICATION: ORR and CMS recommend the Department enroll eligible refugees in the RMA program instead of PCN. This recommendation is based on the following: 1) PCN offers limited coverage to meet the medical needs of new refugees resettling in Utah; 2) PCN does not cover medical screenings to protect the public health of communities in Utah; and 3) PCN coverage of refugees creates a gap in health coverage between refugees enrolled in PCN versus refugees enrolled in Medicaid and RMA. The Department must follow this guidance to receive all federal funding for the RMA program, which is 100% federally funded. The Department will receive only a 70% federal match rate if it continues to enroll eligible refugees in PCN instead of RMA, and will incur more costs for its medical assistance programs.

ANTICIPATED COST OR SAVINGS TO:

◆ **THE STATE BUDGET:** There is no impact to the state budget because the RMA program is 100% federally funded.

- ◆ LOCAL GOVERNMENTS: There is no impact to local governments because they neither fund nor provide Medicaid and PCN services to Medicaid and PCN recipients.
- ◆ SMALL BUSINESSES: There is no impact because this rule does not impose new costs or requirements on small businesses, and any increase or loss in revenue as a result of clients changing programs is negligible.
- ◆ PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES: There is no impact because this rule does not impose new costs or requirements on providers of Medicaid and PCN services, and any increase or loss in revenue as a result of clients changing programs is negligible. Some clients may see nominal savings with more available refugee services, but there is no data to estimate those savings at this time.

COMPLIANCE COSTS FOR AFFECTED PERSONS: There are no compliance costs because this rule does not impose new costs or requirements on a single provider of Medicaid or PCN services. Further, any loss in revenue to a single provider of these services is negligible.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: There will be no effect on business because the refugees will continue to receive coverage for their medical needs.

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 by phone at 801-538-6641, by FAX at 801-538-6099, or by Internet E-mail at cdevashrayee@utah.gov

EFFECTIVE: 09/01/2014

AUTHORIZED BY: David Patton, PhD, Executive Director

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

R414-310. Medicaid Primary Care Network Demonstration Waiver.

R414-310-6. Creditable Health Coverage.

(1) The Department adopts and incorporates by reference 42 CFR 433.138(b) and 435.610, October 1, 2013 ed., and Section 1915(b) of the Compilation of the Social Security Laws, in effect January 1, 2013.

(2) An applicant who is covered under a group health plan or other creditable health insurance coverage as defined in 29 CFR 2590.701-4, July 1, 2013 ed., is not eligible for enrollment in PCN.

This includes coverage under student health insurance and the Veteran's Administration Health Care System.

(a) An individual who is enrolled in the Utah Health Insurance Pool or who can receive health coverage through Indian Health Services may enroll in PCN.

(b) An individual who could enroll in Medicare is not eligible for enrollment in PCN, even if the individual must wait for a Medicare open enrollment period to apply.

(c) An individual who is eligible to enroll in the VA Health Care System, but who has not yet enrolled, may be eligible for PCN as long as the individual applies for and takes all necessary steps to enroll. Eligibility for PCN ends once the individual's coverage in the VA Health Care System begins.

(d) Individuals who are full-time students and who can enroll in student health insurance coverage are not eligible to enroll in PCN.

(3) An individual is not eligible for PCN if the individual becomes eligible for Refugee Medical without a spenddown as defined in Section R414-303-10. An individual who is eligible for Refugee Medical with a spenddown may choose to enroll in either Refugee Medical or PCN.

([3]4) An individual who has access to but has not yet enrolled in employer-sponsored health insurance coverage through an employer or a spouse's employer is not eligible for PCN if the individual's cost for the least expensive health insurance plan offered by the employer directly, or for the employer's default plan offered through Avenue H, does not exceed 15% of the countable MAGI-based income for the individual's household.

(a) The cost of coverage includes a deductible if the employer-sponsored plan has a deductible.

(b) The eligibility agency will include in the cost of coverage for the spouse, the cost to enroll the employee, if the employee must be enrolled to enroll the spouse.

(c) The eligibility agency considers the individual to have access to coverage if the individual has had at least one opportunity to enroll

([4]5) An individual who voluntarily terminates health insurance coverage is ineligible to enroll in PCN for 180 days from the date the coverage ended. The eligibility agency ~~shall~~ may not apply a 180-day ineligibility period in the following situations:

(a) Voluntary termination of COBRA.

(b) Voluntary termination of Utah Comprehensive Health Insurance Pool coverage.

([5]6) To be eligible to enroll in PCN, the 180-day ineligibility period must end by the earlier of the following dates or the eligibility agency shall deny the application:

(a) the last day of the open enrollment period during which the individual applies for PCN; or

(b) the last day of the month that follows the month in which the individual applies for PCN, if the open enrollment period does not expire before that following month ends.

(c) Enrollment in PCN may not begin before the 180-day ineligibility period ends.

R414-310-11. Eligibility Decisions and Reviews.

(1) The Department adopts and incorporates by reference 42 CFR 435.911 and 435.912, October 1, 2013 ed., regarding eligibility determinations.

(2) At application and review, the eligibility agency shall determine whether the individual is eligible for Medicaid, Refugee Medical or CHIP.

(a) An individual who qualifies for Medicaid or Refugee Medical without paying a spenddown or a [n] Medicaid Work Incentive (MWI) premium [ean] may not enroll in PCN.

(b) An applicant who is eligible for Medicaid, Refugee Medical or CHIP during the application month, or a Medicaid, Refugee Medical or CHIP recipient who requests PCN enrollment during an open enrollment period, may enroll in PCN in accordance with Subsection R414-310-12(1).

(3) An individual open on Medicaid, Refugee Medical or UPP may request to enroll in PCN.

(a) A new application form is not required.

(b) The rules in Section R414-310-12 govern the effective date of enrollment.

(c) If the individual is moving from UPP, the eligibility agency shall waive the open enrollment requirement if there is no break in coverage.

(d) If the individual is moving from Medicaid or Refugee Medical, the eligibility agency shall waive the open enrollment period if the individual was previously on PCN, became eligible for Medicaid or Refugee Medical, and requests to reenroll in PCN without a break in coverage.

(e) If the individual is moving from Medicaid or Refugee Medical and was not previously on PCN, or there has been a break in coverage of one or more months, the individual must reapply during an open enrollment period.

(f) All other eligibility requirements must be met.

(4) The eligibility agency shall complete an eligibility determination for each application unless:

(a) the applicant voluntarily withdraws the application and the eligibility agency sends a notice to the applicant to confirm the withdrawal;

(b) the applicant dies;

(c) the applicant cannot be located; or

(d) the applicant does not respond to requests for information within the 30-day application period or by the verification due date, if the verification date is later.

(5) The eligibility agency shall complete a periodic review of an enrollee's eligibility for medical assistance in accordance with the requirements of 42 CFR 435.916.

(a) The agency may request a recipient to contact the agency to complete the eligibility review.

(b) The agency shall provide the recipient a written request for verification needed to complete the review.

(c) The agency shall provide proper notice of an adverse decision.

(d) If the agency cannot provide proper notice of an adverse decision, the agency extends eligibility to the following month to allow for proper notice.

(6) If a recipient fails to respond to a request to complete the review or fails to provide all requested verification to complete the review, the eligibility agency shall end eligibility effective the end of the month for which the agency sends proper notice to the recipient.

(a) If the recipient contacts the agency to complete the review or returns all requested verification within three calendar months of the closure date, the eligibility agency shall treat such

contact or receipt of verification as a new application. The agency may not require a new application form.

(b) The application processing period applies to this request to reapply.

(c) Eligibility can begin in the month the client contacts the agency to complete the review if all verification is received within the application processing period.

(d) If the recipient fails to return the verification timely, but before the end of the three calendar months, eligibility becomes effective the first day of the month in which all verification is provided and the individual is found eligible.

(e) The eligibility agency may not continue eligibility while it makes a new eligibility determination.

(f) The eligibility agency shall waive the open enrollment requirement during these three calendar months.

(g) If the enrollee does not respond to the request to complete the review for PCN during the three calendar months immediately following the review closure date, the enrollee must reapply for PCN and meet all eligibility criteria.

(7) If the individual files a new application or makes a request to reenroll within the calendar month that follows the effective closure date when the closure is for a reason other than incomplete review, the eligibility agency shall waive the open enrollment period and process the request as a new application.

(8) The enrollee must reapply if the case closes for one or more calendar months for any reason other than an incomplete review.

(9) The eligibility agency shall comply with the requirements of 42 CFR 435.1200(e), regarding transfer of the electronic file for the purpose of determining eligibility for other insurance affordability programs.

KEY: Medicaid, primary care, demonstration

Date of Enactment or Last Substantive Amendment: September 1, 2014

Notice of Continuation: June 4, 2012

Authorizing, and Implemented or Interpreted Law: 26-18-1; 26-1-5; 26-18-3

**Health, Health Care Financing,
Coverage and Reimbursement Policy
R414-320
Medicaid Health Insurance Flexibility
and Accountability Demonstration
Waiver**

NOTICE OF 120-DAY (EMERGENCY) RULE

DAR FILE NO.: 38816

FILED: 08/26/2014

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: This emergency rule is necessary because the Office of Refugee Resettlement (ORR) and the Centers for

Medicare and Medicaid Services (CMS) recommend the Department enroll eligible refugees in the Refugee Medical Assistance program (RMA) instead of Utah's Premium Partnership for Health Insurance (UPP) to better serve the refugee population and to protect public health in the communities of Utah.

SUMMARY OF THE RULE OR CHANGE: This emergency rule clarifies that individuals who are eligible for RMA without a spenddown are not eligible for UPP. It also clarifies eligibility decisions and reviews for the RMA program at the time of application.

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

EMERGENCY RULE REASON AND JUSTIFICATION: REGULAR RULEMAKING PROCEDURES WOULD cause an imminent peril to the public health, safety, or welfare; and cause an imminent budget reduction because of budget restraints or federal requirements; and place the agency in violation of federal or state law.

JUSTIFICATION: ORR and CMS recommend the Department enroll eligible refugees in the RMA program instead of UPP. This recommendation is based on the following: 1) UPP offers limited coverage to meet the medical needs of new refugees resettling in Utah; 2) UPP does not cover medical screenings to protect the public health of communities in Utah; and 3) UPP coverage of refugees creates a gap in health coverage between refugees enrolled in UPP versus refugees enrolled in Medicaid and RMA. The Department must follow this guidance to receive all federal funding for the RMA program, which is 100% federally funded. The Department will receive only a 70% federal match rate if it continues to enroll eligible refugees in UPP instead of RMA, and will incur more costs for its medical assistance programs.

ANTICIPATED COST OR SAVINGS TO:

- ◆ **THE STATE BUDGET:** There is no impact to the state budget because the RMA program is 100% federally funded.
- ◆ **LOCAL GOVERNMENTS:** There is no impact to local governments because they neither fund nor provide Medicaid and UPP services to Medicaid and UPP recipients.
- ◆ **SMALL BUSINESSES:** There is no impact because this rule does not impose new costs or requirements on small businesses, and any increase or loss in revenue as a result of clients changing programs is negligible.
- ◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** There is no impact because this rule does not impose new costs or requirements on providers of Medicaid and UPP services, and any increase or loss in revenue as a result of clients changing programs is negligible. Some clients may see nominal savings with more available refugee services, but there is no data to estimate those savings at this time.

COMPLIANCE COSTS FOR AFFECTED PERSONS: There are no compliance costs because this rule does not impose

new costs or requirements on a single provider of Medicaid or UPP services. Further, any loss in revenue to a single provider of these services is negligible.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: There will be no effect on business because the refugees will continue to receive coverage for their medical needs.

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 by phone at 801-538-6641, by FAX at 801-538-6099, or by Internet E-mail at cdevashrayee@utah.gov

EFFECTIVE: 09/01/2014

AUTHORIZED BY: David Patton, PhD, Executive Director

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

R414-320. Medicaid Health Insurance Flexibility and Accountability Demonstration Waiver.

R414-320-6. Creditable Health Coverage.

(1) The Department adopts and incorporates by reference 42 CFR 433.138(b), October 1, 2013 ed.

(2) An applicant who is covered under a group health plan or other creditable health insurance coverage, as defined in 29 CFR 2590.701-4, July 1, 2013 ed., is not eligible for enrollment.

(3) An applicant who is covered by COBRA coverage may be eligible for UPP enrollment.

(4) An individual is not eligible for UPP if the individual becomes eligible for Refugee Medical without a spenddown as defined in Section R414-303-10. An individual who is eligible for Refugee Medical with a spenddown may choose to enroll in either Refugee Medical or UPP.

([4]5) The following requirements apply to an individual who has access to but has not yet enrolled in employer-sponsored health insurance:

(a) If the individual's cost for the employer-sponsored coverage offered by the employer directly, or for the employer's default plan offered through Avenue H, is less than 5% of the countable MAGI-based income for the individual's household, the individual is not eligible for the UPP program.

(b) If the individual's cost for the employer-sponsored coverage offered by the employer directly, or for the employer's default plan offered through Avenue H, equals or exceeds 5% of the countable MAGI-based income for the individual's household, the individual may enroll in UPP.

(i) An eligible child may choose enrollment in either UPP or CHIP.

(ii) If the cost of coverage exceeds 15% for an adult, the individual may enroll in either UPP or PCN. To enroll in PCN, it must be an open enrollment period and the individual must meet the PCN criteria.

(c) The cost of coverage includes a deductible if the employer-sponsored plan has a deductible.

(d) The eligibility agency will include in the cost of coverage for the spouse or dependent child, the cost to enroll the employee if the employee must be enrolled to enroll the spouse or dependent child.

([5]6) An eligible individual who has access to or who is enrolled in a COBRA plan may choose to enroll in UPP and the COBRA plan if the individual's cost for the COBRA plan exceeds 5% of the countable MAGI-based income for the individual's household.

([6]7) An individual who could enroll in Medicare is not eligible for UPP enrollment, even if the individual must wait for a Medicare open enrollment period to apply.

([7]8) An individual who is enrolled in the Veteran's Administration (VA) Health Care System is not eligible for UPP enrollment.

(a) An individual who is eligible to enroll in the VA Health Care System, but who has not yet enrolled, may be eligible for the UPP program while waiting for enrollment in the VA Health Care System to become effective. To be eligible during this waiting period, the individual must apply for and take all necessary steps to enroll in the VA Health Care System.

(b) Eligibility for the UPP program ends once the individual's coverage in the VA Health Care System begins.

([8]9) An individual who voluntarily terminates health insurance coverage is ineligible to enroll in UPP for 90 days from the date the coverage ends.

(a) The eligibility agency may not apply a 90-day waiting period in the following situations:

(i) The premium paid by the individual or family for coverage of the individual or family member exceeded 5% of the MAGI-based household income.

(ii) The cost of the premium paid and deductible that includes the individual for the family coverage health plan exceeds 9.5% of the MAGI-based household income.

(iii) An employer stopped offering coverage under an ESI.

(iv) Loss of coverage due to a change in employment or involuntary separation.

(v) The individual has special health care needs as defined by the Department.

(vi) Loss of coverage due to the death or divorce of an UPP individual.

(vii) Voluntary termination of COBRA.

(viii) Voluntary termination of Utah Comprehensive Health Insurance Pool coverage.

(ix) Voluntary termination of coverage for an adult child from the parent's or guardian's ESI plan.

(x) Voluntary termination of coverage by a spouse who does not live in the same household as the UPP applicant.

(xi) Voluntary termination of coverage for a child from a non-custodial parent's ESI plan.

(xii) The individual is voluntarily terminated from insurance that does not provide coverage in Utah;

(xiii) The individual is voluntarily terminated from a limited health insurance plan;

(xiv) A child is terminated from a parent's insurance because ORS reverses the forced enrollment requirement due to the insurance being unaffordable.

(b) The eligibility agency will determine the individual's eligibility at the end of the waiting period without requiring a new application.

(i) The agency may request information about changes in the individual's circumstances that may affect eligibility.

(ii) If eligible, enrollment in UPP can begin in the month in which the 90-day ineligibility period ends.

([9]10) An individual is eligible to enroll in UPP if the individual's prior health insurance coverage expires before the end of the calendar month that follows the month in which he applies for UPP, and the individual has access to another employer-sponsored health insurance plan that meets the criteria of an UPP qualified health plan. The UPP enrollment date must be after the prior health insurance coverage ends.

([1]0) An eligible individual with access to an employer-sponsored health plan who also has creditable health coverage operated or financed by Indian Health Services may enroll in the UPP program.

R414-320-11. Eligibility Decisions and Eligibility Reviews.

(1) The Department adopts and incorporates by reference 42 CFR 435.911 and 435.912, October 1, 2013 ed., regarding eligibility determinations.

(2) At application and review, the eligibility agency shall determine whether the individual applying for UPP enrollment is eligible for Medicaid or Refugee Medical.

(a) An individual who qualifies for Medicaid without paying a spenddown or a [n] Medicaid Work Incentive (MWI) premium [ean] may not enroll in the UPP program.

(b) An individual who qualifies for Refugee Medical without paying a spenddown or MWI premium may not enroll in the UPP program.

([b]c) An individual who must pay a spenddown or MWI premium to receive Medicaid or Refugee Medical may enroll in UPP if the individual elects not to receive Medicaid or Refugee Medical.

(3) An individual who is open for Medicaid, Refugee Medical, PCN, or CHIP may request to enroll in the UPP program.

(a) A new application form is not required.

(b) The rules in Section R414-320-12 govern the effective date of enrollment.

(c) A new income test must be completed for the individual. If the individual's income places the UPP household over the income limit for UPP, the individual is not eligible to enroll in UPP.

(d) If the individual is moving from PCN or CHIP, the eligibility agency shall waive the open enrollment requirement if there is no break in coverage.

(e) If the individual was previously on UPP, became eligible for Medicaid or Refugee Medical, and requests to reenroll in UPP without a break in coverage, the eligibility agency shall waive the open enrollment period and the requirement in Subsection 414-320-6(2).

(f) If the individual is moving from Medicaid or Refugee Medical and was not previously on UPP, or there has been a break in coverage of one or more months, an adult individual must reapply during an open enrollment period.

(g) For a PCN or CHIP individual who enrolls in an employer-sponsored health plan, the eligibility agency shall waive the requirement found in Subsection 414-320-6(2) if the change is reported within ten calendar days of signing up for coverage or within ten calendar days after coverage begins, whichever is later.

(h) All other eligibility requirements must be met.

(4) The eligibility agency shall process each application to a decision unless:

(a) the applicant voluntarily withdraws the application and the eligibility agency sends a notice to the applicant to confirm the withdrawal;

(b) the applicant dies;

(c) the applicant cannot be located; or

(d) the applicant does not respond to requests for information within the 30-day application period or by the verification due date, if that date is later.

(5) The eligibility agency shall complete a periodic review of an enrollee's eligibility for medical assistance in accordance with the requirements of 42 CFR 435.916.

(a) The agency may request a recipient to contact the agency to complete the eligibility review.

(b) The agency shall provide the recipient a written request for verification needed to complete the review.

(c) The agency shall provide proper notice of an adverse decision.

(d) If the agency cannot provide proper notice of an adverse decision, the agency extends eligibility to the following month to allow for proper notice.

(6) If a recipient fails to respond to a request to complete the review or fails to provide all requested verification to complete the review, the eligibility agency shall end eligibility effective the end of the month for which the agency sends proper notice to the recipient.

(a) If the recipient contacts the agency to complete the review or returns all requested verification within three calendar months of the closure date, the eligibility agency shall treat such contact or receipt of verification as a new application. The agency may not require a new application form.

(b) The application processing period applies to this request to reapply.

(c) Eligibility can begin in the month the client contacts the agency to complete the review if all verification is received within the application processing period.

(d) If the recipient fails to return the verification timely, but before the end of the three calendar months, eligibility becomes effective the first day of the month in which all verification is provided and the individual is found eligible.

(e) The eligibility agency may not continue eligibility while it makes a new eligibility determination.

(f) During these three calendar months, the eligibility agency shall waive the open enrollment period requirement and the requirement at Subsection R414-320-6(2).

(g) If the enrollee does not respond to the request to complete a review for UPP during the three calendar months immediately following the review closure date, the enrollee must reapply for UPP and meet all eligibility criteria.

(7) If the individual files a new application or makes a request to reenroll within the calendar month that follows the effective closure date, when the closure is for a reason other than an incomplete review, the eligibility agency will process the request as a new application and waive the open enrollment period and the requirement found at Subsection R414-320-6(2).

(8) The enrollee must reapply if the case closes for one or more calendar months for any reason other than an incomplete review.

(9) The eligibility agency shall comply with the requirements of 42 CFR 435.1200(e), regarding transfer of the electronic file for the purpose of determining eligibility for other insurance affordability programs.

KEY: CHIP, Medicaid, PCN, UPP

Date of Enactment or Last Substantive Amendment: September 1, 2014

Notice of Continuation: October 13, 2011

Authorizing, and Implemented or Interpreted Law: 26-18-3; 26-1-5

End of the Notices of 120-Day (Emergency) Rules Section

FIVE-YEAR NOTICES OF REVIEW AND STATEMENTS OF CONTINUATION

Within five years of an administrative rule's original enactment or last five-year review, the agency is required to review the rule. This review is intended to help the agency determine, and to notify the public, that the administrative rule in force is still authorized by statute and necessary. Upon reviewing a rule, an agency may: repeal the rule by filing a **PROPOSED RULE**; continue the rule as it is by filing a **FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION (REVIEW)**; or amend the rule by filing a **PROPOSED RULE** and by filing a **REVIEW**. By filing a **REVIEW**, the agency indicates that the rule is still necessary.

A **REVIEW** is not followed by the rule text. The rule text that is being continued may be found in the online edition of the *Utah Administrative Code* available at <http://www.rules.utah.gov/publicat/code.htm>. The rule text may also be inspected at the agency or the Division of Administrative Rules. **REVIEWS** are effective upon filing.

REVIEWS are governed by Section 63G-3-305.

Commerce, Occupational and Professional Licensing

R156-31c

Nurse Licensure Compact Rule

FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

DAR FILE NO.: 38801
FILED: 08/21/2014

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 31c, provides for the Nurse Licensure Compact. Subsection 58-1-106(1)(a) provides that the Division may adopt and enforce rules to administer Title 58. Section 58-31c-103 provides that the Division may adopt rules necessary to implement the provisions of the chapter. This rule was enacted to clarify the provisions of Title 58, Chapter 31c, with respect to the Nurse Licensure Compact.

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 the rule was last reviewed in September 2009, it has been amended one time in August 2010. No written comments have been received by the Division with respect to this rule.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: This rule should be continued as it provides a uniform manner in which implementation of the Nurse

Licensure Compact (NLC) must be done. The rule adheres to the model compact rule developed by the Nurse Licensure Compact administrators and allows Utah to continue to participate in the Nurse Licensure Compact.

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 Hobbins by phone at 801-530-6789, by FAX at 801-530-6511, or by Internet E-mail at dhobbins@utah.gov

AUTHORIZED BY: Mark Steinagel, Director

EFFECTIVE: 08/21/2014

Education, Administration

R277-504

Early Childhood, Elementary,
Secondary, Special Education (K-12),
Communication Disorders, Speech-
Language Pathologist and Speech-
Language Technician, and Preschool
Special Education (Birth-Age 5)
Licensure

FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

DAR FILE NO.: 38829
FILED: 09/02/2014

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-1-402(1)(a) directs the Utah State Board of Education (Board) to make rules regarding the licensing of educators, and Subsection 53A-1-401(3) allows the Board to adopt rules in accordance with its responsibilities.

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 comment has been received.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: This rule continues to be necessary because it provides for licensing and specifies the standards for Board approval of teacher preparation institutions.

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 by phone at 801-538-7835, by FAX at 801-538-7768, or by Internet E-mail at carol.lear@schools.utah.gov

AUTHORIZED BY: Carol Lear, Director, School Law and Legislation

EFFECTIVE: 09/02/2014

Education, Administration
R277-607
Truancy Prevention

FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

DAR FILE NO.: 38831
FILED: 09/02/2014

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 Sections 53A-11-101 through 53A-11-106 direct educational entities and parents working on behalf of children to make efforts to resolve school attendance problems of school-age minors who are or should be enrolled in LEAs.

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 comment has been received.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: This rule continues to be necessary because it provides direction to local education agencies (LEAs) to establish procedures for informing parents about compulsory education laws; encouraging and monitoring school attendance consistent with the law; and providing firm consequences for noncompliance.

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 by phone at 801-538-7835, by FAX at 801-538-7768, or by Internet E-mail at carol.lear@schools.utah.gov

AUTHORIZED BY: Carol Lear, Director, School Law and Legislation

EFFECTIVE: 09/02/2014

Education, Administration
R277-706
Public Education Regional Service
Centers

FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

DAR FILE NO.: 38832
FILED: 09/02/2014

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-3-429(6) directs the Utah State Board of Education (Board) to make rules regarding eligible regional service centers and Subsection 53A-1-401(3) permits the Board to adopt rules in accordance with its responsibilities.

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 comment has been received.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: This rule continues to be necessary because it provides procedures for school districts to form interlocal agreements and to provide for distribution of legislative funds to eligible regional service centers.

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 by phone at 801-538-7835, by FAX at 801-538-7768, or by Internet E-mail at carol.lear@schools.utah.gov

AUTHORIZED BY: Carol Lear, Director, School Law and Legislation

EFFECTIVE: 09/02/2014

**Health, Family Health and
Preparedness, Children with Special
Health Care Needs
R398-5
Birth Defects Reporting**

FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

DAR FILE NO.: 38830
FILED: 09/02/2014

NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

CONCISE EXPLANATION OF THE PARTICULAR STATUTORY PROVISIONS UNDER WHICH THE RULE IS ENACTED AND HOW THESE PROVISIONS AUTHORIZE OR REQUIRE THE RULE: This rule establishes reporting requirements for birth defects in Utah and for related screens and test results under the general statutory authority of the Utah Department of Health (UDOH) to collect information that impacts the public health under Title 26. Subsections 26-1-30(2)(c), (d), (e), (g), (p), (t), and 26-10-1(2); Section 26-10-2; Subsection 26-10-6(1)(d); and Section 26-25-1 authorize this rule.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: There have not been any written comments filed since the inception of this rule in 1999, perhaps with the exception of amendments where comments have been solicited from community partners such as the Utah Hospital Association or Intermountain Healthcare.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: The Birth Defect Reporting Rule is needed to continue the identification and reporting of any pregnancy or infant where a birth defect has been screened or diagnosed. The monitoring of birth defects provides the state with the following: 1) establish baseline prevalence rates of specific birth defects and monitor the rates over time to assess whether an increase or decrease occurs; 2) if an increase in prevalence is observed, try to determine the cause. If a prevention activity is feasible, implement and monitor prevalence to establish a decline; and 3) when an environmental agent or exposure occurs, the Utah Birth Defect Network (UBDN) has the capacity to monitor birth defects that might be associated with the exposure, assist with a public health intervention, and assess whether this intervention has impacted prevalence. Therefore, this rule should be continued.

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

HEALTH
FAMILY HEALTH AND PREPAREDNESS,
CHILDREN WITH SPECIAL HEALTH CARE NEEDS
44 N MARIO CAPECCHI DR
SALT LAKE CITY, UT 84113
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Amy Nance by phone at 801-883-4661, by FAX at 801-323-1578, or by Internet E-mail at aenance@utah.gov

AUTHORIZED BY: David Patton, PhD, Executive Director

EFFECTIVE: 09/02/2014

**Health, Health Care Financing,
Coverage and Reimbursement Policy
R414-140
Choice of Health Care Delivery
Program**

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT
OF CONTINUATION**
DAR FILE NO.: 38791
FILED: 08/19/2014

**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: 42 USC 1396n(b) authorizes the Department to implement this waiver program, which promotes cost-effective and efficient health care for Medicaid recipients. Section 26-1-5 also grants the Department the authority to adopt, amend, or rescind rules as necessary to implement the Medicaid program, and Subsection 26-18-3(2) (a) requires the Department to implement the Medicaid program through administrative rules.

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 Department did not receive any written or oral comments regarding this rule.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: The Department will continue this rule because the Choice of Health Care Delivery Program provides access to quality and cost-effective health care for certain Medicaid recipients who live in urban counties of the state.

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 by phone at 801-538-6641, by FAX at 801-538-6099, or by Internet E-mail at cdevashrayee@utah.gov

AUTHORIZED BY: David Patton, PhD, Executive Director

EFFECTIVE: 08/19/2014

**Insurance, Administration
R590-67
Proxy Solicitations and Consent and
Authorization of Stockholders of
Domestic Stock Insurers**

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT
OF CONTINUATION**
DAR FILE NO.: 38828
FILED: 08/29/2014

**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 31A-2-201(3) authorizes the commissioner to write rules to implement the insurance code, Title 31A, and more specifically in this case, Chapter 5, Domestic Stock and Mutual Insurance Corporations.

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 department has received no written comments regarding this rule in the past five years.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: Many insurance companies in Utah are stock insurance companies. Stockholders in an insurance company have various rights, which may be assigned to another person via a proxy statement. This rule provides guidance as to the form and content of proxy solicitation made to insurance stockholders. Without this rule, there may be instances where individuals unfairly or covertly obtain a proxy to act on behalf of a stockholder without the stockholder's full or complete knowledge of what is happening. Therefore, this rule should be continued.

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

INSURANCE
ADMINISTRATION

ROOM 3110 STATE OFFICE BLDG
450 N MAIN ST
SALT LAKE CITY, UT 84114-1201
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:
♦ Jilene Whitby by phone at 801-538-3803, by FAX at 801-538-3829, or by Internet E-mail at jwhitby@utah.gov

AUTHORIZED BY: Todd Kiser, Commissioner

EFFECTIVE: 08/29/2014

Insurance, Administration **R590-76**

Health Maintenance Organizations

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT
OF CONTINUATION**
DAR FILE NO.: 38827
FILED: 08/29/2014

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 31A, Chapter 8, of the Insurance Code regulates health maintenance organizations, their incorporation, licensure, solvency, securities standards, requirements regarding their operations, and access to health care providers. Subsection 31A-2-201(3) is the general rulemaking provision that authorizes the commissioner to make rules to implement the provisions of the code.

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 department has received no written comments regarding this rule in the past five years.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: Health maintenance organizations are major players in our health insurance market. This rule, along with Title 31A, Chapter 8, of the Insurance Code have been developed to: 1) ensure the availability, accessibility, and quality of services provided by health maintenance organizations; 2) to provide standards for terms and provisions contained in HMO contracts and certificates; 3) to provide standards for determining financial condition; and 4) to provide other standards deemed necessary to protect the interests of the citizens of Utah. Therefore, this rule should be continued.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:
INSURANCE
ADMINISTRATION
ROOM 3110 STATE OFFICE BLDG
450 N MAIN ST
SALT LAKE CITY, UT 84114-1201
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:
♦ Jilene Whitby by phone at 801-538-3803, by FAX at 801-538-3829, or by Internet E-mail at jwhitby@utah.gov

AUTHORIZED BY: Todd Kiser, Commissioner

EFFECTIVE: 08/29/2014

Insurance, Administration **R590-79** Life Insurance Disclosure Rule

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT
OF CONTINUATION**
DAR FILE NO.: 38795
FILED: 08/20/2014

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 31A-2-201(3) authorizes the commissioner to write rules to implement the provisions of Title 31A. Subsection 31A-22-425(1) authorizes the commissioner to make rules to establish standards for buyer's guides and disclosures. The rule requires insurers to deliver to purchasers of life insurance, information which will improve the purchaser's ability to select a plan of life insurance most appropriate for them.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: During the comment period, a comment was received from Hunter Finch of GOPB requesting that a publication date be inserted in Subsection R590-79-4(A), which it incorporates by reference a Life Insurance Buyer's Guide. This change was made when a change in proposed rule filing was done on 10/01/2009. Otherwise, the department has received no other written comments regarding this rule.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: The rule requires disclosure of basic life

policy features specified in Title 31A, Chapter 22, Part 4, and specifies the format for disclosure. The disclosure informs and assists consumers in understanding the policy they purchase. Therefore, this rule should be continued.

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

INSURANCE
ADMINISTRATION
ROOM 3110 STATE OFFICE BLDG
450 N MAIN ST
SALT LAKE CITY, UT 84114-1201
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:
♦ Jilene Whitby by phone at 801-538-3803, by FAX at 801-538-3829, or by Internet E-mail at jwhitby@utah.gov

AUTHORIZED BY: Todd Kiser, Commissioner

EFFECTIVE: 08/20/2014

**Insurance, Administration
R590-83**

**Unfair Discrimination on the Basis of
Sex or Marital Status**

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT
OF CONTINUATION**

DAR FILE NO.: 38793
FILED: 08/20/2014

**NOTICE OF REVIEW AND STATEMENT OF
CONTINUATION**

CONCISE EXPLANATION OF THE PARTICULAR STATUTORY PROVISIONS UNDER WHICH THE RULE IS ENACTED AND HOW THESE PROVISIONS AUTHORIZE OR REQUIRE THE RULE: Subsections 31A-2-201(2) and (3) authorize the commissioner to make rules to implement the provisions of Title 31A. The specific rulemaking authority is in Subsection 31A-23a-402(8) which gives the commissioner the authority to define unfair business practices by rule after a finding that practices are misleading, deceptive, unfairly discriminatory, etc. This rule prohibits discrimination in all new and renewal insurance contracts based solely on sex or marital status.

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 department has not received any written comments in the past five years.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY

DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: This rule should be continued in-force because it provides important protection to consumers allowing the department to regulate against unfair and discriminatory transactions between insurers and consumers. Repealing this rule could give the impression that the department is not concerned about unfair discrimination based on sex and marital status.

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

INSURANCE
ADMINISTRATION
ROOM 3110 STATE OFFICE BLDG
450 N MAIN ST
SALT LAKE CITY, UT 84114-1201
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:
♦ Jilene Whitby by phone at 801-538-3803, by FAX at 801-538-3829, or by Internet E-mail at jwhitby@utah.gov

AUTHORIZED BY: Todd Kiser, Commissioner

EFFECTIVE: 08/20/2014

**Insurance, Administration
R590-127**

Rate Filing Exemptions

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT
OF CONTINUATION**

DAR FILE NO.: 38799
FILED: 08/20/2014

**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 31A-2-201(3) authorizes the commissioner to make rules to implement the provisions of Title 31A of the Utah Code. Specific rulemaking authority comes from Section 31A-19a-103 authorizing the commissioner to exempt people or a class of people from Chapter 19a of the Code. This rule exempts from the rate filing requirements in Section 31A-19a 203: (a) rates; the process of developing (a) rates; special risk rating; commercial excess; and umbrella liability insurance.

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 department has not received any written comments regarding this rule in the past five years.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: There are four key reasons for continuing this rule in force: 1) it clarifies Title 31A, Chapter 19a; 2) it exempts certain lines of insurance from filing rates; 3) it puts a limitation on scheduled rating plans; and 4) it provides definitions for (a) rates, excess insurance, individual risk filing, self-insured retention, and umbrella liability insurance.

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

INSURANCE
ADMINISTRATION
ROOM 3110 STATE OFFICE BLDG
450 N MAIN ST
SALT LAKE CITY, UT 84114-1201
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Jilene Whitby by phone at 801-538-3803, by FAX at 801-538-3829, or by Internet E-mail at jwhitby@utah.gov

AUTHORIZED BY: Todd Kiser, Commissioner

EFFECTIVE: 08/20/2014

Insurance, Administration
R590-129

**Unfair Discrimination Based Solely
Upon Blindness or Physical or Mental
Impairment**

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT
OF CONTINUATION**

DAR FILE NO.: 38794
FILED: 08/20/2014

**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 31A-2-201(3)(a) authorizes the commissioner to make rules to implement the provisions of Title 31A. Subsection 31A-23a-402(8) authorizes the commissioner to define by rule, after a finding of fact, any marketing practices that are unfair, deceptive, discriminatory, etc. This rule prohibits discrimination in all new and renewal insurance contracts based on blindness or physical or mental impairment.

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 department has not received any written comments regarding this rule in the last five years.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: This rule should be continued in force because it provides important protection for consumers and insurers and allows the department to regulate against unfair and discriminatory transactions between insurers and consumers. Repealing this rule could give the impression that the department does not care about unfair discrimination based on physical and mental impairments.

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

INSURANCE
ADMINISTRATION
ROOM 3110 STATE OFFICE BLDG
450 N MAIN ST
SALT LAKE CITY, UT 84114-1201
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Jilene Whitby by phone at 801-538-3803, by FAX at 801-538-3829, or by Internet E-mail at jwhitby@utah.gov

AUTHORIZED BY: Todd Kiser, Commissioner

EFFECTIVE: 08/20/2014

Insurance, Administration
R590-167

**Individual, Small Employer, and Group
Health Benefit Plan Rule**

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT
OF CONTINUATION**

DAR FILE NO.: 38798
FILED: 08/20/2014

**NOTICE OF REVIEW AND STATEMENT OF
CONTINUATION**

CONCISE EXPLANATION OF THE PARTICULAR STATUTORY PROVISIONS UNDER WHICH THE RULE IS ENACTED AND HOW THESE PROVISIONS AUTHORIZE OR REQUIRE THE RULE: This rule obtains general rulemaking authority from Subsection 31A-2-201(3)(a), which authorizes the commissioner to write rules implementing the insurance code, Title 31A. More specific rulemaking authority comes from Subsection 31A-30-106(1)(k) which is now Subsection 31A-30-106(1)(h) and authorizes the commissioner to revise rules written for Sections 31A-22-602 and 31A-22-605 regarding individual accident and health

policy rates that allow rating in accordance with Section 31A-30-106. Subsection 31A-30-106.1(10) gives direction in the rating of new health benefit plans into which new enrollees are enrolling. This rule is being amended now and should be filed for formal rulemaking within the next one - two months.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: In the past five years, this rule went through several rulemaking changes to make the rule comply with legislative changes made in 2010 and 2011. During these changes, one comment was received requesting changes be made to the definition of "Risk Characteristics". These changes were made in DAR No. 33874.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: This rule, along with Title 31A, Chapter 30, regulates and prevents abuse in insurer rating practices, assures consumers receive credit for previous coverage, and limits the use of restrictive riders. Therefore, this rule should be continued.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:
 INSURANCE
 ADMINISTRATION
 ROOM 3110 STATE OFFICE BLDG
 450 N MAIN ST
 SALT LAKE CITY, UT 84114-1201
 or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:
 ♦ Jilene Whitby by phone at 801-538-3803, by FAX at 801-538-3829, or by Internet E-mail at jwhitby@utah.gov

AUTHORIZED BY: Todd Kiser, Commissioner

EFFECTIVE: 08/20/2014

**Insurance, Administration
 R590-194**

**Coverage of Dietary Products for
 Inborn Errors of Amino Acid or Urea
 Cycle Metabolism**

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT
 OF CONTINUATION
 DAR FILE NO.: 38796
 FILED: 08/20/2014**

**NOTICE OF REVIEW AND STATEMENT OF
 CONTINUATION**

CONCISE EXPLANATION OF THE PARTICULAR STATUTORY PROVISIONS UNDER WHICH THE RULE IS ENACTED AND HOW THESE PROVISIONS AUTHORIZE OR REQUIRE THE RULE: This rule is promulgated pursuant to Subsections 31A-2-201(1) and 31A-2-201(3)(a) in which the commissioner is authorized to administer and enforce this title and to make rules to implement the provisions of this title. The authority to set minimum standards by rule for coverage of dietary products for inborn errors of amino acid or urea cycle metabolism is in Subsection 31A-22-623(2).

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 by the department regarding this rule in the past five years.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: This rule entails the identification of a uniform billing code standard to be used by health insurers to expedite the processing of claims covering dietary formulas in conjunction with the treatment of these specific inborn metabolic errors. Therefore, this rule should be continued.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:
 INSURANCE
 ADMINISTRATION
 ROOM 3110 STATE OFFICE BLDG
 450 N MAIN ST
 SALT LAKE CITY, UT 84114-1201
 or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:
 ♦ Jilene Whitby by phone at 801-538-3803, by FAX at 801-538-3829, or by Internet E-mail at jwhitby@utah.gov

AUTHORIZED BY: Todd Kiser, Commissioner

EFFECTIVE: 08/20/2014

**Insurance, Administration
 R590-229
 Annuity Disclosure**

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT
 OF CONTINUATION
 DAR FILE NO.: 38797
 FILED: 08/20/2014**

**NOTICE OF REVIEW AND STATEMENT OF
CONTINUATION**

CONCISE EXPLANATION OF THE PARTICULAR STATUTORY PROVISIONS UNDER WHICH THE RULE IS ENACTED AND HOW THESE PROVISIONS AUTHORIZE OR REQUIRE THE RULE: This rule receives its authority from Subsection 31A-2-201(3)(a), which authorizes the commissioner to write rules to implement the provisions of the insurance code, Title 31A. More specific authority comes from Section 31A-22-425, which authorizes the commissioner to make rules to establish standards for annuity buyer's guides and disclosures. The rule provides standards for the disclosure of minimum information about annuity contracts to protect consumers by specifying the minimum information to be disclosed and the method for disclosing it in connection with the sale of an annuity contract.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: During the rulemaking process for DAR No. 38090, comments were received to eliminate duplication and to clarify that the buyer's guide is optional for variable annuity products. During the second comment period, another comment was received requesting that the date for enforcement be extended to give insurers more time to comply with requirements of the rule.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: The department needs to continue this rule in effect in order to provide standards for the disclosure of information regarding annuity contracts to protect consumers by specifying the minimum information to be disclosed in connection with the sale of annuity contracts. The rule also fosters consumer education by ensuring that consumers understand certain basic features of annuity contracts.

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

INSURANCE
ADMINISTRATION
ROOM 3110 STATE OFFICE BLDG
450 N MAIN ST
SALT LAKE CITY, UT 84114-1201
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:
♦ Jilene Whitby by phone at 801-538-3803, by FAX at 801-538-3829, or by Internet E-mail at jwhitby@utah.gov

AUTHORIZED BY: Jilene Whitby, Information Specialist

EFFECTIVE: 08/20/2014

Natural Resources, Wildlife Resources
R657-54
Taking Wild Turkey

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT
OF CONTINUATION**

DAR FILE NO.: 38790
FILED: 08/18/2014

**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 taking of wild turkey.

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 supporting or opposing Rule R657-54 were received since November 2009, when the rule was last reviewed.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: Rule R657-54 provides the requirements, standards, and application procedures for the take of wild turkey. The procedures adopted in this rule have provided an effective and efficient process. Continuation of this rule is necessary for continued success for the Wild Turkey populations and wildlife programs.

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:
♦ Staci Coons by phone at 801-538-4718, by FAX at 801-538-4709, or by Internet E-mail at stacicoons@utah.gov

AUTHORIZED BY: Gregory Sheehan, Director

EFFECTIVE: 08/18/2014

Regents (Board of), Administration
R765-604
New Century Scholarship

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT
OF CONTINUATION**
DAR FILE NO.: 38820
FILED: 08/26/2014

**NOTICE OF REVIEW AND STATEMENT OF
CONTINUATION**

CONCISE EXPLANATION OF THE PARTICULAR STATUTORY PROVISIONS UNDER WHICH THE RULE IS ENACTED AND HOW THESE PROVISIONS AUTHORIZE OR REQUIRE THE RULE: Section 53B-8-105 outlines the New Century Scholarship and the requirements for receiving this scholarship. The law indicates dates and minimum standards for eligibility and this rule fully defines the requirements for a student to receive and remain eligible for tuition assistance under this program.

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 the last five-year review

period, there have been no written comments received by the Office of the Commissioner of Higher Education.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: Continuation of this rule is necessary as long as the scholarship is funded by the legislature and/or it remains a valid program as presently constituted.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:
REGENTS (BOARD OF)
ADMINISTRATION
BOARD OF REGENTS BUILDING, THE GATEWAY
60 SOUTH 400 WEST
SALT LAKE CITY, UT 84101-1284
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:
♦ Ronell Crossley by phone at 801-321-7291, by FAX at 801-321-7299, or by Internet E-mail at rcrossley@utahsbr.edu

AUTHORIZED BY: Dave Buhler, Commissioner of Higher Education

EFFECTIVE: 08/26/2014

End of the Five-Year Notices of Review and Statements of Continuation Section

NOTICES OF RULE EFFECTIVE DATES

State law provides for agencies to make their administrative rules effective and enforceable after publication in the *Utah State Bulletin*. In the case of **PROPOSED RULES** or **CHANGES IN PROPOSED RULES** with a designated comment period, the law permits an agency to make a rule effective no fewer than seven calendar days after the close of the public comment period, nor more than 120 days after the publication date. In the case of **CHANGES IN PROPOSED RULES** with no designated comment period, the law permits an agency to make a rule effective on any date including or after the thirtieth day after the rule's publication date, but not more than 120 days after the publication date. If an agency fails to file a **NOTICE OF EFFECTIVE DATE** within 120 days from the publication of a **PROPOSED RULE** or a related **CHANGE IN PROPOSED RULE** the rule lapses.

Agencies have notified the Division of Administrative Rules that the rules listed below have been made effective.

NOTICES OF EFFECTIVE DATE are governed by Subsection 63G-3-301(12), Section 63G-3-303, and Sections R15-4-5a and R15-4-5b.

Abbreviations

AMD = Amendment

CPR = Change in Proposed Rule

NEW = New Rule

R&R = Repeal & Reenact

REP = Repeal

Administrative Services

Finance

No. 38634 (NEW): R25-11. Utah Transparency Advisory Board, Procedures for Electronic Meetings
Published: 07/15/2014
Effective: 08/21/2014

Commerce

Occupational and Professional Licensing

No. 38659 (AMD): R156-1. General Rule of the Division of Occupational and Professional Licensing
Published: 07/15/2014
Effective: 08/21/2014

No. 38638 (AMD): R156-17b. Pharmacy Practice Act Rule
Published: 07/15/2014
Effective: 08/21/2014

No. 38657 (AMD): R156-24b-505. Trigger Point Dry Needling - Education and Experience Required - Registration
Published: 07/15/2014
Effective: 08/21/2014

No. 38639 (AMD): R156-53. Landscape Architects Licensing Act Rule
Published: 07/15/2014
Effective: 08/21/2014

No. 38648 (AMD): R156-55b. Electricians Licensing Act Rule
Published: 07/15/2014
Effective: 08/21/2014

No. 38649 (AMD): R156-67. Utah Medical Practice Act Rule
Published: 07/15/2014
Effective: 08/21/2014

Environmental Quality

Water Quality

No. 38531 (AMD): R317-10. Certification of Wastewater Works Operators
Published: 06/01/2014
Effective: 08/27/2014

No. 38661 (R&R): R317-12. General Requirements: Tax Exemption for Water Pollution Control Equipment
Published: 07/15/2014
Effective: 08/27/2014

Health

Health Care Financing, Coverage and Reimbursement Policy
No. 38599 (AMD): R414-1-5. Incorporations by Reference
Published: 07/01/2014
Effective: 08/19/2014

No. 38655 (REP): R414-7B. Nurse Aide Training and Competency Evaluation Program
Published: 07/15/2014
Effective: 08/25/2014

No. 38613 (AMD): R414-54. Speech-Language Pathology Services
Published: 07/01/2014
Effective: 08/26/2014

No. 38614 (AMD): R414-59. Audiology-Hearing Services
Published: 07/01/2014
Effective: 08/26/2014

NOTICES OF RULE EFFECTIVE DATES

Family Health and Preparedness, Licensing
No. 38654 (NEW): R432-45. Nurse Aide Training and
Competency Evaluation Program
Published: 07/15/2014
Effective: 08/25/2014

Family Health and Preparedness, Primary Care and Rural
Health
No. 38637 (AMD): R434-30. Primary Care Grants Program
for Medically Underserved Populations
Published: 07/15/2014
Effective: 08/21/2014

Public Service Commission
Administration
No. 38644 (AMD): R746-200-7. Termination of Service
Published: 07/15/2014
Effective: 08/22/2014

Tax Commission
Auditing
No. 38596 (AMD): R865-19S-54. Governmental Exemption
Pursuant to Utah Code Ann. Section 59-12-104
Published: 07/01/2014
Effective: 08/28/2014

No. 38597 (AMD): R865-19S-83. Pollution Control Facilities
Pursuant to Utah Code Ann. Section 59-12-104
Published: 07/01/2014
Effective: 08/28/2014

Property Tax
No. 38598 (AMD): R884-24P-73. Urban Farming
Assessment Pursuant to Utah Code Ann. Section 59-2-1703
Published: 07/01/2014
Effective: 08/28/2014

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, 2014 through September 02, 2014. The Rules Index is published in the Utah State Bulletin and in the annual Utah Administrative Rules Index of Changes. Nonsubstantive changes, while not published in the Bulletin, do become part of the Utah Administrative Code (Code) and are included in this Index, as well as 120-Day (Emergency) rules that do not become part of the Code. The rules are indexed by Agency (Code Number) and Keyword (Subject).

Questions regarding the index and the information it contains should be addressed to the Division of Administrative Rules (801-538-3764).

A copy of the **RULES INDEX** is available for public inspection at the Division of Administrative Rules (5110 State Office Building, Salt Lake City, UT), or may be viewed online at the Division's web site (<http://www.rules.utah.gov/>).

RULES INDEX - BY AGENCY (CODE NUMBER)

ABBREVIATIONS

AMD = Amendment (Proposed Rule)	LNR = Legislative Nonreauthorization
CPR = Change in Proposed Rule	NEW = New Rule (Proposed Rule)
EMR = 120-Day (Emergency) Rule	NSC = Nonsubstantive Rule Change
EXD = Expired Rule	R&R = Repeal and Reenact (Proposed Rule)
EXP = Expedited Rule	REP = Repeal (Proposed Rule)
EXT = Five-Year Review Extension	5YR = Five-Year Notice of Review and Statement of Continuation
GEX = Governor's Extension	

CODE REFERENCE	TITLE	FILE NUMBER	ACTION	EFFECTIVE DATE	BULLETIN ISSUE/PAGE
ADMINISTRATIVE SERVICES					
<u>Administration</u>					
R13-2	Access to Records	38570	5YR	06/02/2014	2014-12/53
R13-2	Access to Records	38569	AMD	07/22/2014	2014-12/6
<u>Child Welfare Parental Defense (Office of)</u>					
R19-1	Parental Defense Counsel Training	38547	5YR	05/21/2014	2014-12/53
<u>Debt Collection</u>					
R21-2	Office of State Debt Collection Administrative Procedures	38497	NSC	05/29/2014	Not Printed
R21-3	Debt Collection Through Administrative Offset	38496	NSC	05/29/2014	Not Printed
<u>Facilities Construction and Management</u>					
R23-3	Planning and Programming for Capital Projects	38405	5YR	04/03/2014	2014-9/49
R23-19	Facility Use Rules	38617	AMD	08/07/2014	2014-13/8
R23-22	General Procedures for Acquisition and Selling of Real Property	38618	R&R	08/07/2014	2014-13/13
R23-23	Health Reform -- Health Insurance Coverage in State Contracts -- Implementation	38587	5YR	06/10/2014	2014-13/133
R23-23	Health Reform -- Health Insurance Coverage in State Contracts -- Implementation	38615	AMD	08/07/2014	2014-13/18
R23-29	Across the Board Delegation	38404	5YR	04/03/2014	2014-9/49
R23-29	Across the Board Delegation	38425	R&R	06/09/2014	2014-9/4
R23-33	Rules for the Prioritization and Scoring of Capital Improvements by the Utah State Building Board	38247	NEW	03/10/2014	2014-3/2
<u>Finance</u>					
R25-7	Travel-Related Reimbursements for State Employees	38175	AMD	02/07/2014	2014-1/4
R25-7	Travel-Related Reimbursements for State Employees	38471	AMD	06/23/2014	2014-10/4
R25-10	State Entities' Posting of Financial Information to the Utah Public Notice Website	38653	5YR	06/25/2014	2014-14/79
R25-11	Utah Transparency Advisory Board, Procedures for Electronic Meetings	38634	NEW	08/21/2014	2014-14/4
<u>Fleet Operations</u>					
R27-4-13	Disposal of State Vehicles	38312	AMD	04/22/2014	2014-6/4
R27-7-3	Driver Eligibility to Operate a State Vehicle	38073	AMD	03/11/2014	2013-22/14
<u>Purchasing and General Services</u>					
R33-1	Utah State Procurement Rules Definitions	38500	R&R	07/08/2014	2014-11/4

R33-1	Utah Procurement Rules, "General Procurement Provisions," Definitions	38689	5YR	07/08/2014	2014-15/61
R33-2	Procurement Organization	38501	R&R	07/08/2014	2014-11/6
R33-2	Rules of Procedure for Procurement Policy Board	38690	5YR	07/08/2014	2014-15/61
R33-3	Source Selection and Contract Formation	38502	R&R	07/08/2014	2014-11/9
R33-3	Procurement Organization	38691	5YR	07/08/2014	2014-15/62
R33-4	Specifications	38503	R&R	07/08/2014	2014-11/28
R33-4	General Procurement Provisions, Prequalifications, Specifications, and Small Purchases	38692	5YR	07/08/2014	2014-15/62
R33-5	Construction and Architect-Engineer Selection	38504	R&R	07/08/2014	2014-11/32
R33-5	Request for Information	38693	5YR	07/08/2014	2014-15/63
R33-6	Modification and Termination of Contracts for Supplies, Services, Construction, and Technology	38218	EXT	01/02/2014	2014-3/57
R33-6	Modification and Termination of Contracts for Supplies, Services, Construction, and Technology	38446	5YR	04/17/2014	2014-10/111
R33-6	Modification and Termination of Contracts for Supplies, Services, Construction, and Technology	38505	R&R	07/08/2014	2014-11/43
R33-6	Bidding	38694	5YR	07/08/2014	2014-15/64
R33-7	Cost Principles	38219	EXT	01/02/2014	2014-3/57
R33-7	Cost Principles	38447	5YR	04/17/2014	2014-10/111
R33-7	Cost Principles	38506	R&R	07/08/2014	2014-11/49
R33-7	Request for Proposals	38695	5YR	07/08/2014	2014-15/64
R33-8	Property Management	38507	R&R	07/08/2014	2014-11/56
R33-8	Exceptions to Procurement Requirements	38696	5YR	07/08/2014	2014-15/65
R33-9	Insurance Procurement	38220	EXT	01/02/2014	2014-3/57
R33-9	Insurance Procurement	38448	5YR	04/17/2014	2014-10/112
R33-9	Insurance Procurement	38508	R&R	07/08/2014	2014-11/59
R33-9	Cancellations, Rejections, and Debarment	38697	5YR	07/08/2014	2014-15/65
R33-10	State Construction Contracts and Drug and Alcohol Testing	38509	R&R	07/08/2014	2014-11/62
R33-10	Preferences	38698	5YR	07/08/2014	2014-15/66
R33-11	Surplus Property	38524	R&R	07/08/2014	2014-11/64
R33-11	Form of Bonds	38699	5YR	07/08/2014	2014-15/66
R33-12	Rules of Procedure for Procurement Policy Board and Procurement Appeals Panel	38510	R&R	07/08/2014	2014-11/71
R33-12	Terms and Conditions, Contracts, Change Orders and Costs	38700	5YR	07/08/2014	2014-15/67
R33-13	General Construction Provisions	38511	NEW	07/08/2014	2014-11/79
R33-14	Procurement of Design-Build Transportation Project Contracts	38512	NEW	07/08/2014	2014-11/83
R33-15	Architect-Engineer Services	38513	NEW	07/08/2014	2014-11/84
R33-16	Controversies and Protests	38514	NEW	07/08/2014	2014-11/86
R33-17	Procurement Appeals Board	38515	NEW	07/08/2014	2014-11/87
R33-18	Appeal to the Utah Court of Appeals	38516	NEW	07/08/2014	2014-11/89
R33-19	General Provisions Related to Protest or Appeal	38518	NEW	07/08/2014	2014-11/90
R33-20	Records	38519	NEW	07/08/2014	2014-11/91
R33-21	Interaction Between Procurement Units	38520	NEW	07/08/2014	2014-11/92
R33-22	Reserved	38526	NEW	07/08/2014	2014-11/94
R33-23	Reserved	38527	NEW	07/08/2014	2014-11/95
R33-24	Unlawful Conduct	38521	NEW	07/08/2014	2014-11/95
R33-25	Executive Branch Insurance Procurement	38522	NEW	07/08/2014	2014-11/97
R33-26	State Surplus Property	38523	NEW	07/08/2014	2014-11/98
<u>Records Committee</u>					
R35-1	State Records Committee Appeal Hearing Procedures	38572	5YR	06/03/2014	2014-13/133
R35-1a	State Records Committee Definitions	38573	5YR	06/03/2014	2014-13/134
R35-2	Declining Appeal Hearings	38574	5YR	06/03/2014	2014-13/135
R35-3	Prehearing Conferences	38575	5YR	06/03/2014	2014-13/135
R35-4	Compliance with State Records Committee Decisions and Orders	38576	5YR	06/03/2014	2014-13/136

RULES INDEX

R35-5	Subpoenas Issued by the Records Committee	38577	5YR	06/03/2014	2014-13/136
R35-6	Expedited Hearing	38578	5YR	06/03/2014	2014-13/137
<u>Risk Management</u>					
R37-4	Adjusted Utah Governmental Immunity Act Limitations on Judgments	38250	AMD	04/30/2014	2014-4/4
AGRICULTURE AND FOOD					
<u>Animal Industry</u>					
R58-3	Brucellosis Vaccination Requirements	38294	AMD	04/16/2014	2014-5/4
R58-20	Domesticated Elk Hunting Parks	38251	5YR	01/17/2014	2014-4/67
<u>Conservation Commission</u>					
R64-1	Agriculture Resource and Development Loans (ARDL)	38712	5YR	07/23/2014	2014-16/59
R64-3	Utah Environmental Stewardship Certification Program (UESCP), a.k.a. Agriculture Certificate of Environmental Stewardship (ACES)	38071	NEW	05/08/2014	2013-22/15
R64-3	Utah Environmental Stewardship Certification Program (UESCP), a.k.a. Agriculture Certificate of Environmental Stewardship (ACES)	38071	CPR	05/08/2014	2014-7/82
<u>Marketing and Development</u>					
R65-12	Utah Small Grains and Oilseeds Marketing Order	38287	NEW	04/16/2014	2014-5/5
<u>Regulatory Services</u>					
R70-310	Grade A Pasteurized Milk	38467	NSC	05/16/2014	Not Printed
R70-310	Grade A Pasteurized Milk	38636	EXT	06/18/2014	2014-14/87
R70-310	Grade A Pasteurized Milk	38651	5YR	06/24/2014	2014-14/79
R70-310	Grade A Pasteurized Milk	38652	NSC	07/11/2014	Not Printed
R70-410	Grading and Inspection of Shell Eggs with Standard Grade and Weight Classes	38315	AMD	05/08/2014	2014-6/5
R70-530	Food Protection	38262	R&R	03/27/2014	2014-4/5
ALCOHOLIC BEVERAGE CONTROL					
<u>Administration</u>					
R81-1-16	Disqualification Based Upon Conviction of Crime	38274	AMD	03/25/2014	2014-4/10
R81-1-32	Further Application	38323	AMD	04/29/2014	2014-6/7
R81-7	Single Event Permits	38275	AMD	03/25/2014	2014-4/11
R81-10b	Temporary Beer Event Permits	38276	AMD	03/25/2014	2014-4/14
ATTORNEY GENERAL					
<u>Administration</u>					
R105-2	Records Access and Management	38245	NSC	01/30/2014	Not Printed
R105-2	Records Access and Management	38749	NSC	08/28/2014	Not Printed
CAPITOL PRESERVATION BOARD (STATE)					
<u>Administration</u>					
R131-4	Capitol Preservation Board General Procurement Rule	38546	EMR	05/21/2014	2014-12/49
R131-4	Capitol Preservation Board General Procurement Rule	38557	AMD	07/22/2014	2014-12/8
R131-13	Health Reform - Health Insurance Coverage in State Contracts - Implementation	38476	5YR	05/01/2014	2014-10/113
R131-13	Health Reform - Health Insurance Coverage in State Contracts - Implementation	38479	AMD	07/08/2014	2014-11/103
COMMERCE					
<u>Consumer Protection</u>					
R152-21	Credit Services Organizations Act Rules	38266	5YR	01/29/2014	2014-4/67

R152-26	Telephone Fraud Prevention Act	38125	AMD	01/07/2014	2013-23/4
<u>Corporations and Commercial Code</u>					
R154-2	Utah Uniform Commercial Code, Revised Article 9 Rules	38320	R&R	04/21/2014	2014-6/9
<u>Occupational and Professional Licensing</u>					
R156-1	General Rule of the Division of Occupational and Professional Licensing	38659	AMD	08/21/2014	2014-14/14
R156-1-501	Unprofessional Conduct	38157	AMD	01/21/2014	2013-24/6
R156-1-501	Unprofessional Conduct	38253	NSC	01/31/2014	Not Printed
R156-15	Health Facility Administrator Act Rule	38337	AMD	05/08/2014	2014-7/5
R156-15A-231	Administration of Building Code Training Fund and Factory Built Housing Fees Account	38549	AMD	07/22/2014	2014-12/10
R156-17b	Pharmacy Practice Act Rule	38638	AMD	08/21/2014	2014-14/21
R156-22	Professional Engineers and Professional Land Surveyors Licensing Act Rule	38279	AMD	04/08/2014	2014-5/7
R156-24b	Physical Therapy Practice Act Rule	38473	AMD	06/23/2014	2014-10/9
R156-24b-505	Trigger Point Dry Needling - Education and Experience Required - Registration	38657	AMD	08/21/2014	2014-14/41
R156-31b	Nurse Practice Act Rule	38475	R&R	06/23/2014	2014-10/11
R156-31c	Nurse Licensure Compact Rule	38801	5YR	08/21/2014	Not Printed
R156-38a-301a	Contractor Registration as a Qualified Beneficiary - All License Classifications Required to Register Unless Specifically Exempted - Exempted Classifications	38732	NSC	08/28/2014	Not Printed
R156-38a-401	Requirements for a Letter of Credit and/or Evidence of a Cash Deposit as Alternate Security for Mechanics' Lien	38533	NSC	05/29/2014	Not Printed
R156-40	Recreational Therapy Practice Act Rule	38517	AMD	07/08/2014	2014-11/105
R156-40a-302a	Qualifications for Licensure	38548	AMD	07/22/2014	2014-12/13
R156-42a	Occupational Therapy Practice Act Rule	38254	5YR	01/21/2014	2014-4/68
R156-42a	Occupational Therapy Practice Act Rule	38313	AMD	04/21/2014	2014-6/24
R156-44a	Nurse Midwife Practice Act Rule	38249	5YR	01/16/2014	2014-4/69
R156-46a	Hearing Instrument Specialist Licensing Act Rule	38155	AMD	01/21/2014	2013-24/7
R156-46a	Hearing Instrument Specialist Licensing Act Rule	38257	5YR	01/27/2014	2014-4/69
R156-53	Landscape Architects Licensing Act Rule	38639	AMD	08/21/2014	2014-14/43
R156-55a	Utah Construction Trades Licensing Act Rule	38151	AMD	01/21/2014	2013-24/10
R156-55a-301	License Classifications - Scope of Practice	38380	NSC	04/14/2014	Not Printed
R156-55b	Electricians Licensing Act Rule	38648	AMD	08/21/2014	2014-14/44
R156-60	Mental Health Professional Practice Act Rule	38421	5YR	04/08/2014	2014-9/50
R156-60-102	Definitions	38390	AMD	05/22/2014	2014-8/6
R156-60a	Social Worker Licensing Act Rule	38730	5YR	08/04/2014	2014-17/135
R156-60b	Marriage and Family Therapist Licensing Act Rule	38734	5YR	08/05/2014	2014-17/136
R156-61	Psychologist Licensing Act Rule	38233	5YR	01/13/2014	2014-3/49
R156-63a	Security Personnel Licensing Act Contract Security Rule	38450	AMD	06/23/2014	2014-10/45
R156-63b	Security Personnel Licensing Act Armored Car Rule	38474	AMD	06/23/2014	2014-10/48
R156-67	Utah Medical Practice Act Rule	38106	AMD	01/07/2014	2013-23/5
R156-67	Utah Medical Practice Act Rule	38649	AMD	08/21/2014	2014-14/46
R156-68	Utah Osteopathic Medical Practice Act Rule	38107	AMD	01/07/2014	2013-23/6
R156-68	Utah Osteopathic Medical Practice Act Rule	38552	AMD	07/28/2014	2014-12/14
R156-69	Dentist and Dental Hygienist Practice Act Rule	38149	AMD	01/21/2014	2013-24/20
R156-72	Acupuncture Licensing Act Rule	38165	AMD	02/10/2014	2014-1/8
R156-77	Direct-Entry Midwife Act Rule	38375	AMD	05/22/2014	2014-8/7
R156-78	Vocational Rehabilitation Counselor Licensing Act Rule	38761	5YR	08/14/2014	2014-17/136
R156-79	Hunting Guides and Outfitters Licensing Act Rule	38735	5YR	08/05/2014	2014-17/137
R156-80a	Medical Language Interpreter Act Rule	38388	5YR	03/31/2014	2014-8/37
R156-81	Retired Volunteer Health Care Practitioner Act Rule	38382	5YR	03/25/2014	2014-8/37

RULES INDEX

Real Estate

R162-2f	Real Estate Licensing and Practices Rules	38213	AMD	02/25/2014	2014-2/4
R162-2g	Real Estate Appraiser Licensing and Certification Administrative Rules	38270	AMD	03/31/2014	2014-4/16
R162-2g	Real Estate Appraiser Licensing and Certification Administrative Rules	38389	AMD	05/22/2014	2014-8/8

CORRECTIONS

Administration

R251-111	Government Records Access and Management	38255	NEW	03/26/2014	2014-4/25
----------	--	-------	-----	------------	-----------

CRIME VICTIM REPARATIONS

Administration

R270-1-13	Awards	38221	EMR	01/04/2014	2014-3/47
R270-3	ADA Complaint Procedure	38258	EXT	01/27/2014	2014-4/75
R270-3	ADA Complaint Procedure	38498	5YR	05/12/2014	2014-11/171
R270-4	Government Records Access and Management Act	38259	EXT	01/27/2014	2014-4/75
R270-4	Government Records Access and Management Act	38499	5YR	05/12/2014	2014-11/171

EDUCATION

Administration

R277-102	Adjudicative Proceedings	38408	5YR	04/04/2014	2014-9/51
R277-105	Recognizing Constitutional Freedoms in the Schools	38409	5YR	04/04/2014	2014-9/51
R277-105	Recognizing Constitutional Freedoms in the Schools	38432	AMD	06/09/2014	2014-9/8
R277-116	Utah State Board of Education Internal Audit Procedure	38183	AMD	02/07/2014	2014-1/10
R277-117	Utah State Board of Education Protected Documents	38295	5YR	02/13/2014	2014-5/59
R277-117	Utah State Board of Education Protected Documents	38299	AMD	04/07/2014	2014-5/16
R277-118	LEA Post-employment Benefits Plans	38433	NEW	06/09/2014	2014-9/11
R277-119	Discretionary Funds	38357	NEW	05/08/2014	2014-7/7
R277-400	School Emergency Response Plans	38296	5YR	02/13/2014	2014-5/59
R277-400	School Emergency Response Plans	38300	AMD	04/07/2014	2014-5/17
R277-400-5	Plan(s) Content--Educational Services and Student Supervision and Building Access	38426	NSC	04/29/2014	Not Printed
R277-410-5	Accreditation Procedures	38434	AMD	06/09/2014	2014-9/13
R277-419-9	Provisions for Maintaining Student Membership and Enrollment Documentation and Documentation of Student Education Services Provided by Third Party Vendors for School Year 2014-2015	38585	EMR	06/09/2014	2014-13/129
R277-437	Student Enrollment Options	38185	AMD	02/07/2014	2014-1/12
R277-438	Dual Enrollment	38347	5YR	03/14/2014	2014-7/89
R277-462	Comprehensive Counseling and Guidance Program	38591	5YR	06/10/2014	2014-13/137
R277-462	Comprehensive Counseling and Guidance Program	38621	AMD	08/07/2014	2014-13/20
R277-463	Class Size Average and Pupil-Teacher Ratio Reporting	38590	5YR	06/10/2014	2014-13/138
R277-463	Class Size Average and Pupil-Teacher Ratio Reporting	38622	AMD	08/07/2014	2014-13/24
R277-470	Charter Schools - General Provisions	38623	AMD	08/07/2014	2014-13/25
R277-470-6	Charter School Mentoring Program	38186	AMD	02/07/2014	2014-1/14
R277-472	Charter School Student Enrollment and Transfers and School District Capacity Information	38589	5YR	06/10/2014	2014-13/138
R277-472	Charter School Student Enrollment and Transfers and School District Capacity Information	38624	AMD	08/07/2014	2014-13/28

R277-477	Distribution of Funds from the Interest and Dividend Account and Administration of the School LAND Trust Program	38541	AMD	07/08/2014	2014-11/109
R277-477-3	Distribution of Funds - Local Board or Local Charter Board Approval of School LAND Trust Plans	38326	NSC	04/01/2014	Not Printed
R277-480	Charter School Revolving Account	38588	5YR	06/10/2014	2014-13/139
R277-480-4	Charter School Revolving Account Application and Conditions	38625	AMD	08/07/2014	2014-13/30
R277-481	Charter School Oversight, Monitoring and Appeals	38187	AMD	02/07/2014	2014-1/15
R277-486	Professional Staff Cost Program	38348	5YR	03/14/2014	2014-7/89
R277-486	Professional Staff Cost Program	38356	NSC	04/01/2014	Not Printed
R277-491	School Community Councils	38542	AMD	07/08/2014	2014-11/113
R277-495	Required Policies for Electronic Devices in Public Schools	38301	AMD	04/07/2014	2014-5/20
R277-497	School Grading System	38111	AMD	01/08/2014	2013-23/8
R277-503	Licensing Routes	38240	AMD	03/10/2014	2014-3/4
R277-503-4	Licensing Routes	38435	AMD	06/09/2014	2014-9/14
R277-504	Early Childhood, Elementary, Secondary, Special Education (K-12), Communication Disorders, Speech-Language Pathologist and Speech-Language Technician, and Preschool Special Education (Birth-Age 5) Licensure	38829	5YR	09/02/2014	Not Printed
R277-510-4	NCLB Highly Qualified Assignments - Elementary Teachers 1-8	38289	NSC	02/27/2014	Not Printed
R277-516	Education Employee Required Reports of Arrests and Required Background Check Policies for Non-licensed Employees	38594	5YR	06/10/2014	2014-13/139
R277-518	Career and Technical Education Licenses	38241	AMD	03/10/2014	2014-3/8
R277-524	Paraprofessional/Paraeducator Programs, Assignments, and Qualifications	38349	5YR	03/14/2014	2014-7/90
R277-524	Paraprofessional/Paraeducator Programs, Assignments, and Qualifications	38358	AMD	05/08/2014	2014-7/8
R277-525	Special Educator Stipends	38114	AMD	01/08/2014	2013-23/9
R277-526	Paraeducator to Teacher Scholarship Program	38302	AMD	04/07/2014	2014-5/23
R277-527	International Guest Teachers	38190	AMD	02/07/2014	2014-1/18
R277-528	Use of Public Education Job Enhancement Program (PEJEP) Funds	38242	NEW	03/10/2014	2014-3/12
R277-601	Standards for Utah School Buses and Operations	38410	5YR	04/04/2014	2014-9/52
R277-601-3	Standards	38436	AMD	06/09/2014	2014-9/17
R277-602-3	Parent/Guardian Responsibilities	38626	AMD	08/07/2014	2014-13/32
R277-607	Truancy Prevention	38831	5YR	09/02/2014	Not Printed
R277-704	Financial and Economic Literacy: Integration into Core Curriculum and Financial and Economic Literacy Student Passports	38113	AMD	01/08/2014	2013-23/11
R277-706	Public Education Regional Service Centers	38832	5YR	09/02/2014	Not Printed
R277-709	Education Programs Serving Youth in Custody	38116	AMD	01/14/2014	2013-23/13
R277-709-11	Coordinating Council	38359	AMD	05/08/2014	2014-7/10
R277-710	Intergenerational Poverty Interventions in Public Schools	38627	NEW	08/07/2014	2014-13/33
R277-714	Dissemination of Information About Juvenile Offenders	38593	5YR	06/10/2014	2014-13/140
R277-719	Standards for Selling Foods Outside of the Reimbursable Meal in Schools	38628	AMD	08/07/2014	2014-13/35
R277-724	Criteria for Sponsors Recruiting Day Care Facilities in the Child and Adult Care Food Program	38351	5YR	03/14/2014	2014-7/90
R277-725	Electronic High School	38411	5YR	04/04/2014	2014-9/52
R277-725	Electronic High School	38437	AMD	06/09/2014	2014-9/18
R277-735	Corrections Education Programs	38352	5YR	03/14/2014	2014-7/91
R277-735	Corrections Education Programs	38360	AMD	05/08/2014	2014-7/11
R277-800	Utah Schools for the Deaf and the Blind	38592	5YR	06/10/2014	2014-13/140
R277-916	Career and Technical Education Introduction and Work-Based Learning Programs	38412	5YR	04/04/2014	2014-9/53

RULES INDEX

Rehabilitation

R280-150	Adjudicative Proceedings Under the Vocational Rehabilitation Act	38538	5YR	05/15/2014	2014-11/172
R280-150	Adjudicative Proceedings Under the Vocational Rehabilitation Act	38539	AMD	07/08/2014	2014-11/117
R280-202	USOR Procedures for Individuals with the Most Severe Disabilities	38353	5YR	03/14/2014	2014-7/91
R280-202	USOR Procedures for Individuals with the Most Severe Disabilities	38361	AMD	05/08/2014	2014-7/14
R280-202-3	Eligibility Criteria	38540	NSC	05/29/2014	Not Printed

ENVIRONMENTAL QUALITY

Administration

R305-1	Records Access and Management	38244	NSC	01/30/2014	Not Printed
R305-4	Clean Fuels and Vehicle Technology Fund Grant and Loan Program	38525	AMD	07/08/2014	2014-11/118

Air Quality

R307-101	General Requirements	38494	5YR	05/08/2014	2014-11/172
R307-101-3	Version of Code of Federal Regulations Incorporated by Reference	38493	AMD	08/07/2014	2014-11/122
R307-103-1	Administrative Procedures	38252	NSC	01/31/2014	Not Printed
R307-110-17	Section IX, Control Measures for Area and Point Sources, Part H, Emissions Limits	38061	AMD	01/09/2014	2013-21/8
R307-150	Emission Inventories	38261	5YR	01/28/2014	2014-4/70
R307-210-2	Oil and Gas Sector: New Source Performance Standards	38104	AMD	03/06/2014	2013-23/17
R307-214	National Emission Standards for Hazardous Air Pollutants	38492	AMD	08/07/2014	2014-11/123
R307-214-3	Oil and Gas Sector: National Emission Standards for Hazardous Air Pollutants	38105	AMD	03/06/2014	2013-23/18
R307-302	Solid Fuel Burning Devices in Box Elder, Cache, Davis, Salt Lake, Tooele, Utah and Weber Counties	38166	AMD	03/06/2014	2014-1/20
R307-335	Degreasing and Solvent Cleaning Operations	37829	AMD	06/02/2014	2013-15/23
R307-335	Degreasing and Solvent Cleaning Operations	37829	CPR	06/02/2014	2013-23/54
R307-335	Degreasing and Solvent Cleaning Operations	37829	CPR	06/02/2014	2014-7/85
R307-335	Degreasing and Solvent Cleaning Operations	37829	CPR	06/02/2014	2014-9/46
R307-357-4	Standards	38332	AMD	05/08/2014	2014-7/16
R307-357-4	Standards	38495	NSC	05/29/2014	Not Printed
R307-401-12	Reduction in Air Contaminants	38491	AMD	08/07/2014	2014-11/127
R307-401-19	General Approval Order	37833	AMD	01/06/2014	2013-15/29
R307-401-19	General Approval Order	37833	CPR	01/06/2014	2013-23/55
R307-405	Permits: Major Sources in Attainment or Unclassified Areas (PSD)	38260	5YR	01/28/2014	2014-4/70
R307-410-2	Definitions	38489	AMD	08/07/2014	2014-11/128
R307-410-6	Stack Heights and Dispersion Techniques	38490	AMD	08/07/2014	2014-11/129
R307-840	Lead-Based Paint Program Purpose, Applicability, and Definitions	38330	5YR	03/06/2014	2014-7/92

Drinking Water

R309-511	Hydraulic Modeling Requirements	38013	AMD	01/21/2014	2013-19/48
R309-515	Facility Design and Operation: Source Development	38012	AMD	01/21/2014	2013-19/51

Radiation Control

R313-14	Violations and Escalated Enforcement	38076	AMD	04/03/2014	2013-22/45
R313-14	Violations and Escalated Enforcement	38076	CPR	04/03/2014	2014-4/50
R313-22-34	Issuance of Specific Licenses	38145	AMD	02/14/2014	2013-23/19
R313-25	License Requirements for Land Disposal of Radioactive Waste - General Provisions	38082	AMD	04/03/2014	2013-22/49
R313-25	License Requirements for Land Disposal of Radioactive Waste - General Provisions	38082	CPR	04/03/2014	2014-4/53
R313-38-3	Clarifications or Exceptions	38147	AMD	04/07/2014	2013-23/20
R313-38-3	Clarifications or Exceptions	38147	CPR	04/07/2014	2014-5/56
R313-70-5	Payment of Fees	38146	AMD	02/18/2014	2013-23/22

Solid and Hazardous Waste

R315-1-1	Definitions	38609	AMD	08/15/2014	2014-13/44
R315-2-4	Exclusions	38610	AMD	08/15/2014	2014-13/47
R315-8-14	Landfills	38334	NSC	04/01/2014	Not Printed
R315-12	Administrative Procedures	38335	NSC	04/01/2014	Not Printed

Water Quality

R317-1-7	TMDLs	38235	AMD	03/27/2014	2014-3/13
R317-1-7	TMDLs	38402	AMD	08/01/2014	2014-8/13
R317-2-14	Numeric Criteria	38288	AMD	07/02/2014	2014-5/25
R317-2-14	Numeric Criteria	38288	CPR	07/02/2014	2014-11/168
R317-5	Large Underground Wastewater Disposal (LUWD) Systems	38271	R&R	03/26/2014	2014-4/26
R317-10	Certification of Wastewater Works Operators	38531	AMD	08/27/2014	2014-11/143
R317-12	General Requirements: Tax Exemption for Water Pollution Control Equipment	38661	R&R	08/27/2014	2014-14/48
R317-401	Graywater Systems	38481	5YR	05/06/2014	2014-11/173
R317-550	Rules for Waste Disposal By Liquid Scavenger Operations	38387	AMD	07/30/2014	2014-8/14

GOVERNOR

Economic Development

R357-7	Utah Capital Investment Board	38154	NEW	01/24/2014	2013-24/22
--------	-------------------------------	-------	-----	------------	------------

Economic Development, Pete Suazo Utah Athletic Commission

R359-1-604	Boxing - Gloves	38033	AMD	01/24/2014	2013-20/25
------------	-----------------	-------	-----	------------	------------

Energy Development (Office of)

R362-2	Renewable Energy Systems Tax Credits	38163	AMD	01/22/2014	2013-24/23
--------	--------------------------------------	-------	-----	------------	------------

HEALTH

Administration

R380-25	Submission of Data Through an Electronic Data Interchange	38586	5YR	06/09/2014	2014-13/140
R380-70	Standards for Electronic Exchange of Clinical Health Information	38256	5YR	01/24/2014	2014-4/71

Center for Health Data, Health Care Statistics

R428-1	Adoption of Health Data Plan	38571	AMD	08/05/2014	2014-12/16
R428-2	Health Data Authority Standards for Health Data	38562	R&R	08/05/2014	2014-12/18
R428-5	Appeal and Adjudicative Proceedings	38563	AMD	08/05/2014	2014-12/23
R428-10	Health Data Authority Hospital Inpatient Reporting Rule	38564	R&R	08/05/2014	2014-12/26
R428-11	Health Data Authority Ambulatory Surgical Data Reporting Rule	38565	R&R	08/05/2014	2014-12/30
R428-12	Health Data Authority Survey of Enrollees in Health Plans	38566	AMD	08/05/2014	2014-12/34
R428-13	Health Data Authority, Audit and Reporting of Health Plan Performance Measures	38567	AMD	08/05/2014	2014-12/36
R428-15	Health Data Authority Health Insurance Claims Reporting	38144	AMD	01/07/2014	2013-23/43
R428-15	Health Data Authority Health Insurance Claims Reporting	38568	AMD	08/05/2014	2014-12/38

Center for Health Data, Vital Records and Statistics

R436-55	Hemp Extract Registration	38537	NEW	07/08/2014	2014-11/155
---------	---------------------------	-------	-----	------------	-------------

Children's Health Insurance Program

R382-3	Accountable Care Organization Incentives to Appropriately Use Emergency Room Services in the Children's Health Insurance Program	38102	NEW	01/13/2014	2013-23/23
R382-10	Eligibility	38400	AMD	06/01/2014	2014-8/18

RULES INDEX

Disease Control and Prevention, Environmental Services

R392-101	Food Safety Manager Certification	38229	5YR	01/10/2014	2014-3/49
R392-200-4	Site Standards	38177	AMD	02/19/2014	2014-1/24
R392-302	Design, Construction, and Operation of Public Pools	38089	AMD	02/14/2014	2013-22/69
R392-303	Public Geothermal Pools and Bathing Places	38285	5YR	02/11/2014	2014-5/60
R392-303	Public Geothermal Pools and Bathing Places	38176	AMD	02/24/2014	2014-1/25

Disease Control and Prevention, Health Promotion

R384-100	Cancer Reporting Rule	38367	5YR	03/18/2014	2014-8/38
R384-200	Program Eligibility, Benefits, and Administration	38178	NEW	03/21/2014	2014-1/22
R384-203	Prescription Drug Database Access	38081	NEW	03/01/2014	2013-22/68

Disease Control and Prevention, Medical Examiner

R448-10	Unattended Death and Reporting Requirements	38419	5YR	04/07/2014	2014-9/55
R448-20	Access to Medical Examiner Reports	38420	5YR	04/07/2014	2014-9/55

Family Health and Preparedness, Child Care Licensing

R430-6	Background Screening	38544	AMD	08/15/2014	2014-12/40
R430-8	Exemptions From Child Care Licensing	38453	5YR	04/25/2014	2014-10/113
R430-70	Out of School Time Child Care Programs	38543	5YR	05/19/2014	2014-12/55

Family Health and Preparedness, Children with Special Health Care Needs

R398-1	Newborn Screening	38319	AMD	07/01/2014	2014-6/25
R398-4	Cytomegalovirus Public Health Initiative	38139	NEW	01/17/2014	2013-23/25
R398-5	Birth Defects Reporting	38830	5YR	09/02/2014	Not Printed
R398-10	Autism Spectrum Disorders and Mental Retardation Reporting	38339	5YR	03/12/2014	2014-7/92
R398-10	Autism Spectrum Disorders and Mental Retardation Reporting	38340	NSC	04/01/2014	Not Printed
R398-20	Early Intervention	37984	AMD	01/28/2014	2013-19/61

Family Health and Preparedness, Emergency Medical Services

R426-5-2600	Refusal, Suspension, or Revocation of Certification	38672	NSC	07/31/2014	Not Printed
R426-8	Emergency Medical Services Ambulance Rates and Charges	38272	AMD	03/24/2014	2014-4/42
R426-100	Air Medical Service Rules	38079	REP	01/06/2014	2013-22/119

Family Health and Preparedness, Licensing

R432-2-5	Requirements for a Satellite Service Operation	38086	AMD	01/24/2014	2013-22/123
R432-3	General Health Care Facility Rules Inspection and Enforcement	38173	AMD	02/27/2014	2014-1/37
R432-7	Specialty Hospital - Psychiatric Hospital Construction	38391	5YR	04/01/2014	2014-8/40
R432-8	Specialty Hospital - Chemical Dependency/Substance Abuse Construction	38392	5YR	04/01/2014	2014-8/41
R432-9	Specialty Hospital - Rehabilitation Construction Rule	38393	5YR	04/01/2014	2014-8/41
R432-10	Specialty Hospital - Long-Term Acute Care Construction Rule	38394	5YR	04/01/2014	2014-8/42
R432-11	Orthopedic Hospital Construction	38395	5YR	04/01/2014	2014-8/42
R432-12	Small Health Care Facility (Four to Sixteen Beds) Construction Rule	38396	5YR	04/01/2014	2014-8/43
R432-13	Freestanding Ambulatory Surgical Center Construction Rule	38397	5YR	04/01/2014	2014-8/43
R432-14	Birth Center Construction Rule	38422	5YR	04/10/2014	2014-9/54
R432-30	Adjudicative Procedure	38398	5YR	04/01/2014	2014-8/44
R432-32	Licensing Exemption for Non-Profit Volunteer End-of-Life Care	38399	5YR	04/01/2014	2014-8/44
R432-45	Nurse Aide Training and Competency Evaluation Program	38654	NEW	08/25/2014	2014-14/58
R432-270	Assisted Living Facilities	38423	5YR	04/10/2014	2014-9/54
R432-270	Assisted Living Facilities	38341	AMD	05/20/2014	2014-7/65

Family Health and Preparedness, Primary Care and Rural Health

R434-30	Primary Care Grants Program for Medically Underserved Populations	38637	AMD	08/21/2014	2014-14/64
R434-40	Utah Health Care Workforce Financial Assistance Program Rules	38305	NEW	05/08/2014	2014-6/53

Health Care Financing, Coverage and Reimbursement Policy

R414-1-5	Incorporations by Reference	38191	AMD	05/01/2014	2014-1/32
R414-1-5	Incorporations by Reference	38381	AMD	07/28/2014	2014-8/22
R414-1-5	Incorporations by Reference	38599	AMD	08/19/2014	2014-13/89
R414-1B	Prohibition of Payment for Certain Abortion Services	38369	5YR	03/18/2014	2014-8/39
R414-7A	Medicaid Certification of New Nursing Facilities	38560	5YR	05/30/2014	2014-12/54
R414-7B	Nurse Aide Training and Competency Evaluation Program	38655	REP	08/25/2014	2014-14/54
R414-9	Federally Qualified Health Centers	38528	AMD	07/11/2014	2014-11/150
R414-10A-6	Prior Authorization	38430	AMD	06/11/2014	2014-9/27
R414-11	Podiatric Services	38371	5YR	03/18/2014	2014-8/39
R414-14	Home Health Services	38130	AMD	01/10/2014	2013-23/26
R414-14	Home Health Services	38561	5YR	05/30/2014	2014-12/54
R414-14A	Hospice Care	38630	5YR	06/17/2014	2014-14/80
R414-21	Physical and Occupational Therapy	38132	AMD	01/10/2014	2013-23/28
R414-31	Inpatient Psychiatric Services for Individuals Under Age 21	38650	5YR	06/24/2014	2014-14/80
R414-45	Personal Supervision by a Physician	38431	REP	06/11/2014	2014-9/29
R414-49	Dental Services	38133	AMD	01/10/2014	2013-23/30
R414-49	Dental Services	38201	NSC	01/23/2014	Not Printed
R414-49	Dental, Oral and Maxillofacial Surgeons and Orthodontia	38631	5YR	06/17/2014	2014-14/81
R414-50	Dental, Oral and Maxillofacial Surgeons	38134	REP	01/10/2014	2013-23/32
R414-51	Dental, Orthodontia	38135	REP	01/10/2014	2013-23/33
R414-54	Speech-Language Pathology Services	38227	5YR	01/07/2014	2014-3/50
R414-54	Speech-Language Pathology Services	38613	AMD	08/26/2014	2014-13/94
R414-59	Audiology-Hearing Services	38614	AMD	08/26/2014	2014-13/95
R414-61	Home and Community-Based Services Waivers	38318	AMD	04/21/2014	2014-6/29
R414-90	Diabetes Self-Management Training	38368	5YR	03/18/2014	2014-8/40
R414-99	Chiropractic Services	38529	AMD	07/11/2014	2014-11/151
R414-140	Choice of Health Care Delivery Program	38791	5YR	08/19/2014	Not Printed
R414-303	Coverage Groups	38401	AMD	06/01/2014	2014-8/27
R414-303	Coverage Groups	38465	AMD	07/01/2014	2014-10/51
R414-304-5	MAGI-Based Coverage Groups	38317	AMD	04/21/2014	2014-6/30
R414-306	Program Benefits and Date of Eligibility	38466	AMD	07/01/2014	2014-10/53
R414-306-5	Medical Transportation	38129	AMD	01/10/2014	2013-23/35
R414-310	Medicaid Primary Care Network Demonstration Waiver	38321	AMD	04/21/2014	2014-6/32
R414-310	Medicaid Primary Care Network Demonstration Waiver	38815	EMR	09/01/2014	Not Printed
R414-320	Medicaid Health Insurance Flexibility and Accountability Demonstration Waiver	38322	AMD	04/21/2014	2014-6/42
R414-320	Medicaid Health Insurance Flexibility and Accountability Demonstration Waiver	38816	EMR	09/01/2014	Not Printed
R414-401	Nursing Care Facility Assessment	38418	5YR	04/07/2014	2014-9/53
R414-401-3	Assessment	38478	AMD	07/01/2014	2014-10/53
R414-501	Preadmission Authorization, Retroactive Authorization, and Continued Stay Review	38632	5YR	06/17/2014	2014-14/82
R414-502	Nursing Facility Levels of Care	38633	5YR	06/17/2014	2014-14/82
R414-503	Preadmission Screening and Resident Review	38141	R&R	01/07/2014	2013-23/37
R414-503	Preadmission Screening and Resident Review	38660	5YR	07/01/2014	2014-14/83
R414-503-2	Definitions	38584	NSC	06/18/2014	Not Printed
R414-510	Intermediate Care Facility for Persons with Intellectual Disabilities Transition Program	38532	AMD	07/15/2014	2014-11/153
R414-511	Medicaid Accountable Care Organization Incentives to Appropriately Use Emergency Room Services	38103	NEW	01/13/2014	2013-23/42

RULES INDEX

HERITAGE AND ARTS

History

R455-14	Procedures for Electronic Meetings	38331	NEW	07/21/2014	2014-7/70
R455-15	Procedures for Emergency Meetings	38333	NEW	07/21/2014	2014-7/71

HOUSING CORPORATION (UTAH)

Administration

R460-6	Adjudicative Proceedings	38452	AMD	07/10/2014	2014-10/55
--------	--------------------------	-------	-----	------------	------------

HUMAN RESOURCE MANAGEMENT

Administration

R477-1	Definitions	38456	AMD	07/01/2014	2014-10/57
R477-2-3	Fair Employment Practice and Discrimination	38457	AMD	07/01/2014	2014-10/62
R477-3-4	Position Classification Review	38454	AMD	07/01/2014	2014-10/63
R477-4	Filling Positions	38458	AMD	07/01/2014	2014-10/63
R477-4-4	Recruitment and Selection for Career Service Positions	38077	AMD	01/14/2014	2013-22/124
R477-6	Compensation	38469	AMD	07/01/2014	2014-10/67
R477-6-9	Severance Benefit	38092	AMD	01/14/2014	2013-22/125
R477-7	Leave	38084	AMD	01/14/2014	2013-22/126
R477-7	Leave	38455	AMD	07/01/2014	2014-10/71
R477-8	Working Conditions	38459	AMD	07/01/2014	2014-10/80
R477-9	Employee Conduct	38460	AMD	07/01/2014	2014-10/84
R477-10-1	Performance Evaluation	38461	AMD	07/01/2014	2014-10/87
R477-14	Substance Abuse and Drug-Free Workplace	38462	AMD	07/01/2014	2014-10/88
R477-15	Workplace Harassment Prevention	38463	AMD	07/01/2014	2014-10/90
R477-101	Administrative Law Judge Conduct Committee	38091	NEW	01/14/2014	2013-22/129
R477-101	Administrative Law Judge Conduct Committee	38464	AMD	07/01/2014	2014-10/92

HUMAN SERVICES

Administration

R495-882	Termination of Parental Rights	38280	5YR	02/10/2014	2014-5/61
----------	--------------------------------	-------	-----	------------	-----------

Aging and Adult Services

R510-104	Nutrition Programs for the Elderly (NPE)	38670	5YR	07/02/2014	2014-15/67
----------	--	-------	-----	------------	------------

Child and Family Services

R512-41	Qualifying Adoptive Families and Adoption Placement	38263	5YR	01/28/2014	2014-4/72
R512-43	Adoption Assistance	38217	AMD	03/10/2014	2014-3/15
R512-75	Rules Governing Adjudication of Consumer Complaints	38264	5YR	01/28/2014	2014-4/72
R512-306	Out-of-Home Services, Transition to Adult Living Services, Education and Training Voucher Program	38265	5YR	01/28/2014	2014-4/73

Recovery Services

R527-10	Disclosure of Information to the Office of Recovery Services	38728	5YR	08/04/2014	2014-17/138
R527-38	Unenforceable Cases	38277	5YR	02/05/2014	2014-5/61
R527-275	Passport Release	38336	5YR	03/06/2014	2014-7/93
R527-332	Unreimbursed Assistance Calculation	38550	5YR	05/22/2014	2014-12/55
R527-394	Posting Bond or Security	38551	5YR	05/22/2014	2014-12/56
R527-450	Federal Tax refund Intercept	38729	5YR	08/04/2014	2014-17/138

Services for People with Disabilities

R539-2	Service Coordination	38745	5YR	08/07/2014	2014-17/139
R539-3	Rights and Protections	38746	5YR	08/07/2014	2014-17/139

Substance Abuse and Mental Health

R523-1	Procedures	38297	REP	04/07/2014	2014-5/27
R523-4	Local Mental Health Authorities and Local Substance Abuse Authorities	38292	NEW	04/07/2014	2014-5/36

R523-5	Certification of Designated Examiners and Case Managers	38293	NEW	04/07/2014	2014-5/42
R523-6	Medication, Psychosurgery and Electroshock Procedures for Children, Consumer Rights, Due Process, Family Involvement	38298	NEW	04/07/2014	2014-5/45
R523-22	Utah Standards for Approval of Alcohol and Drug Educational Programs for Court-Referred DUI Offenders	38451	AMD	06/26/2014	2014-10/96
INSURANCE					
<u>Administration</u>					
R590-67	Proxy Solicitations and Consent and Authorization of Stockholders of Domestic Stock Insurers	38828	5YR	08/29/2014	Not Printed
R590-76	Health Maintenance Organizations	38827	5YR	08/29/2014	Not Printed
R590-79	Life Insurance Disclosure Rule	38795	5YR	08/20/2014	Not Printed
R590-83	Unfair Discrimination on the Basis of Sex or Marital Status	38793	5YR	08/20/2014	Not Printed
R590-93	Replacement of Life Insurance and Annuities	38413	5YR	04/07/2014	2014-9/56
R590-96	Rule to Recognize New Annuity Mortality Tables for Use in Determining Reserve Liabilities for Annuities	38069	AMD	01/21/2014	2013-22/137
R590-98	Unfair Practice in Payment of Life Insurance and Annuity Policy Values	38414	5YR	04/07/2014	2014-9/56
R590-127	Rate Filing Exemptions	38799	5YR	08/20/2014	Not Printed
R590-129	Unfair Discrimination Based Solely Upon Blindness or Physical or Mental Impairment	38794	5YR	08/20/2014	Not Printed
R590-166	Home Protection Service Contract Rule	38417	5YR	04/07/2014	2014-9/57
R590-167	Individual, Small Employer, and Group Health Benefit Plan Rule	38798	5YR	08/20/2014	Not Printed
R590-170	Fiduciary and Trust Account Obligations	38283	5YR	02/11/2014	2014-5/62
R590-171	Surplus Lines Procedures Rule	38555	5YR	05/27/2014	2014-12/56
R590-186-8	Investigating Unprofessional Conduct	38273	AMD	03/26/2014	2014-4/43
R590-190	Unfair Property, Liability and Title Claims Settlement Practices Rule	38416	5YR	04/07/2014	2014-9/57
R590-191	Unfair Life Insurance Claims Settlement Practices Rule	38415	5YR	04/07/2014	2014-9/58
R590-192	Unfair Accident and Health Claims Settlement Practices	38635	5YR	06/17/2014	2014-14/83
R590-194	Coverage of Dietary Products for Inborn Errors of Amino Acid or Urea Cycle Metabolism	38796	5YR	08/20/2014	Not Printed
R590-195	Car Rental Related Licensing Rule	38307	5YR	02/20/2014	2014-6/75
R590-195	Car Rental Related Licensing Rule	38308	REP	04/22/2014	2014-6/59
R590-220	Submission of Accident and Health Insurance Filings	38311	5YR	02/24/2014	2014-6/75
R590-225	Submission of Property and Casualty Rate and Form Filings	38309	5YR	02/20/2014	2014-6/76
R590-226	Submission of Life Insurance Filings	38364	5YR	03/18/2014	2014-8/45
R590-226-5	Filing Submission Requirements	38290	NSC	02/27/2014	Not Printed
R590-227	Submission of Annuity Filings	38365	5YR	03/18/2014	2014-8/45
R590-227-5	Filing Submission Requirements	38291	AMD	04/09/2014	2014-5/49
R590-227-5	Filing Submission Requirements	38424	NSC	05/01/2014	Not Printed
R590-228	Submission of Credit Life and Credit Accident and Health Insurance Form and Rate Filings	38366	5YR	03/18/2014	2014-8/46
R590-229	Annuity Disclosure	38090	AMD	03/11/2014	2013-22/139
R590-229	Annuity Disclosure	38090	CPR	03/11/2014	2014-3/44
R590-229	Annuity Disclosure	38797	5YR	08/20/2014	Not Printed
R590-229-9	Enforcement Date	38342	AMD	05/27/2014	2014-7/72
R590-230	Suitability in Annuity Transactions	38559	5YR	05/30/2014	2014-12/57
R590-244	Individual and Agency Licensing Requirements	38620	5YR	06/16/2014	2014-13/141
R590-249-1	Authority	38286	NSC	02/27/2014	Not Printed
R590-252	Use of Senior-Specific Certifications and Professional Designations	38282	5YR	02/11/2014	2014-5/62
R590-254	Annual Financial Reporting Rule	38669	5YR	07/02/2014	2014-15/68
R590-258-1	Authority	38284	NSC	02/27/2014	Not Printed
R590-268	Small Employer Stop-Loss Insurance	38087	NEW	03/13/2014	2013-22/142

RULES INDEX

R590-268	Small Employer Stop-Loss Insurance	38087	CPR	03/13/2014	2014-3/45
R590-269	Individual Open Enrollment Period	38088	NEW	01/13/2014	2013-22/144
R590-269-4	Open and Special Enrollment Periods	38376	AMD	06/02/2014	2014-8/29

Title and Escrow Commission

R592-6	Unfair Inducements and Marketing Practices in Obtaining Title Insurance Business	38612	5YR	06/13/2014	2014-13/142
R592-7	Title Insurance Continuing Education Program	38606	5YR	06/13/2014	2014-13/143
R592-8	Application Process for an Attorney Exemption for Agency Title Insurance Producer Licensing	38607	5YR	06/13/2014	2014-13/143
R592-8-5	Request for Exemption Process	38246	AMD	03/10/2014	2014-3/20
R592-9	Title Insurance Recovery, Education, and Research Fund Assessment Rule	38608	5YR	06/13/2014	2014-13/144
R592-11	Title Insurance Producer Annual and Controlled Business Reports	38156	AMD	03/10/2014	2013-24/34
R592-11	Title Insurance Producer Annual and Controlled Business Reports	38156	CPR	03/10/2014	2014-4/64

JUDICIAL PERFORMANCE EVALUATION COMMISSION

Administration

R597-1	General Provisions	38303	5YR	02/17/2014	2014-6/77
R597-3	Judicial Performance Evaluations	38304	5YR	02/17/2014	2014-6/77
R597-3	Judicial Performance Evaluations	38438	AMD	06/12/2014	2014-9/30
R597-3	Judicial Performance Evaluations	38595	AMD	08/08/2014	2014-13/97
R597-4	Justice Courts	38440	NEW	06/12/2014	2014-9/34

LABOR COMMISSION

Adjudication

R602-2	Adjudication of Workers' Compensation and Occupational Disease Claims	38306	AMD	04/22/2014	2014-6/61
R602-2-4	Attorney Fees	38554	AMD	07/22/2014	2014-12/41
R602-2-5	Timeliness of Decisions	38193	AMD	02/21/2014	2014-2/7
R602-7	Adjudication of Discrimination Claims	38327	5YR	03/05/2014	2014-7/94
R602-8	Adjudication of Utah Occupational Safety and Health Citation Claims	38328	5YR	03/05/2014	2014-7/94

Boiler and Elevator Safety

R616-2-3	Safety Codes and Rules for Boilers and Pressure Vessels	38226	AMD	03/10/2014	2014-3/22
R616-3-3	Safety Codes for Elevators	38378	AMD	05/22/2014	2014-8/31

Industrial Accidents

R612-200-8	Burial Expenses	38553	AMD	07/22/2014	2014-12/43
------------	-----------------	-------	-----	------------	------------

LIEUTENANT GOVERNOR

Administration

R622-2	Use of the Great Seal of the State of Utah	38379	5YR	03/24/2014	2014-8/46
--------	--	-------	-----	------------	-----------

Elections

R623-1	Lieutenant Governor's Procedure for Regulation of Lobbyist Activities	38383	5YR	03/26/2014	2014-8/47
R623-2	Uniform Ballot Counting Standards	38384	5YR	03/26/2014	2014-8/47
R623-3	Utah State Plan on Election Reform	38385	5YR	03/26/2014	2014-8/48

MONEY MANAGEMENT COUNCIL

Administration

R628-19	Requirements for the Use of Investment Advisers by Public Treasurers	38281	5YR	02/10/2014	2014-5/63
R628-20	Foreign Deposits for Higher Education Institutions	38179	NEW	02/18/2014	2014-1/41
R628-21	Conditions and Procedures for the Use of Reciprocal Deposits	38180	NEW	04/15/2014	2014-1/42

R628-21	Conditions and Procedures for the Use of Reciprocal Deposits	38180	CPR	04/15/2014	2014-6/70
NATURAL RESOURCES					
<u>Oil, Gas and Mining: Coal</u>					
R645-105	Blaster Training, Examination and Certification	38738	5YR	08/05/2014	2014-17/140
R645-106	Exemption for Coal Extraction Incidental to the Extraction of Other Minerals	38740	5YR	08/05/2014	2014-17/141
R645-400	Inspection and Enforcement: Division Authority and Procedures	38739	5YR	08/05/2014	2014-17/141
<u>Oil, Gas and Mining: Oil and Gas</u>					
R649-10	Administrative Procedures	38741	5YR	08/05/2014	2014-17/142
<u>Parks and Recreation</u>					
R651-102	Government Records Access Management Act	38343	NSC	04/01/2014	Not Printed
R651-205	Zoned Waters	38444	AMD	06/09/2014	2014-9/36
R651-213	Dealer Numbers and Registrations	38443	AMD	06/09/2014	2014-9/37
R651-213	Dealer Numbers and Registrations	38488	NSC	06/24/2014	Not Printed
R651-409	Minimum Amounts of Liability Insurance Coverage for an Organized Practice or Sanctioned Race	38441	AMD	06/09/2014	2014-9/38
R651-411	OHV Use in State Parks	38216	5YR	01/02/2014	2014-3/51
R651-608	Events of Special Uses	38439	AMD	06/09/2014	2014-9/40
R651-619	Possession of Alcoholic Beverages or Controlled Substances	38442	AMD	06/09/2014	2014-9/41
R651-636	Procedures for Application to Receive Funds From the Zion National Park Restricted Account	38225	5YR	01/06/2014	2014-3/51
R651-700	Administrative Procedures for Real Property Management	38224	5YR	01/06/2014	2014-3/52
<u>Water Rights</u>					
R655-3	Reports of Water Rights Conveyance	38723	5YR	08/01/2014	2014-16/59
R655-4	Water Wells	38722	5YR	08/01/2014	2014-16/60
R655-13	Stream Alteration	38267	5YR	01/29/2014	2014-4/73
<u>Wildlife Resources</u>					
R657-3	Collection, Importation, Transportation, and Possession of Animals	38616	AMD	08/11/2014	2014-13/100
R657-5	Taking Big Game	38168	AMD	02/10/2014	2014-1/44
R657-6	Taking Upland Game	38600	AMD	08/11/2014	2014-13/102
R657-9	Taking Waterfowl, Common Snipe and Coot	38605	AMD	08/11/2014	2014-13/106
R657-10	Taking Cougar	38231	AMD	03/11/2014	2014-3/23
R657-12	Hunting and Fishing Accommodations for People with Disabilities	38169	AMD	02/10/2014	2014-1/52
R657-13	Taking Fish and Crayfish	38167	AMD	02/10/2014	2014-1/54
R657-13	Taking Fish and Crayfish	38316	AMD	04/21/2014	2014-6/66
R657-13	Taking Fish and Crayfish	38483	AMD	07/08/2014	2014-11/160
R657-27	License Agent Procedures	38230	AMD	03/11/2014	2014-3/26
R657-38	Dedicated Hunter Program	38170	AMD	02/10/2014	2014-1/61
R657-41	Conservation and Sportsman Permits	38171	AMD	02/10/2014	2014-1/68
R657-43	Landowner Permits	38232	AMD	03/11/2014	2014-3/30
R657-45	Wildlife License, Permit, and Certificate of Registration Forms	38482	AMD	07/08/2014	2014-11/163
R657-46	The Use of Game Birds in Dog Field Trials and Training	38558	5YR	05/29/2014	2014-12/58
R657-46	The Use of Game Birds in Dog Field Trials and Training	38603	AMD	08/11/2014	2014-13/109
R657-54	Taking Wild Turkey	38601	AMD	08/11/2014	2014-13/111
R657-54	Taking Wild Turkey	38790	5YR	08/18/2014	Not Printed
R657-60	Aquatic Invasive Species Interdiction	38236	AMD	03/11/2014	2014-3/32
R657-60	Aquatic Invasive Species Interdiction	38477	AMD	06/24/2014	2014-10/99
R657-62	Drawing Application Procedures	38427	5YR	04/14/2014	2014-9/58
R657-62	Drawing Application Procedures	38604	AMD	08/11/2014	2014-13/115
R657-67	Utah Hunter Mentoring Program	38172	NEW	02/10/2014	2014-1/70

RULES INDEX

R657-67	Utah Hunter Mentoring Program	38484	AMD	07/08/2014	2014-11/165
R657-68	Trial Hunting Authorization	38602	NEW	08/11/2014	2014-13/120

PARDONS (BOARD OF)

Administration

R671-102	Americans with Disabilities Act Complaint Procedures	38324	AMD	05/08/2014	2014-7/76
R671-201	Original Parole Grant Hearing Schedule and Notice	38325	AMD	05/08/2014	2014-7/78
R671-201-1	Schedule and Notice	38314	EMR	03/01/2014	2014-6/73

PUBLIC EDUCATION JOB ENHANCEMENT PROGRAM

Job Enhancement Committee

R690-100	Public Education Job Enhancement Program Participant Eligibility and Requirements	38243	REP	03/10/2014	2014-3/37
----------	---	-------	-----	------------	-----------

PUBLIC SAFETY

Administration

R698-4	Certification of the Law Enforcement Agency of a Private College or University	38310	5YR	02/21/2014	2014-6/78
R698-5	Hazardous Chemical Emergency Response Commission	38762	5YR	08/14/2014	2014-17/142

Driver License

R708-7	Functional Ability in Driving: Guidelines for Physicians	38487	NSC	05/29/2014	Not Printed
R708-10	Driver License Restrictions	38370	5YR	03/18/2014	2014-8/48
R708-22	Commercial Driver License Administrative Proceedings	38406	5YR	04/03/2014	2014-9/59
R708-22	Commercial Driver License Administrative Proceedings	38485	NSC	05/29/2014	Not Printed
R708-24	Renewal of a Commercial Driver License (CDL)	38407	5YR	04/03/2014	2014-9/59
R708-24	Renewal of a Commercial Driver License (CDL)	38486	NSC	05/29/2014	Not Printed
R708-26	Learner Permit Rule	38373	5YR	03/18/2014	2014-8/49
R708-26	Learner Permit Rule	38372	NSC	04/14/2014	Not Printed
R708-31	Ignition Interlock Systems	38196	AMD	02/21/2014	2014-2/8
R708-31	Ignition Interlock Systems	38374	5YR	03/18/2014	2014-8/49

Emergency Management

R704-1	Search and Rescue Financial Assistance Program	38688	5YR	07/07/2014	2014-15/68
--------	--	-------	-----	------------	------------

Highway Patrol

R714-600	Performance Standards for Tow Truck Motor Carriers	38711	5YR	07/22/2014	2014-16/61
----------	--	-------	-----	------------	------------

Peace Officer Standards and Training

R728-502	Procedure for POST Instructor Certification	38377	5YR	03/19/2014	2014-8/50
----------	---	-------	-----	------------	-----------

PUBLIC SERVICE COMMISSION

Administration

R746-200-7	Termination of Service	38644	AMD	08/22/2014	2014-14/67
R746-340	Service Quality for Telecommunications Corporations	38363	AMD	05/27/2014	2014-8/32
R746-340-2	Records and Reports	38556	NSC	06/05/2014	Not Printed
R746-341	Lifeline/Link-up Rule	38198	AMD	02/24/2014	2014-2/9
R746-341	Lifeline/Link-up Rule	38545	AMD	08/06/2014	2014-12/44
R746-343-15	Surcharge	38278	AMD	05/01/2014	2014-5/51
R746-350	Application to Discontinue Telecommunications Service	38234	5YR	01/13/2014	2014-3/52

REGENTS (BOARD OF)

Administration

R765-604 New Century Scholarship 38820 5YR 08/26/2014 Not Printed

Salt Lake Community College

R784-1 Government Records Access and Management Act Rules 38362 5YR 03/17/2014 2014-8/50

University of Utah, Administration

R805-3 Overnight Camping and Campfires on University of Utah Property 38355 5YR 03/14/2014 2014-7/95
 R805-6 University of Utah Shooting Range Access and Use Requirements 38018 NEW 02/11/2014 2013-20/46

University of Utah, Museum of Natural History (Utah)

R807-1 Curation of Collections from State Lands 38354 5YR 03/14/2014 2014-7/95

TAX COMMISSION

Auditing

R865-7H Environmental Assurance Fee 38223 5YR 01/06/2014 2014-3/53
 R865-16R Severance Tax 38222 5YR 01/06/2014 2014-3/54
 R865-19S-30 Sale of a Vehicle or Vessel by a Person Not Regularly Engaged in Business Pursuant to Utah Code Ann. Section 59-12-104 38237 NSC 01/30/2014 Not Printed
 R865-19S-54 Governmental Exemption Pursuant to Utah Code Ann. Section 59-12-104 38596 AMD 08/28/2014 2014-13/124
 R865-19S-83 Pollution Control Facilities Pursuant to Utah Code Ann. Section 59-12-104 38597 AMD 08/28/2014 2014-13/125

Property Tax

R884-24P-73 Urban Farming Assessment Pursuant to Utah Code Ann. Section 59-2-1703 38598 AMD 08/28/2014 2014-13/126

TECHNOLOGY SERVICES

Administration

R895-4 Sub-Domain Naming Conventions for Executive Branch Agencies 38238 5YR 01/14/2014 2014-3/54
 R895-4 Sub-Domain Naming Conventions for Executive Branch Agencies 38239 NSC 01/30/2014 Not Printed
 R895-6 IT Plan Submission Rule for Agencies 38386 5YR 03/27/2014 2014-8/51
 R895-7 Acceptable Use of Information Technology Resources 38428 5YR 04/15/2014 2014-9/60
 R895-13 Access to the Identity Theft Reporting Information System Database 38480 5YR 05/05/2014 2014-11/174

TRANSPORTATION

Motor Carrier

R909-2 Utah Size and Weight Rule 38619 5YR 06/16/2014 2014-13/144
 R909-3 Standards for Utah School Buses 38215 5YR 01/02/2014 2014-3/55
 R909-19 Safety Regulations for Tow Truck Operations - Tow Truck Requirements for Equipment, Operation and Certification 38449 AMD 07/08/2014 2014-10/102

VETERANS' AFFAIRS

Administration

R978-1 Rules Governing Veterans' Affairs 38228 NSC 01/30/2014 Not Printed

WORKFORCE SERVICES

Employment Development

R986-100-117 Disqualification For Fraud (Intentional Program Violations or IPV's) 38158 AMD 03/01/2014 2013-24/36

RULES INDEX

R986-100-117	Disqualification For Fraud (Intentional Program Violations or IPVs)	38268	AMD	04/15/2014	2014-4/45
R986-200-204	Eligibility Requirements	38140	AMD	01/14/2014	2013-23/50
R986-200-207	Participation in Child Support Enforcement	38472	AMD	07/01/2014	2014-10/108
R986-700	Child Care Assistance	38159	AMD	03/01/2014	2013-24/38
R986-700	Child Care Assistance	38269	AMD	04/15/2014	2014-4/46
Unemployment Insurance					
R994-309	Nonprofit Organizations	38665	5YR	07/01/2014	2014-14/84
R994-310	Coverage	38666	5YR	07/01/2014	2014-14/85
R994-311	Governmental Units and Indian Tribes	38667	5YR	07/01/2014	2014-14/85
R994-312	Employing Units Records	38668	5YR	07/01/2014	2014-14/86
R994-312-102	Examination of Employer Records: Scope and Authority	38248	AMD	04/15/2014	2014-3/41

RULES INDEX - BY KEYWORD (SUBJECT)

ABBREVIATIONS

AMD = Amendment (Proposed Rule)
 CPR = Change in Proposed Rule
 EMR = 120-Day (Emergency) Rule
 EXD = Expired Rule
 EXP = Expedited Rule
 EXT = Five-Year Review Extension
 GEX = Governor's Extension
 LNR = Legislative Nonreauthorization
 NEW = New Rule (Proposed Rule)
 NSC = Nonsubstantive Rule Change
 R&R = Repeal and Reenact (Proposed Rule)
 REP = Repeal (Proposed Rule)
 5YR = Five-Year Notice of Review and Statement of Continuation

KEYWORD AGENCY	FILE NUMBER	CODE REFERENCE	ACTION	EFFECTIVE DATE	BULLETIN ISSUE/PAGE
<u>abortion</u> Health, Health Care Financing, Coverage and Reimbursement Policy	38369	R414-1B	5YR	03/18/2014	2014-8/39
<u>acceptable use</u> Technology Services, Administration	38428	R895-7	5YR	04/15/2014	2014-9/60
<u>access to information</u> Administrative Services, Administration	38570 38569	R13-2 R13-2	5YR AMD	06/02/2014 07/22/2014	2014-12/53 2014-12/6
<u>accidents</u> Administrative Services, Fleet Operations	38073	R27-7-3	AMD	03/11/2014	2013-22/14
<u>accounts receivable</u> Administrative Services, Debt Collection	38497 38496	R21-2 R21-3	NSC NSC	05/29/2014 05/29/2014	Not Printed Not Printed
<u>accreditation</u> Education, Administration	38434 38829	R277-410-5 R277-504	AMD 5YR	06/09/2014 09/02/2014	2014-9/13 Not Printed
<u>acupuncture</u> Commerce, Occupational and Professional Licensing	38165	R156-72	AMD	02/10/2014	2014-1/8
<u>ADA complaint procedures</u> Crime Victim Reparations, Administration	38258 38498	R270-3 R270-3	EXT 5YR	01/27/2014 05/12/2014	2014-4/75 2014-11/171
<u>adjudicative proceedings</u> Environmental Quality, Solid and Hazardous Waste	38335	R315-12	NSC	04/01/2014	Not Printed

<u>adjudicative process</u>						
Administrative Services, Debt Collection	38497	R21-2	NSC	05/29/2014	Not Printed	
<u>administrative law judges</u>						
Human Resource Management, Administration	38091	R477-101	NEW	01/14/2014	2013-22/129	
	38464	R477-101	AMD	07/01/2014	2014-10/92	
<u>administrative offset</u>						
Administrative Services, Debt Collection	38496	R21-3	NSC	05/29/2014	Not Printed	
<u>administrative procedures</u>						
Education, Administration	38408	R277-102	5YR	04/04/2014	2014-9/51	
Education, Rehabilitation	38538	R280-150	5YR	05/15/2014	2014-11/172	
	38539	R280-150	AMD	07/08/2014	2014-11/117	
Environmental Quality, Air Quality	38252	R307-103-1	NSC	01/31/2014	Not Printed	
Environmental Quality, Solid and Hazardous Waste	38610	R315-2-4	AMD	08/15/2014	2014-13/47	
Heritage and Arts, History	38331	R455-14	NEW	07/21/2014	2014-7/70	
	38333	R455-15	NEW	07/21/2014	2014-7/71	
Human Resource Management, Administration	38454	R477-3-4	AMD	07/01/2014	2014-10/63	
	38463	R477-15	AMD	07/01/2014	2014-10/90	
Labor Commission, Adjudication	38306	R602-2	AMD	04/22/2014	2014-6/61	
	38554	R602-2-4	AMD	07/22/2014	2014-12/41	
	38193	R602-2-5	AMD	02/21/2014	2014-2/7	
	38327	R602-7	5YR	03/05/2014	2014-7/94	
	38328	R602-8	5YR	03/05/2014	2014-7/94	
Public Safety, Driver License	38487	R708-7	NSC	05/29/2014	Not Printed	
<u>administrative proceedings</u>						
Environmental Quality, Air Quality	38252	R307-103-1	NSC	01/31/2014	Not Printed	
Environmental Quality, Solid and Hazardous Waste	38335	R315-12	NSC	04/01/2014	Not Printed	
Labor Commission, Industrial Accidents	38553	R612-200-8	AMD	07/22/2014	2014-12/43	
Public Safety, Driver License	38406	R708-22	5YR	04/03/2014	2014-9/59	
	38485	R708-22	NSC	05/29/2014	Not Printed	
<u>administrative responsibility</u>						
Human Resource Management, Administration	38457	R477-2-3	AMD	07/01/2014	2014-10/62	
<u>adoptions</u>						
Human Services, Child and Family Services	38263	R512-41	5YR	01/28/2014	2014-4/72	
	38217	R512-43	AMD	03/10/2014	2014-3/15	
<u>air medical services</u>						
Health, Family Health and Preparedness, Emergency Medical Services	38079	R426-100	REP	01/06/2014	2013-22/119	
<u>air pollution</u>						
Environmental Quality, Administration	38525	R305-4	AMD	07/08/2014	2014-11/118	
Environmental Quality, Air Quality	38494	R307-101	5YR	05/08/2014	2014-11/172	
	38493	R307-101-3	AMD	08/07/2014	2014-11/122	
	38252	R307-103-1	NSC	01/31/2014	Not Printed	
	38061	R307-110-17	AMD	01/09/2014	2013-21/8	
	38261	R307-150	5YR	01/28/2014	2014-4/70	
	38104	R307-210-2	AMD	03/06/2014	2013-23/17	
	38492	R307-214	AMD	08/07/2014	2014-11/123	
	38105	R307-214-3	AMD	03/06/2014	2013-23/18	
	38166	R307-302	AMD	03/06/2014	2014-1/20	
	37829	R307-335	AMD	06/02/2014	2013-15/23	
	37829	R307-335	CPR	06/02/2014	2013-23/54	
	37829	R307-335	CPR	06/02/2014	2014-7/85	
	37829	R307-335	CPR	06/02/2014	2014-9/46	
	38332	R307-357-4	AMD	05/08/2014	2014-7/16	
	38495	R307-357-4	NSC	05/29/2014	Not Printed	
	38491	R307-401-12	AMD	08/07/2014	2014-11/127	
	37833	R307-401-19	AMD	01/06/2014	2013-15/29	
	37833	R307-401-19	CPR	01/06/2014	2013-23/55	
	38260	R307-405	5YR	01/28/2014	2014-4/70	

RULES INDEX

	38489	R307-410-2	AMD	08/07/2014	2014-11/128
	38490	R307-410-6	AMD	08/07/2014	2014-11/129
<u>air travel</u>					
Administrative Services, Finance	38175	R25-7	AMD	02/07/2014	2014-1/4
	38471	R25-7	AMD	06/23/2014	2014-10/4
<u>alcoholic beverages</u>					
Alcoholic Beverage Control, Administration	38274	R81-1-16	AMD	03/25/2014	2014-4/10
	38323	R81-1-32	AMD	04/29/2014	2014-6/7
	38275	R81-7	AMD	03/25/2014	2014-4/11
	38276	R81-10b	AMD	03/25/2014	2014-4/14
<u>alimony</u>					
Human Services, Recovery Services	38729	R527-450	5YR	08/04/2014	2014-17/138
<u>alternate multiple stage bid process</u>					
Administrative Services, Purchasing and General Services	38522	R33-25	NEW	07/08/2014	2014-11/97
<u>alternative fuels</u>					
Environmental Quality, Administration	38525	R305-4	AMD	07/08/2014	2014-11/118
<u>alternative licensing</u>					
Education, Administration	38240	R277-503	AMD	03/10/2014	2014-3/4
	38435	R277-503-4	AMD	06/09/2014	2014-9/14
<u>alternative procurement methods</u>					
Administrative Services, Purchasing and General Services	38507	R33-8	R&R	07/08/2014	2014-11/56
	38696	R33-8	5YR	07/08/2014	2014-15/65
<u>animal protection</u>					
Natural Resources, Wildlife Resources	38616	R657-3	AMD	08/11/2014	2014-13/100
<u>annuity disclosure</u>					
Insurance, Administration	38090	R590-229	AMD	03/11/2014	2013-22/139
	38090	R590-229	CPR	03/11/2014	2014-3/44
	38797	R590-229	5YR	08/20/2014	Not Printed
	38342	R590-229-9	AMD	05/27/2014	2014-7/72
<u>annuity insurance filings</u>					
Insurance, Administration	38365	R590-227	5YR	03/18/2014	2014-8/45
	38291	R590-227-5	AMD	04/09/2014	2014-5/49
	38424	R590-227-5	NSC	05/01/2014	Not Printed
<u>annuity replacement</u>					
Insurance, Administration	38413	R590-93	5YR	04/07/2014	2014-9/56
<u>annuity suitability</u>					
Insurance, Administration	38559	R590-230	5YR	05/30/2014	2014-12/57
<u>APCD</u>					
Health, Center for Health Data, Health Care Statistics	38144	R428-15	AMD	01/07/2014	2013-23/43
	38568	R428-15	AMD	08/05/2014	2014-12/38
<u>appeals</u>					
Administrative Services, Purchasing and General Services	38516	R33-18	NEW	07/08/2014	2014-11/89
	38518	R33-19	NEW	07/08/2014	2014-11/90
Education, Administration	38187	R277-481	AMD	02/07/2014	2014-1/15
<u>appraisals</u>					
Tax Commission, Property Tax	38598	R884-24P-73	AMD	08/28/2014	2014-13/126
<u>approval orders</u>					
Environmental Quality, Air Quality	38491	R307-401-12	AMD	08/07/2014	2014-11/127

	37833	R307-401-19	AMD	01/06/2014	2013-15/29
	37833	R307-401-19	CPR	01/06/2014	2013-23/55
<u>ARC</u>					
Administrative Services, Fleet Operations	38073	R27-7-3	AMD	03/11/2014	2013-22/14
<u>archaeological resources</u>					
Regents (Board Of), University of Utah, Museum of Natural History (Utah)	38354	R807-1	5YR	03/14/2014	2014-7/95
<u>architects</u>					
Administrative Services, Purchasing and General Services	38513	R33-15	NEW	07/08/2014	2014-11/84
<u>armored car company</u>					
Commerce, Occupational and Professional Licensing	38474	R156-63b	AMD	06/23/2014	2014-10/48
<u>armored car security officers</u>					
Commerce, Occupational and Professional Licensing	38474	R156-63b	AMD	06/23/2014	2014-10/48
<u>assistance</u>					
Human Services, Recovery Services	38550	R527-332	5YR	05/22/2014	2014-12/55
<u>athletic trainer</u>					
Commerce, Occupational and Professional Licensing	38548	R156-40a-302a	AMD	07/22/2014	2014-12/13
<u>attorney exemption application process</u>					
Insurance, Title and Escrow Commission	38607	R592-8	5YR	06/13/2014	2014-13/143
	38246	R592-8-5	AMD	03/10/2014	2014-3/20
<u>audiology</u>					
Health, Health Care Financing, Coverage and Reimbursement Policy	38614	R414-59	AMD	08/26/2014	2014-13/95
<u>autism spectrum</u>					
Health, Family Health and Preparedness, Children with Special Health Care Needs	38339	R398-10	5YR	03/12/2014	2014-7/92
	38340	R398-10	NSC	04/01/2014	Not Printed
<u>awards</u>					
Education, Administration	38242	R277-528	NEW	03/10/2014	2014-3/12
Public Education Job Enhancement Program, Job Enhancement Committee	38243	R690-100	REP	03/10/2014	2014-3/37
<u>background screening</u>					
Health, Family Health and Preparedness, Child Care Licensing	38544	R430-6	AMD	08/15/2014	2014-12/40
<u>ballots</u>					
Lieutenant Governor, Elections	38384	R623-2	5YR	03/26/2014	2014-8/47
<u>banking</u>					
Commerce, Corporations and Commercial Code	38320	R154-2	R&R	04/21/2014	2014-6/9
<u>bed allocations</u>					
Human Services, Substance Abuse and Mental Health	38297	R523-1	REP	04/07/2014	2014-5/27
	38292	R523-4	NEW	04/07/2014	2014-5/36
<u>bid security</u>					
Administrative Services, Purchasing and General Services	38524	R33-11	R&R	07/08/2014	2014-11/64
	38699	R33-11	5YR	07/08/2014	2014-15/66
<u>big game seasons</u>					
Natural Resources, Wildlife Resources	38168	R657-5	AMD	02/10/2014	2014-1/44
	38232	R657-43	AMD	03/11/2014	2014-3/30

RULES INDEX

<u>birds</u>						
Natural Resources, Wildlife Resources	38600	R657-6	AMD	08/11/2014	2014-13/102	
	38605	R657-9	AMD	08/11/2014	2014-13/106	
	38558	R657-46	5YR	05/29/2014	2014-12/58	
	38603	R657-46	AMD	08/11/2014	2014-13/109	
<u>birth defect reporting</u>						
Health, Family Health and Preparedness, Children with Special Health Care Needs	38830	R398-5	5YR	09/02/2014	Not Printed	
<u>birth defects</u>						
Health, Family Health and Preparedness, Children with Special Health Care Needs	38830	R398-5	5YR	09/02/2014	Not Printed	
<u>bison</u>						
Agriculture and Food, Animal Industry	38294	R58-3	AMD	04/16/2014	2014-5/4	
<u>boating</u>						
Natural Resources, Parks and Recreation	38444	R651-205	AMD	06/09/2014	2014-9/36	
	38443	R651-213	AMD	06/09/2014	2014-9/37	
	38488	R651-213	NSC	06/24/2014	Not Printed	
<u>boilers</u>						
Labor Commission, Boiler and Elevator Safety	38226	R616-2-3	AMD	03/10/2014	2014-3/22	
<u>bonding requirements</u>						
Human Services, Recovery Services	38551	R527-394	5YR	05/22/2014	2014-12/56	
<u>boxing</u>						
Governor, Economic Development, Pete Suazo Utah Athletic Commission	38033	R359-1-604	AMD	01/24/2014	2013-20/25	
<u>breaks</u>						
Human Resource Management, Administration	38459	R477-8	AMD	07/01/2014	2014-10/80	
<u>breast cancer screening</u>						
Health, Disease Control and Prevention, Health Promotion	38178	R384-200	NEW	03/21/2014	2014-1/22	
<u>broad scope</u>						
Environmental Quality, Radiation Control	38145	R313-22-34	AMD	02/14/2014	2013-23/19	
<u>brucellosis</u>						
Agriculture and Food, Animal Industry	38294	R58-3	AMD	04/16/2014	2014-5/4	
<u>budgeting</u>						
Health, Health Care Financing, Coverage and Reimbursement Policy	38317	R414-304-5	AMD	04/21/2014	2014-6/30	
<u>building board</u>						
Administrative Services, Facilities Construction and Management	38247	R23-33	NEW	03/10/2014	2014-3/2	
<u>building codes</u>						
Commerce, Occupational and Professional Licensing	38549	R156-15A-231	AMD	07/22/2014	2014-12/10	
<u>building inspection</u>						
Commerce, Occupational and Professional Licensing	38549	R156-15A-231	AMD	07/22/2014	2014-12/10	
<u>buildings</u>						
Administrative Services, Facilities Construction and Management	38404	R23-29	5YR	04/03/2014	2014-9/49	
	38425	R23-29	R&R	06/09/2014	2014-9/4	
<u>buses</u>						
Education, Administration	38410	R277-601	5YR	04/04/2014	2014-9/52	

<u>camp</u> Regents (Board Of), University of Utah, Administration	38355	R805-3	5YR	03/14/2014	2014-7/95
<u>campfire</u> Regents (Board Of), University of Utah, Administration	38355	R805-3	5YR	03/14/2014	2014-7/95
<u>camping</u> Regents (Board Of), University of Utah, Administration	38355	R805-3	5YR	03/14/2014	2014-7/95
<u>cancellations</u> Administrative Services, Purchasing and General Services	38508	R33-9	R&R	07/08/2014	2014-11/59
	38697	R33-9	5YR	07/08/2014	2014-15/65
<u>cancer</u> Health, Disease Control and Prevention, Health Promotion	38367	R384-100	5YR	03/18/2014	2014-8/38
<u>capital improvements</u> Administrative Services, Facilities Construction and Management	38247	R23-33	NEW	03/10/2014	2014-3/2
<u>capital investments</u> Governor, Economic Development	38154	R357-7	NEW	01/24/2014	2013-24/22
<u>career and technical education</u> Education, Administration	38241	R277-518	AMD	03/10/2014	2014-3/8
<u>case managers</u> Human Services, Substance Abuse and Mental Health	38293	R523-5	NEW	04/07/2014	2014-5/42
<u>cattle</u> Agriculture and Food, Animal Industry	38294	R58-3	AMD	04/16/2014	2014-5/4
<u>certificate of registration</u> Natural Resources, Wildlife Resources	38482	R657-45	AMD	07/08/2014	2014-11/163
<u>certification</u> Labor Commission, Boiler and Elevator Safety	38226	R616-2-3	AMD	03/10/2014	2014-3/22
	38378	R616-3-3	AMD	05/22/2014	2014-8/31
<u>certification of instructors</u> Human Services, Substance Abuse and Mental Health	38451	R523-22	AMD	06/26/2014	2014-10/96
<u>certifications</u> Agriculture and Food, Conservation Commission	38071	R64-3	NEW	05/08/2014	2013-22/15
	38071	R64-3	CPR	05/08/2014	2014-7/82
Transportation, Motor Carrier	38449	R909-19	AMD	07/08/2014	2014-10/102
<u>certified medical language interpreter</u> Commerce, Occupational and Professional Licensing	38388	R156-80a	5YR	03/31/2014	2014-8/37
<u>certified nurse midwife</u> Commerce, Occupational and Professional Licensing	38249	R156-44a	5YR	01/16/2014	2014-4/69
<u>cervical cancer screening</u> Health, Disease Control and Prevention, Health Promotion	38178	R384-200	NEW	03/21/2014	2014-1/22
<u>change orders</u> Administrative Services, Purchasing and General Services	38510	R33-12	R&R	07/08/2014	2014-11/71

RULES INDEX

	38700	R33-12	5YR	07/08/2014	2014-15/67
<u>charities</u>					
Tax Commission, Auditing	38237	R865-19S-30	NSC	01/30/2014	Not Printed
	38596	R865-19S-54	AMD	08/28/2014	2014-13/124
	38597	R865-19S-83	AMD	08/28/2014	2014-13/125
<u>charter schools</u>					
Education, Administration	38623	R277-470	AMD	08/07/2014	2014-13/25
	38186	R277-470-6	AMD	02/07/2014	2014-1/14
	38589	R277-472	5YR	06/10/2014	2014-13/138
	38624	R277-472	AMD	08/07/2014	2014-13/28
	38588	R277-480	5YR	06/10/2014	2014-13/139
	38625	R277-480-4	AMD	08/07/2014	2014-13/30
	38187	R277-481	AMD	02/07/2014	2014-1/15
<u>chickens</u>					
Agriculture and Food, Regulatory Services	38315	R70-410	AMD	05/08/2014	2014-6/5
<u>chief procurement officer</u>					
Administrative Services, Purchasing and General Services	38502	R33-3	R&R	07/08/2014	2014-11/9
	38691	R33-3	5YR	07/08/2014	2014-15/62
<u>child care</u>					
Health, Family Health and Preparedness, Child Care Licensing	38543	R430-70	5YR	05/19/2014	2014-12/55
Workforce Services, Employment Development	38159	R986-700	AMD	03/01/2014	2013-24/38
	38269	R986-700	AMD	04/15/2014	2014-4/46
<u>child care centers</u>					
Health, Family Health and Preparedness, Child Care Licensing	38543	R430-70	5YR	05/19/2014	2014-12/55
<u>child care facilities</u>					
Health, Family Health and Preparedness, Child Care Licensing	38544	R430-6	AMD	08/15/2014	2014-12/40
	38453	R430-8	5YR	04/25/2014	2014-10/113
	38543	R430-70	5YR	05/19/2014	2014-12/55
<u>child support</u>					
Human Services, Recovery Services	38728	R527-10	5YR	08/04/2014	2014-17/138
	38277	R527-38	5YR	02/05/2014	2014-5/61
	38336	R527-275	5YR	03/06/2014	2014-7/93
	38550	R527-332	5YR	05/22/2014	2014-12/55
	38551	R527-394	5YR	05/22/2014	2014-12/56
	38729	R527-450	5YR	08/04/2014	2014-17/138
<u>child welfare</u>					
Administrative Services, Child Welfare Parental Defense (Office of)	38547	R19-1	5YR	05/21/2014	2014-12/53
Human Services, Child and Family Services	38263	R512-41	5YR	01/28/2014	2014-4/72
	38217	R512-43	AMD	03/10/2014	2014-3/15
<u>children's health benefits</u>					
Health, Children's Health Insurance Program	38102	R382-3	NEW	01/13/2014	2013-23/23
	38400	R382-10	AMD	06/01/2014	2014-8/18
<u>CHIP</u>					
Health, Health Care Financing, Coverage and Reimbursement Policy	38322	R414-320	AMD	04/21/2014	2014-6/42
	38816	R414-320	EMR	09/01/2014	Not Printed
<u>chiropractic services</u>					
Health, Health Care Financing, Coverage and Reimbursement Policy	38529	R414-99	AMD	07/11/2014	2014-11/151

<u>claims</u>						
Health, Center for Health Data, Health Care Statistics	38144	R428-15	AMD	01/07/2014	2013-23/43	
	38568	R428-15	AMD	08/05/2014	2014-12/38	
<u>Class I area</u>						
Environmental Quality, Air Quality	38260	R307-405	5YR	01/28/2014	2014-4/70	
<u>class size average reporting</u>						
Education, Administration	38590	R277-463	5YR	06/10/2014	2014-13/138	
	38622	R277-463	AMD	08/07/2014	2014-13/24	
<u>clinical health information exchanges</u>						
Health, Administration	38256	R380-70	5YR	01/24/2014	2014-4/71	
<u>CMV</u>						
Health, Family Health and Preparedness, Children with Special Health Care Needs	38139	R398-4	NEW	01/17/2014	2013-23/25	
<u>coal mines</u>						
Natural Resources, Oil, Gas and Mining; Coal	38738	R645-105	5YR	08/05/2014	2014-17/140	
	38739	R645-400	5YR	08/05/2014	2014-17/141	
<u>coal mining</u>						
Natural Resources, Oil, Gas and Mining; Coal	38740	R645-106	5YR	08/05/2014	2014-17/141	
<u>colleges</u>						
Public Safety, Administration	38310	R698-4	5YR	02/21/2014	2014-6/78	
<u>colorectal cancer screening</u>						
Health, Disease Control and Prevention, Health Promotion	38178	R384-200	NEW	03/21/2014	2014-1/22	
<u>compulsory education</u>						
Education, Administration	38831	R277-607	5YR	09/02/2014	Not Printed	
<u>conduct</u>						
Administrative Services, Purchasing and General Services	38514	R33-16	NEW	07/08/2014	2014-11/86	
<u>conduct committee</u>						
Human Resource Management, Administration	38091	R477-101	NEW	01/14/2014	2013-22/129	
	38464	R477-101	AMD	07/01/2014	2014-10/92	
<u>confidentiality</u>						
Education, Administration	38295	R277-117	5YR	02/13/2014	2014-5/59	
	38299	R277-117	AMD	04/07/2014	2014-5/16	
<u>confidentiality of information</u>						
Human Resource Management, Administration	38457	R477-2-3	AMD	07/01/2014	2014-10/62	
Workforce Services, Unemployment Insurance	38668	R994-312	5YR	07/01/2014	2014-14/86	
	38248	R994-312-102	AMD	04/15/2014	2014-3/41	
<u>conflict of interest</u>						
Human Resource Management, Administration	38460	R477-9	AMD	07/01/2014	2014-10/84	
<u>congregate meals</u>						
Human Services, Aging and Adult Services	38670	R510-104	5YR	07/02/2014	2014-15/67	
<u>conservation permits</u>						
Natural Resources, Wildlife Resources	38171	R657-41	AMD	02/10/2014	2014-1/68	
<u>construction management</u>						
Administrative Services, Purchasing and General Services	38511	R33-13	NEW	07/08/2014	2014-11/79	
<u>consumer hearing panel</u>						
Human Services, Child and Family Services	38264	R512-75	5YR	01/28/2014	2014-4/72	

RULES INDEX

<u>consumer products</u>					
Environmental Quality, Air Quality	38332	R307-357-4	AMD	05/08/2014	2014-7/16
	38495	R307-357-4	NSC	05/29/2014	Not Printed
<u>consumer rights</u>					
Human Services, Substance Abuse and Mental Health	38298	R523-6	NEW	04/07/2014	2014-5/45
<u>consumers</u>					
Commerce, Consumer Protection	38266	R152-21	5YR	01/29/2014	2014-4/67
	38125	R152-26	AMD	01/07/2014	2013-23/4
<u>contract requirements</u>					
Administrative Services, Facilities Construction and Management	38587	R23-23	5YR	06/10/2014	2014-13/133
<u>contractors</u>					
Administrative Services, Facilities Construction and Management	38587	R23-23	5YR	06/10/2014	2014-13/133
Capitol Preservation Board (State), Administration	38476	R131-13	5YR	05/01/2014	2014-10/113
	38479	R131-13	AMD	07/08/2014	2014-11/103
Commerce, Occupational and Professional Licensing	38549	R156-15A-231	AMD	07/22/2014	2014-12/10
	38732	R156-38a-301a	NSC	08/28/2014	Not Printed
	38533	R156-38a-401	NSC	05/29/2014	Not Printed
	38151	R156-55a	AMD	01/21/2014	2013-24/10
	38380	R156-55a-301	NSC	04/14/2014	Not Printed
	38648	R156-55b	AMD	08/21/2014	2014-14/44
<u>contracts</u>					
Administrative Services, Facilities Construction and Management	38587	R23-23	5YR	06/10/2014	2014-13/133
Administrative Services, Purchasing and General Services	38510	R33-12	R&R	07/08/2014	2014-11/71
	38700	R33-12	5YR	07/08/2014	2014-15/67
	38512	R33-14	NEW	07/08/2014	2014-11/83
Capitol Preservation Board (State), Administration	38546	R131-4	EMR	05/21/2014	2014-12/49
	38557	R131-4	AMD	07/22/2014	2014-12/8
	38476	R131-13	5YR	05/01/2014	2014-10/113
	38479	R131-13	AMD	07/08/2014	2014-11/103
<u>controlled substances</u>					
Health, Disease Control and Prevention, Health Promotion	38081	R384-203	NEW	03/01/2014	2013-22/68
<u>controversies</u>					
Administrative Services, Purchasing and General Services	38514	R33-16	NEW	07/08/2014	2014-11/86
<u>conveyance</u>					
Natural Resources, Water Rights	38723	R655-3	5YR	08/01/2014	2014-16/59
<u>cooperative purchasing</u>					
Administrative Services, Purchasing and General Services	38520	R33-21	NEW	07/08/2014	2014-11/92
<u>corrections</u>					
Corrections, Administration	38255	R251-111	NEW	03/26/2014	2014-4/25
<u>costs</u>					
Administrative Services, Purchasing and General Services	38510	R33-12	R&R	07/08/2014	2014-11/71
	38700	R33-12	5YR	07/08/2014	2014-15/67
<u>cougar</u>					
Natural Resources, Wildlife Resources	38231	R657-10	AMD	03/11/2014	2014-3/23

<u>counselors</u>					
Education, Administration	38591	R277-462	5YR	06/10/2014	2014-13/137
	38621	R277-462	AMD	08/07/2014	2014-13/20
<u>coverage</u>					
Workforce Services, Unemployment Insurance	38666	R994-310	5YR	07/01/2014	2014-14/85
<u>coverage groups</u>					
Health, Health Care Financing, Coverage and Reimbursement Policy	38401	R414-303	AMD	06/01/2014	2014-8/27
	38465	R414-303	AMD	07/01/2014	2014-10/51
<u>credit insurance filings</u>					
Insurance, Administration	38366	R590-228	5YR	03/18/2014	2014-8/46
<u>credit services</u>					
Commerce, Consumer Protection	38266	R152-21	5YR	01/29/2014	2014-4/67
<u>criminal records</u>					
Corrections, Administration	38255	R251-111	NEW	03/26/2014	2014-4/25
<u>curation</u>					
Regents (Board Of), University of Utah, Museum of Natural History (Utah)	38354	R807-1	5YR	03/14/2014	2014-7/95
<u>custody</u>					
Education, Administration	38352	R277-735	5YR	03/14/2014	2014-7/91
	38360	R277-735	AMD	05/08/2014	2014-7/11
<u>Cytomegalovirus</u>					
Health, Family Health and Preparedness, Children with Special Health Care Needs	38139	R398-4	NEW	01/17/2014	2013-23/25
<u>dairy inspections</u>					
Agriculture and Food, Regulatory Services	38467	R70-310	NSC	05/16/2014	Not Printed
	38636	R70-310	EXT	06/18/2014	2014-14/87
	38651	R70-310	5YR	06/24/2014	2014-14/79
	38652	R70-310	NSC	07/11/2014	Not Printed
<u>debarment</u>					
Administrative Services, Purchasing and General Services	38508	R33-9	R&R	07/08/2014	2014-11/59
	38697	R33-9	5YR	07/08/2014	2014-15/65
<u>decommissioning</u>					
Environmental Quality, Radiation Control	38145	R313-22-34	AMD	02/14/2014	2013-23/19
<u>definitions</u>					
Administrative Services, Purchasing and General Services	38500	R33-1	R&R	07/08/2014	2014-11/4
	38689	R33-1	5YR	07/08/2014	2014-15/61
Environmental Quality, Air Quality	38494	R307-101	5YR	05/08/2014	2014-11/172
	38493	R307-101-3	AMD	08/07/2014	2014-11/122
	38330	R307-840	5YR	03/06/2014	2014-7/92
Human Resource Management, Administration	38456	R477-1	AMD	07/01/2014	2014-10/57
<u>degreasing</u>					
Environmental Quality, Air Quality	37829	R307-335	AMD	06/02/2014	2013-15/23
	37829	R307-335	CPR	06/02/2014	2013-23/54
	37829	R307-335	CPR	06/02/2014	2014-7/85
	37829	R307-335	CPR	06/02/2014	2014-9/46
<u>delegation of authority</u>					
Administrative Services, Purchasing and General Services	38502	R33-3	R&R	07/08/2014	2014-11/9
	38691	R33-3	5YR	07/08/2014	2014-15/62

RULES INDEX

<u>delegations</u>						
Administrative Services, Facilities Construction and Management	38404	R23-29	5YR	04/03/2014	2014-9/49	
	38425	R23-29	R&R	06/09/2014	2014-9/4	
<u>demonstration</u>						
Health, Health Care Financing, Coverage and Reimbursement Policy	38321	R414-310	AMD	04/21/2014	2014-6/32	
	38815	R414-310	EMR	09/01/2014	Not Printed	
<u>dental</u>						
Health, Health Care Financing, Coverage and Reimbursement Policy	38135	R414-51	REP	01/10/2014	2013-23/33	
<u>dental hygienists</u>						
Commerce, Occupational and Professional Licensing	38149	R156-69	AMD	01/21/2014	2013-24/20	
<u>dentists</u>						
Commerce, Occupational and Professional Licensing	38149	R156-69	AMD	01/21/2014	2013-24/20	
<u>depleted uranium</u>						
Environmental Quality, Radiation Control	38082	R313-25	AMD	04/03/2014	2013-22/49	
	38082	R313-25	CPR	04/03/2014	2014-4/53	
<u>design</u>						
Administrative Services, Facilities Construction and Management	38405	R23-3	5YR	04/03/2014	2014-9/49	
<u>design-build transportation projects</u>						
Administrative Services, Purchasing and General Services	38512	R33-14	NEW	07/08/2014	2014-11/83	
<u>designated examiners</u>						
Human Services, Substance Abuse and Mental Health	38293	R523-5	NEW	04/07/2014	2014-5/42	
<u>direct-entry midwife</u>						
Commerce, Occupational and Professional Licensing	38375	R156-77	AMD	05/22/2014	2014-8/7	
<u>disabilities</u>						
Health, Family Health and Preparedness, Children with Special Health Care Needs	37984	R398-20	AMD	01/28/2014	2013-19/61	
Pardons (Board Of), Administration	38324	R671-102	AMD	05/08/2014	2014-7/76	
<u>disabled persons</u>						
Education, Rehabilitation	38353	R280-202	5YR	03/14/2014	2014-7/91	
	38361	R280-202	AMD	05/08/2014	2014-7/14	
	38540	R280-202-3	NSC	05/29/2014	Not Printed	
Natural Resources, Wildlife Resources	38169	R657-12	AMD	02/10/2014	2014-1/52	
<u>disasters</u>						
Education, Administration	38296	R277-400	5YR	02/13/2014	2014-5/59	
	38300	R277-400	AMD	04/07/2014	2014-5/17	
	38426	R277-400-5	NSC	04/29/2014	Not Printed	
<u>discipline of employees</u>						
Human Resource Management, Administration	38462	R477-14	AMD	07/01/2014	2014-10/88	
<u>discretionary funds</u>						
Education, Administration	38357	R277-119	NEW	05/08/2014	2014-7/7	
<u>discrimination</u>						
Labor Commission, Adjudication	38327	R602-7	5YR	03/05/2014	2014-7/94	
<u>dissemination of information</u>						
Education, Administration	38593	R277-714	5YR	06/10/2014	2014-13/140	

<u>diversion programs</u>						
Commerce, Occupational and Professional Licensing	38659	R156-1	AMD	08/21/2014	2014-14/14	
	38157	R156-1-501	AMD	01/21/2014	2013-24/6	
	38253	R156-1-501	NSC	01/31/2014	Not Printed	
<u>dogs</u>						
Natural Resources, Wildlife Resources	38558	R657-46	5YR	05/29/2014	2014-12/58	
	38603	R657-46	AMD	08/11/2014	2014-13/109	
<u>drinking water</u>						
Environmental Quality, Drinking Water	38013	R309-511	AMD	01/21/2014	2013-19/48	
	38012	R309-515	AMD	01/21/2014	2013-19/51	
<u>drip irrigation</u>						
Environmental Quality, Water Quality	38481	R317-401	5YR	05/06/2014	2014-11/173	
<u>driver license restrictions</u>						
Public Safety, Driver License	38370	R708-10	5YR	03/18/2014	2014-8/48	
<u>drug abuse</u>						
Human Resource Management, Administration	38462	R477-14	AMD	07/01/2014	2014-10/88	
<u>drug and alcohol testing</u>						
Administrative Services, Purchasing and General Services	38511	R33-13	NEW	07/08/2014	2014-11/79	
<u>drug/alcohol education</u>						
Human Resource Management, Administration	38462	R477-14	AMD	07/01/2014	2014-10/88	
<u>dual employment</u>						
Human Resource Management, Administration	38459	R477-8	AMD	07/01/2014	2014-10/80	
<u>dual enrollment</u>						
Education, Administration	38347	R277-438	5YR	03/14/2014	2014-7/89	
<u>due process</u>						
Human Services, Substance Abuse and Mental Health	38297	R523-1	REP	04/07/2014	2014-5/27	
	38298	R523-6	NEW	04/07/2014	2014-5/45	
<u>DUI programs</u>						
Human Services, Substance Abuse and Mental Health	38451	R523-22	AMD	06/26/2014	2014-10/96	
<u>dumping of wastes</u>						
Environmental Quality, Water Quality	38387	R317-550	AMD	07/30/2014	2014-8/14	
<u>early intervention</u>						
Health, Family Health and Preparedness, Children with Special Health Care Needs	37984	R398-20	AMD	01/28/2014	2013-19/61	
<u>economic development</u>						
Governor, Economic Development	38154	R357-7	NEW	01/24/2014	2013-24/22	
<u>economics</u>						
Education, Administration	38113	R277-704	AMD	01/08/2014	2013-23/11	
<u>education</u>						
Education, Administration	38623	R277-470	AMD	08/07/2014	2014-13/25	
	38186	R277-470-6	AMD	02/07/2014	2014-1/14	
	38116	R277-709	AMD	01/14/2014	2013-23/13	
	38359	R277-709-11	AMD	05/08/2014	2014-7/10	
Health, Family Health and Preparedness, Children with Special Health Care Needs	37984	R398-20	AMD	01/28/2014	2013-19/61	
<u>education finance</u>						
Education, Administration	38585	R277-419-9	EMR	06/09/2014	2014-13/129	

RULES INDEX

<u>educational administration</u>					
Education, Administration	38183	R277-116	AMD	02/07/2014	2014-1/10
	38592	R277-800	5YR	06/10/2014	2014-13/140
<u>educational tuition</u>					
Human Resource Management, Administration	38461	R477-10-1	AMD	07/01/2014	2014-10/87
<u>educator licensing</u>					
Education, Administration	38241	R277-518	AMD	03/10/2014	2014-3/8
<u>educators</u>					
Education, Administration	38289	R277-510-4	NSC	02/27/2014	Not Printed
	38242	R277-528	NEW	03/10/2014	2014-3/12
Public Education Job Enhancement Program, Job Enhancement Committee	38243	R690-100	REP	03/10/2014	2014-3/37
<u>effective date</u>					
Health, Health Care Financing, Coverage and Reimbursement Policy	38466	R414-306	AMD	07/01/2014	2014-10/53
	38129	R414-306-5	AMD	01/10/2014	2013-23/35
<u>effluent standards</u>					
Environmental Quality, Water Quality	38235	R317-1-7	AMD	03/27/2014	2014-3/13
	38402	R317-1-7	AMD	08/01/2014	2014-8/13
<u>eggs</u>					
Agriculture and Food, Regulatory Services	38315	R70-410	AMD	05/08/2014	2014-6/5
<u>elderly</u>					
Human Services, Aging and Adult Services	38670	R510-104	5YR	07/02/2014	2014-15/67
<u>elections</u>					
Lieutenant Governor, Elections	38384	R623-2	5YR	03/26/2014	2014-8/47
	38385	R623-3	5YR	03/26/2014	2014-8/48
<u>electricians</u>					
Commerce, Occupational and Professional Licensing	38648	R156-55b	AMD	08/21/2014	2014-14/44
<u>electronic data interchanges</u>					
Health, Administration	38586	R380-25	5YR	06/09/2014	2014-13/140
<u>electronic devices</u>					
Education, Administration	38301	R277-495	AMD	04/07/2014	2014-5/20
<u>electronic high school</u>					
Education, Administration	38411	R277-725	5YR	04/04/2014	2014-9/52
	38437	R277-725	AMD	06/09/2014	2014-9/18
<u>electronic meetings</u>					
Administrative Services, Child Welfare Parental Defense (Office of)	38547	R19-1	5YR	05/21/2014	2014-12/53
Administrative Services, Finance	38634	R25-11	NEW	08/21/2014	2014-14/4
<u>elevators</u>					
Labor Commission, Boiler and Elevator Safety	38378	R616-3-3	AMD	05/22/2014	2014-8/31
<u>eligible regional service centers</u>					
Education, Administration	38832	R277-706	5YR	09/02/2014	Not Printed
<u>emergency medical services</u>					
Health, Family Health and Preparedness, Emergency Medical Services	38672	R426-5-2600	NSC	07/31/2014	Not Printed
	38272	R426-8	AMD	03/24/2014	2014-4/42
	38079	R426-100	REP	01/06/2014	2013-22/119

<u>emergency preparedness</u>					
Education, Administration	38296	R277-400	5YR	02/13/2014	2014-5/59
	38300	R277-400	AMD	04/07/2014	2014-5/17
	38426	R277-400-5	NSC	04/29/2014	Not Printed
<u>emergency procurement</u>					
Administrative Services, Purchasing and General Services	38507	R33-8	R&R	07/08/2014	2014-11/56
	38696	R33-8	5YR	07/08/2014	2014-15/65
<u>employee benefit plans</u>					
Human Resource Management, Administration	38469	R477-6	AMD	07/01/2014	2014-10/67
	38092	R477-6-9	AMD	01/14/2014	2013-22/125
<u>employee performance evaluations</u>					
Human Resource Management, Administration	38461	R477-10-1	AMD	07/01/2014	2014-10/87
<u>employee productivity</u>					
Human Resource Management, Administration	38461	R477-10-1	AMD	07/01/2014	2014-10/87
<u>employment</u>					
Human Resource Management, Administration	38458	R477-4	AMD	07/01/2014	2014-10/63
	38077	R477-4-4	AMD	01/14/2014	2013-22/124
<u>employment support procedures</u>					
Workforce Services, Employment Development	38158	R986-100-117	AMD	03/01/2014	2013-24/36
	38268	R986-100-117	AMD	04/15/2014	2014-4/45
<u>energy</u>					
Governor, Energy Development (Office of)	38163	R362-2	AMD	01/22/2014	2013-24/23
<u>enforcement</u>					
Environmental Quality, Radiation Control	38076	R313-14	AMD	04/03/2014	2013-22/45
	38076	R313-14	CPR	04/03/2014	2014-4/50
<u>engineering</u>					
Environmental Quality, Water Quality	38271	R317-5	R&R	03/26/2014	2014-4/26
<u>engineers</u>					
Administrative Services, Purchasing and General Services	38513	R33-15	NEW	07/08/2014	2014-11/84
<u>enrollment options</u>					
Education, Administration	38185	R277-437	AMD	02/07/2014	2014-1/12
<u>enrollment reporting</u>					
Education, Administration	38590	R277-463	5YR	06/10/2014	2014-13/138
	38622	R277-463	AMD	08/07/2014	2014-13/24
<u>environment</u>					
Agriculture and Food, Conservation Commission	38071	R64-3	NEW	05/08/2014	2013-22/15
	38071	R64-3	CPR	05/08/2014	2014-7/82
Tax Commission, Auditing	38223	R865-7H	5YR	01/06/2014	2014-3/53
<u>equipment</u>					
Environmental Quality, Water Quality	38661	R317-12	R&R	08/27/2014	2014-14/48
<u>equipment leasing</u>					
Commerce, Corporations and Commercial Code	38320	R154-2	R&R	04/21/2014	2014-6/9
<u>evaluation cycles</u>					
Judicial Performance Evaluation Commission, Administration	38304	R597-3	5YR	02/17/2014	2014-6/77
	38438	R597-3	AMD	06/12/2014	2014-9/30
	38595	R597-3	AMD	08/08/2014	2014-13/97

RULES INDEX

evidentiary restrictions

Commerce, Occupational and Professional Licensing	38659	R156-1	AMD	08/21/2014	2014-14/14
	38157	R156-1-501	AMD	01/21/2014	2013-24/6
	38253	R156-1-501	NSC	01/31/2014	Not Printed

exceptions to procurement requirements

Administrative Services, Purchasing and General Services	38507	R33-8	R&R	07/08/2014	2014-11/56
	38696	R33-8	5YR	07/08/2014	2014-15/65

executive branch employees

Administrative Services, Purchasing and General Services	38521	R33-24	NEW	07/08/2014	2014-11/95
--	-------	--------	-----	------------	------------

executive branch insurance procurement

Administrative Services, Purchasing and General Services	38522	R33-25	NEW	07/08/2014	2014-11/97
--	-------	--------	-----	------------	------------

exiting provider

Public Service Commission, Administration	38234	R746-350	5YR	01/13/2014	2014-3/52
---	-------	----------	-----	------------	-----------

expenses

Public Safety, Emergency Management	38688	R704-1	5YR	07/07/2014	2014-15/68
-------------------------------------	-------	--------	-----	------------	------------

facilities

Education, Administration	38351	R277-724	5YR	03/14/2014	2014-7/90
---------------------------	-------	----------	-----	------------	-----------

facilities use

Administrative Services, Facilities Construction and Management	38617	R23-19	AMD	08/07/2014	2014-13/8
---	-------	--------	-----	------------	-----------

facility

Health, Health Care Financing, Coverage and Reimbursement Policy	38528	R414-9	AMD	07/11/2014	2014-11/150
--	-------	--------	-----	------------	-------------

fair employment practices

Human Resource Management, Administration	38457	R477-2-3	AMD	07/01/2014	2014-10/62
	38458	R477-4	AMD	07/01/2014	2014-10/63
	38077	R477-4-4	AMD	01/14/2014	2013-22/124

family employment program

Workforce Services, Employment Development	38140	R986-200-204	AMD	01/14/2014	2013-23/50
	38472	R986-200-207	AMD	07/01/2014	2014-10/108

family involvement

Human Services, Substance Abuse and Mental Health	38298	R523-6	NEW	04/07/2014	2014-5/45
---	-------	--------	-----	------------	-----------

federal election reform

Lieutenant Governor, Elections	38385	R623-3	5YR	03/26/2014	2014-8/48
--------------------------------	-------	--------	-----	------------	-----------

federal surplus property

Administrative Services, Purchasing and General Services	38523	R33-26	NEW	07/08/2014	2014-11/98
--	-------	--------	-----	------------	------------

fees

Environmental Quality, Radiation Control	38146	R313-70-5	AMD	02/18/2014	2013-23/22
Human Services, Substance Abuse and Mental Health	38297	R523-1	REP	04/07/2014	2014-5/27

filing deadlines

Labor Commission, Industrial Accidents	38553	R612-200-8	AMD	07/22/2014	2014-12/43
--	-------	------------	-----	------------	------------

filing documents

Commerce, Corporations and Commercial Code	38320	R154-2	R&R	04/21/2014	2014-6/9
--	-------	--------	-----	------------	----------

<u>finance</u>						
Administrative Services, Finance	38653	R25-10	5YR	06/25/2014	2014-14/79	
<u>financial</u>						
Education, Administration	38113	R277-704	AMD	01/08/2014	2013-23/11	
<u>financial disclosures</u>						
Health, Health Care Financing, Coverage and Reimbursement Policy	38317	R414-304-5	AMD	04/21/2014	2014-6/30	
<u>financial information</u>						
Human Services, Recovery Services	38728	R527-10	5YR	08/04/2014	2014-17/138	
<u>financial reimbursement</u>						
Public Safety, Emergency Management	38688	R704-1	5YR	07/07/2014	2014-15/68	
<u>fire</u>						
Regents (Board Of), University of Utah, Administration	38355	R805-3	5YR	03/14/2014	2014-7/95	
<u>fireplaces</u>						
Environmental Quality, Air Quality	38166	R307-302	AMD	03/06/2014	2014-1/20	
<u>fish</u>						
Natural Resources, Wildlife Resources	38167	R657-13	AMD	02/10/2014	2014-1/54	
	38316	R657-13	AMD	04/21/2014	2014-6/66	
	38483	R657-13	AMD	07/08/2014	2014-11/160	
	38236	R657-60	AMD	03/11/2014	2014-3/32	
	38477	R657-60	AMD	06/24/2014	2014-10/99	
<u>fishing</u>						
Natural Resources, Wildlife Resources	38167	R657-13	AMD	02/10/2014	2014-1/54	
	38316	R657-13	AMD	04/21/2014	2014-6/66	
	38483	R657-13	AMD	07/08/2014	2014-11/160	
<u>fleet expansion</u>						
Administrative Services, Fleet Operations	38312	R27-4-13	AMD	04/22/2014	2014-6/4	
<u>food</u>						
Agriculture and Food, Regulatory Services	38262	R70-530	R&R	03/27/2014	2014-4/5	
<u>food inspections</u>						
Agriculture and Food, Regulatory Services	38315	R70-410	AMD	05/08/2014	2014-6/5	
<u>food program</u>						
Education, Administration	38351	R277-724	5YR	03/14/2014	2014-7/90	
<u>food services</u>						
Health, Disease Control and Prevention, Environmental Services	38229	R392-101	5YR	01/10/2014	2014-3/49	
<u>foods</u>						
Education, Administration	38628	R277-719	AMD	08/07/2014	2014-13/35	
<u>forced medication hearings and treatment procedures for children</u>						
Human Services, Substance Abuse and Mental Health	38298	R523-6	NEW	04/07/2014	2014-5/45	
<u>foreign deposits</u>						
Money Management Council, Administration	38179	R628-20	NEW	02/18/2014	2014-1/41	
<u>former foster care youth</u>						
Health, Health Care Financing, Coverage and Reimbursement Policy	38401	R414-303	AMD	06/01/2014	2014-8/27	
	38465	R414-303	AMD	07/01/2014	2014-10/51	

RULES INDEX

<u>foster care</u>						
Human Services, Child and Family Services	38217	R512-43	AMD	03/10/2014	2014-3/15	
<u>fraud</u>						
Commerce, Consumer Protection	38125	R152-26	AMD	01/07/2014	2013-23/4	
<u>freedom of information</u>						
Natural Resources, Parks and Recreation	38343	R651-102	NSC	04/01/2014	Not Printed	
<u>freedom of religion</u>						
Education, Administration	38409	R277-105	5YR	04/04/2014	2014-9/51	
	38432	R277-105	AMD	06/09/2014	2014-9/8	
<u>funding formula</u>						
Human Services, Substance Abuse and Mental Health	38292	R523-4	NEW	04/07/2014	2014-5/36	
<u>game laws</u>						
Natural Resources, Wildlife Resources	38168	R657-5	AMD	02/10/2014	2014-1/44	
	38600	R657-6	AMD	08/11/2014	2014-13/102	
	38231	R657-10	AMD	03/11/2014	2014-3/23	
	38601	R657-54	AMD	08/11/2014	2014-13/111	
	38790	R657-54	5YR	08/18/2014	Not Printed	
	38172	R657-67	NEW	02/10/2014	2014-1/70	
	38484	R657-67	AMD	07/08/2014	2014-11/165	
	38602	R657-68	NEW	08/11/2014	2014-13/120	
<u>general construction provisions</u>						
Administrative Services, Purchasing and General Services	38511	R33-13	NEW	07/08/2014	2014-11/79	
<u>general procurement provisions</u>						
Administrative Services, Purchasing and General Services	38500	R33-1	R&R	07/08/2014	2014-11/4	
	38689	R33-1	5YR	07/08/2014	2014-15/61	
	38503	R33-4	R&R	07/08/2014	2014-11/28	
	38692	R33-4	5YR	07/08/2014	2014-15/62	
<u>general provisions</u>						
Administrative Services, Purchasing and General Services	38518	R33-19	NEW	07/08/2014	2014-11/90	
	38519	R33-20	NEW	07/08/2014	2014-11/91	
<u>geothermal natural bathing places</u>						
Health, Disease Control and Prevention, Environmental Services	38285	R392-303	5YR	02/11/2014	2014-5/60	
	38176	R392-303	AMD	02/24/2014	2014-1/25	
<u>geothermal pools</u>						
Health, Disease Control and Prevention, Environmental Services	38285	R392-303	5YR	02/11/2014	2014-5/60	
	38176	R392-303	AMD	02/24/2014	2014-1/25	
<u>geothermal spas</u>						
Health, Disease Control and Prevention, Environmental Services	38285	R392-303	5YR	02/11/2014	2014-5/60	
	38176	R392-303	AMD	02/24/2014	2014-1/25	
<u>government access management</u>						
Crime Victim Reparations, Administration	38499	R270-4	5YR	05/12/2014	2014-11/171	
<u>government corporations</u>						
Workforce Services, Unemployment Insurance	38667	R994-311	5YR	07/01/2014	2014-14/85	
<u>government documents</u>						
Administrative Services, Records Committee	38572	R35-1	5YR	06/03/2014	2014-13/133	

	38573	R35-1a	5YR	06/03/2014	2014-13/134
	38574	R35-2	5YR	06/03/2014	2014-13/135
	38575	R35-3	5YR	06/03/2014	2014-13/135
	38576	R35-4	5YR	06/03/2014	2014-13/136
	38577	R35-5	5YR	06/03/2014	2014-13/136
	38578	R35-6	5YR	06/03/2014	2014-13/137
Attorney General, Administration	38245	R105-2	NSC	01/30/2014	Not Printed
	38749	R105-2	NSC	08/28/2014	Not Printed
Environmental Quality, Administration	38244	R305-1	NSC	01/30/2014	Not Printed
Natural Resources, Parks and Recreation	38343	R651-102	NSC	04/01/2014	Not Printed
<u>government ethics</u>					
Human Resource Management, Administration	38460	R477-9	AMD	07/01/2014	2014-10/84
<u>government purchasing</u>					
Administrative Services, Purchasing and General Services	38500	R33-1	R&R	07/08/2014	2014-11/4
	38689	R33-1	5YR	07/08/2014	2014-15/61
	38501	R33-2	R&R	07/08/2014	2014-11/6
	38690	R33-2	5YR	07/08/2014	2014-15/61
	38502	R33-3	R&R	07/08/2014	2014-11/9
	38691	R33-3	5YR	07/08/2014	2014-15/62
	38503	R33-4	R&R	07/08/2014	2014-11/28
	38692	R33-4	5YR	07/08/2014	2014-15/62
	38504	R33-5	R&R	07/08/2014	2014-11/32
	38693	R33-5	5YR	07/08/2014	2014-15/63
	38218	R33-6	EXT	01/02/2014	2014-3/57
	38446	R33-6	5YR	04/17/2014	2014-10/111
	38505	R33-6	R&R	07/08/2014	2014-11/43
	38694	R33-6	5YR	07/08/2014	2014-15/64
	38219	R33-7	EXT	01/02/2014	2014-3/57
	38447	R33-7	5YR	04/17/2014	2014-10/111
	38506	R33-7	R&R	07/08/2014	2014-11/49
	38695	R33-7	5YR	07/08/2014	2014-15/64
	38507	R33-8	R&R	07/08/2014	2014-11/56
	38696	R33-8	5YR	07/08/2014	2014-15/65
	38220	R33-9	EXT	01/02/2014	2014-3/57
	38448	R33-9	5YR	04/17/2014	2014-10/112
	38508	R33-9	R&R	07/08/2014	2014-11/59
	38697	R33-9	5YR	07/08/2014	2014-15/65
	38513	R33-15	NEW	07/08/2014	2014-11/84
	38514	R33-16	NEW	07/08/2014	2014-11/86
	38526	R33-22	NEW	07/08/2014	2014-11/94
	38527	R33-23	NEW	07/08/2014	2014-11/95
	38522	R33-25	NEW	07/08/2014	2014-11/97
<u>government records</u>					
Corrections, Administration	38255	R251-111	NEW	03/26/2014	2014-4/25
<u>government records access</u>					
Crime Victim Reparations, Administration	38259	R270-4	EXT	01/27/2014	2014-4/75
<u>Governmental Immunity Act caps</u>					
Administrative Services, Risk Management	38250	R37-4	AMD	04/30/2014	2014-4/4
<u>grading system</u>					
Education, Administration	38111	R277-497	AMD	01/08/2014	2013-23/8
<u>GRAMA</u>					
Attorney General, Administration	38245	R105-2	NSC	01/30/2014	Not Printed
	38749	R105-2	NSC	08/28/2014	Not Printed
Corrections, Administration	38255	R251-111	NEW	03/26/2014	2014-4/25
Environmental Quality, Administration	38244	R305-1	NSC	01/30/2014	Not Printed
Regents (Board Of), Salt Lake Community College	38362	R784-1	5YR	03/17/2014	2014-8/50
<u>GRAMA appeals</u>					
Administrative Services, Administration	38570	R13-2	5YR	06/02/2014	2014-12/53

RULES INDEX

	38569	R13-2	AMD	07/22/2014	2014-12/6
<u>GRAMA requests</u>					
Administrative Services, Administration	38570	R13-2	5YR	06/02/2014	2014-12/53
	38569	R13-2	AMD	07/22/2014	2014-12/6
<u>grants</u>					
Education, Administration	38295	R277-117	5YR	02/13/2014	2014-5/59
	38299	R277-117	AMD	04/07/2014	2014-5/16
Health, Family Health and Preparedness, Primary Care and Rural Health	38637	R434-30	AMD	08/21/2014	2014-14/64
	38305	R434-40	NEW	05/08/2014	2014-6/53
<u>grants and loans</u>					
Environmental Quality, Administration	38525	R305-4	AMD	07/08/2014	2014-11/118
<u>graywater</u>					
Environmental Quality, Water Quality	38481	R317-401	5YR	05/06/2014	2014-11/173
<u>great seal</u>					
Lieutenant Governor, Administration	38379	R622-2	5YR	03/24/2014	2014-8/46
<u>greenhouse gases</u>					
Environmental Quality, Air Quality	38491	R307-401-12	AMD	08/07/2014	2014-11/127
	37833	R307-401-19	AMD	01/06/2014	2013-15/29
	37833	R307-401-19	CPR	01/06/2014	2013-23/55
	38260	R307-405	5YR	01/28/2014	2014-4/70
<u>grievance procedures</u>					
Human Services, Child and Family Services	38264	R512-75	5YR	01/28/2014	2014-4/72
<u>grievances</u>					
Human Resource Management, Administration	38454	R477-3-4	AMD	07/01/2014	2014-10/63
<u>Hatch Act</u>					
Human Resource Management, Administration	38460	R477-9	AMD	07/01/2014	2014-10/84
<u>hazardous air pollutant</u>					
Environmental Quality, Air Quality	38492	R307-214	AMD	08/07/2014	2014-11/123
	38105	R307-214-3	AMD	03/06/2014	2013-23/18
<u>hazardous air pollutants</u>					
Environmental Quality, Air Quality	38489	R307-410-2	AMD	08/07/2014	2014-11/128
	38490	R307-410-6	AMD	08/07/2014	2014-11/129
<u>hazardous waste</u>					
Environmental Quality, Solid and Hazardous Waste	38609	R315-1-1	AMD	08/15/2014	2014-13/44
	38610	R315-2-4	AMD	08/15/2014	2014-13/47
	38334	R315-8-14	NSC	04/01/2014	Not Printed
	38335	R315-12	NSC	04/01/2014	Not Printed
<u>health</u>					
Health, Administration	38586	R380-25	5YR	06/09/2014	2014-13/140
Health, Center for Health Data, Health Care Statistics	38571	R428-1	AMD	08/05/2014	2014-12/16
	38562	R428-2	R&R	08/05/2014	2014-12/18
	38563	R428-5	AMD	08/05/2014	2014-12/23
	38564	R428-10	R&R	08/05/2014	2014-12/26
	38565	R428-11	R&R	08/05/2014	2014-12/30
	38567	R428-13	AMD	08/05/2014	2014-12/36
<u>health care</u>					
Health, Family Health and Preparedness, Children with Special Health Care Needs	38319	R398-1	AMD	07/01/2014	2014-6/25
<u>health care facilities</u>					
Health, Family Health and Preparedness, Licensing	38086	R432-2-5	AMD	01/24/2014	2013-22/123
	38173	R432-3	AMD	02/27/2014	2014-1/37

	38391	R432-7	5YR	04/01/2014	2014-8/40
	38392	R432-8	5YR	04/01/2014	2014-8/41
	38393	R432-9	5YR	04/01/2014	2014-8/41
	38394	R432-10	5YR	04/01/2014	2014-8/42
	38395	R432-11	5YR	04/01/2014	2014-8/42
	38396	R432-12	5YR	04/01/2014	2014-8/43
	38397	R432-13	5YR	04/01/2014	2014-8/43
	38422	R432-14	5YR	04/10/2014	2014-9/54
	38398	R432-30	5YR	04/01/2014	2014-8/44
	38399	R432-32	5YR	04/01/2014	2014-8/44
	38654	R432-45	NEW	08/25/2014	2014-14/58
	38423	R432-270	5YR	04/10/2014	2014-9/54
	38341	R432-270	AMD	05/20/2014	2014-7/65
<u>health care professionals</u>					
Public Safety, Driver License	38487	R708-7	NSC	05/29/2014	Not Printed
<u>health care quality</u>					
Health, Center for Health Data, Health Care Statistics	38566	R428-12	AMD	08/05/2014	2014-12/34
<u>health facility administrators</u>					
Commerce, Occupational and Professional Licensing	38337	R156-15	AMD	05/08/2014	2014-7/5
<u>health insurance</u>					
Administrative Services, Facilities Construction and Management	38587	R23-23	5YR	06/10/2014	2014-13/133
	38615	R23-23	AMD	08/07/2014	2014-13/18
Capitol Preservation Board (State), Administration	38476	R131-13	5YR	05/01/2014	2014-10/113
	38479	R131-13	AMD	07/08/2014	2014-11/103
Human Services, Recovery Services	38728	R527-10	5YR	08/04/2014	2014-17/138
Insurance, Administration	38798	R590-167	5YR	08/20/2014	Not Printed
<u>health insurance exclusions</u>					
Insurance, Administration	38286	R590-249-1	NSC	02/27/2014	Not Printed
<u>health insurance filings</u>					
Insurance, Administration	38311	R590-220	5YR	02/24/2014	2014-6/75
<u>health maintenance organization</u>					
Health, Center for Health Data, Health Care Statistics	38566	R428-12	AMD	08/05/2014	2014-12/34
<u>health planning</u>					
Health, Center for Health Data, Health Care Statistics	38571	R428-1	AMD	08/05/2014	2014-12/16
	38562	R428-2	R&R	08/05/2014	2014-12/18
	38563	R428-5	AMD	08/05/2014	2014-12/23
	38564	R428-10	R&R	08/05/2014	2014-12/26
	38565	R428-11	R&R	08/05/2014	2014-12/30
	38567	R428-13	AMD	08/05/2014	2014-12/36
<u>health policy</u>					
Health, Center for Health Data, Health Care Statistics	38571	R428-1	AMD	08/05/2014	2014-12/16
	38562	R428-2	R&R	08/05/2014	2014-12/18
	38563	R428-5	AMD	08/05/2014	2014-12/23
	38567	R428-13	AMD	08/05/2014	2014-12/36
<u>hearing aids</u>					
Commerce, Occupational and Professional Licensing	38155	R156-46a	AMD	01/21/2014	2013-24/7
	38257	R156-46a	5YR	01/27/2014	2014-4/69
<u>hearing instrument interns</u>					
Commerce, Occupational and Professional Licensing	38155	R156-46a	AMD	01/21/2014	2013-24/7
	38257	R156-46a	5YR	01/27/2014	2014-4/69
<u>hearing instrument specialists</u>					
Commerce, Occupational and Professional Licensing	38155	R156-46a	AMD	01/21/2014	2013-24/7
	38257	R156-46a	5YR	01/27/2014	2014-4/69

RULES INDEX

hearings

Administrative Services, Purchasing and General Services	38515	R33-17	NEW	07/08/2014	2014-11/87
Environmental Quality, Air Quality	38252	R307-103-1	NSC	01/31/2014	Not Printed
Environmental Quality, Solid and Hazardous Waste	38335	R315-12	NSC	04/01/2014	Not Printed
Labor Commission, Adjudication	38306	R602-2	AMD	04/22/2014	2014-6/61
	38554	R602-2-4	AMD	07/22/2014	2014-12/41
	38193	R602-2-5	AMD	02/21/2014	2014-2/7
	38327	R602-7	5YR	03/05/2014	2014-7/94
	38328	R602-8	5YR	03/05/2014	2014-7/94
Pardons (Board Of), Administration	38325	R671-201	AMD	05/08/2014	2014-7/78
	38314	R671-201-1	EMR	03/01/2014	2014-6/73

Help America Vote Act

Lieutenant Governor, Elections	38384	R623-2	5YR	03/26/2014	2014-8/47
--------------------------------	-------	--------	-----	------------	-----------

hemp extract registration

Health, Center for Health Data, Vital Records and Statistics	38537	R436-55	NEW	07/08/2014	2014-11/155
--	-------	---------	-----	------------	-------------

higher education

Money Management Council, Administration	38179	R628-20	NEW	02/18/2014	2014-1/41
Regents (Board Of), Administration	38820	R765-604	5YR	08/26/2014	Not Printed

highly qualified

Education, Administration	38289	R277-510-4	NSC	02/27/2014	Not Printed
---------------------------	-------	------------	-----	------------	-------------

hiring practices

Human Resource Management, Administration	38458	R477-4	AMD	07/01/2014	2014-10/63
	38077	R477-4-4	AMD	01/14/2014	2013-22/124

HMO insurance

Insurance, Administration	38827	R590-76	5YR	08/29/2014	Not Printed
---------------------------	-------	---------	-----	------------	-------------

holidays

Human Resource Management, Administration	38084	R477-7	AMD	01/14/2014	2013-22/126
	38455	R477-7	AMD	07/01/2014	2014-10/71

home-delivered meals

Human Services, Aging and Adult Services	38670	R510-104	5YR	07/02/2014	2014-15/67
--	-------	----------	-----	------------	------------

hospital policy

Health, Center for Health Data, Health Care Statistics	38564	R428-10	R&R	08/05/2014	2014-12/26
	38565	R428-11	R&R	08/05/2014	2014-12/30

hospitals

Health, Health Care Financing, Coverage and Reimbursement Policy	38369	R414-1B	5YR	03/18/2014	2014-8/39
--	-------	---------	-----	------------	-----------

hostile work environment

Human Resource Management, Administration	38463	R477-15	AMD	07/01/2014	2014-10/90
---	-------	---------	-----	------------	------------

hot springs

Health, Disease Control and Prevention, Environmental Services	38285	R392-303	5YR	02/11/2014	2014-5/60
	38176	R392-303	AMD	02/24/2014	2014-1/25

housing finance

Housing Corporation (Utah), Administration	38452	R460-6	AMD	07/10/2014	2014-10/55
--	-------	--------	-----	------------	------------

hunter education

Natural Resources, Wildlife Resources	38172	R657-67	NEW	02/10/2014	2014-1/70
	38484	R657-67	AMD	07/08/2014	2014-11/165
	38602	R657-68	NEW	08/11/2014	2014-13/120

hunting

Natural Resources, Wildlife Resources	38170	R657-38	AMD	02/10/2014	2014-1/61
---------------------------------------	-------	---------	-----	------------	-----------

<u>hunting guides</u>						
Commerce, Occupational and Professional Licensing	38735	R156-79	5YR	08/05/2014	2014-17/137	
<u>hydraulic modeling</u>						
Environmental Quality, Drinking Water	38013	R309-511	AMD	01/21/2014	2013-19/48	
<u>identity theft</u>						
Technology Services, Administration	38480	R895-13	5YR	05/05/2014	2014-11/174	
<u>ignition interlock systems</u>						
Public Safety, Driver License	38196	R708-31	AMD	02/21/2014	2014-2/8	
	38374	R708-31	5YR	03/18/2014	2014-8/49	
<u>implementation</u>						
Administrative Services, Facilities Construction and Management	38615	R23-23	AMD	08/07/2014	2014-13/18	
<u>import restrictions</u>						
Natural Resources, Wildlife Resources	38616	R657-3	AMD	08/11/2014	2014-13/100	
<u>in-service training</u>						
Public Safety, Peace Officer Standards and Training	38377	R728-502	5YR	03/19/2014	2014-8/50	
<u>incidents</u>						
Administrative Services, Fleet Operations	38073	R27-7-3	AMD	03/11/2014	2013-22/14	
<u>income</u>						
Health, Health Care Financing, Coverage and Reimbursement Policy	38317	R414-304-5	AMD	04/21/2014	2014-6/30	
<u>individual open enrollment period</u>						
Insurance, Administration	38088	R590-269	NEW	01/13/2014	2013-22/144	
	38376	R590-269-4	AMD	06/02/2014	2014-8/29	
<u>industrial waste</u>						
Environmental Quality, Water Quality	38235	R317-1-7	AMD	03/27/2014	2014-3/13	
	38402	R317-1-7	AMD	08/01/2014	2014-8/13	
<u>information technology resources</u>						
Technology Services, Administration	38428	R895-7	5YR	04/15/2014	2014-9/60	
<u>inmates</u>						
Education, Administration	38352	R277-735	5YR	03/14/2014	2014-7/91	
	38360	R277-735	AMD	05/08/2014	2014-7/11	
Pardons (Board Of), Administration	38325	R671-201	AMD	05/08/2014	2014-7/78	
	38314	R671-201-1	EMR	03/01/2014	2014-6/73	
<u>inspections</u>						
Agriculture and Food, Animal Industry	38251	R58-20	5YR	01/17/2014	2014-4/67	
Agriculture and Food, Regulatory Services	38262	R70-530	R&R	03/27/2014	2014-4/5	
<u>instructor certification</u>						
Commerce, Real Estate	38270	R162-2g	AMD	03/31/2014	2014-4/16	
	38389	R162-2g	AMD	05/22/2014	2014-8/8	
Public Safety, Peace Officer Standards and Training	38377	R728-502	5YR	03/19/2014	2014-8/50	
<u>insurance</u>						
Human Resource Management, Administration	38469	R477-6	AMD	07/01/2014	2014-10/67	
	38092	R477-6-9	AMD	01/14/2014	2013-22/125	
Insurance, Administration	38417	R590-166	5YR	04/07/2014	2014-9/57	
	38283	R590-170	5YR	02/11/2014	2014-5/62	
	38555	R590-171	5YR	05/27/2014	2014-12/56	
	38273	R590-186-8	AMD	03/26/2014	2014-4/43	
	38090	R590-229	AMD	03/11/2014	2013-22/139	
	38090	R590-229	CPR	03/11/2014	2014-3/44	
	38797	R590-229	5YR	08/20/2014	Not Printed	

RULES INDEX

	38342	R590-229-9	AMD	05/27/2014	2014-7/72
	38559	R590-230	5YR	05/30/2014	2014-12/57
Natural Resources, Parks and Recreation	38441	R651-409	AMD	06/09/2014	2014-9/38
<u>insurance companies</u>					
Insurance, Administration	38799	R590-127	5YR	08/20/2014	Not Printed
	38794	R590-129	5YR	08/20/2014	Not Printed
<u>insurance company financial reporting</u>					
Insurance, Administration	38669	R590-254	5YR	07/02/2014	2014-15/68
<u>insurance email address requirements</u>					
Insurance, Administration	38284	R590-258-1	NSC	02/27/2014	Not Printed
<u>insurance law</u>					
Insurance, Administration	38828	R590-67	5YR	08/29/2014	Not Printed
	38795	R590-79	5YR	08/20/2014	Not Printed
	38793	R590-83	5YR	08/20/2014	Not Printed
	38069	R590-96	AMD	01/21/2014	2013-22/137
	38414	R590-98	5YR	04/07/2014	2014-9/56
	38416	R590-190	5YR	04/07/2014	2014-9/57
	38415	R590-191	5YR	04/07/2014	2014-9/58
	38635	R590-192	5YR	06/17/2014	2014-14/83
	38796	R590-194	5YR	08/20/2014	Not Printed
<u>insurance licensing</u>					
Insurance, Administration	38307	R590-195	5YR	02/20/2014	2014-6/75
	38308	R590-195	REP	04/22/2014	2014-6/59
<u>insurance licensing requirements</u>					
Insurance, Administration	38620	R590-244	5YR	06/16/2014	2014-13/141
<u>intellectual disability</u>					
Health, Family Health and Preparedness, Children with Special Health Care Needs	38340	R398-10	NSC	04/01/2014	Not Printed
<u>international guest teachers</u>					
Education, Administration	38190	R277-527	AMD	02/07/2014	2014-1/18
<u>intervention</u>					
Education, Administration	38627	R277-710	NEW	08/07/2014	2014-13/33
<u>inventories</u>					
Environmental Quality, Air Quality	38261	R307-150	5YR	01/28/2014	2014-4/70
<u>investment advisers</u>					
Money Management Council, Administration	38281	R628-19	5YR	02/10/2014	2014-5/63
<u>involuntary commitment</u>					
Human Services, Substance Abuse and Mental Health	38293	R523-5	NEW	04/07/2014	2014-5/42
<u>IRIS</u>					
Technology Services, Administration	38480	R895-13	5YR	05/05/2014	2014-11/174
<u>IT planning</u>					
Technology Services, Administration	38386	R895-6	5YR	03/27/2014	2014-8/51
<u>job descriptions</u>					
Human Resource Management, Administration	38454	R477-3-4	AMD	07/01/2014	2014-10/63
<u>judges</u>					
Judicial Performance Evaluation Commission, Administration	38303	R597-1	5YR	02/17/2014	2014-6/77
	38304	R597-3	5YR	02/17/2014	2014-6/77
	38438	R597-3	AMD	06/12/2014	2014-9/30
	38595	R597-3	AMD	08/08/2014	2014-13/97

<u>judicial evaluations</u>					
Judicial Performance Evaluation Commission, Administration	38303	R597-1	5YR	02/17/2014	2014-6/77
<u>judicial performance evaluations</u>					
Judicial Performance Evaluation Commission, Administration	38303	R597-1	5YR	02/17/2014	2014-6/77
	38304	R597-3	5YR	02/17/2014	2014-6/77
	38438	R597-3	AMD	06/12/2014	2014-9/30
	38595	R597-3	AMD	08/08/2014	2014-13/97
<u>judiciary</u>					
Judicial Performance Evaluation Commission, Administration	38303	R597-1	5YR	02/17/2014	2014-6/77
<u>justice court classifications</u>					
Judicial Performance Evaluation Commission, Administration	38440	R597-4	NEW	06/12/2014	2014-9/34
<u>justice court evaluations</u>					
Judicial Performance Evaluation Commission, Administration	38440	R597-4	NEW	06/12/2014	2014-9/34
<u>justice court multiple jurisdictions</u>					
Judicial Performance Evaluation Commission, Administration	38440	R597-4	NEW	06/12/2014	2014-9/34
<u>justice court multiple retention election years</u>					
Judicial Performance Evaluation Commission, Administration	38440	R597-4	NEW	06/12/2014	2014-9/34
<u>juvenile courts</u>					
Education, Administration	38116	R277-709	AMD	01/14/2014	2013-23/13
	38359	R277-709-11	AMD	05/08/2014	2014-7/10
<u>juvenile offenders</u>					
Education, Administration	38593	R277-714	5YR	06/10/2014	2014-13/140
<u>landowner permits</u>					
Natural Resources, Wildlife Resources	38232	R657-43	AMD	03/11/2014	2014-3/30
<u>landscape architects</u>					
Commerce, Occupational and Professional Licensing	38639	R156-53	AMD	08/21/2014	2014-14/43
<u>large underground wastewater</u>					
Environmental Quality, Water Quality	38271	R317-5	R&R	03/26/2014	2014-4/26
<u>law enforcement</u>					
Public Safety, Highway Patrol	38711	R714-600	5YR	07/22/2014	2014-16/61
<u>law enforcement officer certification</u>					
Public Safety, Administration	38310	R698-4	5YR	02/21/2014	2014-6/78
<u>law enforcement officers</u>					
Public Safety, Peace Officer Standards and Training	38377	R728-502	5YR	03/19/2014	2014-8/50
<u>lead-based paint</u>					
Environmental Quality, Air Quality	38330	R307-840	5YR	03/06/2014	2014-7/92
<u>learner permits</u>					
Public Safety, Driver License	38373	R708-26	5YR	03/18/2014	2014-8/49
	38372	R708-26	NSC	04/14/2014	Not Printed
<u>leave benefits</u>					
Human Resource Management, Administration	38084	R477-7	AMD	01/14/2014	2013-22/126
	38455	R477-7	AMD	07/01/2014	2014-10/71

RULES INDEX

liability

Natural Resources, Parks and Recreation 38441 R651-409 AMD 06/09/2014 2014-9/38

licenses

Natural Resources, Wildlife Resources 38482 R657-45 AMD 07/08/2014 2014-11/163

licensing

Commerce, Occupational and Professional Licensing 38659 R156-1 AMD 08/21/2014 2014-14/14
 38157 R156-1-501 AMD 01/21/2014 2013-24/6
 38253 R156-1-501 NSC 01/31/2014 Not Printed
 38337 R156-15 AMD 05/08/2014 2014-7/5
 38549 R156-15A-231 AMD 07/22/2014 2014-12/10
 38638 R156-17b AMD 08/21/2014 2014-14/21
 38473 R156-24b AMD 06/23/2014 2014-10/9
 38657 R156-24b-505 AMD 08/21/2014 2014-14/41
 38475 R156-31b R&R 06/23/2014 2014-10/11
 38801 R156-31c 5YR 08/21/2014 Not Printed
 38732 R156-38a-301a NSC 08/28/2014 Not Printed
 38533 R156-38a-401 NSC 05/29/2014 Not Printed
 38517 R156-40 AMD 07/08/2014 2014-11/105
 38548 R156-40a-302a AMD 07/22/2014 2014-12/13
 38254 R156-42a 5YR 01/21/2014 2014-4/68
 38313 R156-42a AMD 04/21/2014 2014-6/24
 38249 R156-44a 5YR 01/16/2014 2014-4/69
 38155 R156-46a AMD 01/21/2014 2013-24/7
 38257 R156-46a 5YR 01/27/2014 2014-4/69
 38639 R156-53 AMD 08/21/2014 2014-14/43
 38151 R156-55a AMD 01/21/2014 2013-24/10
 38380 R156-55a-301 NSC 04/14/2014 Not Printed
 38648 R156-55b AMD 08/21/2014 2014-14/44
 38421 R156-60 5YR 04/08/2014 2014-9/50
 38390 R156-60-102 AMD 05/22/2014 2014-8/6
 38730 R156-60a 5YR 08/04/2014 2014-17/135
 38734 R156-60b 5YR 08/05/2014 2014-17/136
 38233 R156-61 5YR 01/13/2014 2014-3/49
 38450 R156-63a AMD 06/23/2014 2014-10/45
 38474 R156-63b AMD 06/23/2014 2014-10/48
 38106 R156-67 AMD 01/07/2014 2013-23/5
 38649 R156-67 AMD 08/21/2014 2014-14/46
 38107 R156-68 AMD 01/07/2014 2013-23/6
 38552 R156-68 AMD 07/28/2014 2014-12/14
 38149 R156-69 AMD 01/21/2014 2013-24/20
 38165 R156-72 AMD 02/10/2014 2014-1/8
 38375 R156-77 AMD 05/22/2014 2014-8/7
 38761 R156-78 5YR 08/14/2014 2014-17/136
 38735 R156-79 5YR 08/05/2014 2014-17/137
 38388 R156-80a 5YR 03/31/2014 2014-8/37
 38382 R156-81 5YR 03/25/2014 2014-8/37
 Governor, Economic Development, Pete Suazo Utah 38033 R359-1-604 AMD 01/24/2014 2013-20/25
 Athletic Commission
 Natural Resources, Wildlife Resources 38230 R657-27 AMD 03/11/2014 2014-3/26
 Public Safety, Driver License 38370 R708-10 5YR 03/18/2014 2014-8/48
 38407 R708-24 5YR 04/03/2014 2014-9/59
 38486 R708-24 NSC 05/29/2014 Not Printed

liens

Commerce, Occupational and Professional Licensing 38732 R156-38a-301a NSC 08/28/2014 Not Printed
 38533 R156-38a-401 NSC 05/29/2014 Not Printed

life insurance

Insurance, Administration 38413 R590-93 5YR 04/07/2014 2014-9/56

life insurance filings

Insurance, Administration 38364 R590-226 5YR 03/18/2014 2014-8/45
 38290 R590-226-5 NSC 02/27/2014 Not Printed

<u>lifeline rates</u>					
Public Service Commission, Administration	38198	R746-341	AMD	02/24/2014	2014-2/9
	38545	R746-341	AMD	08/06/2014	2014-12/44
<u>limitation on judgments</u>					
Administrative Services, Risk Management	38250	R37-4	AMD	04/30/2014	2014-4/4
<u>liquid waste</u>					
Environmental Quality, Water Quality	38387	R317-550	AMD	07/30/2014	2014-8/14
<u>literacy</u>					
Education, Administration	38113	R277-704	AMD	01/08/2014	2013-23/11
<u>loans</u>					
Agriculture and Food, Conservation Commission	38712	R64-1	5YR	07/23/2014	2014-16/59
<u>lobbyist regulations</u>					
Lieutenant Governor, Elections	38383	R623-1	5YR	03/26/2014	2014-8/47
<u>Local Mental Health Authority</u>					
Human Services, Substance Abuse and Mental Health	38292	R523-4	NEW	04/07/2014	2014-5/36
<u>Local Substance Abuse Authority</u>					
Human Services, Substance Abuse and Mental Health	38292	R523-4	NEW	04/07/2014	2014-5/36
<u>lt. governor</u>					
Lieutenant Governor, Administration	38379	R622-2	5YR	03/24/2014	2014-8/46
<u>MACT</u>					
Environmental Quality, Air Quality	38492	R307-214	AMD	08/07/2014	2014-11/123
	38105	R307-214-3	AMD	03/06/2014	2013-23/18
<u>MAGI-based</u>					
Health, Health Care Financing, Coverage and Reimbursement Policy	38401	R414-303	AMD	06/01/2014	2014-8/27
	38465	R414-303	AMD	07/01/2014	2014-10/51
<u>marriage and family therapist</u>					
Commerce, Occupational and Professional Licensing	38734	R156-60b	5YR	08/05/2014	2014-17/136
<u>Medicaid</u>					
Health, Health Care Financing, Coverage and Reimbursement Policy	38191	R414-1-5	AMD	05/01/2014	2014-1/32
	38381	R414-1-5	AMD	07/28/2014	2014-8/22
	38599	R414-1-5	AMD	08/19/2014	2014-13/89
	38369	R414-1B	5YR	03/18/2014	2014-8/39
	38560	R414-7A	5YR	05/30/2014	2014-12/54
	38655	R414-7B	REP	08/25/2014	2014-14/54
	38528	R414-9	AMD	07/11/2014	2014-11/150
	38430	R414-10A-6	AMD	06/11/2014	2014-9/27
	38371	R414-11	5YR	03/18/2014	2014-8/39
	38130	R414-14	AMD	01/10/2014	2013-23/26
	38561	R414-14	5YR	05/30/2014	2014-12/54
	38630	R414-14A	5YR	06/17/2014	2014-14/80
	38132	R414-21	AMD	01/10/2014	2013-23/28
	38650	R414-31	5YR	06/24/2014	2014-14/80
	38431	R414-45	REP	06/11/2014	2014-9/29
	38133	R414-49	AMD	01/10/2014	2013-23/30
	38201	R414-49	NSC	01/23/2014	Not Printed
	38631	R414-49	5YR	06/17/2014	2014-14/81
	38134	R414-50	REP	01/10/2014	2013-23/32
	38135	R414-51	REP	01/10/2014	2013-23/33
	38227	R414-54	5YR	01/07/2014	2014-3/50
	38613	R414-54	AMD	08/26/2014	2014-13/94
	38614	R414-59	AMD	08/26/2014	2014-13/95

RULES INDEX

	38318	R414-61	AMD	04/21/2014	2014-6/29
	38368	R414-90	5YR	03/18/2014	2014-8/40
	38529	R414-99	AMD	07/11/2014	2014-11/151
	38791	R414-140	5YR	08/19/2014	Not Printed
	38321	R414-310	AMD	04/21/2014	2014-6/32
	38815	R414-310	EMR	09/01/2014	Not Printed
	38322	R414-320	AMD	04/21/2014	2014-6/42
	38816	R414-320	EMR	09/01/2014	Not Printed
	38418	R414-401	5YR	04/07/2014	2014-9/53
	38478	R414-401-3	AMD	07/01/2014	2014-10/53
	38632	R414-501	5YR	06/17/2014	2014-14/82
	38633	R414-502	5YR	06/17/2014	2014-14/82
	38141	R414-503	R&R	01/07/2014	2013-23/37
	38660	R414-503	5YR	07/01/2014	2014-14/83
	38584	R414-503-2	NSC	06/18/2014	Not Printed
	38532	R414-510	AMD	07/15/2014	2014-11/153
	38103	R414-511	NEW	01/13/2014	2013-23/42
<u>medical examiner</u>					
Health, Disease Control and Prevention, Medical Examiner	38419	R448-10	5YR	04/07/2014	2014-9/55
	38420	R448-20	5YR	04/07/2014	2014-9/55
<u>medical language interpreter</u>					
Commerce, Occupational and Professional Licensing	38388	R156-80a	5YR	03/31/2014	2014-8/37
<u>medical transportation</u>					
Health, Health Care Financing, Coverage and Reimbursement Policy	38466	R414-306	AMD	07/01/2014	2014-10/53
	38129	R414-306-5	AMD	01/10/2014	2013-23/35
<u>medically underserved</u>					
Health, Family Health and Preparedness, Primary Care and Rural Health	38637	R434-30	AMD	08/21/2014	2014-14/64
	38305	R434-40	NEW	05/08/2014	2014-6/53
<u>mental health</u>					
Commerce, Occupational and Professional Licensing	38421	R156-60	5YR	04/08/2014	2014-9/50
	38390	R156-60-102	AMD	05/22/2014	2014-8/6
<u>mental retardation</u>					
Health, Family Health and Preparedness, Children with Special Health Care Needs	38339	R398-10	5YR	03/12/2014	2014-7/92
<u>midwife</u>					
Commerce, Occupational and Professional Licensing	38375	R156-77	AMD	05/22/2014	2014-8/7
<u>midwifery</u>					
Commerce, Occupational and Professional Licensing	38249	R156-44a	5YR	01/16/2014	2014-4/69
<u>migratory birds</u>					
Natural Resources, Wildlife Resources	38605	R657-9	AMD	08/11/2014	2014-13/106
<u>mineral resources</u>					
Tax Commission, Auditing	38222	R865-16R	5YR	01/06/2014	2014-3/54
<u>modeling</u>					
Environmental Quality, Air Quality	38489	R307-410-2	AMD	08/07/2014	2014-11/128
	38490	R307-410-6	AMD	08/07/2014	2014-11/129
<u>monitoring</u>					
Education, Administration	38187	R277-481	AMD	02/07/2014	2014-1/15
<u>motor carrier</u>					
Public Safety, Highway Patrol	38711	R714-600	5YR	07/22/2014	2014-16/61

<u>motor vehicles</u>						
Environmental Quality, Administration	38525	R305-4	AMD	07/08/2014	2014-11/118	
<u>multiple stage bidding</u>						
Administrative Services, Purchasing and General Services	38505	R33-6	R&R	07/08/2014	2014-11/43	
	38694	R33-6	5YR	07/08/2014	2014-15/64	
<u>NCLB</u>						
Education, Administration	38349	R277-524	5YR	03/14/2014	2014-7/90	
	38358	R277-524	AMD	05/08/2014	2014-7/8	
<u>NESHAP</u>						
Environmental Quality, Air Quality	38492	R307-214	AMD	08/07/2014	2014-11/123	
	38105	R307-214-3	AMD	03/06/2014	2013-23/18	
<u>new source review</u>						
Environmental Quality, Air Quality	38104	R307-210-2	AMD	03/06/2014	2013-23/17	
<u>newborn hearing screening</u>						
Health, Family Health and Preparedness, Children with Special Health Care Needs	38139	R398-4	NEW	01/17/2014	2013-23/25	
<u>newborn screening</u>						
Health, Family Health and Preparedness, Children with Special Health Care Needs	38319	R398-1	AMD	07/01/2014	2014-6/25	
<u>nonprofit organizations</u>						
Workforce Services, Unemployment Insurance	38665	R994-309	5YR	07/01/2014	2014-14/84	
<u>nonpublic schools</u>						
Education, Administration	38434	R277-410-5	AMD	06/09/2014	2014-9/13	
<u>notification requirements</u>						
Commerce, Real Estate	38213	R162-2f	AMD	02/25/2014	2014-2/4	
<u>nurses</u>						
Commerce, Occupational and Professional Licensing	38475	R156-31b	R&R	06/23/2014	2014-10/11	
	38801	R156-31c	5YR	08/21/2014	Not Printed	
<u>nursing facility</u>						
Health, Health Care Financing, Coverage and Reimbursement Policy	38418	R414-401	5YR	04/07/2014	2014-9/53	
	38478	R414-401-3	AMD	07/01/2014	2014-10/53	
<u>nutrition</u>						
Education, Administration	38628	R277-719	AMD	08/07/2014	2014-13/35	
Human Services, Aging and Adult Services	38670	R510-104	5YR	07/02/2014	2014-15/67	
<u>occupational licensing</u>						
Commerce, Occupational and Professional Licensing	38548	R156-40a-302a	AMD	07/22/2014	2014-12/13	
	38151	R156-55a	AMD	01/21/2014	2013-24/10	
	38380	R156-55a-301	NSC	04/14/2014	Not Printed	
	38648	R156-55b	AMD	08/21/2014	2014-14/44	
<u>occupational safety and health</u>						
Labor Commission, Adjudication	38328	R602-8	5YR	03/05/2014	2014-7/94	
<u>occupational therapy</u>						
Commerce, Occupational and Professional Licensing	38254	R156-42a	5YR	01/21/2014	2014-4/68	
	38313	R156-42a	AMD	04/21/2014	2014-6/24	
<u>off-highway vehicles</u>						
Natural Resources, Parks and Recreation	38216	R651-411	5YR	01/02/2014	2014-3/51	

RULES INDEX

<u>oil and gas law</u>						
Natural Resources, Oil, Gas and Mining; Oil and Gas	38741	R649-10	5YR	08/05/2014	2014-17/142	
<u>operational requirements</u>						
Commerce, Real Estate	38213	R162-2f	AMD	02/25/2014	2014-2/4	
<u>operator certification</u>						
Environmental Quality, Water Quality	38531	R317-10	AMD	08/27/2014	2014-11/143	
<u>orthodontia</u>						
Health, Health Care Financing, Coverage and Reimbursement Policy	38135	R414-51	REP	01/10/2014	2013-23/33	
<u>osteopathic physician</u>						
Commerce, Occupational and Professional Licensing	38107	R156-68	AMD	01/07/2014	2013-23/6	
	38552	R156-68	AMD	07/28/2014	2014-12/14	
<u>osteopaths</u>						
Commerce, Occupational and Professional Licensing	38107	R156-68	AMD	01/07/2014	2013-23/6	
	38552	R156-68	AMD	07/28/2014	2014-12/14	
<u>out of school time child care programs</u>						
Health, Family Health and Preparedness, Child Care Licensing	38543	R430-70	5YR	05/19/2014	2014-12/55	
<u>out-of-home care</u>						
Human Services, Child and Family Services	38265	R512-306	5YR	01/28/2014	2014-4/73	
<u>outfitters</u>						
Commerce, Occupational and Professional Licensing	38735	R156-79	5YR	08/05/2014	2014-17/137	
<u>overpayments</u>						
Human Services, Recovery Services	38550	R527-332	5YR	05/22/2014	2014-12/55	
<u>oversight</u>						
Education, Administration	38187	R277-481	AMD	02/07/2014	2014-1/15	
<u>overtime</u>						
Human Resource Management, Administration	38459	R477-8	AMD	07/01/2014	2014-10/80	
<u>ownership</u>						
Natural Resources, Water Rights	38723	R655-3	5YR	08/01/2014	2014-16/59	
<u>ozone</u>						
Environmental Quality, Air Quality	38061	R307-110-17	AMD	01/09/2014	2013-21/8	
<u>paint</u>						
Environmental Quality, Air Quality	38330	R307-840	5YR	03/06/2014	2014-7/92	
<u>paleontological resources</u>						
Regents (Board Of), University of Utah, Museum of Natural History (Utah)	38354	R807-1	5YR	03/14/2014	2014-7/95	
<u>paraeducators</u>						
Education, Administration	38302	R277-526	AMD	04/07/2014	2014-5/23	
<u>paraprofessional qualifications</u>						
Education, Administration	38349	R277-524	5YR	03/14/2014	2014-7/90	
	38358	R277-524	AMD	05/08/2014	2014-7/8	
<u>parental defense</u>						
Administrative Services, Child Welfare Parental Defense (Office of)	38547	R19-1	5YR	05/21/2014	2014-12/53	
<u>parental rights</u>						
Human Services, Administration	38280	R495-882	5YR	02/10/2014	2014-5/61	

<u>parks</u>						
Natural Resources, Parks and Recreation	38444	R651-205	AMD	06/09/2014	2014-9/36	
	38441	R651-409	AMD	06/09/2014	2014-9/38	
	38439	R651-608	AMD	06/09/2014	2014-9/40	
	38442	R651-619	AMD	06/09/2014	2014-9/41	
	38225	R651-636	5YR	01/06/2014	2014-3/51	
<u>parole</u>						
Pardons (Board Of), Administration	38325	R671-201	AMD	05/08/2014	2014-7/78	
	38314	R671-201-1	EMR	03/01/2014	2014-6/73	
<u>passport</u>						
Human Services, Recovery Services	38336	R527-275	5YR	03/06/2014	2014-7/93	
<u>payers</u>						
Health, Center for Health Data, Health Care Statistics	38144	R428-15	AMD	01/07/2014	2013-23/43	
	38568	R428-15	AMD	08/05/2014	2014-12/38	
<u>payment bonds</u>						
Administrative Services, Purchasing and General Services	38524	R33-11	R&R	07/08/2014	2014-11/64	
	38699	R33-11	5YR	07/08/2014	2014-15/66	
<u>PCN</u>						
Health, Health Care Financing, Coverage and Reimbursement Policy	38322	R414-320	AMD	04/21/2014	2014-6/42	
	38816	R414-320	EMR	09/01/2014	Not Printed	
<u>penalties</u>						
Environmental Quality, Radiation Control	38076	R313-14	AMD	04/03/2014	2013-22/45	
	38076	R313-14	CPR	04/03/2014	2014-4/50	
<u>people with disabilities</u>						
Human Services, Services for People with Disabilities	38745	R539-2	5YR	08/07/2014	2014-17/139	
	38746	R539-3	5YR	08/07/2014	2014-17/139	
<u>per diem allowances</u>						
Administrative Services, Finance	38175	R25-7	AMD	02/07/2014	2014-1/4	
	38471	R25-7	AMD	06/23/2014	2014-10/4	
<u>performance bonds</u>						
Administrative Services, Purchasing and General Services	38524	R33-11	R&R	07/08/2014	2014-11/64	
	38699	R33-11	5YR	07/08/2014	2014-15/66	
<u>performance measurement</u>						
Health, Center for Health Data, Health Care Statistics	38566	R428-12	AMD	08/05/2014	2014-12/34	
<u>permits</u>						
Environmental Quality, Air Quality	38491	R307-401-12	AMD	08/07/2014	2014-11/127	
	37833	R307-401-19	AMD	01/06/2014	2013-15/29	
	37833	R307-401-19	CPR	01/06/2014	2013-23/55	
Natural Resources, Wildlife Resources	38482	R657-45	AMD	07/08/2014	2014-11/163	
	38427	R657-62	5YR	04/14/2014	2014-9/58	
	38604	R657-62	AMD	08/11/2014	2014-13/115	
Transportation, Motor Carrier	38619	R909-2	5YR	06/16/2014	2014-13/144	
<u>personal property</u>						
Tax Commission, Property Tax	38598	R884-24P-73	AMD	08/28/2014	2014-13/126	
<u>personnel management</u>						
Human Resource Management, Administration	38456	R477-1	AMD	07/01/2014	2014-10/57	
	38469	R477-6	AMD	07/01/2014	2014-10/67	
	38092	R477-6-9	AMD	01/14/2014	2013-22/125	
	38460	R477-9	AMD	07/01/2014	2014-10/84	
	38462	R477-14	AMD	07/01/2014	2014-10/88	

RULES INDEX

<u>pharmacies</u>						
Commerce, Occupational and Professional Licensing	38638	R156-17b	AMD	08/21/2014	2014-14/21	
<u>pharmacists</u>						
Commerce, Occupational and Professional Licensing	38638	R156-17b	AMD	08/21/2014	2014-14/21	
<u>physical therapist</u>						
Commerce, Occupational and Professional Licensing	38657	R156-24b-505	AMD	08/21/2014	2014-14/41	
<u>physical therapist assistant</u>						
Commerce, Occupational and Professional Licensing	38657	R156-24b-505	AMD	08/21/2014	2014-14/41	
<u>physical therapist assistants</u>						
Commerce, Occupational and Professional Licensing	38473	R156-24b	AMD	06/23/2014	2014-10/9	
<u>physical therapists</u>						
Commerce, Occupational and Professional Licensing	38473	R156-24b	AMD	06/23/2014	2014-10/9	
<u>physical therapy</u>						
Commerce, Occupational and Professional Licensing	38473	R156-24b	AMD	06/23/2014	2014-10/9	
	38657	R156-24b-505	AMD	08/21/2014	2014-14/41	
<u>physically impaired</u>						
Public Service Commission, Administration	38278	R746-343-15	AMD	05/01/2014	2014-5/51	
<u>physicians</u>						
Commerce, Occupational and Professional Licensing	38106	R156-67	AMD	01/07/2014	2013-23/5	
	38649	R156-67	AMD	08/21/2014	2014-14/46	
Health, Health Care Financing, Coverage and Reimbursement Policy	38369	R414-1B	5YR	03/18/2014	2014-8/39	
Public Safety, Driver License	38487	R708-7	NSC	05/29/2014	Not Printed	
<u>planning</u>						
Administrative Services, Facilities Construction and Management	38405	R23-3	5YR	04/03/2014	2014-9/49	
<u>PM10</u>						
Environmental Quality, Air Quality	38061	R307-110-17	AMD	01/09/2014	2013-21/8	
<u>PM2.5</u>						
Environmental Quality, Air Quality	38061	R307-110-17	AMD	01/09/2014	2013-21/8	
<u>policy</u>						
Education, Administration	38301	R277-495	AMD	04/07/2014	2014-5/20	
<u>pollution</u>						
Environmental Quality, Water Quality	38387	R317-550	AMD	07/30/2014	2014-8/14	
<u>pools</u>						
Health, Disease Control and Prevention, Environmental Services	38089	R392-302	AMD	02/14/2014	2013-22/69	
<u>position classifications</u>						
Human Resource Management, Administration	38454	R477-3-4	AMD	07/01/2014	2014-10/63	
<u>post-retirement benefits</u>						
Education, Administration	38433	R277-118	NEW	06/09/2014	2014-9/11	
<u>poverty</u>						
Education, Administration	38627	R277-710	NEW	08/07/2014	2014-13/33	
<u>preferences for resident contractors</u>						
Administrative Services, Purchasing and General Services	38509	R33-10	R&R	07/08/2014	2014-11/62	
	38698	R33-10	5YR	07/08/2014	2014-15/66	

<u>preferred provider organization</u>						
Health, Center for Health Data, Health Care Statistics	38566	R428-12	AMD	08/05/2014	2014-12/34	
<u>prescription drug database</u>						
Health, Disease Control and Prevention, Health Promotion	38081	R384-203	NEW	03/01/2014	2013-22/68	
<u>presumptive eligibility</u>						
Health, Health Care Financing, Coverage and Reimbursement Policy	38401	R414-303	AMD	06/01/2014	2014-8/27	
	38465	R414-303	AMD	07/01/2014	2014-10/51	
<u>primary care</u>						
Health, Health Care Financing, Coverage and Reimbursement Policy	38321	R414-310	AMD	04/21/2014	2014-6/32	
	38815	R414-310	EMR	09/01/2014	Not Printed	
<u>primary health care</u>						
Health, Family Health and Preparedness, Primary Care and Rural Health	38637	R434-30	AMD	08/21/2014	2014-14/64	
<u>prioritization</u>						
Administrative Services, Facilities Construction and Management	38247	R23-33	NEW	03/10/2014	2014-3/2	
<u>private security officers</u>						
Commerce, Occupational and Professional Licensing	38450	R156-63a	AMD	06/23/2014	2014-10/45	
<u>procedures</u>						
Administrative Services, Facilities Construction and Management	38618	R23-22	R&R	08/07/2014	2014-13/13	
Public Service Commission, Administration	38363	R746-340	AMD	05/27/2014	2014-8/32	
	38556	R746-340-2	NSC	06/05/2014	Not Printed	
<u>procurement</u>						
Administrative Services, Facilities Construction and Management	38405	R23-3	5YR	04/03/2014	2014-9/49	
Administrative Services, Purchasing and General Services	38504	R33-5	R&R	07/08/2014	2014-11/32	
	38693	R33-5	5YR	07/08/2014	2014-15/63	
	38512	R33-14	NEW	07/08/2014	2014-11/83	
Capitol Preservation Board (State), Administration	38546	R131-4	EMR	05/21/2014	2014-12/49	
	38557	R131-4	AMD	07/22/2014	2014-12/8	
<u>Procurement Appeals Board</u>						
Administrative Services, Purchasing and General Services	38515	R33-17	NEW	07/08/2014	2014-11/87	
<u>procurement code</u>						
Administrative Services, Purchasing and General Services	38518	R33-19	NEW	07/08/2014	2014-11/90	
	38519	R33-20	NEW	07/08/2014	2014-11/91	
	38521	R33-24	NEW	07/08/2014	2014-11/95	
<u>procurement methods</u>						
Administrative Services, Purchasing and General Services	38522	R33-25	NEW	07/08/2014	2014-11/97	
<u>Procurement Policy Board</u>						
Administrative Services, Purchasing and General Services	38501	R33-2	R&R	07/08/2014	2014-11/6	
	38690	R33-2	5YR	07/08/2014	2014-15/61	
<u>procurement procedures</u>						
Administrative Services, Purchasing and General Services	38524	R33-11	R&R	07/08/2014	2014-11/64	
	38699	R33-11	5YR	07/08/2014	2014-15/66	

RULES INDEX

	38523	R33-26	NEW	07/08/2014	2014-11/98
<u>procurement professionals</u>					
Administrative Services, Purchasing and General Services	38521	R33-24	NEW	07/08/2014	2014-11/95
<u>procurement units</u>					
Administrative Services, Purchasing and General Services	38520	R33-21	NEW	07/08/2014	2014-11/92
<u>professional education</u>					
Education, Administration	38829	R277-504	5YR	09/02/2014	Not Printed
	38241	R277-518	AMD	03/10/2014	2014-3/8
<u>professional engineers</u>					
Commerce, Occupational and Professional Licensing	38279	R156-22	AMD	04/08/2014	2014-5/7
<u>professional land surveyors</u>					
Commerce, Occupational and Professional Licensing	38279	R156-22	AMD	04/08/2014	2014-5/7
<u>professional staff</u>					
Education, Administration	38348	R277-486	5YR	03/14/2014	2014-7/89
	38356	R277-486	NSC	04/01/2014	Not Printed
<u>professional structural engineers</u>					
Commerce, Occupational and Professional Licensing	38279	R156-22	AMD	04/08/2014	2014-5/7
<u>program benefits</u>					
Health, Health Care Financing, Coverage and Reimbursement Policy	38466	R414-306	AMD	07/01/2014	2014-10/53
	38129	R414-306-5	AMD	01/10/2014	2013-23/35
<u>prohibited items and devices</u>					
Human Services, Substance Abuse and Mental Health	38297	R523-1	REP	04/07/2014	2014-5/27
<u>promotions</u>					
Agriculture and Food, Marketing and Development	38287	R65-12	NEW	04/16/2014	2014-5/5
<u>property</u>					
Natural Resources, Parks and Recreation	38224	R651-700	5YR	01/06/2014	2014-3/52
<u>property casualty insurance filings</u>					
Insurance, Administration	38309	R590-225	5YR	02/20/2014	2014-6/76
<u>property tax</u>					
Tax Commission, Property Tax	38598	R884-24P-73	AMD	08/28/2014	2014-13/126
<u>protection</u>					
Commerce, Consumer Protection	38266	R152-21	5YR	01/29/2014	2014-4/67
<u>protests</u>					
Administrative Services, Purchasing and General Services	38514	R33-16	NEW	07/08/2014	2014-11/86
	38516	R33-18	NEW	07/08/2014	2014-11/89
	38518	R33-19	NEW	07/08/2014	2014-11/90
<u>PSD</u>					
Environmental Quality, Air Quality	38260	R307-405	5YR	01/28/2014	2014-4/70
<u>psychologists</u>					
Commerce, Occupational and Professional Licensing	38233	R156-61	5YR	01/13/2014	2014-3/49
<u>public assistance</u>					
Public Service Commission, Administration	38278	R746-343-15	AMD	05/01/2014	2014-5/51

<u>public buildings</u>						
Administrative Services, Facilities Construction and Management	38405	R23-3	5YR	04/03/2014	2014-9/49	
	38617	R23-19	AMD	08/07/2014	2014-13/8	
Capitol Preservation Board (State), Administration	38546	R131-4	EMR	05/21/2014	2014-12/49	
	38557	R131-4	AMD	07/22/2014	2014-12/8	
<u>public education</u>						
Education, Administration	38409	R277-105	5YR	04/04/2014	2014-9/51	
	38432	R277-105	AMD	06/09/2014	2014-9/8	
	38185	R277-437	AMD	02/07/2014	2014-1/12	
	38347	R277-438	5YR	03/14/2014	2014-7/89	
	38591	R277-462	5YR	06/10/2014	2014-13/137	
	38621	R277-462	AMD	08/07/2014	2014-13/20	
	38593	R277-714	5YR	06/10/2014	2014-13/140	
	38352	R277-735	5YR	03/14/2014	2014-7/91	
	38360	R277-735	AMD	05/08/2014	2014-7/11	
<u>public funds</u>						
Money Management Council, Administration	38281	R628-19	5YR	02/10/2014	2014-5/63	
	38179	R628-20	NEW	02/18/2014	2014-1/41	
	38180	R628-21	NEW	04/15/2014	2014-1/42	
	38180	R628-21	CPR	04/15/2014	2014-6/70	
<u>public health</u>						
Health, Disease Control and Prevention, Environmental Services	38229	R392-101	5YR	01/10/2014	2014-3/49	
	38177	R392-200-4	AMD	02/19/2014	2014-1/24	
<u>public information</u>						
Administrative Services, Administration	38570	R13-2	5YR	06/02/2014	2014-12/53	
	38569	R13-2	AMD	07/22/2014	2014-12/6	
Human Resource Management, Administration	38457	R477-2-3	AMD	07/01/2014	2014-10/62	
<u>public records</u>						
Attorney General, Administration	38245	R105-2	NSC	01/30/2014	Not Printed	
	38749	R105-2	NSC	08/28/2014	Not Printed	
Environmental Quality, Administration	38244	R305-1	NSC	01/30/2014	Not Printed	
Natural Resources, Parks and Recreation	38343	R651-102	NSC	04/01/2014	Not Printed	
<u>public sales</u>						
Administrative Services, Purchasing and General Services	38523	R33-26	NEW	07/08/2014	2014-11/98	
<u>public schools</u>						
Education, Administration	38434	R277-410-5	AMD	06/09/2014	2014-9/13	
	38590	R277-463	5YR	06/10/2014	2014-13/138	
	38622	R277-463	AMD	08/07/2014	2014-13/24	
	38627	R277-710	NEW	08/07/2014	2014-13/33	
	38412	R277-916	5YR	04/04/2014	2014-9/53	
<u>public utilities</u>						
Public Service Commission, Administration	38644	R746-200-7	AMD	08/22/2014	2014-14/67	
<u>pump installers</u>						
Natural Resources, Water Rights	38722	R655-4	5YR	08/01/2014	2014-16/60	
<u>pupil-teacher ratio reporting</u>						
Education, Administration	38590	R277-463	5YR	06/10/2014	2014-13/138	
	38622	R277-463	AMD	08/07/2014	2014-13/24	
<u>qualified depository</u>						
Money Management Council, Administration	38180	R628-21	NEW	04/15/2014	2014-1/42	
	38180	R628-21	CPR	04/15/2014	2014-6/70	
<u>rabbits</u>						
Natural Resources, Wildlife Resources	38600	R657-6	AMD	08/11/2014	2014-13/102	

RULES INDEX

<u>radiation</u>					
Environmental Quality, Radiation Control	38082	R313-25	AMD	04/03/2014	2013-22/49
	38082	R313-25	CPR	04/03/2014	2014-4/53
<u>radioactive materials</u>					
Environmental Quality, Radiation Control	38145	R313-22-34	AMD	02/14/2014	2013-23/19
	38147	R313-38-3	AMD	04/07/2014	2013-23/20
	38147	R313-38-3	CPR	04/07/2014	2014-5/56
	38146	R313-70-5	AMD	02/18/2014	2013-23/22
<u>radioactive waste disposal</u>					
Environmental Quality, Radiation Control	38082	R313-25	AMD	04/03/2014	2013-22/49
	38082	R313-25	CPR	04/03/2014	2014-4/53
<u>rates</u>					
Public Service Commission, Administration	38278	R746-343-15	AMD	05/01/2014	2014-5/51
<u>real estate appraisals</u>					
Commerce, Real Estate	38270	R162-2g	AMD	03/31/2014	2014-4/16
	38389	R162-2g	AMD	05/22/2014	2014-8/8
<u>real estate business</u>					
Commerce, Real Estate	38213	R162-2f	AMD	02/25/2014	2014-2/4
<u>real property</u>					
Administrative Services, Facilities Construction and Management	38618	R23-22	R&R	08/07/2014	2014-13/13
<u>reciprocal deposits</u>					
Money Management Council, Administration	38180	R628-21	NEW	04/15/2014	2014-1/42
	38180	R628-21	CPR	04/15/2014	2014-6/70
<u>reciprocal preferences</u>					
Administrative Services, Purchasing and General Services	38509	R33-10	R&R	07/08/2014	2014-11/62
	38698	R33-10	5YR	07/08/2014	2014-15/66
<u>reclamation</u>					
Natural Resources, Oil, Gas and Mining; Coal	38738	R645-105	5YR	08/05/2014	2014-17/140
	38740	R645-106	5YR	08/05/2014	2014-17/141
	38739	R645-400	5YR	08/05/2014	2014-17/141
<u>records</u>					
Administrative Services, Purchasing and General Services	38519	R33-20	NEW	07/08/2014	2014-11/91
Health, Disease Control and Prevention, Medical Examiner	38420	R448-20	5YR	04/07/2014	2014-9/55
<u>records access</u>					
Attorney General, Administration	38245	R105-2	NSC	01/30/2014	Not Printed
	38749	R105-2	NSC	08/28/2014	Not Printed
<u>records appeal hearings</u>					
Administrative Services, Records Committee	38572	R35-1	5YR	06/03/2014	2014-13/133
	38573	R35-1a	5YR	06/03/2014	2014-13/134
	38574	R35-2	5YR	06/03/2014	2014-13/135
	38575	R35-3	5YR	06/03/2014	2014-13/135
	38576	R35-4	5YR	06/03/2014	2014-13/136
	38577	R35-5	5YR	06/03/2014	2014-13/136
	38578	R35-6	5YR	06/03/2014	2014-13/137
<u>recreation</u>					
Natural Resources, Wildlife Resources	38170	R657-38	AMD	02/10/2014	2014-1/61
<u>recreation therapy</u>					
Commerce, Occupational and Professional Licensing	38517	R156-40	AMD	07/08/2014	2014-11/105

<u>recreational therapy</u>						
Commerce, Occupational and Professional Licensing	38517	R156-40	AMD	07/08/2014	2014-11/105	
<u>registration</u>						
Environmental Quality, Radiation Control	38146	R313-70-5	AMD	02/18/2014	2013-23/22	
<u>rehabilitation</u>						
Education, Rehabilitation	38353	R280-202	5YR	03/14/2014	2014-7/91	
	38361	R280-202	AMD	05/08/2014	2014-7/14	
	38540	R280-202-3	NSC	05/29/2014	Not Printed	
<u>reimbursement</u>						
Health, Health Care Financing, Coverage and Reimbursement Policy	38528	R414-9	AMD	07/11/2014	2014-11/150	
<u>rejections</u>						
Administrative Services, Purchasing and General Services	38508	R33-9	R&R	07/08/2014	2014-11/59	
	38697	R33-9	5YR	07/08/2014	2014-15/65	
<u>religious activities</u>						
Tax Commission, Auditing	38237	R865-19S-30	NSC	01/30/2014	Not Printed	
	38596	R865-19S-54	AMD	08/28/2014	2014-13/124	
	38597	R865-19S-83	AMD	08/28/2014	2014-13/125	
<u>renewable</u>						
Governor, Energy Development (Office of)	38163	R362-2	AMD	01/22/2014	2013-24/23	
<u>renewals</u>						
Environmental Quality, Water Quality	38531	R317-10	AMD	08/27/2014	2014-11/143	
<u>replacement providers</u>						
Public Service Commission, Administration	38234	R746-350	5YR	01/13/2014	2014-3/52	
<u>reporting</u>						
Health, Family Health and Preparedness, Children with Special Health Care Needs	38339	R398-10	5YR	03/12/2014	2014-7/92	
	38340	R398-10	NSC	04/01/2014	Not Printed	
<u>reporting deaths</u>						
Health, Disease Control and Prevention, Medical Examiner	38419	R448-10	5YR	04/07/2014	2014-9/55	
<u>reporting requirements and procedures</u>						
Health, Disease Control and Prevention, Health Promotion	38367	R384-100	5YR	03/18/2014	2014-8/38	
<u>reports</u>						
Environmental Quality, Air Quality	38261	R307-150	5YR	01/28/2014	2014-4/70	
<u>request for information</u>						
Administrative Services, Purchasing and General Services	38504	R33-5	R&R	07/08/2014	2014-11/32	
	38693	R33-5	5YR	07/08/2014	2014-15/63	
<u>request for proposals</u>						
Administrative Services, Purchasing and General Services	38506	R33-7	R&R	07/08/2014	2014-11/49	
	38695	R33-7	5YR	07/08/2014	2014-15/64	
<u>reserved</u>						
Administrative Services, Purchasing and General Services	38526	R33-22	NEW	07/08/2014	2014-11/94	
	38527	R33-23	NEW	07/08/2014	2014-11/95	

RULES INDEX

reverse auction

Administrative Services, Purchasing and General Services	38505	R33-6	R&R	07/08/2014	2014-11/43
	38694	R33-6	5YR	07/08/2014	2014-15/64

revolving account

Education, Administration	38588	R277-480	5YR	06/10/2014	2014-13/139
	38625	R277-480-4	AMD	08/07/2014	2014-13/30

RFPs

Education, Administration	38295	R277-117	5YR	02/13/2014	2014-5/59
	38299	R277-117	AMD	04/07/2014	2014-5/16

rights

Human Services, Services for People with Disabilities	38746	R539-3	5YR	08/07/2014	2014-17/139
---	-------	--------	-----	------------	-------------

risk management

Administrative Services, Risk Management	38250	R37-4	AMD	04/30/2014	2014-4/4
--	-------	-------	-----	------------	----------

rules

Public Service Commission, Administration	38644	R746-200-7	AMD	08/22/2014	2014-14/67
---	-------	------------	-----	------------	------------

rules and procedures

Education, Administration	38408	R277-102	5YR	04/04/2014	2014-9/51
Education, Rehabilitation	38538	R280-150	5YR	05/15/2014	2014-11/172
	38539	R280-150	AMD	07/08/2014	2014-11/117
Human Resource Management, Administration	38456	R477-1	AMD	07/01/2014	2014-10/57
Natural Resources, Wildlife Resources	38230	R657-27	AMD	03/11/2014	2014-3/26
Public Service Commission, Administration	38198	R746-341	AMD	02/24/2014	2014-2/9
	38545	R746-341	AMD	08/06/2014	2014-12/44

rules of procedure

Administrative Services, Purchasing and General Services	38501	R33-2	R&R	07/08/2014	2014-11/6
	38690	R33-2	5YR	07/08/2014	2014-15/61

safety

Education, Administration	38296	R277-400	5YR	02/13/2014	2014-5/59
	38300	R277-400	AMD	04/07/2014	2014-5/17
	38426	R277-400-5	NSC	04/29/2014	Not Printed
Labor Commission, Boiler and Elevator Safety	38226	R616-2-3	AMD	03/10/2014	2014-3/22
	38378	R616-3-3	AMD	05/22/2014	2014-8/31
Transportation, Motor Carrier	38215	R909-3	5YR	01/02/2014	2014-3/55

safety education

Education, Administration	38296	R277-400	5YR	02/13/2014	2014-5/59
	38300	R277-400	AMD	04/07/2014	2014-5/17
	38426	R277-400-5	NSC	04/29/2014	Not Printed

safety regulations

Transportation, Motor Carrier	38619	R909-2	5YR	06/16/2014	2014-13/144
	38449	R909-19	AMD	07/08/2014	2014-10/102

salaries

Human Resource Management, Administration	38092	R477-6-9	AMD	01/14/2014	2013-22/125
---	-------	----------	-----	------------	-------------

sales tax

Tax Commission, Auditing	38237	R865-19S-30	NSC	01/30/2014	Not Printed
	38596	R865-19S-54	AMD	08/28/2014	2014-13/124
	38597	R865-19S-83	AMD	08/28/2014	2014-13/125

scholarships

Education, Administration	38302	R277-526	AMD	04/07/2014	2014-5/23
	38626	R277-602-3	AMD	08/07/2014	2014-13/32
Health, Family Health and Preparedness, Primary Care and Rural Health	38305	R434-40	NEW	05/08/2014	2014-6/53

Public Education Job Enhancement Program, Job Enhancement Committee	38243	R690-100	REP	03/10/2014	2014-3/37
Regents (Board Of), Administration	38820	R765-604	5YR	08/26/2014	Not Printed
<u>school</u>					
Education, Administration	38410	R277-601	5YR	04/04/2014	2014-9/52
<u>school buses</u>					
Education, Administration	38436	R277-601-3	AMD	06/09/2014	2014-9/17
Transportation, Motor Carrier	38215	R909-3	5YR	01/02/2014	2014-3/55
<u>school certification</u>					
Commerce, Real Estate	38270	R162-2g	AMD	03/31/2014	2014-4/16
	38389	R162-2g	AMD	05/22/2014	2014-8/8
<u>school community councils</u>					
Education, Administration	38542	R277-491	AMD	07/08/2014	2014-11/113
<u>school employees</u>					
Education, Administration	38594	R277-516	5YR	06/10/2014	2014-13/139
<u>school enrollment</u>					
Education, Administration	38585	R277-419-9	EMR	06/09/2014	2014-13/129
<u>school reports</u>					
Education, Administration	38111	R277-497	AMD	01/08/2014	2013-23/8
<u>school transportation</u>					
Education, Administration	38410	R277-601	5YR	04/04/2014	2014-9/52
	38436	R277-601-3	AMD	06/09/2014	2014-9/17
<u>schools</u>					
Education, Administration	38541	R277-477	AMD	07/08/2014	2014-11/109
	38326	R277-477-3	NSC	04/01/2014	Not Printed
	38628	R277-719	AMD	08/07/2014	2014-13/35
Health, Disease Control and Prevention, Environmental Services	38177	R392-200-4	AMD	02/19/2014	2014-1/24
<u>scoring</u>					
Administrative Services, Facilities Construction and Management	38247	R23-33	NEW	03/10/2014	2014-3/2
<u>sealed bidding</u>					
Administrative Services, Purchasing and General Services	38505	R33-6	R&R	07/08/2014	2014-11/43
	38694	R33-6	5YR	07/08/2014	2014-15/64
<u>search and rescue</u>					
Public Safety, Emergency Management	38688	R704-1	5YR	07/07/2014	2014-15/68
<u>secondary education</u>					
Regents (Board Of), Administration	38820	R765-604	5YR	08/26/2014	Not Printed
<u>securities</u>					
Money Management Council, Administration	38281	R628-19	5YR	02/10/2014	2014-5/63
<u>security guards</u>					
Commerce, Occupational and Professional Licensing	38450	R156-63a	AMD	06/23/2014	2014-10/45
	38474	R156-63b	AMD	06/23/2014	2014-10/48
<u>self reporting</u>					
Education, Administration	38594	R277-516	5YR	06/10/2014	2014-13/139
<u>selling</u>					
Administrative Services, Facilities Construction and Management	38618	R23-22	R&R	08/07/2014	2014-13/13

RULES INDEX

senior-specific insurance designations

Insurance, Administration 38282 R590-252 5YR 02/11/2014 2014-5/62

services

Human Services, Services for People with Disabilities 38745 R539-2 5YR 08/07/2014 2014-17/139
 Public Service Commission, Administration 38234 R746-350 5YR 01/13/2014 2014-3/52

settlements

Labor Commission, Adjudication 38306 R602-2 AMD 04/22/2014 2014-6/61
 38554 R602-2-4 AMD 07/22/2014 2014-12/41
 38193 R602-2-5 AMD 02/21/2014 2014-2/7
 38327 R602-7 5YR 03/05/2014 2014-7/94
 38328 R602-8 5YR 03/05/2014 2014-7/94

sewerage

Environmental Quality, Water Quality 38271 R317-5 R&R 03/26/2014 2014-4/26

shooting range

Regents (Board Of), University of Utah, Administration 38018 R805-6 NEW 02/11/2014 2013-20/46

single event permits

Alcoholic Beverage Control, Administration 38275 R81-7 AMD 03/25/2014 2014-4/11

SLCC

Regents (Board Of), Salt Lake Community College 38362 R784-1 5YR 03/17/2014 2014-8/50

small employer stop-loss

Insurance, Administration 38087 R590-268 NEW 03/13/2014 2013-22/142
 38087 R590-268 CPR 03/13/2014 2014-3/45

small purchases

Administrative Services, Purchasing and General Services 38503 R33-4 R&R 07/08/2014 2014-11/28
 38692 R33-4 5YR 07/08/2014 2014-15/62

social workers

Commerce, Occupational and Professional Licensing 38730 R156-60a 5YR 08/04/2014 2014-17/135

solar

Governor, Energy Development (Office of) 38163 R362-2 AMD 01/22/2014 2013-24/23

solid fuel burning

Environmental Quality, Air Quality 38166 R307-302 AMD 03/06/2014 2014-1/20

solvent cleaning

Environmental Quality, Air Quality 37829 R307-335 AMD 06/02/2014 2013-15/23
 37829 R307-335 CPR 06/02/2014 2013-23/54
 37829 R307-335 CPR 06/02/2014 2014-7/85
 37829 R307-335 CPR 06/02/2014 2014-9/46

source development

Environmental Quality, Drinking Water 38012 R309-515 AMD 01/21/2014 2013-19/51

source maintenance

Environmental Quality, Drinking Water 38012 R309-515 AMD 01/21/2014 2013-19/51

space heaters

Administrative Services, Facilities Construction and Management 38617 R23-19 AMD 08/07/2014 2014-13/8

spas

Health, Disease Control and Prevention, Environmental Services 38089 R392-302 AMD 02/14/2014 2013-22/69

special educators

Education, Administration 38114 R277-525 AMD 01/08/2014 2013-23/9

<u>special needs students</u>						
Education, Administration	38626	R277-602-3	AMD	08/07/2014	2014-13/32	
<u>specific licenses</u>						
Environmental Quality, Radiation Control	38145	R313-22-34	AMD	02/14/2014	2013-23/19	
<u>specifications</u>						
Administrative Services, Purchasing and General Services	38503	R33-4	R&R	07/08/2014	2014-11/28	
	38692	R33-4	5YR	07/08/2014	2014-15/62	
<u>speech-language pathology services</u>						
Health, Health Care Financing, Coverage and Reimbursement Policy	38227	R414-54	5YR	01/07/2014	2014-3/50	
	38613	R414-54	AMD	08/26/2014	2014-13/94	
<u>sportsmen</u>						
Natural Resources, Wildlife Resources	38171	R657-41	AMD	02/10/2014	2014-1/68	
<u>stack height</u>						
Environmental Quality, Air Quality	38489	R307-410-2	AMD	08/07/2014	2014-11/128	
	38490	R307-410-6	AMD	08/07/2014	2014-11/129	
<u>standard procurement process</u>						
Administrative Services, Purchasing and General Services	38506	R33-7	R&R	07/08/2014	2014-11/49	
	38695	R33-7	5YR	07/08/2014	2014-15/64	
<u>standards</u>						
Health, Administration	38256	R380-70	5YR	01/24/2014	2014-4/71	
<u>State Board of Education</u>						
Education, Administration	38357	R277-119	NEW	05/08/2014	2014-7/7	
<u>state contracts</u>						
Administrative Services, Facilities Construction and Management	38615	R23-23	AMD	08/07/2014	2014-13/18	
Administrative Services, Purchasing and General Services	38511	R33-13	NEW	07/08/2014	2014-11/79	
	38520	R33-21	NEW	07/08/2014	2014-11/92	
<u>state custody</u>						
Human Services, Administration	38280	R495-882	5YR	02/10/2014	2014-5/61	
<u>state emergency response commission</u>						
Public Safety, Administration	38762	R698-5	5YR	08/14/2014	2014-17/142	
<u>state employees</u>						
Administrative Services, Finance	38175	R25-7	AMD	02/07/2014	2014-1/4	
	38471	R25-7	AMD	06/23/2014	2014-10/4	
	38653	R25-10	5YR	06/25/2014	2014-14/79	
<u>state flag</u>						
Lieutenant Governor, Administration	38379	R622-2	5YR	03/24/2014	2014-8/46	
<u>state plan</u>						
Lieutenant Governor, Elections	38385	R623-3	5YR	03/26/2014	2014-8/48	
<u>state products</u>						
Administrative Services, Purchasing and General Services	38509	R33-10	R&R	07/08/2014	2014-11/62	
	38698	R33-10	5YR	07/08/2014	2014-15/66	

RULES INDEX

<u>state records committee</u>						
Administrative Services, Records Committee	38572	R35-1	5YR	06/03/2014	2014-13/133	
	38573	R35-1a	5YR	06/03/2014	2014-13/134	
	38574	R35-2	5YR	06/03/2014	2014-13/135	
	38575	R35-3	5YR	06/03/2014	2014-13/135	
	38577	R35-5	5YR	06/03/2014	2014-13/136	
	38578	R35-6	5YR	06/03/2014	2014-13/137	
<u>state records committee order</u>						
Administrative Services, Records Committee	38576	R35-4	5YR	06/03/2014	2014-13/136	
<u>state surplus property</u>						
Administrative Services, Purchasing and General Services	38523	R33-26	NEW	07/08/2014	2014-11/98	
<u>stationary sources</u>						
Environmental Quality, Air Quality	38104	R307-210-2	AMD	03/06/2014	2013-23/17	
<u>stewardships</u>						
Agriculture and Food, Conservation Commission	38071	R64-3	NEW	05/08/2014	2013-22/15	
	38071	R64-3	CPR	05/08/2014	2014-7/82	
<u>stipends</u>						
Education, Administration	38114	R277-525	AMD	01/08/2014	2013-23/9	
<u>stoves</u>						
Environmental Quality, Air Quality	38166	R307-302	AMD	03/06/2014	2014-1/20	
<u>stream alterations</u>						
Natural Resources, Water Rights	38267	R655-13	5YR	01/29/2014	2014-4/73	
<u>students</u>						
Education, Administration	38589	R277-472	5YR	06/10/2014	2014-13/138	
	38624	R277-472	AMD	08/07/2014	2014-13/28	
	38116	R277-709	AMD	01/14/2014	2013-23/13	
	38359	R277-709-11	AMD	05/08/2014	2014-7/10	
<u>substance abuse database</u>						
Health, Disease Control and Prevention, Health Promotion	38081	R384-203	NEW	03/01/2014	2013-22/68	
<u>subsurface tracer studies</u>						
Environmental Quality, Radiation Control	38147	R313-38-3	AMD	04/07/2014	2013-23/20	
	38147	R313-38-3	CPR	04/07/2014	2014-5/56	
<u>supervision</u>						
Commerce, Occupational and Professional Licensing	38659	R156-1	AMD	08/21/2014	2014-14/14	
	38157	R156-1-501	AMD	01/21/2014	2013-24/6	
	38253	R156-1-501	NSC	01/31/2014	Not Printed	
<u>surplus</u>						
Administrative Services, Facilities Construction and Management	38618	R23-22	R&R	08/07/2014	2014-13/13	
<u>surveys</u>						
Environmental Quality, Radiation Control	38147	R313-38-3	AMD	04/07/2014	2013-23/20	
	38147	R313-38-3	CPR	04/07/2014	2014-5/56	
Judicial Performance Evaluation Commission, Administration	38304	R597-3	5YR	02/17/2014	2014-6/77	
	38438	R597-3	AMD	06/12/2014	2014-9/30	
	38595	R597-3	AMD	08/08/2014	2014-13/97	
<u>tax credits</u>						
Governor, Energy Development (Office of)	38163	R362-2	AMD	01/22/2014	2013-24/23	
<u>tax exemptions</u>						
Environmental Quality, Water Quality	38661	R317-12	R&R	08/27/2014	2014-14/48	

Tax Commission, Auditing	38237	R865-19S-30	NSC	01/30/2014	Not Printed
	38596	R865-19S-54	AMD	08/28/2014	2014-13/124
	38597	R865-19S-83	AMD	08/28/2014	2014-13/125
<u>taxation</u>					
Tax Commission, Auditing	38223	R865-7H	5YR	01/06/2014	2014-3/53
	38222	R865-16R	5YR	01/06/2014	2014-3/54
Tax Commission, Property Tax	38598	R884-24P-73	AMD	08/28/2014	2014-13/126
<u>teachers</u>					
Education, Administration	38240	R277-503	AMD	03/10/2014	2014-3/4
	38435	R277-503-4	AMD	06/09/2014	2014-9/14
	38829	R277-504	5YR	09/02/2014	Not Printed
<u>telecommunications</u>					
Public Service Commission, Administration	38363	R746-340	AMD	05/27/2014	2014-8/32
	38556	R746-340-2	NSC	06/05/2014	Not Printed
	38198	R746-341	AMD	02/24/2014	2014-2/9
	38545	R746-341	AMD	08/06/2014	2014-12/44
	38278	R746-343-15	AMD	05/01/2014	2014-5/51
	38234	R746-350	5YR	01/13/2014	2014-3/52
<u>telecommuting</u>					
Human Resource Management, Administration	38459	R477-8	AMD	07/01/2014	2014-10/80
<u>telephone utility regulations</u>					
Public Service Commission, Administration	38363	R746-340	AMD	05/27/2014	2014-8/32
	38556	R746-340-2	NSC	06/05/2014	Not Printed
<u>telephones</u>					
Commerce, Consumer Protection	38125	R152-26	AMD	01/07/2014	2013-23/4
Public Service Commission, Administration	38198	R746-341	AMD	02/24/2014	2014-2/9
	38545	R746-341	AMD	08/06/2014	2014-12/44
<u>temporary beer event permits</u>					
Alcoholic Beverage Control, Administration	38276	R81-10b	AMD	03/25/2014	2014-4/14
<u>terms and conditions</u>					
Administrative Services, Purchasing and General Services	38510	R33-12	R&R	07/08/2014	2014-11/71
	38700	R33-12	5YR	07/08/2014	2014-15/67
<u>therapists</u>					
Commerce, Occupational and Professional Licensing	38421	R156-60	5YR	04/08/2014	2014-9/50
	38390	R156-60-102	AMD	05/22/2014	2014-8/6
	38734	R156-60b	5YR	08/05/2014	2014-17/136
<u>tickets</u>					
Administrative Services, Fleet Operations	38073	R27-7-3	AMD	03/11/2014	2013-22/14
<u>time</u>					
Labor Commission, Industrial Accidents	38553	R612-200-8	AMD	07/22/2014	2014-12/43
<u>title insurance</u>					
Insurance, Title and Escrow Commission	38612	R592-6	5YR	06/13/2014	2014-13/142
	38156	R592-11	AMD	03/10/2014	2013-24/34
	38156	R592-11	CPR	03/10/2014	2014-4/64
<u>title insurance continuing education</u>					
Insurance, Title and Escrow Commission	38606	R592-7	5YR	06/13/2014	2014-13/143
<u>title insurance recovery assessment</u>					
Insurance, Title and Escrow Commission	38608	R592-9	5YR	06/13/2014	2014-13/144
<u>towing</u>					
Public Safety, Highway Patrol	38711	R714-600	5YR	07/22/2014	2014-16/61

RULES INDEX

Transportation, Motor Carrier	38449	R909-19	AMD	07/08/2014	2014-10/102
<u>training</u>					
Natural Resources, Wildlife Resources	38558	R657-46	5YR	05/29/2014	2014-12/58
	38603	R657-46	AMD	08/11/2014	2014-13/109
<u>training programs</u>					
Human Resource Management, Administration	38461	R477-10-1	AMD	07/01/2014	2014-10/87
<u>transfers</u>					
Education, Administration	38589	R277-472	5YR	06/10/2014	2014-13/138
	38624	R277-472	AMD	08/07/2014	2014-13/28
<u>Transition to Adult Living</u>					
Human Services, Child and Family Services	38265	R512-306	5YR	01/28/2014	2014-4/73
<u>transparency</u>					
Administrative Services, Finance	38653	R25-10	5YR	06/25/2014	2014-14/79
Health, Center for Health Data, Health Care Statistics	38144	R428-15	AMD	01/07/2014	2013-23/43
	38568	R428-15	AMD	08/05/2014	2014-12/38
<u>transportation</u>					
Administrative Services, Finance	38175	R25-7	AMD	02/07/2014	2014-1/4
	38471	R25-7	AMD	06/23/2014	2014-10/4
<u>truancy</u>					
Education, Administration	38831	R277-607	5YR	09/02/2014	Not Printed
<u>trucks</u>					
Transportation, Motor Carrier	38619	R909-2	5YR	06/16/2014	2014-13/144
	38449	R909-19	AMD	07/08/2014	2014-10/102
<u>trust account records</u>					
Commerce, Real Estate	38213	R162-2f	AMD	02/25/2014	2014-2/4
<u>trust lands funds</u>					
Education, Administration	38541	R277-477	AMD	07/08/2014	2014-11/109
	38326	R277-477-3	NSC	04/01/2014	Not Printed
<u>unarmed combat</u>					
Governor, Economic Development, Pete Suazo Utah Athletic Commission	38033	R359-1-604	AMD	01/24/2014	2013-20/25
<u>unattended deaths</u>					
Health, Disease Control and Prevention, Medical Examiner	38419	R448-10	5YR	04/07/2014	2014-9/55
<u>unemployment compensation</u>					
Workforce Services, Unemployment Insurance	38665	R994-309	5YR	07/01/2014	2014-14/84
	38666	R994-310	5YR	07/01/2014	2014-14/85
	38667	R994-311	5YR	07/01/2014	2014-14/85
	38668	R994-312	5YR	07/01/2014	2014-14/86
	38248	R994-312-102	AMD	04/15/2014	2014-3/41
<u>unlawful conduct</u>					
Administrative Services, Purchasing and General Services	38521	R33-24	NEW	07/08/2014	2014-11/95
<u>UPP</u>					
Health, Health Care Financing, Coverage and Reimbursement Policy	38322	R414-320	AMD	04/21/2014	2014-6/42
	38816	R414-320	EMR	09/01/2014	Not Printed
<u>Utah Court of Appeals</u>					
Administrative Services, Purchasing and General Services	38516	R33-18	NEW	07/08/2014	2014-11/89

<u>Utah procurement rules</u>						
Administrative Services, Purchasing and General Services	38500	R33-1	R&R	07/08/2014	2014-11/4	
	38689	R33-1	5YR	07/08/2014	2014-15/61	
<u>Utah Public Financial Website</u>						
Administrative Services, Finance	38653	R25-10	5YR	06/25/2014	2014-14/79	
<u>Utah Transparency Advisory Board</u>						
Administrative Services, Finance	38634	R25-11	NEW	08/21/2014	2014-14/4	
<u>utah.gov</u>						
Technology Services, Administration	38238	R895-4	5YR	01/14/2014	2014-3/54	
	38239	R895-4	NSC	01/30/2014	Not Printed	
<u>utility service shutoff</u>						
Public Service Commission, Administration	38644	R746-200-7	AMD	08/22/2014	2014-14/67	
<u>vacations</u>						
Human Resource Management, Administration	38084	R477-7	AMD	01/14/2014	2013-22/126	
	38455	R477-7	AMD	07/01/2014	2014-10/71	
<u>vaccinations</u>						
Agriculture and Food, Animal Industry	38294	R58-3	AMD	04/16/2014	2014-5/4	
<u>vehicle replacement</u>						
Administrative Services, Fleet Operations	38312	R27-4-13	AMD	04/22/2014	2014-6/4	
<u>vending machines</u>						
Education, Administration	38628	R277-719	AMD	08/07/2014	2014-13/35	
<u>verification of legal authority</u>						
Administrative Services, Purchasing and General Services	38515	R33-17	NEW	07/08/2014	2014-11/87	
<u>veterans' and military affairs</u>						
Veterans' Affairs, Administration	38228	R978-1	NSC	01/30/2014	Not Printed	
<u>victim compensation</u>						
Crime Victim Reparations, Administration	38221	R270-1-13	EMR	01/04/2014	2014-3/47	
<u>victims of crimes</u>						
Crime Victim Reparations, Administration	38221	R270-1-13	EMR	01/04/2014	2014-3/47	
<u>violations</u>						
Environmental Quality, Radiation Control	38076	R313-14	AMD	04/03/2014	2013-22/45	
	38076	R313-14	CPR	04/03/2014	2014-4/50	
<u>vocational rehabilitation counselor</u>						
Commerce, Occupational and Professional Licensing	38761	R156-78	5YR	08/14/2014	2014-17/136	
<u>volunteer health care practitioner</u>						
Commerce, Occupational and Professional Licensing	38382	R156-81	5YR	03/25/2014	2014-8/37	
<u>voting</u>						
Lieutenant Governor, Elections	38384	R623-2	5YR	03/26/2014	2014-8/47	
<u>wages</u>						
Human Resource Management, Administration	38469	R477-6	AMD	07/01/2014	2014-10/67	
<u>waste disposal</u>						
Environmental Quality, Water Quality	38235	R317-1-7	AMD	03/27/2014	2014-3/13	
	38402	R317-1-7	AMD	08/01/2014	2014-8/13	

RULES INDEX

<u>wastewater</u>						
Environmental Quality, Water Quality	38481	R317-401	5YR	05/06/2014	2014-11/173	
<u>wastewater treatment</u>						
Environmental Quality, Water Quality	38531	R317-10	AMD	08/27/2014	2014-11/143	
<u>water pollution</u>						
Environmental Quality, Water Quality	38235	R317-1-7	AMD	03/27/2014	2014-3/13	
	38402	R317-1-7	AMD	08/01/2014	2014-8/13	
	38288	R317-2-14	AMD	07/02/2014	2014-5/25	
	38288	R317-2-14	CPR	07/02/2014	2014-11/168	
	38271	R317-5	R&R	03/26/2014	2014-4/26	
	38531	R317-10	AMD	08/27/2014	2014-11/143	
	38661	R317-12	R&R	08/27/2014	2014-14/48	
<u>water quality standards</u>						
Environmental Quality, Water Quality	38288	R317-2-14	AMD	07/02/2014	2014-5/25	
	38288	R317-2-14	CPR	07/02/2014	2014-11/168	
<u>water rights</u>						
Natural Resources, Water Rights	38723	R655-3	5YR	08/01/2014	2014-16/59	
<u>water slides</u>						
Health, Disease Control and Prevention, Environmental Services	38089	R392-302	AMD	02/14/2014	2013-22/69	
<u>water wells</u>						
Natural Resources, Water Rights	38722	R655-4	5YR	08/01/2014	2014-16/60	
<u>waterfowl</u>						
Natural Resources, Wildlife Resources	38605	R657-9	AMD	08/11/2014	2014-13/106	
<u>well drillers license</u>						
Natural Resources, Water Rights	38722	R655-4	5YR	08/01/2014	2014-16/60	
<u>well logging</u>						
Environmental Quality, Radiation Control	38147	R313-38-3	AMD	04/07/2014	2013-23/20	
	38147	R313-38-3	CPR	04/07/2014	2014-5/56	
<u>white-collar contests</u>						
Governor, Economic Development, Pete Suazo Utah Athletic Commission	38033	R359-1-604	AMD	01/24/2014	2013-20/25	
<u>wild turkey</u>						
Natural Resources, Wildlife Resources	38601	R657-54	AMD	08/11/2014	2014-13/111	
	38790	R657-54	5YR	08/18/2014	Not Printed	
<u>wildlife</u>						
Natural Resources, Wildlife Resources	38616	R657-3	AMD	08/11/2014	2014-13/100	
	38168	R657-5	AMD	02/10/2014	2014-1/44	
	38600	R657-6	AMD	08/11/2014	2014-13/102	
	38605	R657-9	AMD	08/11/2014	2014-13/106	
	38231	R657-10	AMD	03/11/2014	2014-3/23	
	38169	R657-12	AMD	02/10/2014	2014-1/52	
	38167	R657-13	AMD	02/10/2014	2014-1/54	
	38316	R657-13	AMD	04/21/2014	2014-6/66	
	38483	R657-13	AMD	07/08/2014	2014-11/160	
	38230	R657-27	AMD	03/11/2014	2014-3/26	
	38170	R657-38	AMD	02/10/2014	2014-1/61	
	38171	R657-41	AMD	02/10/2014	2014-1/68	
	38232	R657-43	AMD	03/11/2014	2014-3/30	
	38558	R657-46	5YR	05/29/2014	2014-12/58	
	38603	R657-46	AMD	08/11/2014	2014-13/109	
	38601	R657-54	AMD	08/11/2014	2014-13/111	
	38790	R657-54	5YR	08/18/2014	Not Printed	
	38236	R657-60	AMD	03/11/2014	2014-3/32	
	38477	R657-60	AMD	06/24/2014	2014-10/99	

	38427	R657-62	5YR	04/14/2014	2014-9/58
	38604	R657-62	AMD	08/11/2014	2014-13/115
	38172	R657-67	NEW	02/10/2014	2014-1/70
	38484	R657-67	AMD	07/08/2014	2014-11/165
	38602	R657-68	NEW	08/11/2014	2014-13/120
<u>wildlife conservation</u>					
Natural Resources, Wildlife Resources	38170	R657-38	AMD	02/10/2014	2014-1/61
<u>wildlife law</u>					
Natural Resources, Wildlife Resources	38169	R657-12	AMD	02/10/2014	2014-1/52
	38167	R657-13	AMD	02/10/2014	2014-1/54
	38316	R657-13	AMD	04/21/2014	2014-6/66
	38483	R657-13	AMD	07/08/2014	2014-11/160
	38230	R657-27	AMD	03/11/2014	2014-3/26
	38236	R657-60	AMD	03/11/2014	2014-3/32
	38477	R657-60	AMD	06/24/2014	2014-10/99
<u>wildlife permits</u>					
Natural Resources, Wildlife Resources	38171	R657-41	AMD	02/10/2014	2014-1/68
<u>work-based learning programs</u>					
Education, Administration	38412	R277-916	5YR	04/04/2014	2014-9/53
<u>workers' compensation</u>					
Labor Commission, Adjudication	38306	R602-2	AMD	04/22/2014	2014-6/61
	38554	R602-2-4	AMD	07/22/2014	2014-12/41
	38193	R602-2-5	AMD	02/21/2014	2014-2/7
Labor Commission, Industrial Accidents	38553	R612-200-8	AMD	07/22/2014	2014-12/43
<u>x-rays</u>					
Environmental Quality, Radiation Control	38146	R313-70-5	AMD	02/18/2014	2013-23/22
<u>zoological animals</u>					
Natural Resources, Wildlife Resources	38616	R657-3	AMD	08/11/2014	2014-13/100