

UTAH STATE BULLETIN

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

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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

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SPECIAL NOTICES

Health Health Care Financing, Coverage and Reimbursement Policy

Notice for September 2015 Medicaid Rate Changes

Effective September 1, 2015, Utah Medicaid will adjust its rates consistent with approved methodologies. Rate adjustments include new codes priced consistent with approved Medicaid methodologies, potential adjustments to existing codes, and nursing home rate changes to case mix components 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>

Health Health Care Financing, Coverage and Reimbursement Policy

Targeted Case Management (TCM) for the Homeless

The Division of Medicaid and Health Financing (DMHF) will amend Attachments 3.1-A and 3.1-B of the Medicaid State Plan to remove obsolete language regarding Targeted Case Management (TCM) for the homeless. This change is necessary because individuals who are homeless, eligible for Medicaid under the State Plan and are seriously mentally ill, receive TCM services based on a different section of the State Plan.

This State Plan Amendment (SPA 15-0004-UT) does not affect total annual expenditures for the Medicaid program.

The SPA is pending approval from the Centers for Medicare and Medicaid Services and the proposed effective date is September 1, 2015.

A copy of this change may be obtained from Craig Devashrayee (801-538-6641), or by writing the Technical Writing Unit, Utah Department of Health, PO Box 143102, Salt Lake City, UT 84114-3102. Comments are welcome at the same address. Copies of the change are also available at local county health department offices.

End of the Special Notices Section

EXECUTIVE DOCUMENTS

Under authority granted by the Utah Constitution and various federal and state statutes, the Governor periodically issues **EXECUTIVE DOCUMENTS**, which can be categorized as either Executive Orders, Proclamations, and Declarations. Executive Orders set policy for the executive branch; create boards and commissions; provide for the transfer of authority; or otherwise interpret, implement, or give administrative effect to a provision of the Constitution, state law or executive policy. Proclamations call special or extraordinary legislative sessions; designate classes of cities; publish states-of-emergency; promulgate other official formal public announcements or functions; or publicly avow or cause certain matters of state government to be made generally known. Declarations designate special days, weeks or other time periods; call attention to or recognize people, groups, organizations, functions, or similar actions having a public purpose; or invoke specific legislative purposes (such as the declaration of an agricultural disaster).

The Governor's Office staff files **EXECUTIVE DOCUMENTS** that have legal effect with the Division of Administrative Rules for publication and distribution.

Wildland Fire Management, Utah Exec. Order No. 2015-6

EXECUTIVE ORDER

Wildland Fire Management

WHEREAS, the danger from wildland fires is high throughout the State of Utah;

WHEREAS, below-normal precipitation in central and southern Utah has contributed to the early drying of wildland vegetation;

WHEREAS, some of the potential fire dangers areas are extremely remote, inaccessible and in the even to a wildfire occurring the situation has the potential to deteriorate if left unattended;

WHEREAS, the potential for large fire occurrence is increasing regionally as the wildland vegetation has cured in the wake of the recent hot and dry weather;

WHEREAS, immediate action is required to suppress the fire conditions and mitigate potential post-burn destruction. This destruction can lead to mudslides and flash floods causing dangerous conditions for life safety, property, natural resources and the environment;

WHEREAS, The National Weather Service is predicting a persistent hot dry pattern of weather for the remainder of the summer season;

WHEREAS, the eleven Interagency Hotshot Firefighting Crews and two of the five Type 2 Incident Management Teams located in the Great Basin Geographic Area are assigned to active wildfire incidents;

WHEREAS, the National Wildfire Planning Level has been elevated to a Planning Level 3, and the Regional Wildfire Planning Level is elevated to Planning Level 2, indicating the potential firefighting resources will be scarcity; and

WHEREAS, these conditions do create the potential for a disaster emergency within the intent of the Disaster Response and Recovery Act of 1981,

NOW THEREFORE, I, Gary R. Herbert, Governor of the State of Utah by virtue of the power vested in me by the constitution and the laws of the State of Utah, do hereby order that:

It is found, determined and declared that a "State of Emergency" exists statewide due to the threat to public safety, property, critical infrastructure, natural resources and the environment for thirty days, effective as of July 16, 2015 requiring aid, assistance and relief available pursuant to the provisions of state statutes, and the State Emergency Operations Plan, which is hereby activated.

IN TESTIMONY, WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Utah this 29th day of July 2015

(State Seal)

Gary R. Herbert
Governor

ATTEST:

Lieutenant Governor
Spencer J. Cox

2015/006/EO

End of the Executive Documents 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 July 16, 2015, 12:00 a.m., and July 31, 2015, 11:59 p.m. are included in this, the August 15, 2015, 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 September 14, 2015. 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 December 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 OR 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

Administrative Services, Purchasing and General Services

R33-26

State Surplus Property

NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 39522

FILED: 07/20/2015

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of this rule is to set forth policies and procedures for disposing of surplus firearms and ammunition from state agencies. This rule governs the destruction, sale, transfer, or donation of surplus firearms and ammunition.

SUMMARY OF THE RULE OR CHANGE: Amendments to this rule were made to comply with S.B. 122 of the 2015 General Session pertaining to the disposition of surplus firearms and ammunition.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Title 63A, Chapter 2

ANTICIPATED COST OR SAVINGS TO:

◆ **THE STATE BUDGET:** There are no anticipated costs or saving that are expected. The amendment to this rule simply adds the word "ammunition" and clarifies the policies and procedures detailed in Section R33-26-502 regarding the disposal of surplus ammunition and firearms from state agencies.

◆ **LOCAL GOVERNMENTS:** There are no anticipated costs or saving that are expected. The amendment to this rule simply adds the word "ammunition" and clarifies the policies and procedures detailed in Section R33-26-502 regarding the disposal of surplus ammunition and firearms from state agencies.

◆ **SMALL BUSINESSES:** There are no anticipated costs or saving that are expected. The amendment to this rule simply adds the word "ammunition" and clarifies the policies and procedures detailed in Section R33-26-502 regarding the disposal of surplus ammunition and firearms from state agencies.

◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** There are no anticipated costs or saving that are expected. The amendment to this rule simply adds the word "ammunition" and clarifies the policies and procedures detailed in Section R33-26-502 regarding the disposal of surplus ammunition and firearms from state agencies.

COMPLIANCE COSTS FOR AFFECTED PERSONS: There will be no compliance costs because the amendment simply adds the word "ammunition" and clarifies the policies and

procedures detailed in Section R33-26-502 regarding the disposal of surplus ammunition and firearms from state agencies.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: There are no anticipated affects that this rule will have on businesses. The amendment to this rule simply adds the word "ammunition" and clarifies the policies and procedures detailed in Section R33-26-502 regarding the disposal of surplus ammunition and firearms from state agencies.

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

ADMINISTRATIVE SERVICES
PURCHASING AND GENERAL SERVICES
ROOM 3150 STATE OFFICE BLDG
450 N STATE ST
SALT LAKE CITY, UT 84114-1201
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

◆ Alan Bachman by phone at 801-538-3105, by FAX at 801-538-3313, or by Internet E-mail at abachman@utah.gov

◆ Nicole Alder by phone at 801-538-3240, or by Internet E-mail at nicolealder@utah.gov

◆ Paul Mash by phone at 801-538-3138, by FAX at 801-538-3882, or by Internet E-mail at pmash@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 09/14/2015

THIS RULE MAY BECOME EFFECTIVE ON: 09/21/2015

AUTHORIZED BY: Kent Beers, Director

R33. Administrative Services, Purchasing and General Services.

R33-26. State Surplus Property.

R33-26-501. Surplus Firearms and Ammunition.

This subsection sets forth policies and procedures for disposing of surplus firearms and ammunition from state agencies, ~~[-and participating local agencies, as authorized in Section 63A-2-4.]~~ This rule governs the destruction, sale, transfer, or donation of surplus firearms and ammunition. ~~[-to any agency or to the general public.]~~

R33-26-502. Procedures.

(1) All state owned firearms and ammunition shall be disposed of under the ~~[general]~~ provisions of this Rule.

(a) The sale of firearms and ammunition directly to the general public by ~~[the division]~~ a state agency is prohibited.

(b) Hunting and sporting rifles meeting Federal Firearms regulations may be sold only to firearms dealers licensed by the Federal Bureau of Alcohol, Tobacco and Firearms.

(c) Except as provided in ~~[this]~~ subsection (c), ~~[handguns]~~ firearms and ammunition shall be transferred to the Utah State Public Safety Crime Lab for use or destruction ~~[to be destroyed]~~.

(i) The owning agency may trade in a ~~handgun~~ firearm ~~into~~ to a licensed firearm dealer for credit toward the ~~current~~ purchase of a new ~~handgun~~ firearm.

~~(ii) The owning agency may trade in ammunition to a licensed firearm dealer or ammunition vendor under contract with the state toward the purchase of new ammunition.~~

~~(iii) [The division] A state agency may authorize the sale of a ~~handgun~~ firearms or ammunition to a legally constituted law enforcement agency.~~

~~(iv) [The division] A state agency may authorize the sale of a ~~handgun~~ firearm to a POST certified individual, provided a record with the following information is maintained: ~~[if the owning agency submits a signed request that includes:]~~~~

(A) the individual's name;

(B) the serial number of the ~~handgun~~ firearm to be sold; and

(C) the signature of an authorized agent of the owning agency.

(2) All firearms retained by ~~the division~~ a state agency shall be in accordance with Federal Firearms regulations pursuant to Sections 921(a)(19) and 922(s) of Title 18, United States Code.

(a) Written certification that surplus firearms meet federal firearms regulations shall be provided by the owning agency or a qualified armorer.

~~(3) All firearms retained by the division shall be in good working condition.~~

~~(a) Written certification specifying the condition of surplus firearms shall be provided by the owning agency or a qualified armorer.~~

]

KEY: government purchasing, procurement rules, state surplus property, general procurement provisions

Date of Enactment or Last Substantive Amendment: ~~June 10,~~ 2015

Authorizing, and Implemented or Interpreted Law: 63A-2

Commerce, Consumer Protection **R152-22-3**

Application for Charitable Organization Permit

NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 39525

FILED: 07/21/2015

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of this amendment is to clarify existing language setting forth the financial information that an applicant must provide to the Division of Consumer Protection in order to register as a charitable organization.

SUMMARY OF THE RULE OR CHANGE: Applicants are required to provide the Division the most recently filed IRS Form 990, 990-EZ, 990-N, or 990-PF as applicable. Applicants who most recently filed an IRS Form 990-EZ, 990-N, or 990-PF must also complete a Division form in which they attest to their functional expenses. An applicant who has no previous financial information must complete the application on a pro forma basis.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 13-2-5 and Section 13-22-6

ANTICIPATED COST OR SAVINGS TO:

◆ **THE STATE BUDGET:** The Division has the resources in place to process registration applications from charitable organizations. No fiscal impact to the state is anticipated from this rule amendment, which is for clarification only.

◆ **LOCAL GOVERNMENTS:** Local government is not required to enforce or comply with the Charitable Solicitations Act rules. No fiscal impact to local government is anticipated.

◆ **SMALL BUSINESSES:** This rule amendment clarifies existing requirements regarding the financial information that a small business must provide to the Division in order to register as a charitable organization. The amendment does not change any of the costs attendant to the registration process. No fiscal impact to small businesses is anticipated.

◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** This rule amendment clarifies existing requirements regarding the financial information that an affected person must provide to the Division in order to register as a charitable organization. The amendment does not change any of the costs attendant to the registration process. No fiscal impact to small businesses is anticipated.

COMPLIANCE COSTS FOR AFFECTED PERSONS: To comply, an affected person must provide to the Division information generated in the person's most recent tax filing and, in some cases, attest to the functional expenses of the charitable organization that is seeking registration. The costs, which are minimal, are not changed by this rule.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: As stated in the rule analysis, this filing clarifies existing provisions that require charitable organizations to submit financial information to the Division prior to soliciting charitable contributions from consumers. The rule does not increase the costs of registration, which have long been in place.

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

COMMERCE
CONSUMER PROTECTION
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:

♦ Jennie Jonsson by phone at 801-530-6706, by FAX at 801-526-4387, or by Internet E-mail at jjonsson@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 09/14/2015

THIS RULE MAY BECOME EFFECTIVE ON: 09/21/2015

AUTHORIZED BY: Daniel O'Bannon, Director

R152. Commerce, Consumer Protection.**R152-22. Charitable Solicitations Act.****R152-22-3. Application for Charitable Organization Permit.**

(1) Any application for registration as a charitable organization shall be executed on the form authorized by the Division.

(2) A statement of collections and expenditures shall be executed on the form authorized by the division.

(3) Applicants or registrants shall submit to the division, on request:

(a) an updated copy of a financial statement prepared by an independent certified public accountant;

(b) a copy of any written contracts, agreements or other documents showing to whom the applicant or registrant disbursed the funds or a portion of the funds contributed to it;

(c) a copy of the applicant's or registrant's articles of incorporation or other organizational documentation showing current legal status;

(d) a copy of the applicant's or registrant's current by-laws or other policies and procedures governing day to day operations;

(e) a setting forth of the applicant's or registrant's registered agent within the State of Utah for purposes of service of process, including his, her or its name, street address, telephone and facsimile numbers;

(f) a copy of the applicant's or registrant's IRS Section 501(c)(3) tax exemption letter, if applicable;

(g) either the social security number or driver's license number of each of the applicant's or registrant's board of directors and officers, if a corporation, or partners or the individual applicant or registrant, for the purposes of background checks;

(h) ~~[a copy of the applicant's IRS Form 990, 990EZ or 990PF]~~ as to the most recent tax year:

(A) if the applicant filed an IRS Form 990, a copy of the most recent IRS filing;

(B) if the applicant filed an IRS Form 990-EZ, 990-N, or 990-PF;

(I) a copy of the most recent IRS filing; and

(II) a completed Utah Statement of Functional Expenses;

(C) if the applicant is not required to file any type of IRS Form 990, a completed Utah Statement of Functional Expenses; or

(D) if the applicant has no previous financial information, the financial portion of the application, completed on a pro forma basis; and

(i) a statement as to whether the charitable organization has conducted activities regulated by the Charitable Solicitations Act, Utah Code Title 13, Chapter 22, without being duly registered with the Division.

(4) All initial applications and renewals of registration in accordance with Section 13-22-6 shall be processed within twenty (20) business days after their receipt by the division.

KEY: charities, consumer protection, solicitations, registration
Date of Enactment or Last Substantive Amendment: [~~November 29, 2012~~]2015

Notice of Continuation: March 22, 2012

Authorizing, and Implemented or Interpreted Law: 13-2-5; 13-22-6; 13-22-8; 13-22-9; 13-22-10

Commerce, Consumer Protection **R152-49** Immigration Consultants Registration Act Rules

NOTICE OF PROPOSED RULE

(New Rule)

DAR FILE NO.: 39524

FILED: 07/21/2015

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: Persons working in Utah as immigration consultants are required by statute to register with the Division of Consumer Protection (Division). This rule provides notice of the information and documents that affected persons must provide to the Division in order to register.

SUMMARY OF THE RULE OR CHANGE: Persons working in Utah as immigration consultants must provide to the Division copies of the contracts and disclosures that, under statute, they are required to provide to their clients. Affected persons must also supply records to verify their identity.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Subsection 13-2-5(1) and Subsection 13-49-202(1) and Subsection 13-49-301(1) and Subsection 13-49-303(2)

ANTICIPATED COST OR SAVINGS TO:

♦ **THE STATE BUDGET:** The registration requirement is required by statute, and all attendant costs to the Division were considered in the legislative process. This rule does not create additional costs to the Division or the state.

♦ **LOCAL GOVERNMENTS:** Local government is not required to comply with or enforce this rule. No fiscal impact to local government is anticipated.

♦ **SMALL BUSINESSES:** Small businesses operating in Utah as immigration consultants must register with the Division of Consumer Protection. The registration costs were considered by the legislature in determining to require registration. This rule does not impose additional costs on small businesses.

◆ PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES: Affected persons working in Utah as immigration consultants must register with the Division of Consumer Protection. The registration costs were considered by the legislature in determining to require registration. This rule does not impose additional costs on affected persons.

COMPLIANCE COSTS FOR AFFECTED PERSONS: To comply, an affected person must register with the Division prior to offering or providing immigration consulting services in Utah. The attendant costs were considered by the legislature in determining to require affected persons to register. Currently, the application fee is approximately \$220, which includes the cost of a statutorily mandated background check.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: This rule lists the information and records that persons who act as immigration consultants in Utah must provide to the Division of Consumer Protection. The costs of registering were considered by the legislature in determining to impose the requirement. No additional impact to businesses is anticipated.

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

COMMERCE
CONSUMER PROTECTION
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:
◆ Jennie Jonsson by phone at 801-530-6706, by FAX at 801-526-4387, or by Internet E-mail at jjonsson@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 09/14/2015

THIS RULE MAY BECOME EFFECTIVE ON: 09/21/2015

AUTHORIZED BY: Daniel O'Bannon, Director

R152. Commerce, Consumer Protection.
R152-49. Immigration Consultants Registration Act Rules.
R152-49-101. Authority and Purpose.

- (1) Authority. These rules are promulgated under:
 - (a) Utah Code Subsection 13-2-5(1); and
 - (b) Utah Code Subsection 13-49-202(1).
- (2) Purpose. These rules:

(a) prescribe certain contents of the application form that shall be submitted to the Division in order to request registration as an immigration consultant; and

(b) impose upon registered immigration consultants a duty to notify the Division of changes in information that is on record with the Division.

R152-49-202. Application for Registration -- Duty to Notify Division of Changes.

(1) In addition to the requirements contained in Utah Code Section 13-49-202, an applicant for registration as an immigration consultant shall submit a complete application form, including the following documents and information:

- (a) photocopy of:
 - (i) a state-issued identification card or driver license;
 - (ii) a passport issued by the United States Department of State; or
 - (iii) an identification card issued by any branch of the United States armed forces;
- (b) applicant's date of birth;
- (c)(i) applicant's social security number, if the applicant has one; and
 - (ii) applicant's individual taxpayer identification number (ITIN), if the applicant has one;
- (d) a complete list of:
 - (i) any other names used by the applicant at any time past or present; and
 - (ii) all entity names, including dbas, through which the applicant will engage in the activities of an immigration consultant;

(e) pursuant to Section 13-49-301(1), a copy of the contract that the applicant will use to create a contractual obligation with a client; and

(f) a copy of the disclosure document required under Section 13-49-303(2):

- (i) written in English; and
- (ii) written in each of the native languages of the applicant's clientele.

(2) Within 30 days of any change in information or documents that are on file with the Division, a registered immigration consultant shall:

- (a) notify the Division in writing of the change; and
- (b) provide to the Division current versions of any affected contracts, disclosures, and other documents.

KEY: immigration consultant, registration, consumer protection
Date of Enactment or Last Substantive Amendment: 2015
Authorizing, and Implemented or Interpreted Law: 13-2-5(1); 13-49-202(1); 13-49-301(1); 13-49-303(2)

Commerce, Occupational and
Professional Licensing
R156-60
Mental Health Professional Practice Act
Rule

NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 39538

FILED: 07/23/2015

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: During the 2015 General Session, H.B. 209 was passed to require that all individuals applying for licensure as a clinical social worker, marriage, and family therapist, clinical mental health counselor, or substance use disorder counselor take at least two hours of suicide prevention training prior to licensure. H.B. 209 also requires that all individuals licensed under Title 58, Chapter 60, take at least two hours of continuing education training in suicide prevention. This proposed rule filing outlines the requirements of the training as required by the statutory language.

SUMMARY OF THE RULE OR CHANGE: New Sections R156-60-105 and R156-60-205 are being added. Section R156-60-105 outlines the standards that the required suicide prevention continuing education training shall meet. Section R156-60-205 outlines the standards that the required suicide prevention pre-licensure training shall meet.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 58-60-101 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 licensees provided in Title 58, Chapter 60, 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 licensees provided in Title 58, Chapter 60, and applicants for licensure in those classifications. Licensees and applicants for licensure may work in a small business; however, the proposed amendments would not directly affect the business.

◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** The proposed amendments apply only to licensees provided in Title 58, Chapter 60, and applicants for licensure in those classifications. The Division does not anticipate any additional costs as a result of these proposed amendments beyond the costs considered in the passing of the H.B. 209 in the 2015 General Session.

COMPLIANCE COSTS FOR AFFECTED PERSONS: The proposed amendments apply only to licensees provided in Title 58, Chapter 60, and applicants for licensure in those classifications. The Division does not anticipate any

additional costs as a result of these proposed amendments beyond the costs considered in the passing of the H.B. 209 in the 2015 General Session.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES:

This rule responds to legislative action (H.B. 209, 2015 General Session) which requires that individuals who are licensed to provide mental health therapy and related services complete pre-licensing and continuing education in suicide prevention. All attendant costs to businesses were considered by the Legislature in determining to create the requirement. This rule filing establishes standards for the required education. It does not impose additional costs on affected 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:

◆ Dane Ishihara by phone at 801-530-7632, by FAX at 801-530-6511, or by Internet E-mail at dishihara@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 09/14/2015

THIS RULE MAY BECOME EFFECTIVE ON: 09/21/2015

AUTHORIZED BY: Mark Steinagel, Director

R156. Commerce, Occupational and Professional Licensing.**R156-60. Mental Health Professional Practice Act Rule.****R156-60-105. Continuing Education.**

A licensee, as part of the continuing education requirement, shall complete two hours of suicide prevention training that meets the requirements of this section.

(1) The course provider shall be one of the following:

(a) a recognized accredited college or university;

(b) a county, state, or federal agency; or

(c) a professional association or similar body involved in mental health therapy.

(2) A course provider shall document and verify attendance and completion.

(3) The content of the course shall be relevant to mental health therapy, consistent with the laws of this state, and include one or more of the following components:

(a) suicide concepts and facts;

(b) suicide risk assessment, crisis intervention, and first aid;

- (c) evidence-based intervention for suicide risk;
- (d) continuity of care and follow-up services for suicide risk; and
- (e) therapeutic alliances for intervention in suicide risk.
- (4) A licensee shall be responsible for maintaining competent records of completed education for a period of four years following the date of completion.
- (5) Each hour of education shall consist of 50 minutes of education in the form of classroom lectures and discussion, workshops, webinars, online self-paced modules, case study review, and simulations.
- (6) Licensees who lecture in continuing education courses meeting these requirements shall receive two hours of continuing education for each hour spent lecturing. However, no continuing education credit will be given for participation in a panel discussion.

R156-60-205. Qualifications for Licensure as a Clinical Social Worker, Marriage and Family Therapist, Clinical Mental Health Counselor, or Substance Use Disorder Counselor.

The two-hour pre-licensure suicide prevention course required by Subsections 58-60-205(1)(e)(iii), 58-60-305(1)(e)(iv), 58-60-405(1)(e)(iv), and 58-60-506(5)(b)(ii) shall meet the following standards:

- (1) The course provider shall meet the requirements of this section and shall be one of the following:
 - (a) a recognized accredited college or university;
 - (b) a county, state, or federal agency; or
 - (c) a professional association or similar body involved in mental health therapy.
- (2) The content of the course shall be relevant to mental health therapy, suicide prevention, consistent with the laws of this state, and include one or more of the following components:
 - (a) suicide concepts and facts;
 - (b) suicide risk assessment, crisis intervention, and first aid;
 - (c) evidence-based intervention for suicide risk;
 - (d) continuity of care and follow-up services for suicide risk; and
 - (e) therapeutic alliances for intervention in suicide risk.
- (3) Each hour of education shall consist of 50 minutes of education in the form of classroom lectures and discussion, workshops, webinars, online self-paced modules, case study review, and simulations.
- (4) A course provider shall document and verify attendance and completion.
- (5) An applicant for licensure is responsible for submitting evidence of course completion to the Division as a prerequisite for licensure.

KEY: licensing, mental health, therapists
Date of Enactment or Last Substantive Amendment: ~~May 22, 2014~~ 2015
Notice of Continuation: April 8, 2014
Authorizing, and Implemented or Interpreted Law: 58-1-106(1)(a); 58-1-202(1)(a); 58-60-101

Commerce, Occupational and Professional Licensing
R156-60c
Clinical Mental Health Counselor Licensing Act Rule

NOTICE OF PROPOSED RULE
 (Amendment)
 DAR FILE NO.: 39519
 FILED: 07/16/2015

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The Division and Clinical Mental Health Counselor Licensing Board reviewed this rule and determined the following changes need to be made. The purpose of this filing is to: 1) allow licensees to roll over up to 10 hours of continuing education; and 2) remove the National Counseling Examination of the National Board for Certified Counselors as a requirement for licensure. The Board determined that the National Clinical Mental Health Counseling Examination of the National Board for Certified Counselors adequately evaluates an applicant's knowledge and two examinations are not needed.

SUMMARY OF THE RULE OR CHANGE: In Section R156-60c-302c, the National Counseling Examination of the National Board for Certified Counselors is removed as a requirement for licensure. In Section R156-60c-304, amendments allow a licensee to use up to 10 hours of excess continuing education hours in the next two-year renewal cycle. Also, new language clarifies that education completed prior to receiving a Utah license may not be used to satisfy the continuing education requirements.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 58-60-401 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 licensees in Title 58, Chapter 60, Part 4, the Clinical Mental Health Counselor Licensing Act, 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 licensees in Title 58, Chapter 60, Part 4, the Clinical Mental Health Counselor Licensing Act, and applicants for licensure in those classifications. As a result, the proposed amendments do not apply to small businesses.

◆ PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES: The proposed amendments should have no increased compliance cost or impact for clinical mental health counselors or associate clinical mental health counselors. Due to the addition of the ability of licensees to carry over up to 10 hours of excess continuing education hours, there may be a cost saving to a licensee because the licensee may save costs by not having to take additional continuing education courses in a particular two-year renewal period. Due to a wide range of circumstances with respect to obtaining continuing education hours, these savings cannot be estimated. It should also be noted that applicants for licensure as a clinical mental health counselor will also save an examination fee of \$195 by not being required to take a second national examination. No fiscal impact to any other persons is anticipated.

COMPLIANCE COSTS FOR AFFECTED PERSONS: The proposed amendments should have no increased compliance cost or impact for clinical mental health counselors or associate clinical mental health counselors. Due to the addition of the ability of licensees to carry over up to 10 hours of excess continuing education hours, there may be a cost saving to a licensee because the licensee may save costs by not having to take additional continuing education courses in a particular two-year renewal period. Due to a wide range of circumstances with respect to obtaining continuing education hours, these savings cannot be estimated. It should also be noted that applicants for licensure as a clinical mental health counselor will also save an examination fee of \$195 by not being required to take a second national examination.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: This filing modifies the clinical mental health counselor and associate clinical mental health counselor continuing education requirement so as to allow excess hours that are completed in one licensing period to count toward the subsequent licensing period. In addition, the filing eliminates a license examination that the Clinical Mental Health Counselors Licensing Board considers unnecessary. It is anticipated that individuals applying for licensure and license renewal will experience savings from this reduced regulation. No fiscal impact to businesses is 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:

◆ Dane Ishihara by phone at 801-530-7632, by FAX at 801-530-6511, or by Internet E-mail at dishihara@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 09/16/2015

INTERESTED PERSONS MAY ATTEND A PUBLIC HEARING REGARDING THIS RULE:

◆ 09/15/2015 09:00 AM, Heber Wells Bldg, 160 E 300 S, Conference Room 474, Salt Lake City, UT

THIS RULE MAY BECOME EFFECTIVE ON: 09/23/2015

AUTHORIZED BY: Mark Steinagel, Director

**R156. Commerce, Occupational and Professional Licensing.
R156-60c. Clinical Mental Health Counselor Licensing Act Rule.**

R156-60c-302c. Qualifications for Licensure - Examination Requirements.

~~[(+)]~~Under Subsection 58-60-405(1)(g), an applicant for licensure as a clinical mental health counselor ~~[must]~~shall pass the ~~[following examinations:~~

~~_____ (a) the National Counseling Examination of the National Board for Certified Counselors; and~~

~~_____ (b) the]National Clinical Mental Health Counseling Examination of the National Board for Certified Counselors.~~

R156-60c-304. Continuing Education.

(1) There is hereby established a continuing education requirement for all individuals licensed under Title 58, Chapter 60, Part 4, as a clinical mental health counselor and ~~[licensed]~~associate clinical mental health counselor.

(2) During each two year period commencing October 1st of each even numbered year, a clinical mental health counselor or licensed associate clinical mental health counselor shall complete at least ~~[be required to complete not fewer than]~~40 hours of continuing education directly related to the licensee's professional practice of which at least~~[a minimum of]~~ six hours shall~~[must]~~ be ~~[completed]~~in ethics/law.

(3) The required number of hours of continuing education for an individual who first becomes licensed during the two year period shall be decreased ~~[in a pro-rata amount equal to any part of that two year period preceding the date on which that individual first became licensed]~~proportionally, according to the date of licensure.

(4) Continuing education under this section shall:

(a) be relevant to the licensee's professional practice;

(b) be prepared and presented by individuals who are qualified by education, training and experience to provide continuing education regarding clinical mental health counseling; and

(c) ~~[have a method of verification of]~~document and verify attendance and completion.

(5) Credit for continuing education shall be recognized in accordance with the following:

(a) unlimited hours shall be recognized for continuing education completed in blocks of time of ~~[not less than]~~at least one hour in formally established classroom courses, seminars, or conferences;

(b) a maximum of 10 hours per two year period may be recognized for teaching in a college or university, teaching qualified continuing education courses in the field of clinical mental health counseling, or ~~[supervision]~~supervising of an individual completing ~~[his]~~the experience requirement for licensure in a mental health therapist license classification; and

(c) a maximum of 10 hours per two year period may be recognized for distance learning, clinical readings, or internet-based courses directly related to practice as a clinical mental health counselor ~~[unless]~~or as otherwise approved by the Division.

(6) A licensee shall be responsible for maintaining competent records of completed continuing education for ~~[a period of]~~at least four years after close of the two year period to which the records pertain. It is the responsibility of the licensee to maintain such information with respect to continuing education to demonstrate it meets the requirements under this section.

(7) A licensee who documents ~~[he is]~~having engaged in full-time activities or is subjected to circumstances ~~[which]~~that prevent ~~[that]~~the licensee from meeting the continuing education requirements established under this Section may be excused from the requirement for a period of up to three years. However, it is the responsibility of the licensee to document the reasons and justify why the requirement could not be met.

~~(8) If a licensee completes more than the required number of continuing education hours during a two-year renewal cycle specified in Subsection (2), up to ten hours of the excess may be carried over to the next two-year renewal cycle.~~

~~(9) No education received prior to licensure in Utah may be used towards the continuing education requirements of Subsection (2).~~

KEY: licensing, counselors, mental health, clinical mental health counselor

Date of Enactment or Last Substantive Amendment: ~~[November 13, 2012]~~2015

Notice of Continuation: December 9, 2014

Authorizing, and Implemented or Interpreted Law: 58-60-401; 58-1-106(1)(a); 58-1-202(1)(a)

Environmental Quality, Air Quality
R307-110-28
Regional Haze

NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 39554

FILED: 07/30/2015

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: On 06/03/2015, the Air Quality Board adopted revisions to Utah's state implementation plan (SIP) Section XX, Regional Haze. As of 07/22/2015, the SIP is pending approval from the EPA. Utah's Division of Air Quality recognizes that, historically, the EPA can more easily approve

a SIP submission that contains a section known as an enforceable commitment. The enforceable commitment will ensure that emissions reductions from the closure of the Carbon Power Plant are not double counted and that the Regional Haze SIP is enforceable as a practical matter. The purpose of this rule is to incorporate the enforceable commitment section of the SIP by reference into Utah's Air Quality Rules. A public review and comment period for the enforceable commitment and the proposed amendments to Section R307-110-28 will run simultaneously. The enforceable commitment is available for public review at <http://www.deq.utah.gov/NewsNotices/notices/air/Pubrule.htm>

SUMMARY OF THE RULE OR CHANGE: The rule is changed to incorporate the enforceable commitment found in Section XX.N of the Regional Haze SIP on the date it is adopted by the Air Quality Board. The SIP is amended to include an enforceable commitment that ensures emissions reductions from the closure of the Carbon Power Plant are not double counted and that the SIP is enforceable as a practical matter.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Subsection 19-2-104

MATERIALS INCORPORATED BY REFERENCES:

- ◆ Updates Utah State Implementation Plan, Section XX, Regional Haze, published by Utah Division of Air Quality, 09/21/2015

ANTICIPATED COST OR SAVINGS TO:

- ◆ **THE STATE BUDGET:** There are no changes in the SIP or the rule that will affect the state of Utah. Therefore, there are no anticipated costs or savings to the state budget.
- ◆ **LOCAL GOVERNMENTS:** There are no changes to the SIP or the rule that affect local governments. Therefore, there are no anticipated costs or savings.
- ◆ **SMALL BUSINESSES:** The enforceable commitment section ensures that the alternative to the Best Available Retrofit Technology (BART) for PacifiCorp is enforceable and that emissions are not double counted. PacifiCorp employs more than 50 people. Therefore, there are no anticipated costs or savings to small businesses.
- ◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** The enforceable commitment section of the Regional Haze SIP merely clarifies that the SIP, as previously approved, will be enforced and implemented without double counting the emissions from the Carbon units that are being shut down. Therefore, no other persons will be affected.

COMPLIANCE COSTS FOR AFFECTED PERSONS: The enforceable commitment section of the Regional Haze SIP merely clarifies that the SIP, as previously approved, will be enforced and implemented without double counting the emissions from the Carbon units that are being shut down. Therefore, there are no additional compliance costs resulting from the rule or the amended SIP.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: The enforceable commitment section of the Regional Haze SIP merely clarifies that the SIP, as previously approved, will be enforced and implemented without double counting the emissions from the Carbon units that are being shut down. Therefore, the revisions to both the rule and the SIP will not result in additional fiscal impacts on businesses.

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

ENVIRONMENTAL QUALITY
AIR QUALITY
FOURTH FLOOR
195 N 1950 W
SALT LAKE CITY, UT 84116-3085
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:
♦ Ryan Stephens by phone at 801-536-4419, by FAX at 801-536-0085, or by Internet E-mail at rstephens@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 09/14/2015

THIS RULE MAY BECOME EFFECTIVE ON: 09/21/2015

AUTHORIZED BY: Bryce Bird, Director

R307. Environmental Quality, Air Quality.
R307-110. General Requirements: State Implementation Plan.
R307-110-28. Regional Haze.

The Utah State Implementation Plan, Section XX, Regional Haze, as most recently amended by the Utah Air Quality Board on [June 3, 2015,] September xx, 2015, pursuant to Section 19-2-104, is hereby incorporated by reference and made a part of these rules.

KEY: air pollution, PM10, PM2.5, ozone
Date of Enactment or Last Substantive Amendment: [June 4,] 2015
Notice of Continuation: February 1, 2012
Authorizing, and Implemented or Interpreted Law: 19-2-104(3) (e)

Health, Health Care Financing,
Coverage and Reimbursement Policy
R414-7C
Alternative Remedies for Nursing
Facilities

NOTICE OF PROPOSED RULE

(Repeal)

DAR FILE NO.: 39543
FILED: 07/27/2015

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: This rule repeal is necessary because the rule should reside with the Division of Family Health and Preparedness (DFHP). DFHP will file a new rule to keep provisions ongoing and effective.

SUMMARY OF THE RULE OR CHANGE: This rule is repealed in its entirety.

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

ANTICIPATED COST OR SAVINGS TO:

- ♦ **THE STATE BUDGET:** This rule repeal does not affect the state budget because a new rule will continue to implement current provisions.
- ♦ **LOCAL GOVERNMENTS:** This rule repeal does not affect local governments because a new rule will continue to implement current provisions.
- ♦ **SMALL BUSINESSES:** This rule repeal does not affect small businesses because a new rule will continue to implement current provisions.
- ♦ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** This rule repeal does not affect Medicaid providers and Medicaid recipients because a new rule will continue to implement current provisions.

COMPLIANCE COSTS FOR AFFECTED PERSONS: This rule repeal does not affect a single Medicaid provider or a Medicaid recipient because a new rule will continue to implement current provisions.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: There is no fiscal impact to business because no requirement has been added or deleted pursuant to this rule renumbering.

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 09/14/2015

THIS RULE MAY BECOME EFFECTIVE ON: 09/21/2015

AUTHORIZED BY: David Patton, PhD, Executive Director

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

~~[R414-7C. Alternative Remedies for Nursing Facilities.~~

~~R414-7C-1. Authority and Purpose.~~

~~(1) The department conducts on-site inspections of nursing facilities to determine compliance with state and federal Medicaid standards. When the department finds that a nursing facility is out of compliance with requirements of participation, the department may apply remedies to eliminate deficiencies and bring the facility into compliance.~~

~~(2) Authority to apply the remedies described in this section is defined in the federal Omnibus Budget Reconciliation Act (OBRA) of 1987 (P.L. 100-203), which mandates compliance with requirements of participation for the Medicaid program, and in Section 26-18-3 of the Utah Code Annotated 1953. Section 1919(h) of the Social Security Act specifies remedies available to a state when a skilled nursing facility (SNF) or nursing facility (NF) is out of compliance with the requirements for participation in the Medicaid program. This section requires the state to ensure prompt compliance, and it further specifies that the available remedies are in addition to other remedies available under state or federal law and, except for fines, are imposed prior to the conduct of a hearing.~~

~~(3) This rule establishes criteria for the imposition of remedies authorized by statute.~~

~~(4) The department adopts and incorporates by reference the regulations in 42 CFR, Part 488-Survey, Certification, and Enforcement Procedures, as amended in the Federal Register for November 10, 1994, 59 FR 56237.~~

~~R414-7C-2. Civil Fines.~~

~~(1) Interest shall be assessed on the unpaid balance of the fine, beginning on the due date. The interest rate charged shall be the average of the bond equivalent of the weekly 90-day U.S. treasury bill auction rates during the period for which interest will be charged.~~

~~(2) Disposition of Fines Collected:~~

~~(a) The department shall deposit fines and corresponding interest collected from Medicaid-certified facilities in the General Fund in accordance with Section 26-18-3(5).~~

~~(b) Fines collected by the department must be applied in accordance with Section 1919 of the act for the protection of the health and property of residents.~~

~~KEY: medicaid~~

~~Date of Enactment or Last Substantive Amendment: December 20, 1995~~

~~Notice of Continuation: January 24, 2012~~

~~Authorizing, and Implemented or Interpreted Law: 26-1-4.1; 26-1-5; 26-18-3]~~

**Health, Health Care Financing,
Coverage and Reimbursement Policy
R414-55
Medicaid Policy for Hospital
Emergency Department Copayment
Procedures**

NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 39556

FILED: 07/30/2015

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of this change is to direct providers to use appropriate International Classification of Diseases, Clinical Modification (ICD-CM) codes in accordance with the Health Insurance Portability and Accountability Act (HIPAA) and under the direction of Congress.

SUMMARY OF THE RULE OR CHANGE: This amendment directs providers to use appropriate ICD-CM codes in accordance with HIPAA and under the direction of Congress.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: 45 CFR 162.1002 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 neither affects Medicaid services nor rates for reimbursement.

◆ **LOCAL GOVERNMENTS:** There is no impact to local governments because this amendment neither affects Medicaid services nor rates for reimbursement.

◆ **SMALL BUSINESSES:** There is no impact to small businesses because this amendment neither affects Medicaid services nor rates for reimbursement.

◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** There is no impact to Medicaid recipients and to Medicaid providers because this amendment neither affects Medicaid services nor rates for reimbursement.

COMPLIANCE COSTS FOR AFFECTED PERSONS: There are no compliance costs to a single Medicaid recipient or to a Medicaid provider because this amendment neither affects Medicaid services nor rates for reimbursement.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: This amendment has no fiscal impact on businesses since it does not make any additional requirements of business.

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 09/14/2015

THIS RULE MAY BECOME EFFECTIVE ON: 10/01/2015

AUTHORIZED BY: David Patton, PhD, Executive Director

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

R414-55. Medicaid Policy for Hospital Emergency Department Copayment Procedures.

R414-55-1. Introduction and Authority.

This rule establishes Medicaid copayment policy for non-emergency use of outpatient hospital emergency departments by Medicaid clients who are not in any of the categories exempted from copayment requirements. The rule is authorized by 42 CFR 447.15 and 447.50 through 447.59, Oct. 2003 ed., which are adopted and incorporated by reference.

R414-55-2. Definitions.

In addition to the definitions in R414-1, the following definitions also apply to this rule:

- (1) "Child" means any person under the age of 18.
- (2) "Copayment" means that form of cost sharing required of a Medicaid client at the time a service is provided, with the amount of copayment specified beforehand.
- (3) "Emergency Services" means those services defined by a select group of International Classification of Diseases, ~~[Ninth Revision]~~ Clinical Modification (ICD[9]-CM) diagnosis codes which Medicaid shall identify for hospital Emergency Departments by means of Medicaid Information Bulletins.
- (4) "Hospital Emergency Department" means that area of a hospital in which emergency services are provided on a 24-hour-a-day basis.

R414-55-3. Copayment Policy.

Each Medicaid client is responsible to pay a copayment amount that complies with the requirements of the Utah Medicaid State Plan and Rule R414-1.

KEY: Medicaid

Date of Enactment or Last Substantive Amendment: ~~[May 1, 2010]~~ **2015**

Notice of Continuation: June 28, 2013

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

Health, Health Care Financing,
Coverage and Reimbursement Policy
R414-307-13
Home and Community-Based Services
Waiver for Medically Complex Children

NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 39558

FILED: 07/31/2015

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: This amendment complies with H.B. 199 passed during the 2015 General Session, which requires the Department to create a new Home and Community-Based Services (HCBS) waiver for children with disabilities and complex medical conditions for a three-year pilot program.

SUMMARY OF THE RULE OR CHANGE: This amendment implements the HCBS Waiver for Medically Complex Children, which serves children under 19 years of age who meet disability criteria described in Section R414-303-3.

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

ANTICIPATED COST OR SAVINGS TO:

- ♦ **THE STATE BUDGET:** There is an annual cost to the General Fund of about \$1,072,000 with matching federal funds of about \$2,539,867.
- ♦ **LOCAL GOVERNMENTS:** There is no impact to local governments because they do not fund or provide waiver services to Medicaid recipients.
- ♦ **SMALL BUSINESSES:** Small businesses may see a portion of the total revenue generated by this new waiver that could reach about \$3,611,867.
- ♦ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** Medicaid providers may see a portion of the total revenue generated by this new waiver that could reach about \$3,611,867. Eligible Medicaid recipients will also see out-of-pocket savings.

COMPLIANCE COSTS FOR AFFECTED PERSONS: There are no compliance costs to a single Medicaid provider who will see only potential revenue. Likewise, an eligible Medicaid recipient will see only out-of-pocket savings.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: This proposed rule will fiscally impact business in that up to \$3,611,867 in funds will be available to pay Medicaid providers for medical care services provided to children eligible under the waiver.

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 09/14/2015

THIS RULE MAY BECOME EFFECTIVE ON: 10/01/2015

AUTHORIZED BY: David Patton, PhD, Executive Director

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

R414-307. Eligibility for Home and Community-Based Services Waivers.

R414-307-13. Home and Community-Based Services Waiver for Medically Complex Children.

(1) An individual must be under 19 years of age to be eligible for the HCBS Waiver for Medically Complex Children.

(a) The eligibility agency shall treat an individual as being under 19 years of age through the month in which the individual turns 19 years old.

(b) The agency shall end waiver eligibility after the month in which the individual turns 19 years old.

(2) The agency shall determine whether an individual meets the disability criteria described in Section R414-303-3.

(3) This waiver is in accordance with the provisions of the Community Supports Home and Community-Based Services waiver and all other eligibility requirements found in Section R414-307-7, except for the requirement of Subsection R414-307-7(1).

KEY: eligibility, waivers, special income group

Date of Enactment or Last Substantive Amendment: [~~July 1,~~ 2015

Notice of Continuation: April 17, 2012

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

Health, Health Care Financing,
Coverage and Reimbursement Policy
R414-510
Intermediate Care Facility for Persons
with Intellectual Disabilities Transition
Program

NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 39553

FILED: 07/29/2015

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of this change is to update and clarify eligibility requirements for individuals who wish to transfer to the Community Supports Waiver.

SUMMARY OF THE RULE OR CHANGE: This amendment updates and clarifies access requirements for the Transition Program, which include an open application process and a selection process for both Program applicants and eligible individuals. It also specifies public notice requirements for the agency, includes new definitions to clarify the text, and makes other technical changes.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: 42 CFR 440.225 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 any services affected by this change are within the allocation of funds set forth by the legislature for the Transition Program in state fiscal year 2016.

♦ **LOCAL GOVERNMENTS:** There is no impact to local governments because they neither fund nor provide waiver services to Medicaid recipients.

♦ **SMALL BUSINESSES:** There is no impact to small businesses because any services affected by this change are within the allocation of funds set forth by the legislature for the Transition Program in state fiscal year 2016.

◆ PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES: There is no impact to Medicaid providers and to Medicaid recipients because any services affected by this change are within the allocation of funds set forth by the legislature for the Transition Program in state fiscal year 2016.

COMPLIANCE COSTS FOR AFFECTED PERSONS: There are no compliance costs to a single Medicaid provider or to Medicaid recipient because any services affected by this change are within the allocation of funds set forth by the legislature for the Transition Program in state fiscal year 2016.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: There is no fiscal impact to business because any services affected by this change fall within funds allocated to the Medicaid 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 09/14/2015

THIS RULE MAY BECOME EFFECTIVE ON: 09/21/2015

AUTHORIZED BY: David Patton, PhD, Executive Director

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

R414-510. Intermediate Care Facility for Persons with Intellectual Disabilities Transition Program.

R414-510-1. Introduction and Authority.

(1) This rule implements the Intermediate Care Facility for Persons with Intellectual Disabilities (ICF/ID) Transition Program. Program participation is voluntary and allows an individual to transition out of an ICF/ID into the Community Supports Waiver for Individuals with Intellectual Disabilities and Other Related Conditions.

(2) This rule is authorized by Section 26-18-3. Waiver services ~~for this program~~ are optional and provided in accordance with 42 CFR 440.225.

R414-510-2. Definitions.

(1) The term "Intermediate Care Facility for the Mentally Retarded" (ICF/MR) has been replaced with the term "Intermediate Care Facility for Persons with Intellectual Disabilities" (ICF/ID). ICF/ID is equivalent to ICF/MR as described under federal law.

(2) "Program" means the Intermediate Care Facility for Persons with Intellectual Disabilities Transition Program.

(3) "Program applicant" means an individual who meets eligibility requirements and submits an application to the Department during the open application period.

(2)4 "Slot" refers to the funding available for one individual to participate in the ~~[ICF/ID Transition]~~ Program.

(3)5 "Representative" means a parent or guardian who assists a potential ~~[Transition]~~ Program participant.

(6) "Waiver" means the Community Supports Waiver for Individuals with Intellectual Disabilities and Other Related Conditions.

R414-510-3. ~~[Client]~~ Eligibility Requirements.

Waiver services are potentially available to an individual who:

(1) receives ICF/ID benefits under the Medicaid State Plan;
(2) has been diagnosed with an intellectual disability or a related condition;

(3) meets ICF/ID level of care criteria defined in Section R414-502-8;

(4) meets state funding eligibility criteria for the Division of Services for People with Disabilities (DSPD) found in Subsection 62A-5-102(4); and

(5) has resided in any Medicaid-certified, privately-owned ICF/ID located in Utah for at least 12 consecutive months.

R414-510-4. Program Access Requirements.

(1) Each fiscal year, the Department shall determine whether there are sufficient funds available to open slots in the ~~[Transition]~~ Program. The Department shall stipulate to the amount of funds that it dedicates to the ~~[Transition]~~ Program if funds are available.

(2) Based on funds dedicated to the ~~[Transition]~~ Program, the Department shall estimate the number of slots available. The Department estimates the number of slots available by dividing the total amount of funds dedicated to the ~~[p]~~ Program in a fiscal year by the state portion of the average daily ICF/ID rate.

(3) At its discretion, the Department may reserve a number of slots for individuals:

(a) who meet the eligibility requirements of Section R414-510-3;

(b) who receive a discharge notice from the ICF/ID in which they reside;

(c) who have no viable option for alternative ICF/ID placement; and

(d) who DSPD accepts for ICF/ID placement.

(4) During a fiscal year in which the Program receives funding for new applicants, the Department shall announce an open application period. The Department shall publicize the availability of the Transition Program in the following manner:

(a) The Department shall provide a letter to the administrator of each privately-owned ICF/ID, each ICF/ID resident and to the representative of each ICF/ID resident. The letter shall:

~~(i) describe the purpose and operation of the Program, including availability of funding;~~

~~(ii) identify the selection process utilized for the Program;~~

~~(iii) state that Program participation is voluntary; and~~

~~(iv) provide Program contact information.~~

~~(b) The Department shall post information about Program availability on the Utah Medicaid website.~~

~~(c) The Department shall hold at least one open and public meeting to introduce the Program and send notice of the meeting via letter to the administrator of each privately-owned ICF/ID, each ICF/ID resident and to the representative of each ICF/ID resident. The meeting must:~~

~~(i) cover the purpose of the Program;~~

~~(ii) cover how the Program operates with available funds;~~

~~(iii) cover how residents or guardians may apply for the Program; and~~

~~(iv) allow a time period for questions and answers.~~

~~(5) After the open application period, the Department places the name of each Program applicant on both a longevity list and a random list. On the longevity list, the Department ranks each Program applicant according to length of consecutive stay in any ICF/ID in the state of Utah. On the random list, the Department randomly ranks each Program applicant based on a computerized random selection.~~

~~(6) The Department then selects evenly first from the longevity list and then from the random list for placement in the Waiver until the amount of funding allocated to the Program is disbursed to care for the admitted individuals.~~

~~(4)7] The Department conducts a periodic alternate selection process as follows:~~

~~(a) [†]The Department shall place the names of all ICF/ID residents who meet the eligibility requirements in Section R414-510-3 on both a longevity list and a random list. The use of longevity and random lists shall follow the same process as identified in Subsection R414-510-4(5) through (6), except that all eligible individuals are considered. [On the longevity list, the Department ranks each individual according to length of consecutive stay in an ICF/ID in Utah. On the random list, the Department ranks each individual based on a computerized random selection.]~~

~~(5) The Department will then select individuals evenly from the top of the longevity list and then the random list for notification regarding voluntary participation in the Transition Program.~~

~~(6)b] The Department shall [notify individuals selected for voluntary participation in the Transition Program by providing] send a letter to each selected resident and their representative. The letter must comply with requirements noted in Subsection R414-510-4(4)(a)(i) through (iv), and [that] describe[s:~~

~~(a) the purpose and operation of the Transition Program, including availability of funding;~~

~~(b) the selection process used to identify the individual as a potential participant;~~

~~(c) how participation in the program is optional;~~

~~(d) how Department staff will contact the individual or representative by phone or in-person[;] for the purpose of answering questions to allow the individual or representative to make an informed choice about participation in the [Transition]Program[; and~~

~~(e) contact information for an individual or representative who has additional questions].~~

~~(7)c] The Department shall make follow-up phone calls or in-person visits to each individual or representative to provide information that [describes]reiterates the requirements described in Subsection R414-510-4(a)(i) through (iv).[;]~~

~~(a) the purpose and operation of the Transition Program, including availability of funding;~~

~~(b) the selection process used to identify the individual as a potential participant;~~

~~(c) how participation in the program is optional;~~

~~(d) how Department staff will contact the individual or representative by phone or in-person, for the purpose of answering questions to allow the individual or representative to make an informed choice about participation in the Transition Program; and~~

~~(e)d] [how-i]In cases where a selected individual does not have or require a representative, a DSPD Transition Program coordinator will visit the selected individual in-person at the ICF/ID to verify if program participation is desired.~~

~~(8)e] When an individual or representative voluntarily confirms [his]a desire to participate in the [Transition]Program, the Department shall provide a letter to the ICF/ID administrator to inform the administrator of the choice of the individual or representative to participate in the [Transition]Program.~~

~~(9)8] If an individual is selected for the [Transition]Program and has a spouse who also resides in a Utah ICF/ID and who meets the eligibility criteria in Section R414-510-3, the Department shall provide an additional slot for the spouse to participate in the [Transition]Program without affecting the number of available slots from the longevity and random lists.~~

~~(10)9] Based on available funding, the Department shall continue to select eligible individuals through the aforementioned process until the Department exhausts the amount of funds committed to the [p]Program.~~

~~(11)10] The Department shall keep the longevity list and random lists open for the sole purpose of filling slots vacated through [Transition]Program attrition. If a [w]Waiver [e]ent]participant who is admitted through the [Transition]Program leaves the Waiver program for any reason, the Department shall contact and enroll the next person on the list who is interested in moving [into]through the [Transition]Program.~~

~~(12)11] The Department shall create new lists in accordance with Subsection R414-510-4(4) through (6) or (7) when there is funding available to open new [Transition]Program slots.~~

R414-510-5. Service Coverage.

Services and limitations [within]of the [Transition]Program [are]may be found in the Waiver State Implementation Plan[Community Supports Waiver for Individuals with Intellectual Disabilities and Other Related Conditions].

R414-510-6. Reimbursement Methodology.

The Department of Human Services (DHS) contracts with the Department to set [~~1915(e) Home and Community-Based Services Waiver (HCBS) waiver~~]rates for [w]Waiver-covered services. The DHS rate-setting process is designed to comply with the requirements of [~~under the~~]Subsection 1915(c) of the Social Security Act[~~HCBS Waiver program~~] and other applicable Medicaid rules. Medicaid requires that rates for services not exceed customary charges.

KEY: Medicaid**Date of Enactment or Last Substantive Amendment:** ~~July 15, 2014~~ **2015****Notice of Continuation:** January 9, 2012**Authorizing, and Implemented or Interpreted Law:** 26-1-5; 26-18-3

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

NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 39551

FILED: 07/29/2015

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of this amendment is to add definitions for clarity in proposed amendments for emergency medical services (EMS) designation, licensing, and operational sections of administrative rules.

SUMMARY OF THE RULE OR CHANGE: The rule change clarifies terms in proposed amendments in Rules R426-2, R426-3, R426-4, R426-5, and R426-9. (DAR NOTE: The proposed amendments to Rule R426-3 is under DAR No. 39552, Rule R426-4 is under DAR No. 39550, and Rule R426-5 is under DAR No. 39546 in this issue, August 15, 2015, of the Bulletin. The proposed amendments to Rule R426-2 is under DAR No. 39467 and Rule R426-9 is under DAR No. 39468 in the July 15, 2015, issue of the Bulletin.)

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

ANTICIPATED COST OR SAVINGS TO:

♦ **THE STATE BUDGET:** No anticipated fiscal impact to the state budget because there are no changes in the rule requirements that are imposed by these amendments. Changes proposed only add definitions to clarify related subsequent sections of administrative rules for Title R426. These changes do not require any additional staff related duties or any types of purchases, etc.

♦ **LOCAL GOVERNMENTS:** No anticipated fiscal impact to the local budget because there are no changes in the rule requirements that are imposed by these amendments. Changes proposed only add definitions to clarify related subsequent sections of administrative rules for Title R426. These changes do not require any additional staff related duties or any types of purchases, etc.

♦ **SMALL BUSINESSES:** No anticipated fiscal impact to the small businesses because there are no changes in the rule requirements that are imposed by these amendments. Changes proposed only add definitions to clarify related subsequent sections of administrative rules for Title R426. These changes do not require any additional staff related duties or any types of purchases, etc.

♦ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** No anticipated fiscal impact to the other entities because there are no changes in the rule requirements that are imposed by these amendments. Changes proposed only add definitions to clarify related subsequent sections of administrative rules for Title R426. These changes do not require any additional staff related duties or any types of purchases, etc.

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

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: This proposed amendments clarifies and adds definitions which are used in all rules governing emergency medical services. This rule has no impact on business because it addresses only definitions in rules and does not change any requirements for businesses associated with emergency medical services.

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

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

DIRECT QUESTIONS REGARDING THIS RULE TO:

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

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 09/14/2015

THIS RULE MAY BECOME EFFECTIVE ON: 09/21/2015

AUTHORIZED BY: David Patton, PhD, Executive Director

R426. Health, Family Health and Preparedness, Emergency Medical Services.**R426-1. General Definitions.****R426-1-100. Authority and Purpose.**

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

R426-1-200. General Definitions.

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

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

(2) "Affiliated Provider" means a certified EMS individual's secondary employer or employers.

~~(2)3~~ "Air Ambulance" means a specially equipped and permitted aircraft, especially a helicopter or fixed wing airplane, for transporting patients.

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

(3)5 "Air Ambulance Service" means any publicly or privately owned organization that is licensed or applies for licensure under R426-3 and provides transportation and care of patients by air ambulance.

(4)6 "Air Ambulance Service Medical Director" means a physician knowledgeable of potential medical complications which may arise because of air medical transport, and is responsible for overseeing and assuring that the appropriate air ambulance, medical personnel, and equipment are provided for patients transported by the air ambulance service.

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

(6)8 "Certify," "Certification," and "Certified" mean the official Department recognition that an individual has completed a specific level of training and has the minimum skills required to provide emergency medical care at the level for which he is certified.

(9) "Certified EMS Individual" means a person certified by the Bureau of Emergency Medical Services and Preparedness to perform an EMS function.

(7)10 "Competitive Grant" means a grant awarded through the Emergency Medical Services Grants Program on a competitive basis for a share of available funds.

(11) "Complaint, Compliance, and Enforcement Unit or CCEU" means the investigative unit of the Department.

(8)12 "Continuing Medical Education" means a Department-approved training relating specifically to the appropriate level of certification designed to maintain or enhance an individual's emergency medical skills.

(9)13 "County or Multi-County EMS Council or Committee" means a group of persons recognized as the legitimate entity within the county to formulate policy regarding the provision of EMS.

(10)14 "Course Coordinator" means an individual who has completed a Department course coordinator course and is certified by the Department as capable to conduct Department-authorized EMS courses.

(11)15 "Department" means the Utah Department of Health.

(12)16 "Emergency Medical Dispatcher" or "EMD" means an individual who has completed a Department approved EMD training program, and is certified by the Department as qualified to render services enumerated in this rule.

~~(13)17~~ "Emergency Medical Service Dispatch Center" means ~~[an agency]~~ a call center designated by the Department for the routine acceptance of calls for emergency ~~[medical assistance]~~ ~~[from the public]~~, staffed by trained operators who [utilizing]utilize a selective medical dispatch system to dispatch licensed ambulance~~[-]~~ and paramedic services.

(14)18 "Emergency Medical Responder" or "EMR" means an individual who has completed a Department approved EMR training program, and is certified by the Department as qualified to render services enumerated in this rule.

(15)19 "Emergency Medical Technician" or "EMT" means an individual who has completed a Department approved EMT training program and is certified by the Department as qualified to render services enumerated in this rule.

(16)20 "Emergency Medical Technician Intermediate Advanced" means an individual who has completed a Department approved EMT- IA training program and is certified by the Department as qualified to render services enumerated in this rule.

~~(17) "Paramedic" means an individual who has completed a Department approved Paramedic training program and is certified by the Department as qualified to render services enumerated in this rule.~~

(21) "Emergency vehicle operator" means an individual on the roster of an EMS provider who may, in the normal course of the individual's duties, drive an ambulance or an emergency medical response vehicle.

(18)22 "EMS" means Emergency Medical Services.

(19)23 "[EMS]Emergency Medical Incident" means any instance in which an Emergency Medical Services Provider is requested to provide or potentially provide emergency medical services.

(20)24 "EMS Instructor" means an individual who has completed a Department EMS instructor course and is certified by the Department as capable to teach EMS personnel.

(21)25 "EMS stand-by event" means the on-site licensed ambulance, paramedic service, or designated quick response unit at a scheduled event or activity provided by the local 911 exclusive license provider or their designee as referred to in R426-3-400(6).

(22)26 "Exclusive License" means the sole right to perform the licensed act in a defined geographic service area, and that prohibits the Department of Health from performing the licensed act, and from granting the right to anyone else.

(23)27 "Grants Review Subcommittee" means a subcommittee appointed by the EMS Committee to review, evaluate, prioritize and make grant funding recommendations to the EMS Committee.

(28) "Ground Ambulance" means a vehicle which is properly equipped, maintained, permitted and used to transport a patient to a patient destination such as a patient receiving facility or resource hospital.

(24)29 "Inclusive Trauma System" means the coordinated component of the State emergency medical services (EMS) system composed of all general acute hospitals licensed under Title 26, Chapter 21, trauma centers, and pre-hospital providers which have established communication linkages and triage protocols to provide for the effective management, transport and care of all injured patients from initial injury to complete rehabilitation.

(30) "Inter-facility Transfer" means an ambulance transfer of a patient, who does not have an emergency medical condition as defined in UCA 26-8a-102(6)(a), and the ambulance transfer of the patient is arranged by a transferring physician for the particular patient, from a hospital, nursing facility, patient receiving facility, mental health facility, or other licensed medical facility.

~~(25)~~31) "Individual" means a human being.

~~(26)~~32) "Level of Care" means the capabilities and commitment to the care of the trauma patient available within a specified facility.

~~(27)~~33) "Level of Certification" means the official Department recognized step in the certification process in which an individual has attained as an EMS provider.

~~(28)~~34) "Meritorious Complaint" means a complaint against an ~~[heense]~~ambulance provider, designated agency, or certified provider(s) that is made by a patient, a member of the immediate family of a patient, or health care provider, that the Department determines is substantially supported by the facts or an ~~[heense]~~ambulance provider, designated agency, or certified provider(s):

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

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

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

(d) has otherwise repeatedly engaged in conduct that is adverse to the public health, safety, morals or welfare, or would adversely affect the public trust in the emergency medical service system.

~~(29)~~35) "Matching Funds" means that portion of funds, in cash, contributed by the grantee to total project expenditures.

~~[a]~~—"On-line Medical Control" which refers to physician medical direction of pre-hospital personnel during a medical emergency; and

~~[b]~~—"Off-line Medical Control" which refers to physician oversight of local EMS services and personnel to assure their medical accountability.

~~(30)~~36) "Medical Director" means a physician certified by the Department to provide off-line medical control.

(37) "Mid-level Provider" means a nurse practitioner or a physician assistant.

~~(34)~~38) "Net Income" [-] means [F]the sum of net service revenue, plus other regulated operating revenue and subsidies of any type, less operating expenses, interest expense, and income.

(39) "Paramedic" means an individual who has completed a Department approved Paramedic training program and is certified by the Department as qualified to render services enumerated in this rule.

~~(32)~~40) "Paramedic Ground Ambulance" means the provision of advanced life support patient care and transport by paramedic personnel in a licensed ambulance.

~~(33)~~41) "Paramedic Rescue Service" means the provision of advanced life support patient care by paramedic personnel without the ability to transport patients.

~~(34)~~42) "Paramedic Unit" means a vehicle which is properly equipped, maintained and used to transport paramedics to the scene of emergencies to perform paramedic services without the ability

to transport patients to a designated hospital or designated patient receiving facility.

~~(35)~~43) "Paramedic Tactical Service" means the retrieval and field treatment of injured peace officers or victims of traumatic confrontations by paramedics who are trained in combat medical response.

~~(36)~~44) "Paramedic Tactical Unit" means a vehicle which is properly equipped, maintained, and used to transport paramedics to the scene of traumatic confrontations to provide paramedic tactical services.

~~(37)~~45) "Patient Care Report" means a record of the response by each responding Emergency Medical Services Provider unit to each patient during an EMS Incident.

(46) "Patient Receiving Facility" means a Department designated medical clinic or designated resource hospital that is approved to receive patients transported by an ambulance.

~~(38)~~47) "Per Capita grants" mean block grants determined by prorating available funds on a per capita basis as delineated in 26-8a-207, as part of the Emergency Medical Services Grants Program.

~~(39)~~48) "Permit" means the document issued by the Department that authorizes a vehicle to be used in providing emergency medical services.

~~(40)~~49) "Person" means an individual, firm, partnership, association, corporation, company, or group of individuals acting together for a common purpose, agency, or organization of any kind public or private.

~~(41)~~50) "Physician" means a medical doctor licensed to practice medicine in Utah.

~~(42)~~51) "Pilot" means any individual licensed under Federal Aviation Regulations, Part 135.

~~(43)~~52) "[Prehospital]Pre-hospital Care" means medical care given to an ill or injured patient by a designated or licensed EMS provider outside of a hospital setting.

(53) "Primary Affiliated Provider" or "PAP" means a certified EMS individual's primary or main employer or provider.

~~(44)~~54) "Primary emergency medical services" means an organization that is the only licensed or designated service in a geographical area.

(55) "Provider" means a Department licensed or designated entity that provides emergency medical services.

(56) "Provisional Certification" means temporary terms and conditions placed on a certified EMS individual's certification until completion of an investigation or a final adjudication or conclusion of the pending matter.

~~(45)~~57) "Quick Response Unit" or "QRU" means an entity that provides emergency medical services to supplement local ambulance services or provide unique services.

(58) "Quick Response Vehicle" or "QRV" means a vehicle which is properly equipped, maintained, permitted and used to perform assistive services at a scene. A QRV may transport or deliver a patient to an ambulance access point. The QRV may include an automobile, an all-terrain vehicle or a watercraft.

~~(46)~~59) "Resource Hospital" means a facility designated by the EMS Committee to provide on-line medical control for the provision of pre-hospital emergency care.

(60) "Restricted Certification" means a certified EMS individual may not function in their EMS capacity for an interim period of time.

([47]61) "Scene" means the location of initial contact with the patient.

([48]62) "Selective Medical Dispatch System" means a department-approved reference system used by a local dispatch agency to dispatch aid to medical emergencies which includes:

- (a) systemized caller interrogation questions;
- (b) systemized pre-arrival instructions; and
- (c) protocols matching the dispatcher's evaluation of injury or illness severity with vehicle response mode and configuration.

([49]63) "Specialized Life Support Air Ambulance Service" means a level of care which requires equipment or specialty patient care by one or more medical personnel in addition to the regularly scheduled air medical team.

([50]64) "Training Officer" means an individual who has completed a department Training Officer Course and is certified by the Department to be responsible for an EMS provider organization's continuing medical education, recertification records, and testing.

([51]65) "Transition [p]Period" means prescribed range of dates that includes a begin and end date in which EMS providers will change their level of certificate from existing levels of certification to the Department adopted National Traffic and Highway Safety Administration's (NTHSA) National EMS Scope of Practice Model. This model names levels of certification as EMR, EMT, AEMT and Paramedic.

KEY: emergency medical services

Date of Enactment or Last Substantive Amendment: [~~October 18, 2013~~]2015

Authorizing, and Implemented or Interpreted Law: 26-8a

**Health, Family Health and
Preparedness, Emergency Medical
Services
R426-3
Licensure**

NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 39552

FILED: 07/29/2015

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of this amendment is to update the licensing rules for ambulance and paramedic providers. It also reflects public comment and the Office of the Legislative Auditor General (OLAG) audit requests for adding comment and consolidation of license types.

SUMMARY OF THE RULE OR CHANGE: The changes clarify terms and licensing requirements for emergency medical services (EMS) providers.

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

ANTICIPATED COST OR SAVINGS TO:

♦ **THE STATE BUDGET:** No effect on the state budget. Changing the licensing application process and consolidating the licensing types will not increase costs or impact the state budget.

♦ **LOCAL GOVERNMENTS:** Fiscal impacts may be a reduction of license fees for service areas currently holding multiple license types.

♦ **SMALL BUSINESSES:** Fiscal impacts may be a reduction of license fees for service areas currently holding multiple license types.

♦ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** Fiscal impacts may be a reduction of license fees for service areas currently holding multiple license types.

COMPLIANCE COSTS FOR AFFECTED PERSONS: The simplification of license types may benefit in cost savings to the public.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: The proposed amendments will fiscally impact business by reducing the need for a business to obtain multiple licenses and the costs associated with multiple licenses.

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

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

DIRECT QUESTIONS REGARDING THIS RULE TO:

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

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 09/14/2015

THIS RULE MAY BECOME EFFECTIVE ON: 09/21/2015

AUTHORIZED BY: David Patton, PhD, Executive Director

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

R426-3. Licensure.

R426-3-100. Authority and Purpose.

(1) This Rule is established under Chapter 8, Title 26a, Chapter 8a. It establishes standards for the licensure of an air ambulance, ground ambulance, and paramedic services.

(2) The purpose of this rule is to set forth air and ground ambulance policies, rules, and standards adopted by the Utah Emergency Medical Services Committee, which promotes and protects the health and safety of the people of this state.

(3) The definitions in Title 26, Chapter 8a are adopted and incorporated by reference into this rule.

R426-3-200. Requirement for Licensure.

(1) A person ~~or entity that~~ who provides or represents that it provides air ambulance, ground ambulance, paramedic ground ambulance, or paramedic services ~~[must]shall~~ first be licensed by the Department.

R~~246~~426-3-300. Licensure Types.

(1) The Department may issue exclusive ground ambulance transport licenses for the following types of service at the given levels:

- (a) emergency medical technician (EMT);
- (b) advanced emergency medical technician (AEMT); and
- (c) paramedic.

~~(d)~~² ~~[e]~~ Current emergency medical technician intermediate advanced (EMT-IA) licenses will remain in effect, no new EMT-IA ground ambulance licenses will be issued.

~~(2)~~³ The Department may issue exclusive ground ambulance inter-facility transport licenses for the following types of service at the given levels:

- (a) emergency medical technician (EMT);
- (b) advanced emergency medical technician (AEMT); and
- (c) paramedic.

~~(3)~~⁴ The Department may issue exclusive paramedic, non-transport licenses, ~~for the following types of service at the given response configurations:~~

- ~~(a) paramedic; and~~
- ~~(b) paramedic tactical;~~

~~(5) The Department may issue a paramedic tactical license that is a designation of function not geographical location.~~

R426-3-310. Air Ambulance Licensure Types.

~~(4)~~¹ The Department may issue an Air Ambulance [licenses]provider a license in accordance with services accredited by a Department approved accreditation vendor. ~~for the following types of services at the given levels:~~

- ~~(a) advanced life support;~~
- ~~(b) specialized life support;~~

~~(5) The Department may issue Air Ambulance licenses for the following types of specialties for which the specialized Life support Air Ambulance Service is licensed:~~

- ~~(a) specialty obstetrics;~~
- ~~(b) specialty pediatrics;~~
- ~~(c) specialty neonatal;~~
- ~~(d) specialty burns; and~~
- ~~(e) specialty cardiac.~~

R426-3-400. Scope of Operations.

(1) A ~~[licensee]~~ground ambulance or paramedic licensed provider may only provide service to its specific licensed geographic service area and is responsible to provide all services to its entire specific geographic service area except as provided by R426-3-~~[8]~~⁹00 Aid Agreements. It will provide emergency medical services for its category of licensure that corresponds to the certification levels in R426-5 Emergency Medical Services Training and Certification Standards.

~~_____ (2) A licensee may not subcontract. A subcontract is present if a licensee engages a person that is not licensed to provide emergency medical services to all or part of its specific geographic service area. A subcontract is not present if multiple licensees allocate responsibility to provide ambulance services between them within a specific geographic service area for which they are licensed to provide ambulance service.~~

~~_____ (3) A ground ambulance inter-facility transfer licensee may only transport patients from a hospital, nursing facility, emergency patient receiving facility, mental health facility, or other licensed medical facility when arranged by the transferring physician for the particular patient.~~

~~_____ (4) A person or entity may not furnish, operate, conduct, maintain, advertise, or provide ground or air ambulance transport services to patients within the state or from within the state to out of state unless licensed by the Department.~~

~~(5)~~² A ground ambulance provider or paramedic service provider ~~[All licensed Emergency Medical Services conforming to R426-3-200] [must]shall~~ provide services 24 hours a day, every day of the year.

~~_____ (3) Air [Medical]ambulance services [must]shall~~ provide ~~[air medical]services~~ 24 hours a day, every day of the year as allowed by weather conditions.

~~(6)~~⁴ A ground ambulance provider or paramedic service [licensee]provider [must]shall provide all ~~[ambulance or paramedic services, including]standby services[-]~~ for any special event that requires ground ambulance or paramedic services within its geographic service area. The licensed provider may arrange for those services through R426-3-900 aid agreements. Designated quick response units may also support licensed ground ambulance or paramedic services at special events. If a licensed provider refuses to provide service, or is non-responsive in a timely manner to a request for a special event, the event organizer may use a licensed or designated provider of their choice.

R426-3-500. Minimum Licensure Requirements Air Ambulance, Ground Ambulance, and Paramedic Services.

A ~~[licensee]~~licensed provider conforming to R426-3-200 ~~[must]shall~~ meet the following minimum requirements:

(1) ~~[have-]sufficient air or ground ambulances, emergency response vehicle(s), equipment, and supplies that meet the requirements of this rule and as may be necessary to carry out its responsibilities under its license or proposed license without relying upon aid agreements with other [licensees.]licensed provider;~~

(2) ~~[have-]locations or staging areas for stationing its vehicles[-];~~

(3) ~~[have-]a current written dispatch agreement with a designated emergency medical dispatch center[-];~~

(4) ~~[have-]ground ambulances shall have current written aid agreements with other [licensees]ground ambulance licensed providers to give assistance in times of unusual demand[-];~~

(5) ~~[have-]a Department certified EMS training officer that is responsible for continuing education[-];~~

(6) ~~[have-]a current plan of operations.~~

~~_____ (7) a description of how the licensed provider or applicant proposes to interface with other EMS agencies.~~

~~_____ (8) demonstrate fiscal viability[-], which shall include;~~

~~_____ (a) a business plan demonstrating;~~

~~(i) ability to provide the service; and~~
~~(ii) fiscal plan.]~~
~~(b)(9) [a roster of] medical personnel roster which~~ includes level of certification ~~[or licensure]~~ to ensure there is sufficient trained and certified staff ~~[that] who meet[s]~~ the requirements of R426-4-200 Staffing, and
~~(e)]~~ operational procedures.
~~(7) a description of how the licensee or applicant proposes to interface with other EMS agencies.~~

~~(8)10~~ all permitted vehicles shall be equipped to allow field EMS personnel to be able to:
 (a) communicate with hospital emergency departments, dispatch centers, EMS providers, and law enforcement services; and
 (b) communicate on radio frequencies assigned to the Department for EMS use by the Federal Communications Commission.

~~(9)11~~ ~~[have]~~ a current written agreement with a Department-certified off-line medical director or a medical director certified in the state where the service is based pursuant to R426-3-700.

~~(10)12~~ provide the Department with a copy of its certificate of insurance or if seeking application, provide proof of the ability to obtain insurance to respond to damages due to operation of a vehicle or air ambulance in the manner and following minimum amounts:

(a) ~~[have]~~ liability insurance in the amount of ~~\$1,000,000~~ ~~[\$300,000]~~ for each individual claim, ~~and \$500,000 for total claims for personal injury from any one occurrence;~~ and
 (b) liability insurance in the amount of ~~\$1,000,000~~ ~~[\$100,000]~~ for property damage from any one occurrence[-];

(c) the ~~[licensee]~~ licensed provider shall obtain the insurance from an insurance company authorized to write liability coverage in Utah or through a self-insurance program and shall:

(i) provide the Department with a copy of its certificate of insurance demonstrating compliance with this section; and
 (ii) direct the insurance carrier or self-insurance program to notify the Department of all changes in insurance coverage within 60 days.

~~(11)13~~ not be disqualified for any of the following reasons:

(a) violation of Subsection 26-8a-504; or
 (b) disciplinary action relating to an EMS license, permit, designation, or certification in this or any other state that adversely affect its service under its license[-]; and

~~(12)14~~ A paramedic tactical service ~~[must]~~ shall be a public safety agency or have a letter of recommendation from a county or city law enforcement agency within the paramedic tactical service's geographic service area.

R426-3-600. Cost, Quality, and Access Goals for Ground Ambulance Providers.

(1) A local government shall establish emergency medical service goals pursuant to Title 26-8a-408(7).

(2) Cost, quality and access goals should be reviewed by the local government and the licensed ground ambulance provider every two years, and shall be submitted to the Department as part of the relicensing application every four years.

(3) Goals may be amended, if necessary, due to:

~~(a) unforeseen changes in service delivery,~~
~~(b) community impacts, or~~
~~(c) significant unforeseen impact in the geographical service area.~~

~~(4) Goals shall be written, approved by local governments, and submitted to the Department with licensure and re-licensure application by the EMS licensed provider for the geographical service area.~~

~~(5) Cost and revenues for goals may include the following:~~
~~(a) all forecasted costs involved in the provision of ambulance services in the geographical service area, which may include:~~

~~(i) expenses for equipment,~~
~~(ii) personnel,~~
~~(iii) maintenance,~~
~~(iv) facilities,~~
~~(v) insurance,~~
~~(vi) taxes, and~~
~~(vii) dispatching fees;~~

~~(b) all forecasted revenues involved in the provision of ambulance services in the geographical service area, which may include:~~

~~(i) Department approved rates charged to patients,~~
~~(ii) reimbursements,~~
~~(iii) local funds,~~
~~(iv) Department grants,~~
~~(v) outside grants,~~
~~(vi) gifts, and~~
~~(vii) related subsidies.~~

~~(6) Quality goals may include the following:~~
~~(a) appropriate licensure service levels rationale,~~
~~(b) local medical direction,~~
~~(c) coordination improvement with designated emergency medical dispatch,~~

~~(d) appropriate patient destinations,~~
~~(e) quality assurance process,~~
~~(f) recruitment plans,~~
~~(g) retention plans,~~
~~(h) training of response personnel, and~~
~~(i) accreditation.~~

~~(7) Access goals may include the following:~~
~~(a) quantity of permitted vehicles available,~~
~~(b) response times,~~
~~(c) numbers and availability of response personnel,~~
~~(d) mutual aid agreements, and~~
~~(e) planning for stand-by events requiring an ambulance on scene such as:~~

~~(i) mass gatherings,~~
~~(ii) sporting events,~~
~~(iii) commercial,~~
~~(iv) any special event, or~~
~~(v) disaster response planning and participation in disaster response exercises.~~

R426-3-[6]700. Ground Ambulance or Paramedic Service Application.

(1) An applicant desiring to ~~[be licensed]~~ obtain a new license ~~[or to renew its license]~~ for ~~[an air ambulance,]~~ ground ambulance, or ~~[and]~~ paramedic services shall submit the applicable

fees and application on Department-approved forms to the Department. As part of the application, the applicant shall submit documentation that it meets the requirements listed in R426-3-500 ~~and~~ along with the following:

~~_____ (a) for an application for new service:~~

_____ (i)a a detailed description and detailed map of the exclusive geographical areas that will be served;

_____ (ii)b if the requested geographical service area is for less than all ground ambulance or paramedic services, the applicant shall include a written description and detailed map showing how the areas not included will receive ground ambulance or paramedic services;

_____ (iii)c if an applicant is responding to a public bid as described in 26-8a-405.2 the applicant shall include detailed maps and descriptions for all geographical areas served in accordance with 26-8a-405.2(2)[-];

_____ (iv)d documentation showing that the applicant meets all local zoning and business licensing standards within the exclusive geographical service area that it will serve;

_____ (v)e a written description of how the applicant will communicate with dispatch centers, law enforcement agencies, on-line medical control, and patient transport destinations;

_____ (f) patient care protocols, medications, and equipment approved by the provider's medical director based on licensure level according to Department policies; and

_____ (g) applicant's plans for operations during times of unusual demand.

(b)(2) An applicant desiring to renew an existing license shall submit documentation that it meets the requirements listed in R426-3-500, along with the following: [for renewal applications:]

_____ (i)a a written assessment of field performance from the applicant's off-line medical director; and

_____ (ii)b other information that the Department determines necessary for the processing of the application and the oversight of the licensed entity.

_____ (3) An applicant desiring to obtain a new license or renew an existing license shall submit written cost, quality, and access goals as described in R426-3-600.

~~_____ (2) In addition to the above, an applicant for air ambulance services must submit the following:~~

~~_____ (a) certified articles of incorporation, if incorporated;~~

~~_____ (b) a statement summarizing the training and experience of the applicant in the air transportation and care of patients;~~

~~_____ (c) a copy of current Federal Aviation Administration (FAA) Air Carrier Operating Certificate authorizing FAR, Part 135, operations;~~

~~_____ (d) a copy of the current certificates of insurance demonstrating coverage for medical malpractice;~~

~~_____ (e) a statement detailing the level of care for which the air ambulance service wishes to be licensed, either advanced or specialized;~~

~~_____ (f) air ambulance services must have an agreement to allow hospital emergency department physicians, nurses, and other personnel who participate in emergency medical services to fly on air ambulances;~~

~~_____ (g) air ambulance service shall submit a description and location of each dedicated and back-up air ambulance(s) procured for use in the Air ambulance service, including the make, model, and year of manufacture, FAA-N number, insignia, name or monogram, or other distinguishing characteristics; and~~

~~_____ (h) successful completion of a Department approved accreditation process; and~~

~~_____ (i) for new air ambulance services licensed under R426-3-200 they must submit an application for accreditation by a Department approved accreditation process within one year of receiving a license under this rule; and~~

~~_____ (j) air ambulance services licensed under R426-3-200 must achieve accreditation and maintain accreditation.~~

_____ ([3]4) A ground ambulance or paramedic service holding a license under 26-8a-404, including any political subdivision that is part of a special district may respond to a request for proposal if it complies with 26-8a-405(2).

_____ (5) Upon receipt of an appropriately completed application, ground ambulance or paramedic service license and submission of license fees, the Department shall collect supporting documentation and review each application.

_____ (6) If, upon Department review, the application for a new license is complete and meets all the requirements, the Department shall issue a notice of approved application as required by 26-8a-405 and 406.

_____ (7) Award of a new license or a renewal license is contingent upon the applicant's demonstration of compliance with all applicable statute and rules and a successful Department quality assurance review.

_____ (8) After review and before issuing a license to a new service, the Department shall directly inspect the ground vehicle(s), equipment, and required documentation.

_____ (9) A license may be issued for up to a four-year period unless revoked or suspended by the Department. The Department may alter the length of the license to standardize renewal cycles.

R426-3-710. Air Ambulance Application.

An applicant desiring to obtain a new license or to renew its license for air ambulance services shall submit the applicable fees and application on Department-approved forms to the Department. As part of the application, the applicant shall submit documentation that it meets the requirements listed in R426-3-500 and the following:

_____ (1) certified articles of incorporation, if incorporated;

_____ (2) a statement summarizing the training and experience of the applicant in the air transportation and care of patients;

_____ (3) a copy of current Federal Aviation Administration (FAA) Air Carrier Operating Certificate authorizing FAR, Part 135, operations;

_____ (4) a copy of the current certificates of insurance demonstrating coverage for medical malpractice;

_____ (5) a description and location of each dedicated and back-up air ambulance(s) procured for use in the air ambulance service, including the make, model, and year of manufacture, FAA-N number, insignia, name or monogram, or other distinguishing characteristics;

_____ (6) successful completion of a Department approved accreditation process and such accreditation decision shall exclude Federal Aviation Agency or Aviation Deregulation Act regulated activities;

_____ (7) for new air ambulance services licensed under R426-3-200, the applicant shall submit an application for accreditation by a Department approved accreditation process within one year of receiving a license under this rule; and

_____ (8) licensed air ambulance services shall achieve accreditation and maintain accreditation.

(9) Any new air ambulance providers applying for a license who have been licensed and operating in any other state for at least one year shall provide the Department with a copy of a successful accreditation decision, or an application sent to a Department approved accreditation vendors prior to receiving an air ambulance license.

(10) Upon receipt of an appropriately completed application for air ambulance provider license and submission of license fees, the Department shall collect supporting documentation and review each application.

(11) After review and before issuing a license to a new service, the Department shall directly inspect the air vehicle(s), equipment, and required documentation.

(12) Department approved accreditation vendors shall allow a Department representative to accompany accreditation surveyors on site surveys or during any accreditation inspections at the request of the Department.

(13) If, upon Department review, the application for a new license is complete and meets all the requirements, the Department shall issue a notice of approved application as required by 26-8a-405 and 406.

(14) Award of a new license or a renewal license is contingent upon the applicant's demonstration of compliance with all applicable statute and rules and a successful Department quality assurance review.

(15) Any events impacting patient safety including death, permanent harm, or severe temporary harm, or requiring intervention to sustain life shall be reported to the Department and the associated Department approved accreditation vendor(s) by the licensed air ambulance provider within 30 days or the event.

(16) A license may be issued for up to a four-year period unless revoked or suspended by the Department. The Department may alter the length of the license to standardize renewal cycles.

R426-3-[7]800. Medical Control.

(1) All [~~licensees~~]licensed providers [~~must~~]shall enter into a written agreement with a physician to serve as its off-line medical director to supervise the medical care or instructions provided by the field EMS personnel and dispatchers. The physician [~~must~~]shall be familiar with:

(a) the design and operation of the local pre-hospital EMS system; and

(b) local dispatch and communication systems and procedures.

(2) The off-line medical director shall:

(a) develop and implement patient care standards which include written standing orders and triage, treatment, and transport protocols;

(b) ensure the qualification of field EMS personnel involved in patient care through the provision of ongoing continuing medical education programs and appropriate review and evaluation;

(c) develop and implement an effective quality improvement program, including medical audit, review, and critique of patient care;

(d) annually review triage, treatment, and transport protocols and update them as necessary;

(e) suspend from patient care, pending Department review, a field EMS personnel who does not comply with local medical triage, treatment and transport protocols, or who violates any of the EMS rules, or who the medical director determines is providing emergency

medical service in a careless or unsafe manner. The medical director [~~must~~]shall notify the Department within one business day of the suspension[-];

(f) attend meetings of the local EMS Council, if one exists, to participate in the coordination and operations of local EMS providers[-]; and

(g) licensed [~~agencies~~]providers shall notify the Department if an off-line medical director is replaced, within thirty days[~~after the action~~].

[~~_____ (h) have current treatment protocols approved by the agency's off-line medical director for the existing service level for renewal or new treatment protocols if seeking an application.~~]

(3) It is the responsibility of the air ambulance medical director to:

(a) authorize written protocols for the use by air medical attendants and review policies and procedures of the Air ambulance service[-]; and

(b) develop and review treatment protocols, assess field performance, and critique at least 10% of the Air ambulance service runs.

R426-3-[8]900. Ground Ambulance or Paramedic Service Provider Aid Agreements.

(1) All licensed ground ambulance providers shall [~~have~~]maintain aid agreement(s) with other ground ambulance provider(s) to call upon them for assistance during times of unusual demand, inter-facility transports, or stand-by events.

(2) Aid agreements shall be in writing, signed by both parties, and detail the:

(a) purpose of the agreement;

(b) type of assistance required;

(c) circumstances under which the assistance would be given; and

(d) duration of the agreement.

(3) The parties shall provide a copy of the aid agreement to the Department and to the emergency medical dispatch centers that dispatch the [~~licensees~~]licensed providers.

[~~_____ (4) If the ground ambulance licensee is unable or unwilling to provide ambulance standby service or special event coverage, the licensee shall allow a ground ambulance licensee through the use of aid agreements to provide all ground ambulance service for the standby or special event.~~]

R426-3-[9]1000. Selection of a Ground Ambulance Provider by Public Bid.

(1) A political subdivision that desires to select a provider through a public bid process as provided in 26-8a-405.1, shall submit its draft request for proposal to the Department in accordance with 26-8a-405.2(2), together with a cover letter listing all contact information. The proposal shall include all the criteria listed in 26-8a-405.1 and 405.2.

(2) The Department shall, within 14 business days of receipt of a request for proposal from a political subdivision, review the request according to 26-8a-405.2(2); and

(a) approve the proposal by sending a letter of approval to the political subdivision;

(b) require the political subdivision to alter the request for proposal to meet statutory and rule requirements; or

(c) deny the proposal by sending a letter detailing the reasons for the denial and process for appeal.

R426-3-[10]1100. Application Review and Award for Ground Ambulance Providers Selected by Public Bid.

(1) Upon receipt of an appropriately completed application, for ~~[Air ambulance service,]~~ ground ambulance or paramedic service license and submission of license fees, the Department shall collect supporting documentation and review each application.

~~[(2) After review and before issuing a license to a new service the Department shall directly inspect the air or ground vehicle(s), equipment, and required documentation.]~~

(3) If, upon Department review, the application is complete and meets all the requirements, the Department shall:

(a) for a new license application, issue a notice of approved application as required by 26-8a-405 and 406;

(b) issue a renewal license to an applicant in accordance with 26-8a-413(1) and (2) or 26-8a-405.1(3), whichever is applicable.

(c) issue a four-year renewal license to a license selected by a political subdivision if the political subdivision certified to the Department that the ~~[licensee]~~ licensed provider has met all of the specifications of the original bid and requirements of 26-8a-413(1) through 26-8a-313(3); or

(d) issue a second four-year renewal license to a ~~[licensee]~~ licensed provider selected by a political subdivision if:

(i) the political subdivision certified to the Department that the ~~[licensee]~~ licensed provider has met all of the specifications of the original bid and requirements of 26-8a(1) through (3); and

(ii) if the Department or the political subdivision has not received, prior to the expiration date, written notice from an approved applicant desiring to submit a bid for ambulance or paramedic services.

~~[(4) Award of a new license or a renewal license is contingent upon the applicant's demonstration of compliance with all applicable statute and rules and a successful Department quality assurance review.]~~

~~(5) A license may be issued for up to a four-year period unless revoked or suspended by the Department. The Department may alter the length of the license to standardize renewal cycles.]~~

(6) Upon the request of the political subdivision and the agreement of all interested parties and the Department that the public interest would be served, the renewal license may be issued for a period of less than four years or a new request for the proposal process may be commenced at any time.

R426-3-[H]1200. Criteria for Denial or Revocation of Licensure.

(1) The Department may deny an application for a license, a renewal of a license, or revoke, suspend or restrict a license without reviewing whether a license ~~[must]~~ shall be granted or renewed to meet public convenience and necessity for any of the following reasons:

(a) failure to meet substantial requirements as specified in the rules governing the service;

(b) failure to meet vehicle, equipment, staffing, or insurance requirements;

(c) failure to meet agreements covering training standards or testing standards;

(d) substantial violation of Subsection 26-8a-504(1);

(e) a history of disciplinary action relating to a license, permit, designation, or certification in this or any other state;

(f) a history of serious or substantial public complaints;

(g) a history of criminal activity by the licensee or its principals while licensed or designated as an EMS provider or while operating as an EMS service with permitted vehicles;

(h) falsification or misrepresentation of any information in the application or related documents;

(i) failure to pay the required licensing or permitting fees or other fees or failure to pay outstanding balances owed to the Department;

~~[(j) financial insolvency;~~

(k) failure to submit records and other data to the Department as required by R426-7;

(l) a history of inappropriate billing practices, such as:

(i) charging a rate that exceeds the maximum rate allowed by rule;

(ii) charging for items or services for which a charge is not allowed by statute or rule; or

(iii) Medicare or Medicaid fraud.

(m) misuse of grant funds received under Section 26-8a-207; or

(n) violation of OSHA or other federal standards that it is required to meet in the provision of the EMS service.

(2) An applicant or ~~[licensee]~~ licensed provider that has been denied, revoked, suspended or issued a restricted license may appeal by filing a written appeal within thirty calendar days of the receipt of the issuance of the Department's denial.

[R426-3-1200. Change in Non-911 Service Level.

~~(1) A ground ambulance service licensee may apply to provide a higher level of non-911 ambulance service as referred to under 26-8a-102(14). The applicant shall submit:~~

~~(a) the applicable fees;~~

~~(b) an application on Department-approved forms to the Department;~~

~~(c) a copy of the new treatment protocols for the higher level of service approved by the off-line medical director;~~

~~(d) an updated plan of operations demonstrating the applicant's ability to provide the higher level of service; and~~

~~(e) a written assessment of the performance of the applicant's field performance by the applicant's off-line medical director.~~

~~(2) If the Department determines that the applicant has demonstrated the ability to provide the higher level of service, it shall issue a revised license reflecting the higher level of service without making a separate finding of public convenience and necessity.~~

[R426-3-1300. Change of Owner.

~~(1) A license and the vehicle permits cannot be transferred [terminate if the holder of a licensed service transfers ownership of the service] to another party.~~

~~(2) As outlined in 26-8a-415, [the] a new owner [must] shall submit[;] within 10 (ten) [business] calendar days prior to [of] acquisition of property, applications and fees for a new license and vehicle permits.~~

[R426-3-1400. Penalties.

~~As required by Subsection 63G-3-201(5). Any person that violates any provision of this rule may be assessed a civil money penalty as provided in Section 26-23-6 and/or suspension or revocation of license(s).~~

KEY: emergency medical services

Date of Enactment or Last Substantive Amendment: ~~October 18, 2013~~ 2015

Authorizing, and Implemented or Interpreted Law: 26-8a

Health, Family Health and
Preparedness, Emergency Medical
Services
R426-4
Operations

NOTICE OF PROPOSED RULE
(Amendment)

DAR FILE NO.: 39550
FILED: 07/29/2015

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of this amendment is to include public comment from the previous revision, and directives from the EMS (emergency medical services) Rules Task Force.

SUMMARY OF THE RULE OR CHANGE: The rule incorporates public comment, removes redundant language, clarifies terms, uses standardized terms, and reflects best practice for the Emergency Medical Services Act (Title 26, Chapter 8a).

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

ANTICIPATED COST OR SAVINGS TO:

- ◆ **THE STATE BUDGET:** No anticipated change to the fiscal state budget. Amendments did include additional complaint requirements, but impacts will be absorbed as operational costs to the Department of Health.
- ◆ **LOCAL GOVERNMENTS:** No anticipated change to the fiscal impact for local governments. Amendments did not change staffing requirements, required standards for operation, or related operational procedures.
- ◆ **SMALL BUSINESSES:** No anticipated change to the fiscal impact for small businesses. Amendments did not change staffing requirements, required standards for operation, or related operational procedures.
- ◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** No anticipated change to the fiscal impact for businesses. Amendments did not change staffing requirements, required standards for operation, or related operational procedures.

COMPLIANCE COSTS FOR AFFECTED PERSONS: Compliance costs for do not appear to be impacted by amendments. No items were added to increase costs.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: This change has minimal fiscal impact on business in that it follows best practices which EMS providers currently observe.

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

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

DIRECT QUESTIONS REGARDING THIS RULE TO:

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

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 09/14/2015

THIS RULE MAY BECOME EFFECTIVE ON: 09/21/2015

AUTHORIZED BY: David Patton, PhD, Executive Director

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

R426-4. Operations.

R426-4-100. Authority and Purpose.

~~[(+)]~~This rule is established under Title 26, Chapter 8a. It establishes standards for the operation of EMS providers licensed or designated under the provisions of the Emergency Medical Services System Act.

~~[(2) The purpose of this rule is to set forth air and ground ambulance policies, rules, and standards adopted by the Utah Emergency Medical Services Committee, which promotes and protects the health and safety of the people of this state.~~

~~[(3) The definitions in Title 26, Chapter 8a are adopted and incorporated by reference into this rule.~~

]

R426-4-200. ~~Staffing~~ Ground Ambulance and QRV Staffing.

(1) ~~While responding to a call, each [Quick response units]~~ QRV shall be staffed by at least one ~~[provider]~~ individual certified at or above ~~[their]~~ the provider's designated level of service.

(2) ~~While responding to a call, each [G]ground ambulance [or Paramedic services] shall be staffed [have the following] with the following~~ minimum complement of certified personnel ~~for the service level described:~~

(a) Basic Life Support ambulance: ~~[services staffing shall be at least]~~ two ~~[certified]~~ EMTs, AEMTs, ~~[EMT-IA,]~~ or paramedics, or any combination thereof.

(b) AEMT ambulance: ~~[services staffing shall be at least]~~ one ~~[certified EMS Professional at the level of their service and one more certified provider at EMT level or higher]~~ AEMT and one EMT, AEMT, or paramedic.

(c) EMT-IA ambulance; ~~[services staffing shall be at least]one [certified EMS Professional at the level of their service and one more certified provider at EMT level or higher]EMT-IA and one EMT, AEMT, or Paramedic.~~

(d) Paramedic ambulance~~[-services];~~ ~~[staffing shall be at least]one paramedic and one EMT, AEMT, EMT-IA, or paramedic.~~

(e) Paramedic (non-transport); ~~[services staffing shall be at least]one paramedic.~~

(f) Paramedic inter-facility; ~~[services staffing shall be]one paramedic and [at least]one EMT, AEMT, EMT-IA, or paramedic.~~

~~(g) Paramedic tactical: one paramedic.~~

(3) ~~[Licensed]A paramedic ground ambulance or paramedic [services]provider shall deploy two paramedics to the scene of 911 calls for service requiring Advanced Life Support[ALS] response, unless otherwise determined by local selective medical dispatch system protocols.~~

~~[(4) Air ambulance services providing advanced life support must have at least one medical attendant who is a Paramedic, PA, RN, or MD/DO. This attendant shall be the primary medical attendant. The second medical attendant shall be a Paramedic, PA, Respiratory Therapist, RN, or MD/DO.~~

~~(5) Air ambulance services providing specialized life support must have at least one medical attendant who is an RN or MD. This attendant shall be the primary medical attendant. The second medical attendant shall be a Paramedic, PA, RT, RN, or MD/DO.~~

~~]~~ ~~[(6)](4) When providing care, responders not in a[n-agency] Department approved uniform shall display their level of medical certification.~~

~~[(7)](5) Each [designated or licensed-agency]provider shall maintain a personnel file for each certified individual. The personnel file must include records documenting the individual's qualifications, training, certification, immunizations, and continuing medical education.~~

~~[(8)](6) [A provider may only perform to the service level of the licensed or designated service, regardless of the certification level of the provider.]An individual may perform only to his certified service level, even if the provider is licensed or designated at a higher level.~~

R426-4-210. Air Ambulance Staffing.

(1) Air ambulance provider shall have at least one medical attendant who is a licensed PA, RN, or MD/DO. This attendant shall be the primary medical attendant. The second medical attendant shall be a Paramedic, PA, Respiratory Therapist, RN, or MD/DO.

(2) Air ambulance providers shall operate only within their accreditation standards designation.

(3) Air ambulance providers shall notify the Department if the air ambulance provider changes its specialty designation through its accrediting agency.

R426-4-300. Permits and Inspections.

~~[(1) The Department requires an annual inspection on all air and ground licensed vehicles, quick response designated~~

~~vehicles, and emergency medical dispatch centers to assure compliance.~~

~~(a) Ambulance vehicles must meet Federal General Services Administration Specification for ground ambulances as of the date of manufacture and new vehicles must meet current state approved specifications for ground ambulances.~~

~~(b) All vehicles must pass an inspection of the equipment and vehicle supply requirements pursuant to R426-4-900 Ground Ambulance Vehicle Supply Requirements or R426-4-1000 Air Ambulance Supply Requirements.~~

~~(2) After successful completion of an inspection, the Department shall issue a permit for a period of one year from the date of issue and shall remain valid for that period, unless revoked or suspended by the Department.~~

~~(3) All air or ground ambulance, licensed and designated providers must annually obtain a permit from the Department to operate in Utah. The current permit decal shall be displayed in a visible location on the vehicle. Showing the permit expiration date and permit number issued by the Department prominent on a publicly visible place on the vehicle as evidence of compliance.~~

~~(4) Air Ambulance permit holder shall meet all Federal Aviation Regulations specific to the operations of the air medical service.~~

~~(5) The Department shall issue annual permits for vehicles used by licensees only if the new or replacement ambulance meets the requirements listed in R426-4-900.~~

~~(6) The Department may give consideration for a waiver from the requirements of R426-4-900 to communities with limited populations or unique problems for purchase and use of ambulance vehicles.~~

~~(7) Permits and decals are not transferable to other vehicles.~~

~~]~~ (1) A ground ambulance, QRV or air ambulance provider shall only use vehicles for which the provider has obtained a permit from the Department.

(a) Ground ambulances must meet Federal General Services Administration Specification for ground ambulances as of the date of manufacture. New ground ambulance vehicles must meet current state approved specifications for ground ambulances.

(b) QRVs shall meet the Department requirements.

(2) A permit issued by the Department is valid for one year.

(3) The provider shall display the current permit location on vehicle in a location easily visible at ground level from outside of the vehicle.

(4) Permits and decals are not transferable to other vehicles.

(5) Each permit holder shall annually provide proof that every operator of an emergency vehicle has successfully completed an emergency vehicle operator's course approved by the Department for all emergency vehicle operators.

R426-4-310. Air Ambulance Shall Meet Federal Aviation Regulations.

Air Ambulance providers shall meet all Federal Aviation Regulations specific to their operations.

R426-4-400. [Vehicle Operations]Ground Ambulance and QRV Operations.

(1) Each ground ambulance provider or QRV provider[Licensees] shall notify the Department of the permanent location of its ground ambulances and QRVs.[or where of the vehicles will be staged if using staging areas.] The ground ambulance provider or QRV provider[licensee] shall notify the Department in writing whenever it changes the permanent location for [each vehicle]any ground ambulance or QRV.

(2) [Vehicles shall be maintained]Each ground ambulance provider or QRV provider shall maintain each operational permitted vehicle on a premise suitable to make it available for immediate use, in good mechanical repair, properly equipped, and in a sanitary condition.

(3) Each ground ambulance provider or QRV provider shall [be maintained]maintain each operational vehicle in a clean condition with the interior being thoroughly cleaned after each use in accordance with OSHA standards and the [agency's]provider's exposure control plan.

(4) Each ground ambulance provider or QRV provider shall equip[be equipped] each operational vehicle with adult and child safety restraints, [-and to] To the point practicable [when]and feasible, all occupants must be safely restrained during operation.

~~_____ (5) An air medical service ambulance shall comply with all state and federal requirements governing the specific vehicles utilized for air medical transport services.~~

~~_____ (6) Each licensee is responsible for assuring that its vehicles are driven by only trained, experienced, and otherwise qualified personnel. The licensee must, at a minimum document that each of its drivers:~~

~~_____ (a) Is at least 18 years of age;~~

~~_____ (b) possesses a valid driver's license~~

~~_____ (c) is trained in the safe operation of emergency vehicles, has completed an approved emergency vehicle operator's course;~~

~~_____ (d) and possesses a valid cardiopulmonary resuscitation card.~~

~~_____ (7) Personnel who do not hold a currently approved emergency medical technician certification are subject to:~~

~~_____ (a) Application;~~

~~_____ (b) Bureau of Criminal Investigations background check;~~

~~_____ (c) and registration with the Department~~

~~_____ (d) Upon successful completion of required items the Department shall issue a driver only registration card.~~

~~_____ (8) The Department shall annually inspect licensees for verification of compliance with this section. Services that are unable to verify compliance are subject to disciplinary action Subsection 63G-3-201(5) and Section 26-23-6.~~

_____ (5) Each ground ambulance provider or QRV provider shall assure that each emergency vehicle operator who may drive the emergency vehicle:

_____ (a) is at least 18 years of age;

_____ (b) possesses a valid driver license;

_____ (c) successfully passed the provider's criminal background check within the prior four years; and

_____ (d) successfully completed a department approved emergency vehicle operator's course or refresher course within the past two years.

_____ (6) The Department shall verify annually that providers are in compliance with this requirement.

R426-4-500. Complaint Process.

~~_____ (1) All complaints must be written and have complainant's contact information. Complaints will follow Department's Policy and will be investigated by the appropriate Department's staff.~~

~~_____ (2) The Department will conduct an interview with the provider regarding the substance of the complaint and allow the provider a reasonable opportunity to respond to the allegations of the complaint.~~

~~_____ (3) If the complaint is not deemed meritorious, the provider shall receive written notification from the Department that the complaint is unsubstantiated.~~

~~_____ (4) A complaint deemed meritorious against the provider will require the Department to inform the provider in writing within 30 days;~~

~~_____ (a) upon receipt of the written notification the provider will submit a corrective action plan within 45 days to the Department for approval. Extensions will be at the discretion of the Department;~~

~~_____ (b) if the corrective action plan is determined to be inadequate by the Department, the Department will make recommendations for an agreeable corrective action plan; and~~

~~_____ (c) for non-911 providers, the relevant political subdivision will be notified of the complaint and if applicable may issue a Request for Proposal according to 26-8a-405.4(3)(a)(ii)(B)(H).~~

R426-4-[600]500. Scene and Patient Management.

~~_____ (1) Upon arrival at the scene of a medical call injury or illness, the field EMS personnel shall establish radio or telephone contact with on-line medical control, as specified by agency protocol.~~

~~_____ (2) If radio or telephone contact cannot be obtained, the field EMS personnel shall so indicate on the EMS report form and follow local written protocol;~~

~~_____ (3) if there is a licensed physician at the scene who wishes to assist or provide on-scene medical direction to the field EMS personnel, the field EMS personnel may follow his/her instructions, but only until communications are established with on-line medical control. If the proposed treatment from the on-scene physician differs from existing EMS triage, treatment, and transport protocols and is contradictory to quality patient care, the field EMS personnel should revert to existing EMS triage, treatment, and transport protocols for the continued management of the patient.~~

_____ (1) Emergency medical service dispatch centers shall use a selective medical dispatch system to determine which EMS service provider will be notified for patient transport.

_____ (2) When responding to a medical emergency call, EMS personnel shall follow protocols approved by the service provider's medical director, and act within their scope of practice.

_____ (3) EMS personnel shall establish communication with on-line medical control as soon as reasonable.

_____ (4) Paramedic tactical service may only function at the invitation of the local or state public safety authority. When called upon for assistance, the tactical paramedic shall immediately notify the local emergency medical service dispatch center to coordinate patient transportation.

~~_____ (a) If the physician at the scene wishes to continue directing the field EMS personnel's activities, the field EMS personnel shall so notify on-line medical control;~~

~~_____ (b) the on-line medical control may:~~

~~(i) allow the on-scene physician to assume or continue medical control;~~

~~(ii) assume medical control, but allowing the physician at the scene to assist; or~~

~~(iii) assume medical control with no participation by the on-scene physician.~~

~~(e) If on-line medical control allows the on-scene physician to assume or continue medical control, the field EMS personnel shall repeat the on-scene physician's orders to the on-line medical control for evaluation and recording. If, in the judgment of the on-line medical control that is monitoring and evaluating the at-scene medical control, the care is inappropriate to the nature of the medical emergency, the on-line medical control may reassume medical control of the field EMS personnel at the scene.~~

~~(4) A paramedic tactical rescue may only function at the invitation of the local or state public safety authority. When called upon for assistance, it must immediately notify the local ground ambulance licensee to coordinate patient transportation.~~

R426-4-[700]600. Pilot Projects.

(1) A person who proposes to undertake a research or study project which requires waiver of any rule must have a project director who is a physician licensed to practice medicine in Utah, and ~~must~~shall submit a written proposal to the Department for presentation to the EMS Committee for recommendation.

(2) The proposal shall include the following:

(a) A project description that describes the:

(i) need for project;

(ii) project goal;

(iii) specific objectives;

(iv) approval by the ~~[agency]~~provider off-line medical

director;

(v) methodology for the project implementation;

(vi) geographical area involved by the proposed project;

(vii) specific rule or portion of rule to be waived;

(viii) proposed waiver language; and

(ix) evaluation methodology.

(b) A list of the EMS providers and hospitals participating in the project;

(c) a signed statement of endorsement from the participating hospital medical directors and administrators, the director of each participating paramedic and ambulance licensee, other project participants, and other parties who may be significantly affected.

(d) If the pilot project requires the use of additional skills, a description of the skills to be utilized by the field EMS personnel and provision for training and supervising the field EMS personnel who are to utilize these skills, including the names of the field EMS personnel.

(e) The name and signature of the project director attesting to his support and approval of the project proposal.

(3) If the pilot project involves human subjects' research, the applicant must also obtain Department Institutional Review Board approval.

(4) The Department or Committee, as appropriate, may require the applicant to meet additional conditions as it considers necessary or helpful to the success of the project, integrity of the EMS system, and safety to the public.

(5) The Department or Committee, as appropriate, may initially grant project approval for one year. The Department or Committee, as appropriate, may grant approval for continuation beyond the initial year based on the achievement and satisfactory progress as evidenced in written progress reports to be submitted to the Department at least 90 days prior to the end of the approved period. A pilot project may not exceed three years;

(6) the Department or Committee, as appropriate, may only waive a rule if:

(a) the applicant has met the requirements of this section;

(b) the waiver is not inconsistent with statutory requirements;

(c) there is not already another pilot project being conducted on the same subject; and

(d) it finds that the pilot project has the potential to improve pre-hospital medical care.

(7) Approval of a project allows the field EMS personnel listed in the proposal to exercise the specified skills of the participants in the project. The project director shall submit the names of field EMS personnel not initially approved to the Department.

(8) The Department or Committee, as appropriate, may rescind approval for the project at any time if:

(a) Those implementing the project fail to follow the protocols and conditions outlined for the project;

(b) it determines that the waiver is detrimental to public health; or

(c) it determines that the project's risks outweigh the benefits that have been achieved.

(9) The Department or Committee, as appropriate, shall allow the EMS provider involved in the study to appear before the Department or Committee, as appropriate, to explain and express its views before determining to rescind the waiver for the project.

(10) At least six months prior to the planned completion of the project, the medical director shall submit to the Department a report with the preliminary findings of the project and any recommendations for change in the project requirements.

R426-4-[800]700. Confidentiality of Patient Information.

~~[Licensees, designees, and EMS certified individuals]~~Providers shall not disclose patient information except as necessary for patient care or as allowed by statute or rule.

R426-4-[900]800. [Vehicle]Ground Ambulance and QRV Supply Requirements.

(1) In accordance with the licensure or designation type and level, the ground ambulance or QRV shall carry on each ~~[permitted]~~vehicle the ~~[minimum]~~quantities of supplies, medications, and equipment as described in ~~[this subsection]~~the Department inspection requirements. ~~[Optional items are marked with an asterisk.]~~

~~(a) For any medication used (whether required or optional) it is the responsibility of the Medical Director to provide the protocols, training, and quality assurance for each crew member.~~

~~(b) American Heart Association (AHA) regularly updates the guidelines for acute cardiac care. As a result, certain equipment or medications may be recommended by the most current AHA guidelines that are not included in this rule. Agency medical~~

~~directors may authorize the use of these new medications or equipment in accordance with such revised AHA guidelines. Waivers for such medications/equipment will not be required, however agencies shall report to the Bureau the use of any AHA recommended medications/equipment not specifically mentioned in this rule.~~

~~(e) In times of drug shortages, the Department, in consultation with the State EMS Medical Director, may approve alternative medications as requested, or approve use of medications less than 6 months beyond their expiration date.] The vehicle requirements shall be approved by the State EMS Medical Director and the State EMS Committee.~~

~~(2) Medical directors for licensed or designated providers are responsible to provide protocols, training, and quality assurance for all medications used by certified individuals performing duties for their respective provider.~~

~~(3) If a licensed or designated provider desires to carry different equipment, supplies, or medication from the vehicle supply requirements, the provider shall submit a written request from the off-line medical director to the Department requesting the waiver. The request shall include:~~

- ~~(a) a detailed training outline;~~
- ~~(b) protocols;~~
- ~~(c) proficiency testing~~
- ~~(d) support documentation;~~
- ~~(e) local EMS Council or committee comments; and~~
- ~~(f) a detailed letter of justification.~~

~~(4) All non-disposable equipment shall be designed and constructed of materials that are durable and capable of withstanding repeated cleaning. The provider:~~

- ~~(a) shall clean the equipment after each use in accordance with OSHA standards;~~
- ~~(b) shall sanitize or sterilize equipment prior to reuse;~~
- ~~(c) shall not reuse equipment intended for single use;~~
- ~~(d) shall clean and change linens after each use; and~~
- ~~(e) shall store or secure all equipment in a readily accessible and safe manner to prevent its movement.~~

~~(5) The provider shall have all equipment tested, maintained, and calibrated according to the manufacturer's standards.~~

~~(6) The provider shall document all equipment inspections, testing, maintenance and calibrations. Testing or calibration conducted by an outside service shall be documented. Such inspections, testing and calibration shall be performed monthly. All testing documentation shall be maintained and available for Department review upon request.~~

~~(7) A provider required to carry any of the following equipment shall perform monthly inspections to ensure proper functionality:~~

- ~~(i) defibrillator, manual, or automatic;~~
- ~~(ii) autovent;~~
- ~~(iii) infusion pump;~~
- ~~(iv) glucometer;~~
- ~~(v) flow restricted, oxygen-powered ventilation devices;~~
- ~~(vi) suction equipment;~~
- ~~(vii) electronic Doppler device;~~
- ~~(viii) automatic blood pressure/pulse measuring device;~~
- ~~(ix) pulse oximeter; and~~

~~(x) any other electronic, battery powered, or critical care device.~~

~~(8) The provider shall perform monthly inspections to ensure proper functionality of all equipment that require consumables: power supplies, electrical cables, pneumatic power lines, hydraulic power lines, or related connectors.~~

~~(9) Unless otherwise authorized by the State EMS Medical Director, a provider shall store all medications according to the manufacturers' recommendations:~~

~~(a) for temperature control and packaging requirements; and~~

~~(b) return to the supplier for replacement of any medication known or suspected to have been subjected to temperatures outside the recommended range.~~

~~(10) The Department shall maintain and publish requirements for ground ambulances and QRVs on the Department's website.~~

~~(2) Equipment and Supplies:~~

- ~~(a) EMR Quick Response Unit~~
- ~~2 Blood pressure cuffs, one adult, one pediatric~~
- ~~2 Stethoscopes, one adult and one pediatric or combination~~
- ~~2 Heavy duty shears~~
- ~~2 Universal sterile dressings, 9" x 5", 10" x 8", 8" x 9", or equivalent~~
- ~~12 Gauze pads, sterile, 4" x 4"~~
- ~~8 Bandages, self-adhering, soft roller type, 4" x 5 yards or equivalent~~
- ~~2 Rolls of tape~~
- ~~2 Triangular bandages~~
- ~~1 Box of gloves latex free or equivalent~~
- ~~1 Thermometer~~
- ~~1 Biohazard bag~~
- ~~1 Obstetrical kit (includes cord clamp, scissors, scalpel, bulb syringe, drapes, towels, gloves, feminine napkin, biohazard bags)~~
- ~~1 Printed pediatric reference material~~
- ~~1 Commercial tourniquet~~
- ~~Disinfecting agent for cleaning vehicle and equipment of body fluids in accordance with OSHA standards of bleach diluted between 1:10 and 1:100 with water or equivalent~~
- ~~Reflective safety vests one for each crew member OSHA approved~~
- ~~Preventive T.B. Transmission masks (N95 or N100) masks, one for each crew member~~
- ~~Protective eye wear (goggle or face shield), one for each crew member~~
- ~~Fire extinguisher, with current inspection sticker, of the dry chemical type with a rating of 2A10BC or halogen extinguisher of minimum weight 2.5-10 pounds~~
- ~~Airway Equipment and Supplies:~~
- ~~2 Bag valve mask ventilation units, one adult, one pediatric~~
- ~~1 Portable oxygen apparatus, capable of metered flow with adequate tubing*~~
- ~~2 O2 masks, non-rebreather or partial non-rebreather, one adult and one pediatric*~~

~~1 Nasal cannula, adult*~~
~~Defibrillator Equipment and Supplies~~
~~1 Automated External Defibrillator (AED)~~
~~Additional Supplies:~~
~~1 Irrigation solution 500cc~~
~~2 Nerve Antidote Kits (Mark I Kits or DuoDote) for self or peer administration*~~
~~(b) EMT Quick Response Unit~~
~~2 Blood pressure cuffs, one adult, one pediatric~~
~~2 Stethoscopes, one adult and one pediatric or combination~~
~~2 Heavy duty shears~~
~~2 Universal sterile dressings, 9" x 5", 10" x 8", 8" x 9", or equivalent~~
~~12 Gauze pads, sterile, 4" x 4"~~
~~8 Bandages, self-adhering, soft roller type, 4" x 5 yards or equivalent~~
~~2 Rolls of tape~~
~~4 Cervical collars, one adult, one child, one infant, plus one other size~~
~~2 Triangular bandages~~
~~2 Boxes of gloves, one box non-sterile and one box latex free or equivalent~~
~~1 Thermometer~~
~~2 Biohazard bags~~
~~1 Printed pediatric reference material~~
~~1 Obstetrical kit (includes cord clamp, scissors, scalpel, bulb syringe, drapes, towels, gloves, feminine napkin, Biohazard bags)~~
~~1 Commercial tourniquet~~
~~Disinfecting agent for cleaning vehicle and equipment of body fluids in accordance with OSHA standards of bleach diluted between 1:10 and 1:100 with water or equivalent~~
~~Reflective safety vests one for each crew member OSHA approved~~
~~Preventive T.B. Transmission masks (N95 or N100) masks, one for each crew member~~
~~Protective eye wear (goggle or face shield), one for each crew member~~
~~Fire extinguisher, with current inspection sticker, of the dry chemical type with a rating of 2A10BC or halogen extinguisher of minimum weight 2.5 - 10 pounds~~
~~Hemostatic Gauze or agent*~~
~~Glucose measuring device*~~
~~Transtaneous carbon monoxide detector*~~
~~Head Immobilization Device*~~
~~Spine board (wood must be coated or sealed) *~~
~~Immobilization straps*~~
~~Multi-use splints*~~
~~Whole body vacuum splint*~~
~~Inflatable back raft*~~
~~Mucosal atomization device*~~
~~Airway Equipment and Supplies:~~
~~1 Portable or fixed suction, with wide bore tubing and rigid pharyngeal suction tip~~
~~1 Oxygen saturation monitor with adult and pediatric probes~~
~~2 Bag valve mask ventilation units, one adult, one pediatric, with adult, child, and infant size~~

~~1 Bulb syringe, separate from the OB kit~~
~~3 Oropharyngeal airways, with one adult, one child, and one infant size~~
~~3 Nasopharyngeal airways, one adult, one child, and one infant~~
~~1 Water based lubricant, one tube or equivalent~~
~~2 O2 masks, non-rebreather or partial non-rebreather, one adult and one pediatric~~
~~1 Nasal cannula, adult~~
~~1 Portable oxygen apparatus, capable of metered flow with adequate tubing~~
~~Impedance threshold device*~~
~~Defibrillator Equipment and Supplies:~~
~~1 Automated external defibrillator (AED), per vehicle or response unit~~
~~Automated chest compression device*~~
~~Required Drugs:~~
~~1 Aspirin bottle Aspirin chewable 81 mg (minimum 8 tablets)~~
~~2 Epinephrine auto-injectors, one standard and one junior~~
~~1 Irrigation Solution 500cc~~
~~2 Oral Glucose tubes concentrated or equivalent~~
~~Activated Charcoal 25gm *~~
~~Acetaminophen elixir 160mg/5ml*~~
~~Ibuprofen (adult and pediatric)*~~
~~Naloxone (Intranasal use only)*~~
~~Nerve Antidote Kits (Mark I Kits or DuoDote)*~~
~~(c) AEMT Quick Response Unit~~
~~2 Blood pressure cuffs, one adult, one pediatric~~
~~2 Stethoscopes, one adult and one pediatric or combination~~
~~2 Heavy duty shears~~
~~2 Universal sterile dressings, 9" x 5", 10" x 8", 8" x 9", or equivalent~~
~~12 Gauze pads, sterile, 4" x 4"~~
~~8 Bandages, self-adhering, soft roller type, 4" x 5 yards or equivalent~~
~~2 Rolls of tape~~
~~4 Cervical collars, one adult, one child, one infant, plus one other size~~
~~2 Triangular bandages~~
~~2 Boxes of gloves, one box non-sterile and one box latex free or equivalent~~
~~1 Glucose measuring device~~
~~1 Thermometer~~
~~2 Biohazard bags~~
~~1 Printed pediatric reference material~~
~~1 Obstetrical kit, includes cord clamp, scissors, scalpel, bulb syringe, drapes, towels, gloves, feminine napkin, Biohazard bags~~
~~1 Commercial tourniquet~~
~~2 Occlusive sterile dressings or equivalent~~
~~Disinfecting agent for cleaning vehicle and equipment of body fluids in accordance with OSHA standards of bleach diluted between 1:10 and 1:100 with water or equivalent~~
~~Reflective safety vests one for each crew member OSHA approved~~
~~Preventive T.B. Transmission masks (N95 or N100) masks one for each crew member~~

- _____ Protective eye wear (goggle or face shield) one for each crew member
- _____ Fire extinguisher, with current inspection sticker, of the dry chemical type with a rating of 2A10BC or halogen extinguisher of minimum weight 2.5 – 10 pounds
- _____ Hemostatic Gauze or agent*
- _____ Transcutaneous carbon monoxide detector*
- _____ Head Immobilization Device*
- _____ Spine board (wood must be coated or sealed)*
- _____ Immobilization straps*
- _____ Multi-use splints*
- _____ Whole body vacuum splint*
- _____ Inflatable back raft*
- _____ Airway Equipment and Supplies:
 - _____ 1 Portable or fixed suction, with wide bore tubing and rigid pharyngeal suction tip
 - _____ 1 Oxygen saturation monitor with adult and pediatric probes
 - _____ 2 Bag valve mask ventilation units, one adult, one pediatric, with adult, child, and infant sizes
 - _____ 1 Bulb syringe, separate from the OB kit
 - _____ 3 Oropharyngeal airways, with one adult, one child, and one infant size
 - _____ 3 Nasopharyngeal airways, one adult, one child, and one infant
 - _____ 2 O2 masks, non-rebreather or partial non-rebreather, one adult and one pediatric
 - _____ 1 Nasal cannula, adult
 - _____ 1 Portable oxygen apparatus, capable of metered flow with adequate tubing
 - _____ 2 Small volume nebulizer container for aerosol solutions
 - _____ 2 Magill forceps, one adult, child/infant
 - _____ 1 Cath tip 60cc syringe* (for use with oro-nasogastric tube)
 - _____ 2 Supraglottic airway device (one adult and one pediatric (size)
 - _____ CPAP device*
 - _____ 1 Water based lubricant, one tube or equivalent*
 - _____ 2 Oro-nasogastric tubes, one adult, and one pediatric*
 - _____ End-tidal CO2 monitor*
 - _____ Impedance threshold device*
- _____ Defibrillator Equipment and Supplies
 - _____ 1 Defibrillator with ECG display, or automated external defibrillator (AED), portable battery operated, per vehicle or response unit
 - _____ 2 Sets of adult electrode pads for defibrillation
 - _____ 1 12 lead ECG with transmission capability*
 - _____ Automated chest compression device*
- _____ IV Supplies:
 - _____ 10 Alcohol or Iodine preps
 - _____ 2 IV start kits or equivalent
 - _____ 12 Over-the-needle catheters, two each, sizes 14g, 16g, 18g, 20g, 22g and 24g
 - _____ 2 Arm boards
 - _____ 5 IV tubings capable of micro and macro drip chambers, minimum 2 of each
 - _____ 8 Syringes, two each, 60cc, 10cc, 3cc, and 1cc
 - _____ 1 Sharps container
 - _____ 1 Safety razor
- _____ 2 Saline lock
- _____ 4 Normal Saline for injection/inhalation
- _____ 1 Vacutainer holder*
- _____ 4 Vacutainer tubes*
- _____ 2 Intraosseous needles, one each 15 or 16, and 18 gauge or delivery device*
- _____ Mucosal atomization device*
- _____ Morgan lens for ocular irrigation*
- _____ Required Drugs:
 - _____ 2 Albuterol Sulfate 2.5mg premixed
 - _____ 1 Aspirin bottle chewable 81 mg (minimum 8 tablets)
 - _____ 2 Dextrose 50% 25gm preload
 - _____ 1 Epinephrine 1:1,000 1cc (1mg/1cc)
 - _____ 2 Epinephrine 1:10,000 1mg each*
 - _____ 1 Glucagon 2 mg
 - _____ 1 Irrigation solution 500cc
 - _____ 2 Naloxone HCL 2mg each
 - _____ 1 Nitroglycerine 0.4mg (tablets or spray)
 - _____ 2 Oral glucose concentrated tubes or equivalent 15g
 - _____ 2 Promethazine HCL 25mg each or ondansetron 8mg, or both*
- _____ Ringers Lactate or Normal Saline 4,000cc
 - _____ may carry at least one benzodiazepine: midazolam, diazepam, or lorazepam*
 - _____ may carry either Lidocaine or Amiodarone, or both* must carry at least one pain medication: nitrous, morphine, nalbuphine, fentanyl Acetaminophen elixir 160mg/5ml*
- _____ Activated Charcoal 25gm *
- _____ Amiodarone 300 mg IV*
- _____ Atropine Sulfate 1mg each*
- _____ Calcium Gluconate*
- _____ CyanoKit*
- _____ Diazepam*
- _____ Diphenhydramine 50 mg*
- _____ Fentanyl 200 mcg*
- _____ Ibuprofen* (adult and pediatric)
- _____ Ipratropium bromide*(nebulized)
- _____ Lidocaine (IV for cardiac use)*
- _____ Lorazepam*
- _____ Midazolam*
- _____ Morphine sulfate 10mg*
- _____ Nalbuphine 10 mg*
- _____ Nerve Agent Antidote kits* (Mark I Kits or DuoDote)
- _____ Nitrous oxide and required administration equipment*
- _____ Sodium bicarbonate 50 meq*
- _____ (d) EMT Ambulance
 - _____ 2 Blood pressure cuffs, one adult, one pediatric
 - _____ 2 Stethoscopes, one adult and one pediatric or combination
 - _____ 2 Pillows, with vinyl cover or single use disposable pillows
 - _____ 2 Emesis basins, emesis bags, or large basins
- _____ 1 Fire extinguisher, with current inspection sticker, of the dry chemical type with a rating of 2A10BC or halogen extinguisher of minimum weight 2.5 – 10 pounds
- _____ 2 Head immobilization devices or equivalent
- _____ 2 Lower extremity traction splints or equivalent, one adult and one pediatric
- _____ 2 Non-traction extremity splints, one upper and one lower

~~2 Spine boards, one short and one long (wood must be coated or sealed)~~
~~1 Full body pediatric immobilization device~~
~~2 Heavy duty shears~~
~~2 Urinals, one male, one female, or two universal~~
~~1 Printed pediatric reference material~~
~~2 Blankets~~
~~2 Sheets~~
~~3 Towels~~
~~2 Universal sterile dressings, 9" x 5", 10" x 8", 8" x 9", or equivalent~~
~~12 Gauze pads, sterile, 4" x 4"~~
~~8 Bandages, self-adhering, soft roller type, 4" x 5 yards or equivalent~~
~~2 Rolls of tape~~
~~4 Cervical collars, one adult, one child, one infant, plus one other size~~
~~2 Triangular bandages~~
~~2 Boxes of gloves, one box non-sterile and one box latex free or equivalent~~
~~1 Obstetrical kit (includes cord clamp, scissors, scalpel, bulb syringe, drapes, towels, gloves, feminine napkin, biohazard bags)~~
~~2 Occlusive sterile dressings or equivalent~~
~~1 Thermometer~~
~~Water based lubricant, one tube or equivalent~~
~~2 Biohazard bags~~
~~Glucose measuring device~~
~~1 Commercial tourniquet~~
~~Car seat or equivalent approved by Federal Safety Standard~~
~~Reflective safety vests one for each crew member OSHA approved~~
~~Preventive T.B. transmission masks (N95 or N100) masks one for each crew member~~
~~Protective eye wear (goggles or face shields) one for each crew member~~
~~Full body substance isolation protection one for each crew member~~
~~Disinfecting agent for cleaning vehicle and equipment of body fluids in accordance with OSHA standards of bleach diluted between 1:10 and 1:100 with water or equivalent~~
~~Hemostatic Gauze or agent*~~
~~Whole body vacuum splint*~~
~~Inflatable back raft*~~
~~Transeutaneous carbon monoxide detector*~~
~~Mucosal atomization device*~~
~~Airway Equipment and Supplies~~
~~1 Portable and fixed suction, with wide bore tubing and rigid pharyngeal suction tip~~
~~1 Oxygen saturation monitor with adult and pediatric probes~~
~~2 Bag valve mask ventilation units, one adult, one pediatric, with adult, child, and infant size~~
~~1 Bulb syringe, separate from the OB kit~~
~~3 Oropharyngeal airways, with one adult, one child, and one infant size~~
~~3 Nasopharyngeal airways, one adult, one child, and one infant~~

~~4 O2 masks, non-rebreather or partial non-rebreather, two adult and two pediatric~~
~~2 Nasal cannulas, adult~~
~~Portable oxygen apparatus, capable of metered flow with adequate tubing~~
~~1 Permanent large capacity oxygen delivery system~~
~~Impedance threshold device*~~
~~Automated transport ventilator*~~
~~Defibrillator Equipment and Supplies:~~
~~Automated external defibrillator (AED), per vehicle or response unit~~
~~Automated chest compression device*~~
~~Required Drugs~~
~~1 Aspirin bottle chewable 81 mg (minimum 8 tablets)~~
~~2 Epinephrine auto-injectors, one standard and one junior~~
~~1 Irrigation Solution 500cc~~
~~2 Oral Glucose tubes concentrated or equivalent~~
~~Activated Charcoal 25gm *~~
~~Acetaminophen elixir 160mg/5ml*~~
~~Ibuprofen (adult and pediatric)*~~
~~Naloxone (Intranasal use only)*~~
~~Nerve Antidote Kits (Mark I Kits or DuoDote)*~~
~~(c) AEMT Ambulance~~
~~2 Blood pressure cuffs, one adult, one pediatric~~
~~2 Stethoscopes, one adult and one pediatric or combination~~
~~2 Pillows, with vinyl cover or single use disposable pillows~~
~~2 Emesis basins, emesis bags, or large basins~~
~~2 Head immobilization devices or equivalent~~
~~2 Lower extremity traction splints or equivalent, one adult and one pediatric~~
~~2 Non-traction extremity splints, one upper and one lower~~
~~2 Spine boards, one short and one long (Wood must be coated or sealed)~~
~~1 Full body pediatric immobilization device~~
~~2 Heavy duty shears~~
~~2 Urinals, one male, one female, or two universal~~
~~1 Printed pediatric reference material~~
~~2 Blankets~~
~~2 Sheets~~
~~3 Towels~~
~~2 Universal sterile dressings, 9" x 5", 10" x 8", 8" x 9", or equivalent~~
~~12 Gauze pads, sterile, 4" x 4"~~
~~8 Bandages, self-adhering, soft roller type, 4" x 5 yards or equivalent~~
~~2 Rolls of tape~~
~~4 Cervical collars, three adult and one pediatric or equivalent~~
~~2 Triangular bandages~~
~~2 Boxes of gloves, one box non-sterile and one box latex free or equivalent~~
~~1 Obstetrical kit (includes cord clamp, scissors, scalpel, bulb syringe, drapes, towels, gloves, feminine napkins, biohazard bags)~~
~~2 Occlusive sterile dressings or equivalent~~
~~1 Thermometer~~
~~2 Biohazard bags~~

- ~~1 Glucose measuring device~~
- ~~1 Commercial tourniquet~~
- ~~1 Car seat or equivalent approved by Federal Safety Standard~~
- ~~Preventive T.B. transmission masks (N95 or N100) masks one for each crew member~~
- ~~Fire extinguisher, with current inspection sticker, of the dry chemical type with a rating of 2A10BC or halogen extinguisher of minimum weight 2.5 – 10 pounds~~
- ~~Protective eye wear (goggles or face shields) one for each crew member~~
- ~~Full body substance isolation protection one for each crew member~~
- ~~Reflective safety vests one for each crew member OSHA approved~~
- ~~Disinfecting agent for cleaning vehicle and equipment of body fluids in accordance with OSHA standards of bleach diluted between 1:10 and 1:100 with water or equivalent~~
- ~~Hemostatic Gauze or agent*~~
- ~~Whole body vacuum splint*~~
- ~~Inflatable back raft*~~
- ~~Transcutaneous carbon monoxide detector*~~
- ~~Airway Equipment and Supplies:~~
 - ~~1 Portable and fixed suction, with wide bore tubing and rigid pharyngeal suction tip~~
 - ~~1 Oxygen saturation monitor with adult and pediatric probes~~
 - ~~2 Bag valve mask ventilation units, one adult, one pediatric, with adult, child, and infant size~~
 - ~~1 Bulb syringe, separate from the OB kit~~
 - ~~3 Oropharyngeal airways, with one adult, one child, and one infant size~~
 - ~~3 Nasopharyngeal airways, one adult, one child, and one infant~~
 - ~~4 O2 masks, non-rebreather or partial non-rebreather, two adult and two pediatric~~
 - ~~2 Nasal cannulas, adult~~
 - ~~1 Portable oxygen apparatus, capable of metered flow with adequate tubing~~
 - ~~1 Permanent large capacity oxygen delivery system~~
 - ~~2 Small volume nebulizer container for aerosol solutions~~
 - ~~2 Magill forceps, one adult, child/infant~~
 - ~~1 Cath tip 60cc syringe* (for use with oro-nasogastric tube)~~
 - ~~1 Water based lubricant, one tube or equivalent~~
 - ~~2 Oro-nasogastric tubes, one adult, and one pediatric*~~
 - ~~2 Supraglottic airway device (one adult and one pediatric size)~~
 - ~~CPAP device*~~
 - ~~Impedance threshold device*~~
 - ~~End tidal CO2 Monitor*~~
 - ~~Automated transport ventilator*~~
 - ~~Morgan lens for ocular irrigation*~~
 - ~~Defibrillator Equipment and Supplies:~~
 - ~~1 Defibrillator with ECG display, or automated external defibrillator (AED), portable battery operated, per vehicle or response unit~~
 - ~~2 Sets of adult electrode pads for defibrillation~~
 - ~~1 12 lead ECG with transmission capability*~~
- ~~Automated chest compression device*~~
- ~~IV Supplies:~~
 - ~~10 Alcohol or Iodine prep~~
 - ~~2 V start kits or equivalent~~
 - ~~12 Over-the-needle catheters, two each, sizes 14g, 16g, 18g, 20g, 22g and 24g~~
 - ~~2 Arm boards~~
 - ~~5 IV tubings capable of micro and macro drip chambers, minimum 2 of each~~
 - ~~5 Extension tubings~~
 - ~~8 Syringes, two each, 60cc, 10cc, 3cc, and 1cc~~
 - ~~1 Three-way stopcock~~
 - ~~1 Sharps container~~
 - ~~1 Safety razor~~
 - ~~2 Saline lock~~
 - ~~4 Normal Saline for injection/inhalation~~
 - ~~2 Intraosseous needles, one each, 15 or 16, and 18 gauge or delivery device*~~
 - ~~1 Volutrol Pediatric IV chamber*~~
 - ~~Mucosal atomization device*~~
 - ~~Vacutainer holder*~~
 - ~~Vacutainer tubes*~~
 - ~~Required Drugs:~~
 - ~~2 Albuterol Sulfate 2.5mg premixed~~
 - ~~1 Aspirin bottle chewable 81 mg (minimum 8 tablets)~~
 - ~~2 Dextrose 50% 25gm preload~~
 - ~~1 Epinephrine 1:1,000 1cc (1mg/1cc)~~
 - ~~2 Epinephrine 1:10,000 1mg each*~~
 - ~~1 Glucagon 2 mg~~
 - ~~1 Irrigation solution 500cc~~
 - ~~2 Naloxone HCL 2mg each~~
 - ~~1 Nitroglycerine 0.4mg (tablets or spray)~~
 - ~~2 Oral glucose concentrated tubes or equivalent 15g~~
 - ~~2 Promethazine HCL 25mg each or ondansetron 8mg, or both*~~
 - ~~Ringers Lactate or Normal Saline 4,000cc~~
 - ~~may carry at least one benzodiazepine: midazolam, diazepam, or lorazepam*~~
 - ~~may carry either Lidocaine or Amiodarone, or both*~~
 - ~~must carry at least one pain medication: nitrous, morphine, nalbuphine, fentanyl~~
 - ~~Acetaminophen elixir 160mg/5ml*~~
 - ~~Activated Charcoal 25gm *~~
 - ~~Amiodarone 300 mg IV*~~
 - ~~Atropine Sulfate 1mg each*~~
 - ~~Calcium Gluconate*~~
 - ~~CyanoKit*~~
 - ~~Diazepam*~~
 - ~~Diphenhydramine 50 mg*~~
 - ~~Fentanyl 200 meg *~~
 - ~~Ibuprofen* (adult and pediatric)~~
 - ~~Ipratropium bromide* (nebulized)~~
 - ~~Lidocaine (IV for cardiac use)*~~
 - ~~Lorazepam*~~
 - ~~Midazolam*~~
 - ~~Morphine sulfate 10mg*~~
 - ~~Nalbuphine 10 mg*~~
 - ~~Nerve Agent Antidote kits* (Mark I Kits or DuoDote)~~
 - ~~Nitrous oxide and required administration equipment*~~

- _____ Sodium bicarbonate 50mEq each*
- _____ (f) Intermediate Advanced Ambulance
- _____ 2 Blood pressure cuffs, one adult, one pediatric
- _____ 2 Stethoscopes, one adult and one pediatric or combination
- _____ 2 Pillows, with vinyl cover or single use disposable pillows
- _____ 2 Emesis basins, emesis bags, or large basins
- _____ 2 Head immobilization devices or equivalent
- _____ 2 Lower extremity traction splints or equivalent, one adult and one pediatric
- _____ 2 Non-traction extremity splints, one upper, one lower, or PASG pants
- _____ 2 Spine boards, one short and one long (Wood must be coated or sealed)
- _____ 1 Full body pediatric immobilization device
- _____ 2 Heavy duty shears
- _____ 2 Urinals, one male, one female, or two universal
- _____ 1 Printed Pediatric Reference Material
- _____ 2 Blankets
- _____ 2 Sheets
- _____ 3 Towels
- _____ 1 Commercial Tourniquet
- _____ 2 Universal sterile dressings, 9" x 5", 10" x 8", 8" x 9", or equivalent
- _____ 12 Gauze pads, sterile, 4" x 4"
- _____ 8 Bandages, self-adhering, soft roller type, 4" x 5 yards or equivalent
- _____ 2 Rolls of tape
- _____ 4 Cervical collars, three adult and one pediatric or equivalent
- _____ 2 Triangular bandages
- _____ 2 Boxes of gloves, one box non-sterile and one box latex free or equivalent
- _____ 1 Obstetrical kit (includes cord clamp, scissors, scalpel, bulb syringe, drapes, towels, gloves, feminine napkins, biohazard bags)
- _____ 2 Occlusive sterile dressings or equivalent
- _____ 1 Thermometer or equivalent
- _____ 2 Biohazard bags
- _____ 1 Glucose measuring device
- _____ Car seat or equivalent approved by Federal Safety Standard
- _____ Preventive T.B. transmission masks (N95 or N100) masks one for each crew member
- _____ Fire extinguisher, with current inspection sticker, of the dry chemical type with a rating of 2A10BC or halogen extinguisher of minimum weight 2.5 - 10 pounds
- _____ Protective eye wear (goggles or face shields) one for each crew member
- _____ Full body substance isolation protection one for each crew member
- _____ Reflective safety vests one for each crew member OSHA approved
- _____ Disinfecting agent for cleaning vehicle and equipment of body fluids in accordance with OSHA standards of bleach diluted between 1:10 and 1:100 with water or equivalent
- _____ Hemostatic Gauze or agent*
- _____ Whole body vacuum splint*
- _____ Inflatable back raft*
- _____ Trancutaneous carbon monoxide detector*
- _____ Airway Equipment and Supplies:
 - _____ 1 Portable or fixed suction, with wide bore tubing and rigid pharyngeal suction tip
 - _____ 2 Bag mask ventilation units, one adult, one pediatric, with adult, child, and infant size masks
 - _____ 1 Baby syringe, bulb type, separate from the OB kit
 - _____ 3 Oropharyngeal airways, with one adult, one child, and one infant size
 - _____ 3 Nasopharyngeal airways, one adult, one child, and one infant
 - _____ 2 Magill forceps, one adult and one child
 - _____ 4 Non-rebreather or partial non-rebreather oxygen masks, two adult and two pediatric
 - _____ 2 Nasal cannulas, adult
 - _____ 1 Portable oxygen apparatus, capable of metered flow with adequate tubing
 - _____ 1 Oxygen saturation monitor
 - _____ 1 Permanent large capacity oxygen delivery system
 - _____ 2 Small volume nebulizer container for aerosol solutions
 - _____ 1 Laryngoscope with batteries curved and straight blades with bulbs and two extra batteries and two extra bulbs
 - _____ 1 Water based lubricant, one tube or equivalent
 - _____ 7 Endotracheal tubes, one each: cuffed 8, 7.5, 7, 6, uncuffed 5, 4, 3
 - _____ 2 Endotracheal tube stylets, one pediatric and one adult
 - _____ 1 Device for securing the endotracheal tube
 - _____ 2 Endotracheal tube confirmation device
 - _____ 2 Flexible sterile endotracheal suction catheters from 5-12 french
 - _____ 2 Oro-nasogastric tubes, one adult, and one pediatric
 - _____ 2 Supraglottic airway device (one adult and one pediatric size)
 - _____ Video laryngoscope*
 - _____ Bougie device*
 - _____ CPAP device*
 - _____ Impedance threshold device*
 - _____ End-tidal CO2 Monitor*
 - _____ Automated transport ventilator*
 - _____ Morgan lens for ocular irrigation*
- _____ Defibrillator Equipment and Supplies:
 - _____ 1 Portable cardiac monitor/defibrillator/pacer with adult and pediatric capabilities
 - _____ 2 Sets Electrodes or equivalent
 - _____ 2 Sets Combination type defibrillator pads— pacing/cardioversion/defibrillator
 - _____ 1 12 lead ECG with transmission capability*
 - _____ Automated chest compression device*
- _____ IV Supplies:
 - _____ 10 Alcohol or Iodine preps
 - _____ 2 IV start kits or equivalent
 - _____ 12 Over-the-needle catheters, two each, sizes 14g, 16g, 18g, 20g, 22g and 24g
 - _____ 2 Arm boards
 - _____ 5 IV tubings capable of micro and macro drip chambers, minimum 2 of each
 - _____ 8 Syringes, two each, 60cc, 10cc, 3cc, and 1cc
 - _____ 1 Cath tip 60cc syringe

- ~~1 Three-way stopcock~~
- ~~1 Sharps container~~
- ~~1 Safety razor~~
- ~~2 Saline lock~~
- ~~4 Normal Saline for injection/inhalation~~
- ~~2 Intraosseous needles, one each, 15 or 16, and 18 gauge or delivery device~~
- ~~1 Volutrol Pediatric IV chamber*~~
- ~~Mucosal atomization device*~~
- ~~Vacutainer holder*~~
- ~~Vacutainer tubes*~~
- ~~Required Drugs:~~
- ~~2 Albuterol Sulfate 2.5mg premixed~~
- ~~1 Aspirin bottle chewable 81 mg (minimum 8 tablets)~~
- ~~2 Atropine Sulfate 1mg~~
- ~~2 Dextrose 50% or Glucagon (must have 1 D50)~~
- ~~2 Diphenhydramine intravenous 50mg each~~
- ~~1 Epinephrine 1:1,000 15mg or equivalent~~
- ~~2 Epinephrine 1:10,000 1mg each~~
- ~~1 Irrigation solution 500cc~~
- ~~2 Morphine Sulfate 10mg~~
- ~~2 Naloxone HCL 2mg each~~
- ~~1 Nitroglycerine bottle 0.4mg (tablets or spray)~~
- ~~2 Oral glucose concentrated tubes or equivalent~~
- ~~2 Promethazine HCL 25mg each or ondansetron 8mg, or both~~
- ~~1 Ringers Lactate or Normal Saline 4,000cc~~
- ~~must carry at least one benzodiazepine: midazolam, diazepam, or lorazepam*~~
- ~~must carry either Lidocaine or Amiodarone, or both*~~
- ~~must carry at least one pain medication: nitrous, morphine, nalbuphine, fentanyl~~
- ~~Acetaminophen elixir 160mg/5ml*~~
- ~~Activated Charcoal 25gm*~~
- ~~Adenosine*~~
- ~~Amiodarone 300 mg IV*~~
- ~~Calcium Gluconate*~~
- ~~CyanoKit*~~
- ~~Diazepam*~~
- ~~Fentanyl 200 mcg*~~
- ~~Furosemide*~~
- ~~Ibuprofen* (adult or pediatric)~~
- ~~Ipratropium bromide* (nebulized)~~
- ~~Lidocaine (IV for cardiac use)*~~
- ~~Lorazepam*~~
- ~~Midazolam*~~
- ~~Nalbuphine 10 mg*~~
- ~~Nerve Agent Antidote kits (Mark I Kits or DuoDote)*~~
- ~~Nitrous oxide and required administration equipment*~~
- ~~(g) Paramedic Services (Rescue, Transfer and Ambulance Units)~~
- ~~2 Blood pressure cuffs, one adult, one pediatric~~
- ~~2 Stethoscopes, one adult and one pediatric or combination~~
- ~~1 Thermometer~~
- ~~1 Glucose measuring device~~
- ~~2 Head immobilization devices or equivalent~~
- ~~2 Lower extremity traction splints or equivalent, one adult and one pediatric~~

- ~~2 Non-traction extremity splints, one upper and one lower~~
- ~~2 Spine boards, one short and one long. Wooden boards must be coated or sealed~~
- ~~1 Full body pediatric immobilization device. (Paramedic rescue units excluded)~~
- ~~2 Heavy duty shears~~
- ~~2 Blankets~~
- ~~3 Towels~~
- ~~2 Universal sterile dressings, 9" x 5", 10" x 8", 8" x 9", or equivalent~~
- ~~12 Gauze pads, sterile, 4" x 4"~~
- ~~8 Bandages, self-adhering, soft roller type, 4" x 5 yards or equivalent~~
- ~~2 Rolls of tape~~
- ~~4 Cervical collars, three adult and one pediatric or equivalent~~
- ~~2 Triangular bandages~~
- ~~2 Boxes of gloves, one box non-sterile and one box latex free or equivalent~~
- ~~1 Obstetrical kits (includes cord clamp, scissors, scalpel, bulb syringe, drapes, towels, gloves, feminine napkins, biohazard bags)~~
- ~~2 Occlusive sterile dressings or equivalent~~
- ~~2 Emesis basins, emesis bags, or large basins~~
- ~~1 Printed pediatric reference material~~
- ~~2 Urinals, one male, one female, or two universal~~
- ~~2 Pillows with vinyl cover or single use disposable pillows (paramedic rescue units excluded)~~
- ~~2 Sheets (paramedic rescue units excluded)~~
- ~~1 Commercial Tourniquet~~
- ~~2 Biohazard bags~~
- ~~Car seat or equivalent approved by Federal Safety Standard (paramedic rescue units excluded) change definition~~
- ~~Preventive T.B. transmission masks (N95 or N100) masks one for each crew member~~
- ~~Fire extinguisher, with current inspection sticker, of the dry chemical type with a rating of 2A10BC or halogen extinguisher of minimum weight 2.5 - 10 pounds~~
- ~~Protective eye wear (goggles or face shields) one for each crew member~~
- ~~Full body substance isolation protection one for each crew member~~
- ~~Reflective safety vests one for each crew member OSHA approved~~
- ~~Disinfecting agent for cleaning vehicle and equipment of body fluids in accordance with OSHA standards of bleach diluted between 1:10 and 1:100 with water or equivalent~~
- ~~Hemostatic Gauze or agent*~~
- ~~Whole body vacuum splint*~~
- ~~Inflatable back raft*~~
- ~~Transcutaneous carbon monoxide detector*~~
- ~~Airway Equipment and Supplies:~~
- ~~1 Portable and fixed suction, with wide bore tubing and rigid pharyngeal suction tip~~
- ~~1 Portable suction unit, with wide bore tubing and rigid pharyngeal suction tip (paramedic rescue units only)~~
- ~~1 Oxygen saturation monitor with adult and pediatric probes~~
- ~~1 Bulb syringe separate from the OB kit~~

- _____ 1 Laryngoscope with batteries curved and straight blades with bulbs and two extra batteries and two extra bulbs
- _____ Video laryngoscope*
- _____ Bougie device*
- _____ 1 Water based lubricant, one tube or equivalent
- _____ 11 Endotracheal tubes, one each, uncuffed 3, 3.5 4, 4.5 and 5, cuffed 5.5, 6, 6.5, 7, 7.5, 8
- _____ 2 Endotracheal tube stylets, one pediatric and one adult
- _____ 1 Device for securing the endotracheal tube
- _____ 2 Endotracheal tube confirmation devices
- _____ 2 Flexible sterile endotracheal suction catheters from 5-12 french
- _____ 3 Oropharyngeal airways, one adult, one child, and one infant size
- _____ 3 Nasopharyngeal airways, one adult, one child, and one infant size
- _____ 2 Magill forceps, one child and one adult/infant
- _____ 1 Portable oxygen apparatus, capable of metered flow with adequate tubing
- _____ 2 Oro-nasogastric tubes, one adult, and one pediatric
- _____ 4 O2 masks, non-rebreather or partial non-rebreather, two adult and two pediatric
- _____ 2 Nasal cannulas, adult
- _____ 2 Bag mask ventilation units, one adult, one pediatric, with adult, child, and infant size masks
- _____ 2 Tongue blades
- _____ 1 Meconium aspirator
- _____ 1 Cricothyroidotomy kit
- _____ 2 Small volume nebulizer container for aerosol solutions
- _____ 1 Permanent large capacity oxygen delivery system (paramedic rescue units excluded)
- _____ 2 Supraglottic airway device (one adult and one pediatric size)
- _____ CPAP Device*
- _____ Impedance Threshold Device*
- _____ End tidal CO2 Monitor*
- _____ Automated transport ventilator*
- _____ Morgan lens for ocular irrigation*
- _____ Portable Sonographic device*
- _____ Defibrillator Equipment and Supplies:
- _____ 1 Portable cardiac monitor/defibrillator/pacer with adult and pediatric capabilities
- _____ 2 Sets Electrodes or equivalent
- _____ 2 Sets Combination type defibrillator pads pacing/cardioversion/defibrillator
- _____ 1 12 lead ECG with transmission capability*
- _____ Automated chest compression device*
- _____ IV Supplies:
- _____ 10 Alcohol or iodine preps
- _____ 2 IV start kits or equivalent
- _____ 12 Over-the-needle catheters, two each, sizes 14g, 16g, 18g, 20g, 22g, 24g
- _____ 2 Intraosseous needles, one each, 15 or 16, and 18 gauge or delivery device
- _____ 2 Arm boards
- _____ 5 IV tubings capable of micro and macro drip chambers, minimum 2 of each
- _____ 2 IV tubings with blood administration sets
- _____ 1 Volutrol Pediatric IV chamber
- _____ 8 Syringes, two each, 60cc, 10cc, 3cc, and 1cc
- _____ 2 Saline lock
- _____ 4 Normal Saline for injection/inhalation
- _____ 1 Cath tipped syringe, 60cc
- _____ 2 Three-way stopcocks
- _____ 1 Sharps container
- _____ 1 Safety razor
- _____ 1 Cath tipped syringe, 30cc*
- _____ Vacutainer holder*
- _____ Vacutainer multiple sample luer adapters*
- _____ Vacutainer tubes*
- _____ Mucosal atomization device*
- _____ IV Infusion pumps*
- _____ Required Drugs:
- _____ 2 Albuterol Sulfate 2.5mg pre-mixed
- _____ 1 Aspirin bottle 81 mg chewable (minimum 8 tablets)
- _____ 2 Atropine Sulfate 1mg
- _____ 2 Dextrose 50% preload
- _____ 2 Diphenhydramine intravenous 50mg each
- _____ 2 Dopamine HCL 400mg each or 2 mcg/ml Epinephrine drip (2cc Epinephrine 1:1,000 to 1000cc LR% or NS), or both
- _____ 1 Epinephrine 1:1,000 15mg or equivalent
- _____ 2 Epinephrine 1:10,000 1mg each
- _____ 1 Glucagon 2 mg
- _____ 1 Irrigation solution 500cc
- _____ 4 Naloxone HCL 2mg each
- _____ 1 Nitroglycerine bottle 0.4mg (tablets or spray)
- _____ 2 Oral Glucose concentrated 15g tubes or equivalent
- _____ 2 Promethazine HCL 25mg each or ondansetron 8mg, or both
- _____ Ringers Lactate or Normal Saline 4,000cc
- _____ 2 Sodium Bicarbonate 50mEq each
- _____ must carry at least one benzodiazepine: midazolam, diazepam, or lorazepam*
- _____ must carry either Lidocaine or Amiodarone, or both*
- _____ must carry at least one pain medication: nitrous, morphine, nalbuphine, fentanyl, hydromorphone, or meperidine
- _____ Acetaminophen 160mg/5ml*
- _____ 1 Activated Charcoal 25gm*
- _____ Adenosine*
- _____ 2 Amiodarone 300 mg IV*
- _____ Calcium Gluconate*
- _____ CyanoKit*
- _____ Diazepam*
- _____ Droperidol*
- _____ Fentanyl 200 mcg*
- _____ Furosemide*
- _____ Haloperidol*
- _____ Hydromorphone*
- _____ Ibuprofen* (adult or pediatric)
- _____ Ipratropium bromide* (nebulized)
- _____ 2 Lidocaine* (IV for cardiac use)
- _____ Lorazepam*
- _____ Magnesium Sulfate*
- _____ Meperidine*
- _____ Midazolam*
- _____ 2 Morphine Sulfate 10mg each*
- _____ Nalbuphine 10mg*

~~Nerve Agent Antidote kits*(Mark I Kits or DuoDote)~~
~~Nitrous oxide and required administration equipment*~~
~~Oxytocin*~~
~~Procainamide*~~
~~Vasopressin*~~
~~Vecuronium* (only for therapeutic hypothermia protocol)~~

~~(3) If a licensed or designated agency desires to carry different equipment, supplies, or medication from the vehicle supply requirements, it must submit a written request from the off-line medical director to the Department requesting the waiver. The request shall include:~~

- ~~(a) a detailed training outline;~~
- ~~(b) protocols;~~
- ~~(c) proficiency testing;~~
- ~~(d) support documentation;~~
- ~~(e) local EMS Council or committee comments; and~~
- ~~(f) a detailed letter of justification.~~

~~(4) All equipment, except disposable items, shall be so designed, constructed, and of such materials that under normal conditions and operations, it is durable and capable of withstanding repeated cleaning. The permittee agency:~~

- ~~(a) Shall clean the equipment after each use in accordance with OSHA standards;~~
- ~~(b) shall sanitize or sterilize equipment prior to reuse;~~
- ~~(c) may not reuse equipment intended for single use;~~
- ~~(d) shall clean and change linens after each use; and~~
- ~~(e) shall store or secure all equipment in a readily accessible and protected manner and in a manner to prevent its movement during a crash.~~

~~(5) The permittee agency shall have all tested, maintain all equipment, and calibrated in accordance with the manufacturer's standards:~~

- ~~(a) The permittee agency shall document all equipment inspections, testing, and maintenance, and calibrations. Testing or calibration conducted by an outside service shall be documented and available for Department review.~~
- ~~(b) an permittee agency required to carry any of the following equipment shall perform monthly inspections to ensure its ability to function correctly:~~
 - ~~(i) defibrillator, manual, or automatic;~~
 - ~~(ii) autovent;~~
 - ~~(iii) infusion pump;~~
 - ~~(iv) glucometer;~~
 - ~~(v) flow restricted, oxygen-powered ventilation devices;~~
 - ~~(vi) suction equipment;~~
 - ~~(vii) electronic Doppler device;~~
 - ~~(viii) automatic blood pressure/pulse measuring device;~~
- ~~and~~
- ~~(ix) pulse oximeter.~~
- ~~(x) any other electronic, battery powered, or critical care device.~~

~~(6) All pieces of required equipment that require consumables for the operation of the equipment; power supplies; electrical cables, pneumatic power lines, hydraulic power lines, or related connectors, the permittee shall perform monthly inspections to ensure their correct function.~~

~~(7) A ground ambulance licensee shall store all medications according to the manufacturers' recommendations.~~

- ~~(a) for temperature control and packaging requirements; and~~
- ~~(b) return to the supplier for replacement of any medication known or suspected to have been subjected to temperatures outside the recommended range.~~

R426-4-1000. Air Ambulance Supply Requirements.

~~(1) Air ambulance vehicle requirements are as follows:~~

- ~~(a) The air ambulance must have sufficient space to accommodate at least one patient on a stretcher;~~
- ~~(b) the air ambulance must have sufficient space to accommodate at least two medical attendant seats; and~~
- ~~(c) the patient stretcher shall be FAA-approved.~~
- ~~(i) it must be installed using the FAA 337 form or a "Supplemental Type Certificate";~~
- ~~(ii) the stretcher shall be of sufficient length and width to support a patient in full supine position who is ranked as a 95th percentile American male that is 6 feet tall and weighing 212 pounds; and~~
- ~~(iii) The head of the stretcher shall be capable of being elevated at least 30 degrees.~~
- ~~(d) the air ambulance doors shall be large enough to allow a stretcher to be loaded without rotating it more than 30 degrees about the longitudinal roll axis, or 45 degrees about the lateral pitch axis;~~
- ~~(e) the stretcher shall be positioned so as to allow the medical attendants a clear view and access to any part of the patient's body that may require medical attention. Seat-belted medical attendants must have access to the patient's head and upper body;~~
- ~~(f) the patient, stretcher, attendants, seats, and equipment shall be so arranged as to not block the pilot, medical attendants, or patients from easily exiting the air ambulance;~~
- ~~(g) the air ambulance shall have FAA approved two-point safety belts and security restraints adequate to stabilize and secure any patient, patient stretcher, medical attendants, pilots, or other individuals;~~
- ~~(h) the air ambulance shall have a temperature and ventilation system for the patient treatment area;~~
- ~~(i) the patient area shall have overhead or dome lighting of at least 40-foot candle at the patient level, to allow adequate patient care. During night operations the pilot's cockpit shall be protected from light originating from the patient care area;~~
- ~~(j) the air ambulance shall have a self-contained interior lighting system powered by a battery pack or portable light with a battery source;~~
- ~~(k) the pilots, flight controls, power levers, and radios shall be physically protected from any intended or accidental interference by patient, air medical personnel or equipment and supplies;~~
- ~~(l) the patient must be sufficiently isolated from the cockpit to minimize in-flight distractions and interference which would affect flight safety;~~
- ~~(m) the interior surfaces shall be of material easily cleaned, sanitized, and designed for patient safety. Protruding sharp edges and corners shall be padded;~~
- ~~(n) patients whose medical problems may be adversely affected by changes in altitude may only be transported in a pressurized air ambulance;~~

~~_____ (o) the air medical service shall provide all medical attendants with sound ear protectors sufficient to reduce excessive noise pollution arising from the air ambulance during flight; and~~

~~_____ (p) there shall be sufficient medical oxygen to assure adequate delivery of oxygen necessary to meet the patient medical needs and anticipated in-flight complications. The medical oxygen must:~~

~~_____ (i) Be installed according to FAA regulation;~~

~~_____ (ii) have an oxygen flow rate determined by in-line pressure gauges mounted in the patient care area with each outlet clearly identified and within reach of a seat-belted medical attendant;~~

~~_____ (iii) allow the oxygen flow to be stopped at or near the oxygen source from inside the air ambulance;~~

~~_____ (iv) have gauges that easily identify the quantity of medical oxygen available;~~

~~_____ (v) be capable of delivering fifteen liters/minute at fifty psi;~~

~~_____ (vi) have a portable oxygen bottle available for use during patient transfer to and from the air ambulance;~~

~~_____ (vii) have a fixed back-up source of medical oxygen in the event of an oxygen system failure;~~

~~_____ (viii) the oxygen flow meters shall be recessed, padded, or by other means mounted to prevent injury to patients or medical attendants; and~~

~~_____ (ix) "No smoking" signs shall be prominently displayed inside the air ambulance.~~

~~_____ (q) the air ambulance electric power must be provided through a power source capable to operate the medical equipment and a back-up source of electric power capable of operating all electrically powered medical equipment for one hour;~~

~~_____ (r) the air ambulance must have at least two positive locking devices for intravenous containers padded, recessed, or mounted to prevent injury to air ambulance occupants;~~

~~_____ (s) the containers shall be within reach of a seat-belted medical attendant;~~

~~_____ (t) the air ambulance must be fitted with a metal hard-lock container, fastened by hard point restraints to the air ambulance, or must have a locking cargo bay for all controlled substances left in an unattended;~~

~~_____ (u) an air ambulance shall have properly maintained survival gear appropriate to the service area and number of occupants;~~

~~_____ (v) an air ambulance shall have an equipment configuration that is installed according to FAA criteria and in such a way that the air medical personnel can provide patient care;~~

~~_____ (w) the air ambulance shall be configured in such a way that the air medical personnel have access to the patient in order to begin and maintain basic and advanced life support care;~~

~~_____ (x) the air ambulance shall have space necessary to allow patient airway maintenance and to provide adequate ventilatory support from the secured, seat-belted position of the medical personnel;~~

~~_____ (y) be knowledgeable in the application, operation, care, and removal of all medical equipment used in the care of the patient.~~

~~_____ (z) The air medical personnel shall have a knowledge of potential in-flight complications, which may arise from the use of~~

the medical equipment and its in-flight capabilities and limitations; and

~~_____ (2) have available during transport, a current copy of all written protocols authorized for use by the air medical service medical director. Patient care shall be governed by these authorized written protocols.~~

~~]~~

R426-4-[H00]900. Air Ambulance Equipment Standards.

~~[(1)-]Air ambulance[s] providers must maintain minimum quantities of supplies and equipment for each air [medical]ambulance transport [as listed in the document R426-Appendix-]in accordance with its accreditation designation.[the air medical service's licensure level.] The air ambulance medical director shall oversee and determine the protocols and provide training to support the medications.[Due to weight and safety concerns on specialized air transports, the air medical service medical director shall insure that the appropriate equipment is carried according to the needs of the patient to be transported. All medications shall be stored according to manufacturer recommendations.~~

~~_____ (2) All medical equipment except disposable items, shall be designed, constructed, and made of materials that under normal conditions and operations are durable and capable of withstanding repeated cleaning.~~

~~_____ (3) The equipment and medical supplies shall be maintained in working condition and within legal specifications.~~

~~_____ (4) All non-disposable equipment shall be cleaned or sanitized after each air medical transport.~~

~~_____ (5) Medical equipment shall be stored and readily accessible by air medical personnel.~~

~~_____ (6) Before departing, the air medical personnel shall notify the pilot of any add-on equipment for weight and balance considerations.~~

~~_____ (7) Physical or chemical restraints must be available and used for combative patients who could possibly hurt themselves or any other person in the air ambulance.]~~

R426-4-[H200]1000. Air Ambulance Operational Standards.

~~(1) [The]An air ambulance pilot may refuse transport to any individual who the pilot considers to be a safety hazard to the air ambulance or any of its passengers.~~

~~(2) [Records made for each trip on forms or data format specified by the Department and a copy shall remain at the receiving facility for continuity of care.]Air ambulance providers shall provide a patient care record to the receiving hospital as soon as practical, but no longer than 24 hours after completion of the transport.~~

~~(3) [The air medical service must]Air ambulance providers shall maintain a personnel file [for personnel,]which shall include [their]staff qualifications and training.~~

~~(4) All air [medical services]ambulance providers [must]shall have an operational manual or policy and procedures manual available for all air [medical]ambulance personnel.~~

~~(5) All air [medical]ambulance [service]provider records shall be available for inspection by representatives of the Department.~~

~~(6) A[H-a]ir ambulances shall be equipped to allow air [medical]ambulance [service]provider personnel to be able to:~~

(a) Communicate with hospital emergency medical departments, flight operations centers, air traffic control, ~~[emergency medical services]~~ ground ambulance providers, and law enforcement agencies[-];

(b) Communicate with other air ambulances while in flight[-];

(~~i~~c) ~~[The pilot must be able]~~ Have the ability to override any radio or telephone transmission in the event of an emergency.

(7) The management of the air ~~[medical]~~ ambulance ~~[service]~~ provider shall be familiar with the federal regulations related to air ~~[medical]~~ ambulance ~~[services]~~ providers.

(8) Each air ~~[medical]~~ ambulance ~~[service must]~~ provider shall have a safety committee, with a designated safety officer. The committee shall meet at least quarterly to review safety issues and submit a written report to the air ~~[medical]~~ ambulance ~~[service]~~ provider's management and maintain a copy on file at the air ~~[medical]~~ ambulance ~~[service]~~ provider's office.

(9) A ~~[H-a]~~ air ~~[medical]~~ ambulance ~~[service]~~ providers shall have a quality management team and a program implemented by this team to assess and improve the quality of patient care provided by the air ~~[medical]~~ ambulance ~~[service]~~ provider.

~~[R426-4-1300 - Penalties.~~

~~As required by Subsection 63G-3-201(5): Any person that violates any provision of this rule may be assessed a civil money penalty as provided in Section 26-23-6 and/or suspension or revocation of license(s).~~

]KEY: emergency medical services

Date of Enactment or Last Substantive Amendment: ~~[October 18, 2013]~~ 2015

Authorizing, and Implemented or Interpreted Law: 26-8a

**Health, Family Health and Preparedness, Emergency Medical Services
R426-5**

Emergency Medical Services Training and Certification Standards

NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 39546

FILED: 07/28/2015

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of this amendment is to update the training and certification standards rules for certified emergency service personnel. It also incorporates new legislative requirements supporting recent amendments to Title 26, Chapter 8a.

SUMMARY OF THE RULE OR CHANGE: Clarification of existing rule and the addition of a Peer Review Board and a Complaint, Compliance, and Enforcement Unit for Emergency Medical Services.

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

ANTICIPATED COST OR SAVINGS TO:

◆ THE STATE BUDGET: The state budget will be impacted due to the creation, administrative support, and travel reimbursement for the new Peer Review Board. Also additional impacts may result in requirements for a more comprehensive complaint investigation process.

◆ LOCAL GOVERNMENTS: Fiscal impacts will be minimal due to the changes primarily at the state level. Fiscal impacts may possibly include fines if emergency medical services (EMS) providers are not in compliance with statutory or administrative rule requirements.

◆ SMALL BUSINESSES: Fiscal impacts may possibly include fines if EMS providers are not in compliance with statutory or administrative rule requirements.

◆ PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES: Fiscal impacts will be minimal due to the changes primarily at the state level. Fiscal impacts may possibly include fines if EMS providers are not in compliance with statutory or administrative rule requirements.

COMPLIANCE COSTS FOR AFFECTED PERSONS: Persons affected will not have any additional compliance costs due to rule amendments unless they receive a fine for non-compliance.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: This amendment may have some fiscal impact on business because if business are subject to fines due to noncompliance. All other changes address state procedures and do not include any additional requirements for business.

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

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

DIRECT QUESTIONS REGARDING THIS RULE TO:

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

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 09/14/2015

THIS RULE MAY BECOME EFFECTIVE ON: 09/21/2015

AUTHORIZED BY: David Patton, PhD, Executive Director

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

R426-5. Emergency Medical Services Training and Certification Standards.

R426-5-100. Authority and Purpose.

(1) This rule is established under Title 26, Chapter 8a to provide uniform minimum standards to be met by those providing emergency medical services in the State of Utah; and for the training, certification, and recertification of individuals who provide emergency medical service and for those providing instructions and training to pre-hospital emergency medical care providers.

(2) The definitions in Title 26, Chapter 8a are adopted and incorporated by reference into this rule.

R426-5-200. Scope of Practice.

(1) The Department may certify as an EMR, EMT, AEMT, EMT-IA Paramedic, or EMD an individual who meets the initial certification requirements in this rule.

(2) The Committee adopts as the standard for EMR, EMT, AEMT, EMT-IA, or Paramedic training and competency in the state, the following United States Department of Transportation's National Emergency Medical Services Education Standards.

(3) An EMR, EMT, AEMT, or Paramedic may perform the skills as described in the EMS National Education Standards, to their level of certification, as adopted in this section.

(4) Per Utah Code section 41-6a-523 persons authorized to draw blood/immunity from liability and section 53-10-405 DNA specimen analysis -- Saliva sample to be obtained -- Blood sample to be drawn by a professional. Acting at the request of a peace officer a paramedic may draw field blood samples to determine alcohol or drug content and for DNA analysis. Acting at the request of a peace officer an AEMT may draw field blood samples to determine alcohol or drug content and for DNA analysis if they have received certification pursuant to administrative rule R438-12. A person authorized by this section to draw blood samples may not be held criminally or civilly liable if drawn in a medically acceptable manner.

R426-5-300. Certification.

(1) The Department may certify an EMR, EMT, EMT-IA, AEMT, Paramedic, or EMD for a four-year period.

(2) An individual who wishes to become certified as a EMR, EMT, AEMT, EMT-IA, Paramedic, or EMD ~~must~~ shall:

(a) successfully complete a Department-approved EMR, EMT, AEMT, EMT-IA, Paramedic, or EMD course as described in this rule;

(b) be able to perform the functions listed in the National EMS Education Standards adopted in this rule as verified by personal attestation and successful accomplishment by certified EMS Instructors during the course;

(c) achieve a favorable recommendation from the course coordinator and course medical director stating technical competence during field and clinical training and successful completion of all training requirements for an EMR, EMT, AEMT, EMT-IA, Paramedic, or EMD certification;

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

(e) submit to and pass a background investigation, including an FBI background investigation if the applicant has not resided in Utah for the past consecutive five years;

(f) maintain and submit documentation of having completed a Department approved CPR course within the prior two years that is consistent with the most current version of the American Heart Association Guidelines for the level of Healthcare Provider Cardiopulmonary Resuscitation (CPR) and Emergency Cardiac Care (ECC); and

(g) submit TB test results as per R426-5-700.

(3) Age requirements:

(a) EMR may certify at 16 years of age or older; and

(b) EMT, AEMT, EMT-IA and Paramedic may certify at 18 years of age or older.

(4) Within 120 days after the official course end date the applicant ~~must~~ shall successfully complete the Department written and practical EMR, EMT, AEMT, EMT-IA, Paramedic, or EMD examinations, or reexaminations, if necessary.

(5) Test development, the Department shall:

(a) develop or approve written and practical tests for each certification;

(b) establish the passing score for certification and recertification written and practical tests;

(c) the Department may administer the tests or delegate the administration of any test to another entity; and

(d) the Department may release only to the individual who took the test and to persons who have a signed release from the individual who took the test:

(i) whether the individual passed or failed a written or practical test; and

(ii) the subject areas where items were missed on a written or practical test.

(6) An individual who fails any part of the EMR, EMT, AEMT, EMT-IA, Paramedic, or EMD certification or recertification written or practical examination may retake the examination twice without further course work.

(7) If the individual fails both re-examinations, ~~he~~ they ~~must~~ shall take a complete EMR, EMT, AEMT, Paramedic, or EMD training course respective to the certification level sought to be eligible for further examination.

(8) The individual may retake the course as many times as ~~he~~ they desire[s], but may only take the examinations three times for each completed course. If an individual retakes the course because of failure to pass the examinations, the individual ~~must~~ shall pass both the practical and written test administered after completion of the new course.

(9) An individual who wishes to enroll in an AEMT, EMT-IA, or Paramedic course ~~must~~ shall have as a minimum a Utah EMT certification. This Certification ~~must~~ shall remain current until new certification level is obtained.

(10) The Department may extend the time limits for an individual who demonstrates that the inability to meet the requirements within the 120 days was due to circumstances beyond the applicant's control, such as for documented medical circumstances that prevent completion of testing, military deployment out of the state, extreme illness in the immediate family, or the like.

R426-5-400. Certification at a Lower Level.

(1) An individual who has taken a Paramedic course, but has not been recommended for certification, may request to become certified at the AEMT levels if:

(a) the paramedic course coordinator submits to the Department a favorable letter of recommendation stating that the individual has successfully obtained the knowledge and skills of the AEMT level as required by this rule; and

(b) the individual successfully completes all requirements for an AEMT.

R426-5-500. Certification Challenges.

(1) The Department may certify as an EMT or AEMT; a registered nurse licensed in Utah, a nurse practitioner licensed in Utah, a physician assistant licensed in Utah, or a physician licensed in Utah who:

(a) is able to demonstrate knowledge, proficiency and competency to perform all the functions listed in the National EMS Education Standards as verified by personal attestation and successful demonstration to a currently certified course coordinator and an off-line medical director of all cognitive, affective, and psychomotor skills listed in the National EMS Education Standards;

(b) has a knowledge of:

(i) medical control protocols;

(ii) state and local protocols; and

(iii) the role and responsibilities of an EMT or AEMT respectively.

(c) maintain and submit documentation of having completed a CPR course within the prior two years that is consistent with the most current version of the American Heart Association Guidelines for adult and pediatric healthcare provider CPR and ECC; and

(d) is 18 years of age or older.

(e) each level ~~[must]~~shall be challenged sequentially and individually

(2) To become certified, the applicant ~~[must]~~shall:

(a) submit three letters of recommendation from health care providers attesting to the applicant's patient care skills and abilities;

(b) submit a favorable recommendation from a currently certified course coordinator attesting to competency of all knowledge and skills contained within the National EMS Education Standards;

(c) submit the applicable fees and a completed application, including social security number, signature, and, proof of current Utah license as a Registered Nurse, a Physician Assistant, or a Medical Doctor;

(d) within 120 days after submitting the challenge application, successfully complete the Department written and practical EMT examinations, or reexaminations, if necessary;

(e) the Department may extend the time limit for an individual who demonstrates ~~[that—]~~the inability to meet the requirements within 120 days was due to circumstances beyond the applicant's control;

(f) submit to and pass a background screening clearance as per R426-5-2700~~[investigation, including an FBI background investigation if the applicant has not resided in Utah for the past consecutive five years]~~; and

(g) submit a statement from a physician, confirming the applicant's results of a TB examination conducted within one year prior to submitting the application.

R426-5-600. Recertification Requirements.

(1) The Department may recertify an individual for a four-year period or for a shorter period as modified by the Department to standardize recertification cycles.

(2) An individual seeking recertification ~~[must]~~shall:

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

(b) submit to and pass a background screening clearance as per R426-5-2700~~[investigation, including an FBI background investigation if the applicant has not resided in Utah for the past consecutive five years]~~;

(c) maintain and submit documentation of having completed a CPR course within the prior two years that is consistent with the most current version of the American Heart Association Guidelines for the level of Adult and Pediatric Healthcare Provider CPR and ECC. CPR ~~[must]~~shall be kept current during certification;

(d) submit TB test results as per R426-5-700;

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

(f) provide documentation of completion of Department-approved CME requirements.

(3) The EMR, EMT, AEMT, EMT-IA and Paramedic ~~[must]~~shall complete the required CME hours, as outlined in the department's Recertification Protocol for EMS Personnel manual and in accordance with the National EMS Education Standards. The hours ~~[must]~~shall be completed throughout the prior four years.

(4) As well as requirements in (2)(c) The following course completion documentation is required for the specific certification level and may be included in the CME required hours:

(a) EMR 52 hours of CME.

(b) EMT 98 hours of CME.

(c) AEMT 108 hours of CME.

(d) EMT-IA 108 hours of CME.

(e) Paramedic 144 hours of CME; and,

(f) EMD 48 hours of CME.

(5) An EMR, EMT, AEMT, EMT-IA, Paramedic, or EMD may complete CME hours through various methodologies, but 30 percent of the CME hours ~~[must]~~shall be practical hands-on training.

(6) All CME ~~[must]~~shall be related to the required skills and knowledge of the EMR, EMT, AEMT, EMT-IA, Paramedic, or EMD's level of certification.

(7) The CME Instructors need not be certified EMS instructors, but ~~[must]~~shall be knowledgeable in the subject matter.

(8) The EMR, EMT, AEMT, EMT-IA, Paramedic, or EMD ~~[must]~~shall complete and provide documentation of demonstrating the psychomotor skills listed in the current National EMS Education Standards at their level of certification.

(9) An EMR, EMT, AEMT, EMT-IA, Paramedic, or EMD who is affiliated with an EMS organization should have the organization's designated training officer submit a letter verifying the completion of the recertification requirements. An EMR, EMT, AEMT, EMT-IA, Paramedic, or EMD who is not affiliated with ~~[an agency must]~~a licensed or designated EMS provider shall submit verification of all recertification requirements directly to the Department.

(10) An AEMT, EMT-IA or Paramedic ~~[must]~~shall submit a letter from a certified off-line medical director recommending the individual for recertification and verifying the individual has

demonstrated proficiency in the psychomotor skills listed in the current National EMS Education Standards at their level of certification.

(11) Each EMR, EMT, AEMT, EMT-IA, Paramedic, or EMD is individually responsible to complete and submit all required recertification material to the Department at one time, no later than 30 days and no earlier than one year prior to the individual's current certification expiration date. If the Department receives incomplete or late recertification materials, the Department may not be able to process the recertification before the certification expires. The Department processes recertification material in the order received.

(12) ~~[An EMS agency]~~ A licensed or designated EMS provider, [designated or non-designated, -] or a Department approved entity ~~[that]~~ who provides CME may compile and submit recertification materials on behalf of an EMR, EMT, AEMT, EMT-IA, Paramedic, or EMD; however, the individual EMR, EMT, AEMT, EMT-IA, Paramedic, or EMD remains responsible for a timely and complete submission.

(13) The Department may shorten recertification periods. An EMR, EMT, AEMT, EMT-IA, Paramedic, or EMD whose recertification period is shortened [must]shall meet the CME requirements in each of the required and elective subdivisions on a prorated basis by the expiration of the shortened period.

(14) The Department may not lengthen certification periods more than the four-year certification, unless the individual is a member of the National Guard or reserve component of the armed forces and is on active duty when certification expired. If this happens, the individual shall recertify in accordance with Utah Code 39-1-64.

R426-5-700. TB Test Requirements.

(1) All levels of certification and recertification except EMD [must]shall submit a statement from a physician or other health care provider, confirming the applicant's negative results of a Tuberculin Skin Test or equivalent (TB test) examination conducted within the prior year, or complete the following requirements:

(a) if the test is positive, and there is no documented history of prior Latent TB Infection (LTBI) treatment, the applicant [must]shall see his primary care physician for a chest x-ray (CXR) in accordance with current Center for Disease Control and Prevention (CDC) guidelines and further evaluation; and

(b) Results of CXR and medical history [must]shall be submitted to the ~~[Bureau]~~ Department.

(2) If the CXR is negative, the applicant's medical history will be reviewed by the State EMS Medical Director. For individuals at high risk for developing active TB, treatment will be strongly recommended.

(3) If the CXR is positive, the applicant is considered to be suspect Active TB. Should the diagnosis be confirmed:

(a) Completion of treatment or release by an appropriate physician will be required prior to certification; and

(b) each such case will be reviewed by the State EMS Medical Director.

(4) ~~[In the event that]~~ If an applicant who is required to get treatment refuses the treatment, ~~[BEMS]~~ the Department may deny certification.

(5) A TB test should not be performed on a person who has a documented history of either a prior positive TB test or prior treatment for tuberculosis. The applicant [must]shall instead have a CXR in accordance with current CDC guidelines and provide documentation of negative CXR results to the department.

(6) If the applicant has had prior treatment for active TB or LTBI, the applicant ~~[must]~~ shall provide documentation of this treatment prior to certification. Documentation of this treatment will be maintained by the ~~[Bureau]~~ Department, and needs only to be provided once.

(7) Each such case will be reviewed by the State EMS Medical Director.

R426-5-800. Reciprocity.

(1) The Department may certify an individual as an EMR, EMT, AEMT, Paramedic, or EMD an individual certified outside of the State of Utah if the applicant can demonstrate the applicant's out-of-state training and experience requirements are equivalent to or greater than what is required in Utah.

(2) An individual seeking reciprocity for certification in Utah based on out-of-state training and experience [must]shall:

(a) Submit the applicable fees and a completed application, including social security number and signature, to the Department and complete all of the following within 120 days of submitting the application;

(b) submit to and pass a background screening clearance as per R426-5-2700 ~~[investigation, including an FBI background investigation if the applicant has not resided in Utah for the past consecutive five years]~~;

(c) maintain and submit documentation of having completed a CPR course within the prior two years that is consistent with the most current version of the American Heart Association Guidelines for the level of Healthcare Provider CPR and ECC;

(d) submit TB test results as per R426-5-700;

(e) successfully complete the Department written and practical EMR, EMT, AEMT, Paramedic, or EMD examinations, or reexaminations, if necessary;

(f) submit a current certification from one of the states of the United States or its possessions, or current registration and the name of the training institution if registered with the National Registry of EMTs; and

(g) provide documentation of completion of 25 hours of continuing medical education (CME) within the prior year. EMDs [must]shall provide documentation of completion of 12 hours of CME within the prior year

(3) The Department may certify as an EMD an individual certified by the National Academy of Emergency Medical Dispatch (NAEMD) or equivalent. An individual seeking reciprocity for certification in Utah based on NAEMD or equivalent certification [must]shall:

(a) Submit documentation of current NAEMD or equivalent certification.

(b) maintain and submit documentation of having completed within the prior two years;

(i) a Department approved CPR course that is consistent with the most current version of the American Heart Association Guidelines for CPR and ECC; and

(ii) a minimum of a two-hour course in critical incident stress management (CISM).

(4) An individual who fails the written or practical EMR, EMT, or AEMT examination three times will be required to complete a Department approved EMR, EMT, or AEMT, course respective to the certification level sought.

(5) A candidate for paramedic reciprocity who fails the written or practical examinations three times can request further consideration of reciprocity after five years if the candidate has worked for an out of state EMS provider and can verify steady employment as a paramedic for at least three of the five years.

R426-5-900. Lapsed Certification.

(1) An individual whose EMR, EMT, AEMT, EMT-IA, Paramedic, or EMD certification has expired for less than one year may, within one year after expiration, complete all recertification requirements, pay a late recertification fee, and successfully pass the written certification examination to become certified. The individual's new expiration date will be four years from the previous expiration date.

(2) An individual whose certification has expired for more than one year ~~must~~ shall:

(a) submit a letter of recommendation including results of an oral examination, from a certified off-line medical director, verifying proficiency in patient care skills at the certification level;

(b) successfully complete the applicable Department written and practical examinations;

(c) complete all recertification requirements; and

(d) the individual's new expiration date will be four years from the completion of all recertification materials.

(3) An individual whose certification has lapsed, is not authorized to provide care as an EMR, EMT, AEMT, EMT-IA, Paramedic, or EMD until the individual completes the recertification process.

R426-5-1000. Transition to 2009 National EMS Education Standards.

(1) The Department adopts the 2009 National Education Standards as noted in this rule resulting in a need for specific dates for a transition period. These dates shall be as follows:

(a) EMT Basic to EMT January 1, 2012 to January 1, 2016; and

(b) EMT Intermediate to Advanced EMT, October 1, 2011 to September 30, 2013.

(2) Transition for EMT-B to EMT will be accomplished through the Department's written examination as part of the Individual's recertification process during the transition period.

(3) Transition for EMT-I and EMT-IA to AEMT will be accomplished through the Department's written AEMT transition examination during the transition period.

(4) Transition will not change the Individual's recertification date.

(5) During the transition period:

(a) EMT-I and EMT-IA will be deemed equivalent to AEMT certification, in accordance with the respective ~~agency's~~ licensed or designated EMS provider's waivers; and

(b) EMT-B will be deemed equivalent to EMT certification.

(c) EMT-IA may maintain level of certification as long as employed by a licensed EMT-IA ~~agency~~ provider.

(6) After the deadline of September 31, 2013 of the AEMT transition period:

(a) an EMT-I who has not yet transitioned will be deemed an EMT ~~and may only function as an EMT~~, and;

(b) an EMT-IA who is not working for a licensed EMT-IA ~~agency~~ provider ~~must have transitioned to an AEMT or~~ shall be deemed an AEMT.

R426-5-1100. Emergency Medical Care During Clinical Training.

A student enrolled in a Department-approved training program may, under the direct supervision of the course coordinator, an instructor in the course, or a preceptor for the course, perform activities delineated within the training curriculum that otherwise require certification to perform.

R426-5-1200. Instructor Requirements.

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

(a) meets the initial certification requirements in R426-5-1300; and

(b) is currently certified in Utah as an EMR, EMT, AEMT, EMT-IA, Paramedic, or EMD.

(2) The Committee adopts the United States Department of Transportation's "EMS Instructor Training Program as the standard for EMS Instructor training and competency in the state, which is adopted and incorporated by reference.

(3) An EMS instructor may only teach up to the certification level to which the instructor is certified. An EMS instructor who is only certified as an EMD may only teach EMD courses.

(4) An EMS instructor ~~must~~ shall comply with the teaching standards and procedures in the EMS Instructor Manual.

(5) An EMS instructor ~~must~~ shall maintain the EMS certification for the level ~~that~~ the instructor is certified to teach. If an individual's EMS certification lapses, the instructor certification is invalid until EMS certification is renewed.

(6) The Department may waive a particular instructor certification requirement if the applicant can demonstrate ~~that~~ the applicant's training and experience requirements are equivalent or greater to what are required in Utah.

R426-5-1300. Instructor Certification.

(1) The Department may certify an individual who is an EMR, EMT, AEMT, EMT-IA, Paramedic, or EMD as an EMS Instructor for a two-year period.

(2) An individual who wishes to become certified as an EMS Instructor ~~must~~ shall:

(a) Submit an application and pay all applicable fees;

(b) submit three letters of recommendation regarding EMS skills and teaching abilities;

(c) submit documentation of 15 hours of teaching experience;

(d) successfully complete all required examinations; and

(e) successfully complete the Department-sponsored initial EMS instructor training course.

(3) An individual who wishes to become certified as an EMS Instructor to teach EMR, EMT, AEMT, or paramedic courses ~~must~~ shall also:

(a) Provide documentation of 30 hours of patient care within the prior year.

(4) The Department may waive portions of the initial EMS instructor training courses for previously completed Department-approved instructor programs.

R426-5-1400. Instructor Recertification.

- (1) An EMS instructor who wishes to recertify as an instructor [must]shall:
- (a) maintain current EMS certification; and
 - (b) attend the required Department-approved recertification training at least once in the two year recertification cycle;
- (2) Submit an application and pay all applicable fees.

R426-5-1500. Instructor Lapsed Certification.

- (1) An EMS instructor whose instructor certification has expired for less than two years may again become certified by completing the recertification requirements.
- (2) An EMS instructor whose instructor certification has expired for more than two years [must]shall complete all initial instructor certification requirements and reapply as if there were no prior certification.

R426-5-1600. Training Officer Certification.

- (1) The Department may certify an individual who is a certified EMS instructor as a training officer for a two-year period.
- (2) An individual who wishes to become certified as an EMS Training officer [must]shall:
- (a) Be currently certified as an EMS instructor;
 - (b) successfully complete the Department's course for new training officers;
 - (c) submit an application and pay all applicable fees; and
 - (d) submit biennially a completed and signed "Training Officer Contract" to the Department agreeing to abide by the standards and procedures in the then current Training Officer Manual.
- (3) A training officer [must]shall maintain EMS instructor certification to retain training officer certification.
- (4) An EMS training officer [must]shall abide by the terms of the Training Officer Contract, and comply with the standards and procedures in the Training Officer Manual as incorporated into the respective Training Officer Contract.

R426-5-1700. Training Officer Recertification.

- (1) A training officer who wishes to recertify as a training officer [must]shall:
- (a) Attend a training officer seminar at least once in the two year recertification cycle;
 - (b) maintain current EMS instructor and EMS certification;
 - (c) submit an application and pay all applicable fees;
 - (d) successfully complete any Department-examination requirements; and
 - (e) submit biennially a completed and signed new "Training Officer Contract" to the Department agreeing to abide by the standards and procedures in the current training officer manual.

R426-5-1800. Training Officer Lapsed Certification.

- (1) An individual whose training officer certification has expired for less than two years may again become certified by completing the recertification requirements. The individual's new expiration date will be two years from the old expiration date.
- (2) An individual whose training officer certification has expired for more than two year [must]shall complete all initial training officer certification requirements and reapply as if there were no prior certification.

R426-5-1900. Course Coordinator Certification.

- (1) The Department may certify an individual as an EMS course coordinator for a two-year period.
- (2) An individual who wishes to certify as a course coordinator [must]shall:
- (a) Be certified as an EMS instructor;
 - (b) be a co-coordinator of record for one Department-approved course with a certified course coordinator;
 - (c) submit a written evaluation and recommendation from the course coordinator in the co-coordinated course;
 - (d) complete certification requirements within one year of completion of the Department's course for new course coordinators;
 - (e) submit an application and pay all applicable fees;
 - (f) complete the Department's course for new course coordinators;
 - (g) sign and submit annually the "Course Coordinator Contract" to the Department agreeing to abide to the standards and procedures in the then current Course Coordinator Manual; and
 - (h) maintain EMS instructor certification.
- (3) A Course Coordinator may only coordinate courses up to the certification level to which the course coordinator is certified. A course coordinator, who is only certified as an EMD, may only coordinate EMD courses.
- (4) A course coordinator [must]shall abide by the terms of the "Course Coordinator Contract" and comply with the standards and procedures in the Course Coordinator Manual as incorporated into the "Course Coordinator Contract."
- (5) A Course Coordinator [must]shall maintain an EMS Instructor certification and the EMS certification for the level that the course coordinator is certified to coordinate. If an individual's EMS certification lapses, the Course Coordinator certification is invalid until EMS certification is renewed.

R426-5-2000. Course Coordinator Recertification.

- (1) A course coordinator who wishes to recertify as a course coordinator [must]shall:
- (a) Maintain current EMS instructor and EMR, EMT, AEMT, EMT-IA, Paramedic, or EMD certification;
 - (b) coordinate or co-coordinate at least one Department-approved course every two years;
 - (c) attend a course coordinator seminar at least once in the two year recertification cycle;
 - (d) submit an application and pay all applicable fees; and
 - (e) sign and submit biennially a Course Coordinator Contract to the Department agreeing to abide by the policies and procedures in the then current Course Coordinator Manual.

R426-5-2100. Course Coordinator Lapsed Certification.

- (1) An individual whose course coordinator certification has expired for less than two year may again become certified by completing the recertification requirements. The individual's new expiration date will be two years from the recertification date.
- (2) An individual whose course coordinator certification has expired for more than two year must complete all initial course coordinator certification requirements and reapply as if there were no prior certification.

R426-5-2200. Course Approvals.

(1) A course coordinator offering EMS training to individuals who wish to become certified as an EMR, EMT, AEMT, EMT-IA, Paramedic, or EMD ~~[must]~~shall obtain Department approval prior to initiating an EMS training course. The Department shall approve a course if:

(a) The applicant submits the course application and fees no earlier than 90 days and no later than 30 days prior to commencing the course;

(b) the applicant has sufficient equipment available for the training or if the equipment is available for rental from the Department;

(c) the Department finds ~~[that]~~the course meets all the Department rules and contracts governing training;

(d) the course coordinators and instructors hold current respective course coordinator and EMS instructor certifications; and

(e) the Department has the capacity to offer the applicable examinations in a timely manner after the conclusion of the course.

R426-5-2300. Paramedic Training Institutions Standards Compliance.

(1) A person ~~[must]~~shall be authorized by the Department to provide training leading to the certification of a paramedic.

(2) To become authorized and maintain authorization to provide paramedic training, a person ~~[must]~~shall:

(a) Enter into the Department's standard paramedic training contract; and

(b) adhere to the terms of the contract, including the requirement to provide training in compliance with the Course Coordinator Manual and the Utah Paramedic Training Program Accreditation Standards Manual.

R426-5-2400. Off-line Medical Director Requirements.

(1) The Department may certify an off-line medical director for a four-year period.

(2) An off-line medical director ~~[must]~~shall be:

(a) a physician actively engaged in the provision of emergency medical care;

(b) familiar with the Utah EMS Systems Act, Title 26, Chapter 8a, and applicable state rules; and

(c) familiar with medical equipment and medications required.

R426-5-2500. Off-line Medical Director Certification.

(1) An individual who wishes to certify as an off-line medical director ~~[must]~~shall:

(a) have completed an American College of Emergency Physicians or National Association of Emergency Medical Services Physicians medical director training course or the Department's medical director training course within twelve months of becoming a medical director;

(b) submit an application and;

(c) pay all applicable fees.

(2) An individual who wishes to recertify as an off-line medical director ~~[must]~~shall:

(a) attend the medical directors annual workshop at least once every four years

(b) submit an application; and

(c) pay all applicable fees.

R426-5-2600. Epinephrine Auto-Injector Use.

(1) Any qualified entities or qualified adults as defined in 26-41-102 in accordance with 26-41-107 shall receive training approved by the Department.

(a) The training shall include:

(i) recognition of life threatening symptoms of anaphylaxis;

(ii) appropriate administration of an epinephrine auto-injector;

(iii) proper storage of an epinephrine auto-injector;

(iv) disposal of an epinephrine auto-injector; and

(v) an initial and annual refresher course.

(2) The annual refresher course requirement may be waived if:

(a) The qualified entities or qualified adults are currently licensed or certified at the EMR or higher level by the State of Utah, or

(b) The approved trainings are the Red Cross and American Heart Association epinephrine auto-injector modules.

(3) All epinephrine auto injectors shall be stored and disposed of following the manufacturers specifications.

~~R426-5-2600~~2700. ~~[Refusal, Suspension, or Revocation of Certification]~~Background Screening Clearance for EMS Certification.

~~[(1) The Department shall exclude from EMS certification an individual who may pose an unacceptable risk to public health and safety, as indicated by his criminal history. The Department shall conduct a background check on each individual who seeks to certify or recertify as an EMR, EMT, AEMT, EMT-IA, Paramedic, or EMD, including an FBI background investigation if the individual has resided outside of Utah within the past consecutive five years.~~

~~(2) An individual convicted of certain crimes presents an unreasonable risk and the Department shall deny all applications for certification or recertification from individuals convicted of any of the following crimes:~~

~~(a) Sexual misconduct if the victim's failure to affirmatively consent is an element of the crime, such as forcible rape;~~

~~(b) sexual or physical abuse of children, the elderly or infirm, such as sexual misconduct with a child, making or distributing child pornography or using a child in a sexual display, incest involving a child, assault on an elderly or infirm person;~~

~~(c) abuse, neglect, theft from, or financial exploitation of a person entrusted to the care or protection of the applicant, if the victim is an out-of-hospital patient or a patient or resident of a health care facility; and~~

~~(d) crimes of violence against persons, such as aggravated assault, murder or attempted murder, manslaughter except involuntary manslaughter, kidnapping, robbery of any degree, or arson; or attempts to commit such crimes.~~

~~(3) Except in extraordinary circumstances, established by clear and convincing evidence that certification or recertification will not jeopardize public health and safety, the Department shall deny applicants for certification or recertification in the following categories:~~

~~(a) Persons who are convicted of any crime not listed in (2) and who are currently incarcerated, on work release, on probation or on parole;~~

~~(b) conviction of crimes in the following categories, unless at least three years have passed since the conviction or at least three years have passed since release from custodial confinement, whichever occurs later:~~

~~(i) crimes of violence against persons, such as assault;~~
~~(ii) crimes defined as domestic violence under Section 77-36-1;~~

~~(iii) crimes involving controlled substances or synthetics, or counterfeit drugs, including unlawful possession or distribution, or intent to distribute unlawfully, Schedule I through V drugs as defined by the Uniform Controlled Dangerous Substances Act; and~~

~~(iv) crimes against property, such as grand larceny, burglary, embezzlement or insurance fraud.~~

~~(c) The Department may deny certification or recertification to individuals convicted of crimes, including DUIs, but not including minor traffic violations chargeable as infractions after consideration of the following factors:~~

~~(i) the seriousness of the crime;~~

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

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

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

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

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

~~(vii) the total number of arrests and convictions; and~~

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

~~(4) Certified EMS personnel must notify the Department of any arrest, charge, or conviction within seven days of the arrest, charge or conviction. If the person works for a licensed or designated EMS agency, the agency is also responsible to inform the Bureau of the arrest, charge or conviction.~~

~~(5) An official EMS agency representative verified by the supervisor of the agency may receive information pertaining to Department actions about an employee or a potential employee of the agency if a Criminal History Non-Disclosure Agreement is signed by the EMS agency representative.~~

~~(6) The Department may require EMS personnel to submit to a background examination or a drug test upon Department request.~~

~~(7) The Department may refuse to issue a certification or recertification, or suspend or revoke a certification, or place a certification on probation, for any of the following causes:~~

~~(a) Any of the reasons for exclusion listed in Subsection (2 and 3);~~

~~(b) a violation of Subsection (4);~~

~~(c) a refusal to submit to a background examination pursuant to Subsection (6);~~

~~(d) habitual or excessive use or addiction to narcotics or dangerous drugs;~~

~~(e) refusal to submit to a drug test administered by the individual's EMS provider organization or the Department;~~

~~(f) habitual abuse of alcoholic beverages or being under the influence of alcoholic beverages while on call or on duty as an EMS personnel or while driving any Department-permitted vehicle;~~

~~(g) failure to comply with the training, certification, or recertification requirements for the certification;~~

~~(h) failure to comply with a contractual agreement as an EMS instructor, a training officer, or a course coordinator;~~

~~(i) fraud or deceit in applying for or obtaining a certification;~~

~~(j) fraud, deceit, incompetence, patient abuse, theft, or dishonesty in the performance of duties and practice as a certified individual;~~

~~(k) unauthorized use or removal of narcotics, drugs, supplies or equipment from any emergency vehicle or health care facility;~~

~~(l) performing procedures or skills beyond the level of certification or agency licensure;~~

~~(m) violation of laws pertaining to medical practice, drugs, or controlled substances;~~

~~(n) conviction of a felony, misdemeanor, or a crime involving moral turpitude, excluding minor traffic violations chargeable as infractions;~~

~~(o) mental incompetence as determined by a court of competent jurisdiction;~~

~~(p) demonstrated inability and failure to perform adequate patient care;~~

~~(q) inability to provide emergency medical services with reasonable skill and safety because of illness, under the influence of alcohol, drugs, narcotics, chemicals, or any other type of material, or as a result of any other mental or physical condition, when the individual's condition demonstrates a clear and unjustifiable threat or potential threat to oneself, coworkers, or the public health, safety, or welfare that cannot be reasonably mitigated; and~~

~~(r) misrepresentation of an individual's level of certification;~~

~~(s) failure to display a state-approved emblem with level of certification during an EMS response; and~~

~~(t) other or good cause, including conduct which is unethical, immoral, or dishonorable to the extent that the conduct reflects negatively on the EMS profession or might cause the public to lose confidence in the EMS system.~~

~~(8) The Department may suspend an individual for a felony, misdemeanor arrest, or charges pending the resolution of the charge if the nature of the charge is one that, if true, the Department could:~~

~~(a) revoke the certification under subsection (1); and~~

~~(b) the Department may order EMS personnel not to practice when an active criminal or administrative investigation is being conducted.~~

] (1) The Department shall conduct a background screening on each individual who seeks to certify or recertify as an EMR, EMT, AEMT, EMT-IA, Paramedic, or EMD. The Department shall approve EMS certification or recertification upon successful completion of a background screening. Background clearance indicates the individual does not pose an unacceptable risk to public health and safety.

(2) The Department may review relevant information obtained from the following sources:

(a) Department of Public Safety arrest, conviction, and disposition records described in Title 53, Chapter 10, Criminal Investigations and Technical Services Act, including information in state, regional, and national records files;

(b) juvenile court arrest, adjudication, and disposition records, as allowed under Section 78A-6-209;

_____ (c) federal criminal background databases available to the state;

_____ (d) the Department of Human Services' Division of Child and Family Services Licensing Information System described in Section 62A-4a-1006;

_____ (e) child abuse or neglect findings described in Section 78A-6-323;

_____ (f) the Department of Human Services' Division of Aging and Adult Services vulnerable adult abuse, neglect, or exploitation database described in Section 62A-3-311.1; and

_____ (g) licensing and certification records of individuals licensed or certified by the Division of Occupational and Professional Licensing under Title 58, Occupations and Professions.

_____ (3) If the Department determines an individual is not eligible for certification or recertification based upon the criminal background screening and the individual disagrees with the information provided by the Criminal Investigations and Technical Services Division or court record, the individual may challenge the information as provided in Utah Code Annotated Sections 77-18a.

_____ (4) If the Department determines an individual is not eligible for certification or recertification based upon the non-criminal background screening and the individual disagrees with the information provided, the individual may challenge the information through the appropriate agency.

_____ (5) The individual seeking certification or recertification shall submit the completed application, including fees, prior to submission of finger prints.

_____ (6) Exclusion from certification or recertification.

_____ (a) Criminal Convictions or Pending Charges:

_____ (i) If an individual has been convicted, has pleaded no contest, is subject to a plea in abeyance, or a diversion agreement, for the following offenses within the past 15 years, they shall not be approved for certification or recertification:

_____ (A) any felony or class A under Title 76, Chapter 5, Offenses Against the Person, Utah Criminal Code;

_____ (B) any felony or class A under Title 76, Chapter 9, Offenses Against Public Order and Decency, Utah Criminal Code;

_____ (C) any felony or class A or B under the following Utah Criminal Codes:

_____ (I) 76-9-301.8, Bestiality;

_____ (II) 76-9-702.1, Sexual Battery; and

_____ (III) 76-9-702.5, Lewdness Involving Child.

_____ (ii) If an individual has been convicted or has pleaded no contest for the following offenses, 15 years has passed since the last conviction and the offense cannot be expunged they may not be approved for certification or recertification:

_____ (A) any felony or class A under Title 76, Chapter 5, Offenses Against the Person, Utah Criminal Code;

_____ (B) any felony or class A under Title 76, Chapter 9, Offenses Against Public Order and Decency, Utah Criminal Code;

_____ (C) any felony or class A or B under the following Utah Criminal Codes:

_____ (I) 76-9-301.8, Bestiality;

_____ (II) 76-9-702.1, Sexual Battery; and

_____ (III) 76-9-702.5, Lewdness Involving Child.

_____ (iii) If an individual has been convicted, has pleaded no contest, is subject to a plea in abeyance, or a diversion agreement, for the following offenses, they may not be approved for certification or recertification:

_____ (A) any felony or class A under Utah Criminal Code not listed in R426-5-2700(6)(a)(i).

_____ (B) any class B or C under Title 76, Chapter 5 Offenses Against the Person, Utah Criminal Code;

_____ (C) any felony, class A, B, or C under Title 76, Chapter 6, Offenses Against Property, Utah Criminal Code;

_____ (D) any felony or class A under Title 76, Chapter 6a, Pyramid Schemes, Utah Criminal Code;

_____ (E) any felony or class A under Title 76, Chapter 8, Offenses Against the Administration of Government, Utah Criminal Code;

_____ (F) any felony, class A, B or C under Title 76, Chapter 10, Offenses Against Public Health, Welfare, Safety and Morals, Utah Criminal Code;

_____ (G) any felony, class A, B or C under the following Utah Criminal Codes:

_____ (I) 76-10-1201 to 1229.5, Pornographic and Harmful Materials and Performances; and

_____ (II) 76-10-1301 to 1314, Prostitution;

_____ (H) any felony or class A under Utah Criminal Code 76-10-2301, Contributing to the Delinquency of a Minor;

_____ (I) any felony or class A, B or C under Utah Motor Vehicles Traffic Code 41-6a-502 and 517.

_____ (J) any felony or class A, B or C under Utah Occupations and Professions Utah Controlled Substances Act 58-37.

_____ (K) any felony or class A, B or c under Alcoholic Beverage Control Act 32B-4-409.

_____ (L) any criminal conviction or pattern of convictions that may represent an unacceptable risk to public health and safety.

_____ (iv) An individual seeking certification who has been convicted or has pleaded no contest, is subject to a plea in abeyance, a diversion agreement, a warrant for arrest, arrested or charged for any of the identified offenses in R426-5-2700(6)(a)(iii), may not be approved for certification.

_____ (v) A certified EMS individual who is subject to a warrant for arrest, arrested or charged for any of the identified offenses in R426-5-2700(6)(a)(iii), and after an investigation and Peer Review Board process as established in R426-5-2900, the Department may issue recertification, or suspend or revoke a certification, or place a certification on probation.

_____ (vi) A certified EMS individual who is subject to a warrant for arrest, arrested or charged for any of the identified offenses in R426-5-2700(6)(a)(i), shall immediately have the individuals EMS certification placed on restriction pending the outcome of a CCEU investigation as per the process established in R426-5-2900.

_____ (b) Juvenile Records.

_____ (i) As required by Utah Code Subsection 26-8a-310(5) (b), juvenile court records shall be reviewed if an individual is:

_____ (A) under the age of 28; or

_____ (B) over the age of 28 and has convictions or pending charges identified in R426-5-2600(6)(a).

_____ (ii) Adjudications by a juvenile court may exclude the individual from certification or recertification if the adjudications refer to an act that, if committed by an adult, would be a felony or a misdemeanor any of the identified offenses in R426-5-2700(6)(a).

_____ (c) Non-Criminal Records.

_____ (i) The Department may deny certification or recertification based on a supported finding from:

(A) the Department of Human Services' Division of Child and Family Services Licensing Information System described in Section 62A-4a-1006;

(B) child abuse or neglect findings described in Section 78A-6-323;

(C) the Department of Human Services' Division of Aging and Adult Services vulnerable adult abuse, neglect, or exploitation database described in Section 62A-3-311.1;

(ii) The Department may deny certification or recertification based on a finding from licensing records of individuals licensed by the Division of Occupational and Professional Licensing under Title 58, Occupations and Professions.

(d) Review of Relevant Information.

(i) Results of background screening review, as listed above in R426-5-2700(6)(a)(ii)-(iii), (b) or (c) may be reviewed to determine under what circumstance, if any, the individual may be granted certification or recertification. The following factors may be considered:

(A) types and number;

(B) passage of time;

(C) surrounding circumstances;

(D) intervening circumstances; and

(E) steps taken to correct or improve.

(ii) The Department shall rely on relevant information identified in R426-5-2700(2) as conclusive evidence and may deny certification or recertification based on that information.

(e) Appeal of Department certification decision.

(i) A certified EMS individual may appeal a Department certification decision as listed in R426-5-2700(6)(d)(i) to the CCEU as per the process established in R426-5-2900.

(7) A certified EMS individual who has been arrested, charged, or convicted shall notify the Department CCEU and all employers or affiliated entities who utilize the EMS individual's certification within 7 business days. The certified EMS individual shall also notify the Department of all entities they work for or are affiliated with.

(8) All licensed or designated EMS providers who are notified or become aware of a certified EMS individual arrest, charge or conviction shall notify the Department CCEU within 7 business days.

R426-5-2800. Review and Investigation by the Complaint, Compliance and Enforcement Unit (CCEU).

(1) The CCEU shall review all complaints filed against an EMS provider and a certified EMS individual.

(a) Complaints shall be in writing and submitted on an approved CCEU complaint form.

(b) Every complaint shall have the complainants contact information and be signed by the complainant.

(2) Designated or licensed provider complaints will be investigated by the CCEU.

(a) The CCEU may conduct interviews with the provider.

(b) The CCEU will allow the provider an opportunity to respond to the allegations and to provide supporting witnesses and documentation.

(c) Based on the investigation, the CCEU will make recommendations to the Department's Bureau Director.

(d) If the CCEU recommendation is that the provider is to be placed on probation or suspension, the CCEU shall recommend terms and conditions.

(e) The Department may take action against a designated or licensed provider's license or designation based on the investigative findings.

(f) The Department shall notify the provider in writing of the Department's decision within 30 days of completion of the investigation.

(3) Certified EMS individual complaints will be investigated either by the CCEU or by the Primary Affiliated Provider (PAP).

(a) The CCEU shall investigate the following complaints against a certified EMS individual.

(i) If the CCEU determines that:

(A) the certified EMS individual demonstrates a threat to him or herself or to a coworker;

(B) the certified EMS individual demonstrates a threat to the public health;

(C) the certified EMS individual demonstrates a threat to the safety or welfare of the public;

(D) the certified EMS individual potentially violated R426-5-2800(4), or

(E) the CCEU determines the risk cannot be reasonably mitigated.

(ii) The Department may place the certified EMS individual on a restricted certification while and investigation is pending until terms are reached for a provisional certification using the process outlined in R426-5-2800(5)(e).

(iii) The CCEU may conduct interviews with all parties necessary. The CCEU will gather information and evidence, which may include requiring the certified EMS individual to submit to a drug or alcohol screening or any other appropriate evaluation.

(iv) The certified EMS individual shall have an opportunity to respond to the allegations and to provide supporting witnesses and documentation.

(v) Once the CCEU has completed its investigation it shall submit the report with all findings and recommendations to the Peer Review Board per R426-5-2900 and the Bureau Director for review.

(vi) While waiting for the Peer Review Board process, the Department shall notify the certified EMS individual in writing of the CCEU's recommendation within 30 days of the completion of the investigation.

(b) The Primary Affiliated Provider shall investigate a complaint against the certified EMS individual who the CCEU refers to the PAP.

(i) The PAP investigation shall:

(A) be investigated by the licensed or designated EMS provider's EMS certified medical training officer or designee;

(B) be completed and findings submitted to the CCEU within 30 calendar days from receipt of complaint from the CCEU;

(ii) If the CCEU determines that the PAP actions are insufficient, the CCEU may initiate an investigation of the certified EMS individual which follows the CCEU and the Peer Review Board process.

(4) The Department shall investigate a certified EMS individual's certification or a provider's license or designation for any of the following:

(a) refusal to submit to a drug test requested by the EMS provider or the Department;

(b) failure to report by an individual or any affiliated provider pursuant to 426-5-2700(7)and(8);

(c) non-prescribed use of or addiction to narcotics or drugs;

(d) use of alcoholic beverages or being under the influence of alcoholic beverages at any level while on call or on duty as an EMS personnel or while driving any EMS vehicle;

(e) being under the influence of a prescribed or non-prescribed medication or drug(legal or illegal) while on call or on duty as a certified EMS individual who affects the person's ability to operate or function safely;

(f) failure to comply with the training, licensing, or relicensing requirements for the license or certification;

(g) failure to comply with a contractual agreement as an EMS instructor, a training officer, or a course coordinator. Action taken by the Department on this item shall only be against the individual's ability to perform this particular function and would not affect their base certification;

(h) fraud or deceit in applying for or obtaining a certification;

(i) fraud, deceit, lack of professional competency, patient abuse, or theft in the performance of the duties as a certified EMS individual;

(j) false or misleading information or failure to disclose criminal background information during an investigation or an EMS Personnel Peer Review Board proceeding;

(k) unauthorized use or removal of narcotics, medications, supplies or equipment from a provider, emergency vehicle or health care facility;

(l) performing procedures or skills beyond the level of certification or providers licensure;

(m) violation of laws pertaining to medical practice, drugs, or controlled substances;

(n) mental incompetence as determined by a court of competent jurisdiction;

(o) demonstrated inability and failure to perform adequate patient care;

(p) inability to provide emergency medical services with reasonable skill and safety because of illness, or as a result of any other mental or physical condition, when the individual's condition demonstrates a clear and unjustifiable threat or potential threat to oneself, coworkers, or the public health, safety, or welfare that cannot be reasonably mitigated;

(q) misrepresentation of an individual's level of certification;

(r) failure of a certified EMS individual to display a clearly identifiable level of medical certification during an EMS response;

(s) unsafe, unnecessary or improper operation of an emergency vehicle that would likely cause concern or create a danger to the general public; or

(t) improper or unnecessary use of emergency equipment.

(5) Background screening referrals may be submitted to the CCEU.

(a) The CCEU shall review any case referred under R426-5-2700.

(b) The CCEU may require the certified EMS individual to provide the proper criminal background documentation.

(c) The certified EMS individual shall notify the CCEU of all entities they work for or are affiliated with or that they may become affiliated with in connection to their EMS certification.

(d) Failure to comply with any CCEU requirements may result in disciplinary action against the certified EMS individual's certification.

(e) The CCEU may negotiate with the certified EMS individual and their primary affiliated provider to determine terms and conditions of the EMS individual's provisional certification.

(i) When the Department determines a certified EMS individual's certification will be restricted, the CCEU shall notify both the certified EMS individual and all providers they are affiliated with.

(ii) Within 2 business days of receiving the complaint or referral, the CCEU will attempt to contact and begin negotiations with the primary affiliated provider and the certified EMS individual. All parties will attempt to determine reasonable terms and conditions to the certified EMS individual's certification that would mitigate the concerns alleged in the complaint or referral.

(iii) If terms and conditions are agreed upon between the parties, the certified EMS individual and all affiliated providers shall be notified immediately. This notification will include that the certified EMS individual is under a provisional certification with terms and conditions until the resolution of any criminal charge or the completion of an investigation.

(iv) If the certified EMS individual is not employed or affiliated with a provider or if terms and conditions are not agreed upon, the CCEU will take action necessary to protect the public's best interest.

(v) The CCEU, the certified EMS individual and the provider, if applicable shall sign the terms of the provisional certification and licensure agreement. Non-licensed providers shall be notified of the provisional certification and its terms and conditions.

(vi) Once the provisional certification has been signed, all known EMS providers who the certified EMS individual is affiliated with will be notified immediately by the CCEU.

(vii) If any affiliated EMS provider or the certified EMS individual fail to abide by the terms and conditions of a provisional certification, both may be subject to sanctions by the Department.

(6) Appeal process;

(a) If a provider chooses to appeal an action by the Department, they may appeal to the EMS Committee or pursue a remedy under the Utah Administrative Procedures Act, 63G-4-201.

(i) If the Department action is appealed to the EMS Committee, then the recommendation shall be given to the Department Executive Director for a final decision.

(b) If a certified EMS individual chooses to appeal an action by the Department, they may appeal to the Executive Director, or pursue a remedy under the Utah Administrative Procedures Act, 63G-4-201.

R426-5-2900. Peer Review Board.

The EMS Personnel Peer Review Board is created under section 26-8a-105(4).

(1) Membership of the EMS Personnel Peer Review Board. The EMS Personnel Peer Review Board shall be composed of the following 15 members appointed by the Executive Director of the Department of Health:

(a) One EMS administrative officer representing a licensed provider from a county of the first or second class;

(b) One EMS administrative officer representing a licensed provider from a county of the third through sixth class;

(c) One educational representative from an accredited EMS training program;

(d) One physician certified and practicing as an EMS Medical Director;

(e) One certified EMD;

(f) Two representatives from professional employee groups, one fire based, and one non-fire based;

(g) Two certified quality assurance/medical training officers;

(h) Two non-supervisory certified EMT's;

(i) Two non-supervisory certified AEMT's;

(j) Two non-supervisory certified Paramedics;

(2) EMS Personnel Peer Review Board member terms of office:

(a) Except as provided in subsection (2)(b) members shall be appointed for a six year term beginning no later than October 1, 2015.

(b) The Department shall adjust the length of terms to ensure the terms of members of the board are staggered so approximately one third of the board is appointed every two years.

(c) No member shall serve consecutive full terms.

(d) When a vacancy occurs in the membership of the board for any reason, the Executive Director of the Department shall appoint the replacement for the balance of the unexpired term. If the balance of the term is greater than 50% of the initial term, then the term shall be considered a full term.

(e) The EMS Personnel Peer Review Board shall organize and select one of its members as Chair and one of its members as Vice Chair to serve no more than two years in each position.

(f) If a board member becomes ineligible for the EMS Personnel Peer Review Board membership position through promotion, an increase in level of certification or transfer out of the employment position which qualified them for the appointment, they shall be replaced at the next two year interval.

(g) An equitable mix of urban and rural members is preferred.

(3) EMS Personnel Peer Review Board Meetings.

(a) Regular meetings of the Peer Review Board shall be scheduled quarterly.

(i) Regular meetings shall be noticed and posted to employers and posted in accordance with the Utah Open and Public Meetings Act, Section 52-4-202.

(ii) Failure to attend three or more consecutive meetings by any member may be grounds for removal of that member and replacement in accordance with subsection (2)(d).

(iii) A member may not receive compensation or benefits from the Department for the member's service. The member may receive per diem and travel expensed in accordance with Department rules and policies.

(4) Once a complaint against a certified EMS individual is investigated, the CCEU shall refer the case and provide a report with all findings and recommendations to the EMS Personnel Peer Review Board.

(5) If the EMS Personnel Peer Review Board chooses to recommend any action that deviates from the CCEU recommendation, the board shall provide written justification for that recommendation.

(6) The EMS Personnel Peer Review Board may make recommendations to the Bureau Director, of:

(a) no Department action, or

(b) a letter of notice, or

(c) probation of the certified EMS individual's certification with specific terms and conditions for a period of time, or

(d) suspension of the certified EMS individual's certification for a defined period of time, or

(e) permanent revocation of the certified EMS individual's certification.

(7) If the Department's Bureau Director modifies the recommended action of the EMS Personnel Peer Review Board, the Director shall attach a written letter of dissent noting the reasoning for the decision. The Bureau Director shall then notify the EMS Personnel Peer Review Board of the dissent and action taken.

(8) The certified EMS individual shall be notified by the Department of any action taken within 15 days of the decision by mail.

(9) An action to restrict, place on probation, suspend, or revoke the certified EMS individual's certification shall be done in accordance with Title 63G, Chapter 4, Administrative Procedures Act.

[R426-5-2700. Penalties:

~~As required by Subsection 63G-3-201(5): Any person that violates any provision of this rule may be assessed a civil money penalty as provided in Section 26-23-6 and/or suspension or revocation of certification(s):~~

[KEY: emergency medical services

Date of Enactment or Last Substantive Amendment: [July 31, 2014]2015

Notice of Continuation: April 26, 2012

Authorizing, and Implemented or Interpreted Law: 26-8a-302

**Human Services, Child and Family
Services
R512-200
Child Protective Services, Intake
Services**

NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 39542

FILED: 07/27/2015

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of this rule modification is to bring the rule in line with current statute and practice.

SUMMARY OF THE RULE OR CHANGE: This rule change is intended to make the rule technically correct with current practice.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 62A-4a-102 and Section 62A-4a-105 and Section 62A-4a-202.6

ANTICIPATED COST OR SAVINGS TO:

◆ **THE STATE BUDGET:** There will be no increase in cost or savings to the state budget because these proposed changes do not increase workload that would require additional staff or other costs.

◆ **LOCAL GOVERNMENTS:** Local governments have no responsibility for services offered by Child and Family Services and are therefore not affected by this rule and will experience no fiscal impact.

◆ **SMALL BUSINESSES:** Small businesses have no responsibility for services offered by Child and Family Services and are therefore not affected by this rule and will experience no fiscal impact.

◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** There is no expected fiscal impact for "persons other than small businesses, businesses, or local government entities" because funding requests for services offered by Child and Family Services come out of already-existing budgets.

COMPLIANCE COSTS FOR AFFECTED PERSONS: Child and Family Services determined that there will be no compliance costs for affected persons because there are no specific costs involved with the changes being made to this rule.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: This rule will have no fiscal impact on businesses.

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

HUMAN SERVICES
CHILD AND FAMILY SERVICES
195 N 1950 W
SALT LAKE CITY, UT 84116
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

◆ Carol Miller by phone at 801-557-1772, by FAX at 801-538-3993, or by Internet E-mail at carolmiller@utah.gov
◆ Julene Robbins by phone at 801-538-4521, by FAX at 801-538-3942, or by Internet E-mail at jhjonessrobbins@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 09/14/2015

THIS RULE MAY BECOME EFFECTIVE ON: 09/21/2015

AUTHORIZED BY: Brent Platt, Director

R512. Human Services, Child and Family Services.**R512-200. Child Protective Services, Intake Services.****R512-200-1. Purpose and Authority.**

- (1) The purpose of Intake Services is:
- (a) To receive and evaluate whether an investigation is needed;
 - (b) Assign for investigation referrals of suspected child abuse, neglect, and dependency.
- (2) Pursuant to Section 62A-4a-105 and 62A-4a-403, Child and Family Services is authorized to provide CPS.
- (3) This rule is authorized by Section 62A-4a-102.

R512-200-2. Definitions.

- (1) The following terms are defined for the purposes of this rule:
- (a) "Child and Family Services" means the Division of Child and Family Services.
 - (b) "CPS" means Child Protective Services.
 - (c) "SAFE" means Child and Family Services' Child Welfare Management Information System.

R512-200-3. Scope of Services.

- (1) Qualification for Services.
- (a) Child and Family Services will maintain a system for receiving referrals or reports about child abuse, neglect, or dependency. The system shall supply Child and Family Services CPS workers with a complete previous Child and Family Services history for each child, including siblings, foster care episodes, all reports of abuse, neglect, or dependency, treatment plans, and casework deadlines.
 - (2) Priority of the referral.
 - (a) Child and Family Services establishes CPS priority time frames as follows:
 - (i) A Priority 1 response shall be assigned when the child referred is in need of immediate protection. Intake will begin to collect information immediately after the completion of the initial contact from the referent. As soon as possible thereafter, Intake will obtain additional information, staff the referral to determine the priority, notify law enforcement, and assign to the Child and Family Services CPS worker. Intake shall provide the Child and Family Services CPS worker with information concerning prior investigations on SAFE. The Child and Family Services CPS worker has as a standard of 60 minutes from the time Intake notifies the worker to initiate efforts to make face-to-face contact with an alleged victim. For a Priority 1R (rural) referral, a Child and Family Services CPS worker has, as a standard, three hours to initiate efforts to make face-to-face contact if the alleged victim is more than 40 miles from the investigator who is assigned to make the face-to-face contact.

(ii) A Priority 2 response shall be assigned when physical evidence is at risk of being lost or the child is at risk of further abuse, neglect, or dependency, but the child does not have immediate protection and safety needs, as determined by the Intake checklist. Intake will begin to collect information as soon as possible after the completion of the initial contact from the referent. As soon as possible Intake will obtain additional information, staff the referral to determine the priority, assign the referral to the Child and Family Services CPS worker, and notify law enforcement. Intake shall give verbal notification to the assigned Child and Family Services CPS worker. Intake shall also provide the Child and Family Services CPS worker with information concerning prior investigations on SAFE. The Child and Family Services CPS worker has, as a standard, 24 hours from the time Intake notifies the worker to initiate efforts to make face-to-face contact with the alleged victim. ~~[Notification of a Priority 2 referral received after normal working hours (8:00 a.m. through 5:00 p.m.) shall occur as early as possible following morning.]~~

(iii) A Priority 3 response shall be assigned when potential for further harm to the child and the loss of physical evidence is low. Prior to transferring the case to a Child and Family Services CPS worker, Intake will obtain additional information, research data sources, staff the referral as necessary, determine the priority, complete documentation including data entry, make disposition to CPS, and notify law enforcement. Intake shall also provide the Child and Family Services CPS worker with information concerning prior investigations on SAFE. The Child and Family Services CPS worker will make the face-to-face contact with the alleged victim ~~[within a reasonable period of time]~~ by the end of the third business day.

(3) If Child and Family Services received a report concerning a runaway child, Intake will gather information to determine if there is an allegation of abuse, neglect, or dependency that requires a CPS referral or will refer the caller to contact a youth services agency in accordance with Section 62A-4a-501.

(4) Out-of-State Abuse or Neglect Report.

(a) Child and Family Services will take reasonable steps to ensure that reports of abuse or neglect are referred for investigation to the appropriate out-of-state agency and shall take reasonable steps to adequately protect children in Utah who were victims of abuse in another state or country from the alleged perpetrator.

(b) When the referent identifies an incident of abuse or neglect that occurred outside Utah but the child is in Utah at the time of the referral, the Child and Family Services CPS worker shall:

(i) Obtain all the information needed to complete a referral.

(ii) Determine whether the child is at risk of abuse or neglect from the alleged perpetrator.

(iii) Contact the CPS agency in the state where the incident of abuse occurred and complete the referral process of that state.

(iv) Assign the referral to a Child and Family Services CPS worker for a courtesy interview and coordination with the other state's investigation, when requested.

(v) In domestic violence related child abuse cases, recognize another state's protective order.

~~[(vi) If the other state refuses to open an investigation or the investigation is contrary to the evidence acquired in Utah, the referral shall be assigned to a Child and Family Services CPS worker for investigation. The Child and Family Services CPS worker completing the investigation shall review the case with the Attorney General's Office for assistance with jurisdictional issues.]~~

] (5) When a referent identifies an incident of abuse or neglect that occurred in Utah, and the child is not in Utah at the time of the referral, the Intake worker shall:

(a) Obtain all the information needed to complete a referral.

(b) Determine the location of the child and the length of time the child will be at their current location. If the child will be outside the state of Utah longer than 30 days, a request for courtesy casework will be made in the state where the child is currently located.

(c) If the child is determined to be at risk, a request will be made for courtesy casework within the priority time frame.

(6) The Department of Health Child Care Licensing unit and/or the Department of Human Services Office of Licensing and appropriate Child and Family Services staff shall be notified by Intake when Child and Family Services receives a referral for an allegation of child abuse, neglect, or dependency against a licensed child care provider or out-of-home care provider. The referral shall be forwarded to the assigned personnel for conflict of interest investigations when the allegation involves a child living in substitute care while in protective custody or temporary custody of Child and Family Services, or any other Child and Family Services conflict of interest in accordance with Section 62A-4a-202.6.

(7) Availability.

(a) CPS are available in all geographic regions of the state.

KEY: social services, child welfare, domestic violence, child abuse
Date of Enactment or Last Substantive Amendment: [August 11, 2010]2015

Notice of Continuation: April 8, 2013

Authorizing, and Implemented or Interpreted Law: 62A-4a-102; 62A-4a-105; 62A-4a-202.6

Insurance, Administration **R590-238** Captive Insurance Companies

NOTICE OF PROPOSED RULE (Amendment)

DAR FILE NO.: 39555

FILED: 07/30/2015

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: This amendment clarifies a number of items and adds new requirements for captive insurance companies that operate within Utah.

SUMMARY OF THE RULE OR CHANGE: The rule change creates a definition for the term "Captive Insurance Manager", adds a requirement that captive insurance companies file their annual statements online, clarifies reporting requirements, extends the work paper holding period for auditors, and corrects a reference.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 31A-37-106 and Subsection 31A-2-201(3)(a)

ANTICIPATED COST OR SAVINGS TO:

◆ THE STATE BUDGET: The Insurance Department has already used funds to create an online filing process and database, and there are no additional costs anticipated at the moment. There will be savings, however; the new filing process will result in an approximate 5% savings in labor costs for the Department as it reviews annual statements.

◆ LOCAL GOVERNMENTS: The changes in this amendment all take place at the state level, so there will be no costs or savings for local government.

◆ SMALL BUSINESSES: Auditors will have some additional cost in file storage (the amendment requires that files be stored for an additional two years), and captive insurance managers will have a learning curve in implementing the new reporting method. In the long run, however, auditors and captive managers will save money because they will not have to input prior year information or purchase any software programs to report properly.

◆ PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES: The company that provided the prior software used for filing annual statements will no longer receive that revenue.

COMPLIANCE COSTS FOR AFFECTED PERSONS: There will be a small increase in costs initially, but the future will bring greater cost savings due to greater efficiency.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: These changes should create goodwill within the industry and ultimately bring more business to Utah. While there have been some initial costs in programming and form development, over time the cost savings will be worth the amount invested to make the changes. The Captive Division will be able to perform more work with the same staff as the captive market continues to grow.

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:

◆ Steve Gooch by phone at 801-538-3803, by FAX at 801-538-3829, or by Internet E-mail at sgooch@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 09/14/2015

THIS RULE MAY BECOME EFFECTIVE ON: 09/21/2015

AUTHORIZED BY: Todd Kiser, Commissioner

R590. Insurance, Administration.

R590-238. Captive Insurance Companies.

R590-238-1. Authority.

This rule is promulgated pursuant to the general rulemaking authority granted the insurance commissioner by Subsection 31A-2-201(3)(a) and the specific authority granted by Section 31A-37-106.

R590-238-2. Purpose and Scope.

The purpose of this rule is to set forth the financial, reporting, record-keeping, and other requirements which the commissioner deems necessary for the regulation of captive insurance companies, under the Captive Insurance Companies Act (the Act), Chapter 37, Title 31A. This rule applies to all captive insurance companies licensed under the Act.

R590-238-3. Definitions.

(1) The definitions in Sections 31A-1-301 and 31A-37-102 apply to this rule.

(2) "Company" means a captive insurance company as defined in Section 31A-1-301.

(3) "Work Papers" or "working papers" include, but are not necessarily limited to, schedules, analyses, reconciliations, abstracts, memoranda, narratives, flow charts, copies of company records or other documents prepared or obtained by the accountant and the accountant's employees in the conduct of their audit of the company.

(4) "Captive Insurance Manager" means a person that:
(a) is on the Utah Approved Captive Management Firms list;

(b) pursuant to a written contract with a captive insurance company, provides and coordinates services including but not limited to:

(i) accounting;

(ii) statutory filings;

(iii) signed annual statements; and

(iv) coordination of related services;

(c) acts as an intermediary that facilitates and assists the captive in meeting its statutory requirements under Title 31A.

R590-238-4. Annual Reporting Requirements.

(1) A captive insurance company authorized in this state shall file an annual report of its financial condition with the commissioner as required by Section 31A-37-501. The report shall be verified by oath of ~~two~~one of its executive officers and the captive manager and shall be prepared using generally accepted accounting principles ("GAAP"). The annual report ~~may~~shall be filed electronically consistent with directions from the commissioner.

(2) ~~[An association captive insurance company, a sponsored captive insurance company, and an industrial insured.]~~A captive insurance company shall observe the requirements of Section 31A-4-113 when ~~they file~~it files an annual report ~~on~~of its financial condition. In addition, an industrial insured group shall observe the requirements of Section 31A-4-113.5 when it files an annual report.

~~_____ (3) All captive insurance companies, except those noted in Subsection R590-238-4(2), are to use the "Captive Insurance Company Annual Statement Form."~~

_____ (3) All captive insurance companies are to use the "Captive Insurance Company Annual Statement Form" except Risk Retention Group (RRG) insurers and special purpose financial captives which shall use the NAIC's Annual and Quarterly Statements.

~~(4) The [Report of the Financial Condition]Captive Insurance Company Annual Statement shall include a statement of a qualified Actuary [en]titled "Statement of Actuarial Opinion," setting forth his or her opinion relating to loss and loss adjustment expense reserves.~~

R590-238-5. Risk Limitation.

(1) The commissioner may limit the net amount of risk a captive insurance company retains for a single risk after considering the impact of the retention on the captive insurance company's capital and surplus.

(2) The commissioner may also prescribe and demand additional capital and surplus of any captive insurance company if he determines that the captive insurance company is not adequately capitalized for the type, volume and nature of the risk that is being covered by the captive insurance company.

R590-238-6. Annual Audit.

(1) All companies shall have an annual audit by an independent certified public accountant, approved by the commissioner, and shall file such audited financial report with the commissioner on or before June 30 for the preceding year. Financial statements furnished under this section shall be prepared in accordance with generally accepted auditing standards as determined by the American Institute of Certified Public Accountants ("AICPA").

(2) The annual audit report shall be considered part of the company's annual report of financial condition except with respect to the date by which it must be filed with the commissioner.

(3) The annual audit shall consist of the following:

(a) Opinion of Independent Certified Public Accountant

(i) Financial statements furnished pursuant to this section shall be examined by independent certified public accountants in accordance with generally accepted auditing standards as determined by the AICPA.

(ii) The opinion of the independent certified public accountant shall cover all years presented.

(iii) The opinion shall be addressed to the company on stationery of the accountant showing the address of issuance, shall bear original manual signatures and shall be dated.

(b) Report of Evaluation of Internal Controls

(i) This report shall include an evaluation of the internal controls of the company relating to the methods and procedures used in the securing of assets and the reliability of the financial records, including but not limited to, controls as the system of authorization and approval and the separation of duties.

(ii) The review shall be conducted in accordance with generally accepted auditing standards and the report shall be filed with the commissioner.

(c) Accountant's Letter

The accountant shall furnish the company, for inclusion in the filing of the audited annual report, a letter stating:

(i) that he is independent with respect to the company and conforms to the standards of his profession as contained in the Code of Professional Ethics and pronouncements of the AICPA and pronouncements of the Financial Accounting Standards Board;

(ii) the general background and experience of the staff engaged in the audit, including their experience in auditing captive or other insurance companies;

(iii) that the accountant understands that the audited annual report and his opinions thereon will be filed in compliance with this rule.

(iv) that the accountant consents to the requirements of R590-238-10;

(v) that the accountant consents and agrees to make the work papers as defined in R590-238-3(3) available for review by the commissioner, his designee or his appointed agent; and

(vi) that the accountant is properly licensed by an appropriate state licensing authority.

(d) Financial Statements

(i) The financial statements required shall be as follows:

(A) balance sheet;

(B) statement of gain or loss from operations;

(C) statement of changes in financial position;

(D) statement of cash flow;

(E) statement of changes in capital paid up, gross paid in and contributed surplus and unassigned funds (surplus); and

(F) notes to financial statements.

(ii) The notes to financial statements shall be those required by GAAP and shall include:

(A) a reconciliation of differences, if any, between the audited financial report and the statement or form filed with the commissioner;

(B) a summary of ownership and relationship of the company and all affiliated corporations or companies insured by the captive; and

(C) a narrative explanation of all material transactions with the company. For purposes of this provision, no transaction shall be deemed material unless it involves 3% or more of a company's admitted assets as of the December 31 next preceding.

(e) Certification of Loss Reserves and Loss Expense Reserves of the company's opining actuary

(i) The annual audit shall include an actuarial opinion as to the reasonableness of the company's loss reserves and loss expense reserves, unless waived by the commissioner.

(ii) The individual who certifies as to the reasonableness of reserves shall be approved by the Commissioner and shall be a Fellow or Associate of the Casualty Actuarial Society and a member in good standing of the American Academy of Actuaries, for property and casualty companies or a Fellow or Associate of the Society of Actuaries and a member in good standing of the American Academy of Actuaries for life and health companies.

(4) Certification under Subsection R590-238-6(3)(e) shall be in such form as the commissioner deems appropriate.

R590-238-7. Designation of Independent Certified Public Accountant.

(1) A certified public accountant that is retained to conduct the independent annual audit may only be appointed from the list of approved certified public accounting firms or individual certified public accountants maintained by the commissioner.

(2) A company that terminates the appointment of an independent certified public accountant retained to conduct the annual audit required in this rule shall report the name and address of the certified public accountant in writing to the commissioner within ninety days after the appointment is terminated and shall within the same period report the name and address of the certified public accountant that is subsequently retained.

R590-238-8. Notification of Adverse Financial Condition.

A company shall require its certified public accountant to immediately notify an officer and all members of the board of directors of the company in writing of any determination by the independent certified public accountant that the company has materially misstated its financial condition in its report to the commissioner. The company shall furnish such notification to the commissioner within five working days of receipt thereof.

R590-238-9. Additional Deposit Requirement.

(1) Whenever the commissioner deems that the financial condition of a company warrants additional security, the commissioner may require the company to deposit, in trust for the company, cash, securities approved by the commissioner, or an irrevocable letter of credit issued by a bank chartered by the State of Utah or a member bank of the Federal Reserve System with the commissioner.

(2) The commissioner shall return the deposit or letter of credit of a company if the company ceases to do any business only after being satisfied that all obligations of the company have been discharged.

(3) A company may receive interest or dividends from the deposit or exchange the deposits for others of equal value with the approval of the commissioner.

R590-238-10. Availability and Maintenance of Working Papers of the Independent Certified Public Accountant.

(1) Each company shall require its independent certified public accountant to make all work papers prepared in the conduct of the audit of the company available for review by the commissioner or his appointed agent. The company shall require that the accountant retain the audit work papers for a period of not less than ~~five~~seven years after the period reported upon.

(2) The review by the commissioner shall be considered an official investigation by the commissioner and all working papers obtained during the course of such investigation shall be confidential business papers and shall be classified as business confidential protected records. The company shall require that the independent certified public accountant provide photocopies of any of the working papers that the department considers relevant. The department may retain any photocopies of working papers.

R590-238-11. Documentation Required to be Held in Utah by Licensed Captives.

(1) All companies licensed by the commissioner as a captive insurance company, shall maintain and make ready for inspection and examination by the commissioner, or the commissioner's agent, any and all documents pertaining to the formation, operation, management, finances, insurance, and reinsurance of each company.

(2) Original documents may be kept in the offices of the company's captive manager, the company's parent, or the company itself. Accurate and complete copies shall be held in an office located in Utah that is designated by the company and approved by the commissioner.

R590-238-12. Reinsurance.

(1) Any company authorized to do business in this state may take credit for reserves on risks ceded to a reinsurer subject to the following limitations:

(a) No credit shall be allowed for reinsurance where the reinsurance contract does not result in the transfer of the risk or liability to the reinsurer.

(b) No credit shall be allowed, as an asset or a deduction from liability, to any ceding insurer for reinsurance unless the reinsurance is payable by the assuming insurer on the basis of the liability of the ceding insurer under the contract reinsured without diminution because of the insolvency of the ceding insurer.

(2) Reinsurance under this section shall be effected through a written agreement of reinsurance setting forth the terms, provisions and conditions governing such reinsurance.

(3) The commissioner, in his discretion, may require that complete copies of all reinsurance treaties and contracts be filed and approved by him.

R590-238-13. Service Providers.

No person shall act, in or from this state, as a[~~n~~] captive insurance manager, broker, agent, or salesman, or reinsurance intermediary for captive business without the authorization of the commissioner. Application for such authorization must be on a form prescribed by the commissioner.

R590-238-14. Directors.

(1) Every company shall report any change in its executive officers or directors to the commissioner within thirty days after a change is made, including, in its report, a biographical affidavit of any new executive officer or director.

(2) No director, officer, or employee of a company shall, except on behalf of the company, accept, or be the beneficiary of, any fee, brokerage, gift, or other emolument because of any investment, loan, deposit, purchase, sale, payment or exchange made by or for the company. Such person may receive reasonable compensation for necessary services rendered to the company in his or her usual private, professional or business capacity.

(3) Any profit or gain received by or on behalf of any person in violation of this section shall inure to and be recoverable by the company.

R590-238-15. Conflict of Interest.

(1) Each company licensed in Utah is required to adopt a conflict of interest statement for officers, directors and key employees. The statement shall disclose that the individual has no outside commitments, personal or otherwise, that would divert him from his duty to further the interests of the company he represents but this shall not preclude a person from being a director or officer in more than one insurance company.

(2) Each officer, director, and key employee shall file a yearly disclosure with the board of directors.

R590-238-16. Acquisition of Control of or Merger with Domestic Company.

The acquisition of control of or merger of a domestic captive insurance company shall be regulated pursuant to Section 31A-16-103, notwithstanding the Commissioner may waive or modify the requirements for public notice and hearing when the Commissioner concludes the public hearing is not necessary due to limited public interest in the change of control.

R590-238-17. Suspension or Revocation.

(1) The commissioner may by order suspend or revoke the license of a company or place the same on probation on the following grounds:

- (a) the company has not commenced business according to its plan of operation within two years of being licensed;
- (b) the company has ceased to carry on insurance business in or from within Utah;
- (c) at the request of the company; or
- (d) any reason provided in Section 31A-37-505.

(2) Before the commissioner takes any action set forth under R590-238-17(1) the commissioner shall give the company notice in writing of the grounds on which the commissioner proposes to act, and shall afford the company a hearing as to such proposed action in accordance with Title 63G, Chapter 4, Utah Administrative Procedures Act.

R590-238-18. Change of Information in Initial Application.

(1) Any material change in a company's business plan that was filed with the commissioner at the time of initial application and any subsequent amendment of the plan requires prior approval of the commissioner.

(2) Any change in any other information filed with the initial application must be filed with the commissioner within sixty days after the change, but does not require prior approval.

(3) The company shall immediately notify the commissioner upon making changes in board members or officers of the company.

R590-238-19. Application and Forms.

(1) Any person that wants to form a captive insurance company shall make application to the commissioner for authority to conduct a captive insurance company using the form, "Application to Form a Captive Insurance Company."

(2) ~~[Two]~~ One complete ~~[copies]~~ copy of the application including forms, attachments, exhibits and all other papers and documents filed as a part thereof, ~~[accompanied by the appropriate filing fee,]~~ shall be filed ~~[in writing or online]~~ electronically with the commissioner through the captive.utah.gov website. ~~[A written application, including all required attachments and information,]~~ Accompanying payments may be filed by personal delivery or mail addressed to: Office of the Commissioner, Utah Insurance Department, State Office Building, Room 3110, Salt Lake City, Utah 84114-6901, Attention: Captive Insurance Administrator, or call and pay by credit card.

(3) ~~[At least one of the copies of the]~~ The application shall be signed in the manner prescribed in the application. If the signature of any person is affixed pursuant to a power of attorney or other similar authority, a copy of such power of attorney or other authority shall also be filed with the application.

(4) A company must include with its application, a feasibility study demonstrating the feasibility of the business plan of the company. The department may test the feasibility of the study by examining the company's corporate records, including: charter; bylaws and minute books; verification of capital and surplus; verification of principal place of business; determination of assets and liabilities; and other factors as the commissioner deems necessary.

R590-238-20. Fee Schedule. Initial Application. Renewal.

(1) An applicant for a certificate of authority under the captive insurance code shall pay a nonrefundable fee established in the department's fee rule, R590-102-~~[7]8~~ for examining, investigating, and processing its initial application for license to the commissioner at the time the application is filed.

(2) In addition, each company that is licensed by the commissioner shall pay a license fee, without proration, for the initial year of registration and a renewal fee for each succeeding year in the amount established in the department's fee rule, R590-102-~~[7]8~~.

(3) Each company shall pay an annual nonrefundable e-commerce ~~[and]~~ (internet technology services) fee each year in the amount established in the department's fee rule, R590-102-~~[44]~~ ~~(b)~~ 18(1)(b) to the commissioner.

(4) Each captive insurance company shall pay a nonrefundable fee in the amount established in the department's fee rule, R590-102 for photocopies of documents to the commissioner.

R590-238-21. Authorized Forms.

(1) The following forms are to be used for any applicant applying for a certificate of authority for a new captive insurance company and may be obtained from the department's captive administrator at (801)537-9174 or (801)537-9047:

- (a) "Application to Form A Captive Insurance Company;"
- (b) "Biographical Affidavit For Captive Insurance Company;"
- (c) "Utah Insurance Department Captive Insurance Company Reinsurance Exhibit;"
- (e) "Utah Approved Irrevocable Letter of Credit;"
- (f) "Statement if Economic Benefit to the State of Utah;"

and

- (g) "Appointment Of The Insurance Commissioner For The State Of Utah As Attorney To Accept Service of Process."

(2) The following forms are to be used when applying to become an Approved captive insurance company provider and are available on the department's captive website:

- (a) "Application for Placement on Approved Captive Insurer Management Firm List;"
- (b) "Application To Certify Loss And Expense For Captive Insurance Companies Captive Actuary Application;" and
- (c) "Application For Authorization As An Independent Certified Public Accountant for Captive Insurance Companies."

(3) All captive insurance companies, except those noted in R590-238-4(2), are to use the "Captive Insurance Company Annual Statement Form."

(4) A company shall file a "Statement of Economic Benefit to the State of Utah" form with its initial application and for each of the 12 months ending December 31, of each applicable year.

(5) The forms indicated in Sections (2), (3), and (4) are available on the department's captive website, www.captive.utah.gov/licensing.html.

R590-238-22. Severability.

If any provision of this rule or its application to any person or circumstance is, for any reason, held to be invalid, the remainder of this rule and its application to other persons and circumstances are not ~~effected~~ affected.

KEY: captive insurance

Date of Enactment or Last Substantive Amendment: ~~[August 25, 2008]~~ 2015

Notice of Continuation: May 2, 2012

Authorizing, and Implemented or Interpreted Law: 31A-2-201; 31A-37-106

Insurance, Administration
R590-269
Individual Open Enrollment Period

NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 39520

FILED: 07/16/2015

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of this amendment is to standardize the open enrollment period for non-exchange individual health benefit plans to the open enrollment period for the on-exchange individual plans of the federally facilitated marketplace.

SUMMARY OF THE RULE OR CHANGE: The changes provide start dates for coverage, which are dependent on when the application for insurance is made. It aligns the enrollment periods for all individual health benefit plans.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Subsection 31A-30-117(1)(c)

ANTICIPATED COST OR SAVINGS TO:

◆ **THE STATE BUDGET:** There is no anticipated cost or savings to the state budget because the change merely brings enrollment dates into alignment. Because it standardizes the statute across years, it could reduce hours spent by state resources in revising and refilling the rule each year.

◆ **LOCAL GOVERNMENTS:** There is no anticipated cost or savings to the local budget because the change merely brings enrollment dates into alignment.

◆ **SMALL BUSINESSES:** There is no anticipated cost or savings to small businesses because the change merely brings enrollment dates into alignment and it is focused on the individual market.

◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** There is no anticipated cost or savings to other persons because the change merely brings enrollment dates into alignment.

COMPLIANCE COSTS FOR AFFECTED PERSONS: There are no costs for affected persons because the change merely brings enrollment dates into alignment.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: There will be no adverse fiscal impact on businesses. The change only provides clarity to insurers in enrollment and the effective dates of coverage.

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:

◆ Steve Gooch by phone at 801-538-3803, by FAX at 801-538-3829, or by Internet E-mail at sgooch@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 09/14/2015

THIS RULE MAY BECOME EFFECTIVE ON: 09/22/2015

AUTHORIZED BY: Todd Kiser, Commissioner

R590. Insurance, Administration.

R590-269. Individual Open Enrollment Period.

R590-269-1. Authority.

This rule is promulgated pursuant to Subsection 31A-30-117(1)(c) wherein the commissioner is directed to adopt a rule to establish one statewide open enrollment period for the individual insurance market that is not part of the Federally Facilitated Marketplace.

R590-269-2. Purpose and Scope.

(1) The purpose of this rule is to establish an open enrollment period for a carrier that offers an individual health benefit plan outside the Federally Facilitated Marketplace.

(2) This rule applies to a carrier that offers an individual health benefit plan outside the Federally Facilitated Marketplace with an effective date on or after January 1, 2014.

R590-269-3. Definitions.

In addition to the definitions in Sections 31A-1-301 and 31A-30-103, the following definitions apply for the purpose of this rule.

(1) "Federally Facilitated Marketplace" means an exchange set up by the federal government to facilitate the purchase of individual health insurance in accordance with the Patient Protection and Affordability Care Act (PPACA).

(2) "Qualifying life event" means an event that triggers a special enrollment period because an individual or dependent:

(a) loses minimum essential coverage;

(b) gains a dependent or becomes a dependent through marriage, birth, adoption or placement for adoption;

(c) enrollment or non-enrollment is unintentional, inadvertent, or erroneous and is the result of the error, misrepresentation, or inaction of an officer, employee or agent of an exchange or the United States Department of Health and Human Services, or its instrumentalities as evaluated and determined by an exchange;

(d) adequately demonstrates to the individual carrier that the health benefit plan in which he or she is previously enrolled substantially violated a material provision of its contract in relation to the enrollee;

(e) is newly ineligible for advance payment of premium tax credits; or

(f) permanently moves into a new service area.

(2)(a) "Loss of minimum essential coverage" means those circumstances described in 26 CFR 54.9801-6(a)(3)(i) through (iii).

(b) Loss of minimum essential coverage does not include termination or loss due to:

(i) failure to pay premiums on a timely basis, including COBRA premiums prior to expiration of COBRA coverage; or

(ii) situations allowing for a rescission as specified in 45 CFR 147.128.

R590-269-4. Open and Special Enrollment Periods.

~~(1)(a)(i) Except as otherwise provided herein, the initial~~
The open enrollment period for an individual health benefit plan outside the Federally Facilitated Marketplace ~~is October 1, 2013 through March 31, 2014~~ will coincide with the open enrollment period for the Federally Facilitated Marketplace.

~~(ii) The open enrollment period in Subsection (a)(i) shall be extended to be consistent with the open enrollment period for the Federally Facilitated Marketplace if the United States Department of Health and Human Services extends the open enrollment period for the Federally Facilitated Marketplace beyond March 31, 2014.~~

~~(iii)(A) Coverage begins on January 1, 2014 for individuals who enroll on or before December 15, 2013.~~

~~(b) Open enrollment period coverage begins on:~~

~~(i) January 1 for individuals who enroll on or before December 15;~~

~~(B) After December 15, 2013, if an individual enrollment occurs between the first and the fifteenth of the month, coverage is effective the first day of the following month. If enrollment occurs between the sixteen and the last day of the month, then coverage is effective the first day of the second following month.~~

~~(ii) the first day of the following month, for individuals who enroll between the first and the fifteenth of the month; and~~

~~(iii) the first day of the second following month for individuals who enroll between the sixteenth and the last day of the month.~~

~~(b) The open enrollment period for 2015 is November 15, 2014 through February 15, 2015.~~

~~(c) The open enrollment period for subsequent years will be the open enrollment period as established by the United States Department of Health and Human Services.~~

(2)(a) An individual carrier shall offer to an individual experiencing a qualifying life event, a special enrollment period for at least 60 days.

(b) In the case of birth, adoption or placement for adoption, the coverage is effective on the date of:

(i) birth;

(ii) adoption; or

(iii) placement for adoption

(c) Coverage is effective the first day of the month following the date the ~~insurer~~ carrier receives the request for special enrollment in the case of:

(i) marriage;

(ii) an individual or dependent loses minimum essential coverage;

(iii) an individual or dependent's enrollment or non-enrollment is unintentional, inadvertent, or erroneous and is the result of the error, misrepresentation, or inaction of an officer, employee or agent of an exchange or the United States Department of Health and Human Services, or its instrumentalities as evaluated and determined by an exchange ;

(iv) an individual adequately demonstrates to the individual carrier that the health benefit plan in which he or she is previously enrolled substantially violated a material provision of its contract in relation to the enrollee; or

(v) an individual permanently moves into a new service area.

~~(3) Nothing in this rule prohibits an insurer from offering open or special enrollment periods in addition to the open and special enrollment periods required by this rule.~~

R590-269-5. Penalties.

A person found to be in violation of this rule shall be subject to penalties as provided under Section 31A-2-308.

R590-269-6. Enforcement Date.

~~The commissioner will begin enforcing this rule 30 days from the rule's effective date.~~

R590-269-7. Severability.

If any provision of this rule or its application to any person or circumstances is for any reason held to be invalid, the remainder of the rule and the application of the provision to other persons or circumstances shall not be affected thereby.

KEY: individual open enrollment period

Date of Enactment or Last Substantive Amendment: ~~June 2, 2014~~ 2015

Authorizing, and Implemented or Interpreted Law: 31A-30-117(1)(c)

Pardons (Board of), Administration
R671-204
Hearing Continuances

NOTICE OF PROPOSED RULE

(New Rule)
DAR FILE NO.: 39545
FILED: 07/27/2015

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The sentencing guidelines published by the Sentencing Commission specify the guidelines apply unless a hearing is continued according to Board rule. A rule must be enacted to comply with the sentencing guidelines.

SUMMARY OF THE RULE OR CHANGE: The rule defines the conditions when a hearing may be continued and limits the time a hearing may be continued without a majority vote of the Board. The rule prohibits continuing a hearing beyond the expiration of the sentence. (DAR NOTE: A proposed 120-day (emergency) Rule R671-204 that is effective as of 07/27/2015 is under DAR No. 39544 in this issue, August 15, 2015, of the Bulletin.)

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 77-27-7

ANTICIPATED COST OR SAVINGS TO:

- ◆ THE STATE BUDGET: The Board currently continues hearings by practice but does not have a rule in place. The rule creates more transparency about how the Board operates but will not increase costs or create savings.
- ◆ LOCAL GOVERNMENTS: Local governments do not participate in Board hearings and will not be affected by this rule.
- ◆ SMALL BUSINESSES: This rule governs how the Board continues hearings. No requirements are imposed on small business. Small business does not participate in Board hearings.
- ◆ PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES: The rule creates an avenue for an inmate or victim to request a continuance of a hearing.

COMPLIANCE COSTS FOR AFFECTED PERSONS: The Board does not charge for hearings or continuances. There are no compliance costs.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: Parole hearings are conducted with individuals in prison. Businesses do not have a role in the parole hearing.

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

ADMINISTRATION
ROOM 300
448 E 6400 S
SALT LAKE CITY, UT 84107-8530
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

◆ Greg Johnson by phone at 801-261-6454, by FAX at 801-261-6481, or by Internet E-mail at gregjohnson@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 09/14/2015

THIS RULE MAY BECOME EFFECTIVE ON: 09/21/2015

AUTHORIZED BY: Angela Micklos, Chair

R671. Pardons (Board of), Administration.

R671-204. Hearing Continuances.

R671-204-1. Permissible Hearing Continuances.

Board hearings may be continued:

(1) to inquire into, investigate, assess, or respond to any issue associated with a:

(a) possible lack of competency of the offender, pursuant to Utah Code Ann. Sections 77-15-2, 77-15-3 or Utah Admin. Rule R671-206; or

(b) mentally ill offender whose mental health has deteriorated to a point where the offender has been transferred to the state hospital, or whose mental illness renders the offender unable to attend, understand, or appropriately participate in a hearing, pursuant to Utah Code Ann. Sections 62A-15-605, 62A-15-605.5, 77-16a-204, Utah R. Admin. P. R207-1, R207-2 or R671-207;

(2) when the offender is not available for the hearing due to medical or mental health reasons;

(3) to allow an offender who has been determined by the Board to be unable to effectively represent themselves to obtain assistance at the hearing, pursuant to Utah R. Admin. P. R671-308;

(4) to allow for the personal appearance of the offender if the offender is unable to appear at the hearing as scheduled;

(5) upon the request of a victim of record who desires to participate in the hearing, pursuant to Utah R. Admin. P. R671-203, but who cannot reasonably attend the hearing as scheduled;

(6) to await the adjudication or resolution of new or additional criminal charges;

(7) to conduct a parole violation evidentiary hearing, pursuant to Utah R. Admin. P. R671-517;

(8) at the motion or request of the offender or an attorney representing the offender, with a written waiver and stipulation for the continuance;

(9) when the Board determines that new, additional, critical, or material information necessary for a full, fair, accurate, and complete hearing has not been received and will not be received by the scheduled hearing; or

(10) when the Board finds that a continuance is in the interest of justice, procedural economy, or is necessary because of transportation, technical, security, or other issues beyond the control of the Board.

R671-204-2. Limitations.

(1) Staff may not reschedule or continue original hearings, rescission hearings, or rehearings beyond 90 days unless a majority of the Board concurs with the continuance.

(2) No hearing may be continued beyond an offender's sentence expiration date.

KEY: continuances, hearings, parole**Date of Enactment or Last Substantive Amendment: 2015****Authorizing, and Implemented or Interpreted Law: Art. VII, Sec. 12; 63G-3-201(3); 77-27-5; 77-27-7; 77-27-9**

Workforce Services, Employment
Development
R986-900-902
Options and Waivers

NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 39557

FILED: 07/30/2015

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of this amendment is to encourage employment and provide consistency.

SUMMARY OF THE RULE OR CHANGE: The Department has found this provision is not being applied consistently. It is believed if this exemption is taken out of the rule, clients will return to work more quickly.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 35A-1-104 and Subsection 35A-1-104(4)

ANTICIPATED COST OR SAVINGS TO:

◆ THE STATE BUDGET: This applies to federally-funded programs so there are no costs or savings to the state budget.

◆ LOCAL GOVERNMENTS: This applies to federally-funded programs so there are no costs or savings to local governments.

◆ SMALL BUSINESSES: There will be no costs to small businesses to comply with these changes because this is a federally-funded program.

◆ PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES: There will be no costs to persons other than small businesses, businesses or local government entities to comply with these changes because there are no costs or fees associated with these proposed changes.

COMPLIANCE COSTS FOR AFFECTED PERSONS: There are no compliance costs for this change to anyone, including persons affected by this change.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: There are no compliance costs associated with this change. There are no fees associated with this change. There will be no cost to anyone to comply with these changes. There will be no fiscal impact on any business.

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

WORKFORCE SERVICES
EMPLOYMENT DEVELOPMENT
140 E 300 S
SALT LAKE CITY, UT 84111-2333
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

◆ Suzan Pixton by phone at 801-526-9645, by FAX at 801-526-9211, or by Internet E-mail at spixton@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 09/14/2015

THIS RULE MAY BECOME EFFECTIVE ON: 09/21/2015

AUTHORIZED BY: Jon Pierpont, Executive Director

R986. Workforce Services, Employment Development.**R986-900. Food Stamps.****R986-900-902. Options and Waivers.**

The Department administers the Food Stamp Program in compliance with federal law with the following exceptions or clarifications:

(1) The following options not otherwise found in R986-100 have been adopted by the Department where allowed by the applicable federal law or regulation:

(a) The Department has opted to hold hearings at the state level and not at the local level.

(b) The Department does not offer a workfare program for ABAWDs (Able Bodied Adults Without Dependents).

(c) An applicant is required to apply.

(d) The Department has opted to use the Simplified Standard Utility Allowance found in 7 USC 2014(e)(7)(C)(iii) as amended by 2002 H.R. 2646 known as Section 4104 of the Farm Bill. The Department has a mandatory standard utility allowance. This means the customer is eligible for an appropriate utility allowance at the time of application and eligibility for the appropriate allowance is re-determined at recertification or if the household moves to a different place of residence. The customer does not have the choice of using "actual" utility expenses. The Department has three utility standards that are updated annually and

are available upon request. This Farm Bill option allows households in subsidized housing and households in shared living arrangements to receive the full appropriate utility allowance.

(e) The Department does not use photo ID cards. ID cards are available upon request to homeless, disabled, and elderly clients so that the client is able to use food stamp benefits at a participating restaurant.

(f) The state has opted to provide food stamp benefits through the use of an electronic benefit transfer system (EBT).

(g) The Department counts diversion payments in the food stamp allotment calculation.

(h) The Department has opted to use Utah's TANF vehicle allowance rules in conjunction with the Food Stamp Program vehicle allowance regulations at 7 CFR 273.8, as authorized by Pub. L. No. 106-387 of the Agriculture Appropriations Act 2001, Food Stamp Act of 1977, 7 USC 2014.

(i) The Department has opted to count all of an ineligible alien's resources and all but a pro rata share of the ineligible alien's income and deductible expenses as provided in 7 CFR 273.11(c)(3)(ii)(A).

(j) A client may waive his or her right to an administrative disqualification hearing.

(k) A client may deduct actual, allowable expenses from self employment, or may opt to deduct 40% of the gross income from self employment to determine net income.

(l) The Department has opted to align food stamps with FEP in determining how to count educational assistance income. That income is counted for food stamps as provided in R986-200-235(3)(q).

(m) The Department has opted to do simplified reporting as provided in 7 CFR 273.12(a)(1)(vii).

(n) The Department has opted to operate a Mini Simplified Food Stamp Program under 7 CFR 273.25. Under this option, a client receiving food stamps and FEP or FEPT, must participate as required in R986-200-210. A client found ineligible due to non-compliance under R986-200-212 will also be subject to the food stamp sanctions found in 7CFR 273.7(f)(2) unless the client meets an exemption under food stamp regulations.

(o) Effective July 1, 2010, the Department will count the full income of an ineligible alien household member for both the gross and net income tests and for determining the level of benefits. The deductible expenses of the ineligible alien household member will no longer be prorated and the full value of all assets will continue to be counted. This also applies to ineligible aliens who are unable or unwilling to provide documentation of their alien status. This does not apply to the following ineligible aliens:

(i) An alien who is lawfully admitted as a permanent resident.

(ii) An alien who is granted asylum under Section 208 of the INA.

(iii) An alien who is admitted as a refugee under Section 207 of the INA.

(iv) An alien who is paroled in accordance with Section 212(d)(5) of the INA.

(v) An alien whose deportation or removal has been withheld in accordance with Section 243 of the INA.

(vi) An alien who is aged, blind or disabled and is admitted for temporary or permanent residency under Section 245A(b)(1) of the INA.

(vi) An alien who is a special agricultural worker admitted for temporary residence under Section 210 (a) of the INA.

For an ineligible alien listed in this subparagraphs (i) through (vi), a prorated share of the ineligible alien's income and expenses will be counted for purposes of applying the gross and net income tests and to determine the level of benefits. The full amount of the ineligible alien's assets will count.

(p) The Department allows the following exemptions from the Employment and Training (E and T) program for individuals who:

(i) are Refugee Cash Assistance (RCA) participants;

(ii) are on a temporary layoff from their place of employment;

(iii) ~~are unemployed for less than 6 months;~~

~~(iv)~~ live more than 35 miles from an employment center;

(iv) lack child care, either because it is not available or the customer is not eligible for child care assistance;

(v~~+~~) are not appropriate for E and T as determined by a manager or designee;

(vi~~+~~) are age 47 through the month of their 60th birthday;

(vii~~+~~) are low functioning/have developmental disabilities/are socially dysfunctional and who have obvious functional limitations that are a substantial handicap to employment;

~~(ix)~~ have current domestic violence issues;

(ix) have limited language skills or individuals whose primary language is other than English;

(x~~+~~) lack public and/or private transportation;

(xi~~+~~) are in the application or appeals process for SSI;

(xii~~+~~) have earned income, regardless of the amount earned;

(xi~~+~~v~~+~~) have no fixed address;

(xiv~~+~~) are pregnant regardless of trimester;

(xv~~+~~) are on probation or parole who are required to complete court ordered activities such as work release and drug court; or

(xvi~~+~~) are participating in a program with a Department partner such as case management by Vocational Rehabilitation, or are participating in a Title V or Choose to Work program.

(q) Beginning July 1, 2012, individuals who meet the requirements of an exemption will no longer be allowed to receive services on a voluntary basis or receive a work reimbursement.

(2) The Department has been granted the following applicable waivers from the Food and Nutrition Service:

(a) The Department requires that a household need only report changes in earned income if there is a change in source, the hourly rate or salary, or if there is a change in full-time or part-time status. A client is required to report any change in unearned income over \$25 or a change in the source of unearned income.

(b) The Department uses a combined Notice of Expiration and Shortened Recertification Form. Notice of Expiration is required in 7 CFR 273.14(b)(1)(i). The Recertification Form is found under 7 CFR 273.14(b)(2)(i).

(c) The Department conducts the Family Nutrition Education Program for individuals even if they are otherwise ineligible for food stamps.

(d) The Department may deduct overpayments that resulted from an IPV from a household's monthly entitlement.

(e) If the application was received before the 15th of the month and the client has earned income, the certification period can be no longer than six months. The initial certification period may be as long as seven months if the application was received after the 15th of the month.

(f) A household which had its food stamps terminated can be reinstated during the calendar month following the month assistance was terminated without completing a new application if the reason for the termination is fully resolved. The reason for the termination does not matter. Assistance will be prorated to the date on which the client reported that the disqualifying condition was resolved if verification is received within ten days of the report. Assistance is reinstated for the remaining months of the certification period and the certification period must not be changed.

(g) If the Department is unable to obtain proper documentary evidence from an employer, the Department may use Utah quarterly wage data as the primary verification of income when calculating overpayments.

(h) The Department will hold disqualification hearings by telephone.

(i) All initial interviews, and recertification interviews for households certified for 12 months or less, will have their initial or recertification interviews conducted by telephone, rather than in person, unless the household requests an in-person interview or the Department determines that an in-person interview is necessary to resolve issues that would be better facilitated face-to-face.

(j) The federal regulation that requires all interviews be scheduled for a specific date and time is waved for initial telephone interviews. This allows clients to call anytime Monday through Friday from 8 a.m. to 5 p.m. to complete the required initial interview. Households selected for the "Assessment of the Contributions of an Interview to the Supplemental Nutrition Assistance Program (SNAP) Eligibility and Benefits Determinations" study, also known as the No Interview Pilot, will be exempt from the interview requirement. Customer contact may be needed to complete the application and/or recertification process. This waiver will be in place September 1, 2012 - November 30, 2013.

(k) To meet the student work exemption, a student enrolled in post-secondary education half-time or more must work an average of 20 hours per week. The work hours must be averaged over the 30 days immediately prior to the date of application or recertification.

(l) Certain Utah counties have been granted a waiver which exempts ABAWDs from the work requirements of Section 824 of PRWORA. The counties granted this waiver change each year based on Department of Labor statistics. A list of counties granted this waiver is available from the Department.

KEY: food stamps, public assistance

Date of Enactment or Last Substantive Amendment:

~~November 6, 2014~~2015

Notice of Continuation: September 8, 2010

Authorizing, and Implemented or Interpreted Law: 35A-3-103

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 September 14, 2015.

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 December 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

Insurance, Administration
R590-220
Submission of Accident and Health
Insurance Filings

NOTICE OF CHANGE IN PROPOSED RULE

DAR FILE NO.: 39312

FILED: 07/17/2015

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The language in the initial amended rule was taken from a non-final version. This change will add the correct language as intended.

SUMMARY OF THE RULE OR CHANGE: This change adds, updates, and removes citations throughout the rule; clarifies the definition of "Utah Filed Date"; adds clarification for variable data and rate filing requirements; and removes the small employer index rates report, among other nonsubstantive clerical changes. (DAR NOTE: This change in proposed rule has been filed to make additional changes to a proposed amendment that was published in the May 15, 2015, issue of the Utah State Bulletin, on page 79. Underlining in the rule below indicates text that has been added since the publication of the proposed rule mentioned above; strike-out indicates text that has been deleted. You must view the change in proposed rule and the proposed amendment together to understand all of the changes that will be enforceable should the agency make this rule effective.)

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 31A-2-201.1 and Section 31A-22-1404 and Subsection 31A-2-201(3) and Subsection 31A-2-202(2) and Subsection 31A-2-212(5) and Subsection 31A-22-605(4) and Subsection 31A-22-620(3)(f) and Subsection 31A-30-106(1) and Subsection 31A-30-106(4) and Subsection 31A-30-106.1(13) and Subsection 31A-30-106.1(14)

MATERIALS INCORPORATED BY REFERENCES:

- ◆ Updates NAIC Uniform Life, Accident and Health, Annuity and Credit Product Coding Matrix, published by National Association of Insurance Commissioners, 01/01/2015

ANTICIPATED COST OR SAVINGS TO:

- ◆ **THE STATE BUDGET:** There will be no cost or savings to the state budget. The change merely clarifies the Department's expectations for what is included in an accident and health filing.
- ◆ **LOCAL GOVERNMENTS:** There will be no cost or savings to the local budget. The change merely clarifies the Department's expectations for what is included in an accident and health filing.

◆ **SMALL BUSINESSES:** There will be no cost or savings to small businesses. The change merely clarifies the Department's expectations for what is included in an accident and health filing.

◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** There will be no cost or savings to any other persons. The change merely clarifies the Department's expectations for what is included in an accident and health filing.

COMPLIANCE COSTS FOR AFFECTED PERSONS: There are no compliance costs for affected persons. The change gives guidance to insurers for how they should submit accident and health filings to the Department.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: The changes and clarifications within this rule provide clarity for insurers to submit accurate and compliant filings. They will help insurers submit the correct information in the correct filing, and will reduce duplicated work. They will not require significant additional effort on the part of the insurers and will not have a fiscal impact.

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:

◆ Steve Gooch by phone at 801-538-3803, by FAX at 801-538-3829, or by Internet E-mail at sgooch@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 09/14/2015

THIS RULE MAY BECOME EFFECTIVE ON: 09/22/2015

AUTHORIZED BY: Todd Kiser, Commissioner

R590. Insurance, Administration.

R590-220. Submission of Accident and Health Insurance Filings.

R590-220-1. Authority.

This rule is promulgated by the insurance commissioner pursuant to Sections 31A-2-201.1 and 31A-22-1404, and Subsections 31A-2-201(3), 31A-2-202(2), 31A-2-212(5), 31A-22-605(4), 31A-22-620(3)(f), 31A-30-106(1) and (4), and 31A-30-106.1(13) and (14).

R590-220-2. Purpose and Scope.

(1) The purpose of this rule is to set forth procedures for submitting:

- (a) accident and health filings required by Section 31A-21-201;
- (b) individual accident and health filings in accordance with Section 31A-22-605 and Rule R590-85;
- (c) Medicare supplement filings in accordance with Sections 31A-22-605 and 31A-22-620, and Rules R590-85 and R590-146;
- (d) long term care filings required by Section 31A-22-1404 and Rule R590-148; and
- (e) health benefit plan filings required by Subsection 31A-2-212(5); Title 31A, Chapter 30, Individual, Small Employer, and Group Health Insurance Act; and Rule R590-167.

(2) This rule applies to:

- (a) all types of accident and health insurance products; and
- (b) group accident and health contracts issued to nonresident policyholders, including trusts, when Utah residents are provided coverage by certificates of insurance.

R590-220-3. Documents Incorporated by Reference.

(1) The department requires that the documents described in this rule shall be used for all filings.

(a) Actual copies may be used or you may adapt them to your word processing system.

(b) If adapted, the content, size, font, and format must be similar.

(2) The ["]NAIC Uniform Life, Accident and Health, Annuity, and Credit Product Coding Matrix["], effective January, 1, 2015, is hereby incorporated by reference and is available on the department's web site, www.insurance.utah.gov.

R590-220-4. Definitions.

In addition to the definitions in Sections 31A-1-301 and 31A-30-103, the following definitions shall apply for the purposes of this rule.

(1) "Certification" means a statement that the filing being submitted is in compliance with Utah laws and rules.

(2) "Discretionary group" means a group that has been specifically authorized by the commissioner under Subsection 31A-22-701[(1)(b)](2)(c).

(3) "Electronic filing" means a filing submitted via the Internet by using the System for Electronic Rate and Form Filings, SERFF.

(4) "Eligible group" means a group that meets the requirements in [Subsection]Section 31A-22-701[(1)(a)].

(5) "File And Use" means a filing can be used, sold, or offered for sale after it has been filed with the department.

(6) "File Before Use" means a filing can be used, sold, or offered for sale after it has been filed with the department and a stated period of time has elapsed from the date filed.

(7) "File For Acceptance" means a filing can be used, sold, or offered for sale after it has been filed and the filer has received written confirmation that the filing was accepted.

(8) "File for Approval" means a filing can be used, sold, or offered for sale after it has been filed and the filer has received written confirmation that the filing was approved.

(9) "Filer" means a person who submits a filing.

(10) "Filing," when used as a noun, means an item required to be filed with the department including:

- (a) a policy;
- (b) a rate, rate manual, or rate methodologies;
- (c) a form;
- (d) a document;
- (e) a plan;
- (f) a manual;
- (g) an application;
- (h) a report;
- (i) a certificate;
- (j) an endorsement or rider;
- (k) an actuarial memorandum, demonstration, and certification;
- (l) a licensee annual statement;
- (m) a licensee renewal application;
- (n) an advertisement;
- (o) a binder; or
- (p) an outline of coverage.

(11) "Filing Objection Letter" means a letter issued by the commissioner when a review has determined the filing fails to comply with Utah law and rules. The filing objection letter, in addition to requiring correction of non-compliant items, may request clarification or additional information pertaining to the filing.

(12) "Filing status information" means a list of the states to which the filing was submitted, the date submitted, and the states' actions, including their responses.

(13) "Letter of authorization" means a letter signed by an officer of the licensee on whose behalf the filing is submitted that designates filing authority to the filer.

(14) "Market type" means the type of policy that indicates the targeted market such as individual or group.

(15) "Non-2014 PPACA compliant health benefit plan" means a health benefit plan that is either:

(a) a grandfathered health plan as defined in 45 CFR 147.140(a); or

(b) a transitional health benefit plan as outlined by the letter to Insurance Commissioners from the Centers for Medicare and Medicaid Services dated November 14, 2013 and extended by the Insurance Standards Bulletin Series, Extension of Transitional Policy through October 1, 2016 dated March 5, 2014. A transitional plan is also known as a grandmothers health plan.

(16) "Order to Prohibit Use" means an order issued by the commissioner that prohibits the use of a filing.

(17) "Rating methodology change" for the purpose of a non-2014 PPACA compliant health benefit plan means a:

(a) change in the number of case characteristics used by a covered licensee to determine premium rates for health benefit plans in a class of business;

(b) change in the manner or procedures by which insureds are assigned into categories for the purpose of applying a case characteristic to determine premium rates for health benefit plans in a class of business;

(c) change in the method of allocating expenses among health benefit plans in a class of business; or

(d) change in a rating factor, with respect to any case characteristic, if the change would produce a change in premium for

any individual or small employer that exceeds 10%. A change in a rating factor shall mean the cumulative change with respect to such factor considered over a 12-month period. If a covered licensee changes rating factors with respect to more than one case characteristic in a 12-month period, the licensee shall consider the cumulative effect of all such changes in applying the 10% test.

(18) "Rejected" means a filing is:

(a) not submitted in accordance with Utah laws and rules;

(b) returned to the filer by the department with the reasons for rejection; and

(c) not considered filed with the department.

(19) "SERFF" means the System for Electronic Rate and Form Filings.

(20) "Type of insurance" means a specific accident and health product including dental, health benefit plan, long-term care, Medicare supplement, income replacement, specified disease, or vision.

(21) "Utah Filed Date" means the date provided to a filer by the Utah Insurance Department that indicates a paper filing has been accepted. If the Utah Filed Date is used for compliance with any section of this rule, a complete copy of the paper filing with the filed date stamped on the filing must be attached as a supporting document. In addition, if the filing was amended at any time, the amendment filing must also be attached as a supporting document.

R590-220-5. General Filing Information.

(1) Each filing submitted must be accurate, consistent, complete and contain all required documents in order for the filing to be processed in a timely and efficient manner. The commissioner may request any additional information deemed necessary.

(2) A licensee and filer are responsible for assuring that a filing is in compliance with Utah laws and rules. A filing not in compliance with Utah laws and rules is subject to regulatory action under Section 31A-2-308.

(3) A filing that does not comply with this rule will be rejected and returned to the filer. A rejected filing:

(a) is not considered filed with the department;

(b) must be submitted as a new filing; and

(c) will not be reopened for purposes of resubmission.

(4) A prior filing will not be researched to determine the purpose of the current filing.

(5) The department does not review or proofread every filing.

(a) A filing may be reviewed:

(i) when submitted;

(ii) as a result of a complaint;

(iii) during a regulatory examination or investigation; or

(iv) at any other time the department deems necessary.

(b) If a filing is reviewed and is not in compliance with Utah laws and rules, a Filing Objection Letter or an Order to Prohibit Use will be issued to the filer. The commissioner may require the licensee to disclose deficiencies in forms or rating practices to affected insureds.

(6) Filing correction.

(a) Filing corrections are considered informational.

(b) Filing corrections must be submitted within 15 days of the date the original filing was submitted to the department. The filer shall include a description of the filing [~~correction~~]corrections.

(c) A new filing is required if a filing correction is made more than 15 days after the date the original filing was submitted to the department. The filer must reference the original filing in the filing description and include a description of the filing [~~correction~~]corrections.

(7) If responding to a Filing Objection Letter, an Order to Prohibit Use, or a Filing Rejection, review Section R590-220-17 for instructions.

(8) Filing withdrawal. A filer must notify the department when withdrawing a previously filed form, rate, or supplementary information.

R590-220-6. Filing Submission Requirements.

(1) All filings must be submitted as an electronic filing.

(2) A filing must be submitted by market type and type of insurance.

(3) A filing may not include more than one type of insurance, or request filing for more than one licensee.

(4)(a) Filing Description. Do not submit a cover letter. On the General Information tab, complete the Filing Description section with the following information, presented in the order shown below.

(i) Provide a description of the filing including:

(A) the intent of the filing; and

(B) the purpose of each document within the filing.

(ii) Indicate if the filing:

(A) is new;

(B) is replacing or modifying a previous submission; if so, describe the changes made, if previously rejected the reasons for rejection, and the previous filing's Utah Filed Date or SERFF tracking number;

(C) includes documents for informational purposes; if so, provide the Utah Filed Date or SERFF tracking number; or

(D) does not include the base policy; if so, provide the Utah Filed Date or SERFF tracking number for the base policy and all amendments and describe the effect on the base policy.

(iii) Identify if any of the provisions are unusual, controversial, or have been previously objected to, or prohibited, and explain why the provision is included in the filing.

(iv) Explain any change in benefits or premiums that may occur while the contract is in force.

(v) List the issue ages, which means the range of minimum and maximum ages for which a policy will be issued.

(b) Certification. The filer must certify that a filing has been properly completed AND is in compliance with Utah laws and rules. The Utah Accident and Health Insurance Filing Certification must be properly completed, signed, and attached to the Supporting Documentation tab. A false certification may subject the licensee to administrative action.

(c) Domiciliary Approval and Filing Status Information. All filings for a foreign licensee must include on the Supporting Documentation tab:

(i) copy of domicile approval for the exact same filing;

(ii) filing status information which includes:

(A) a list of the states to which the filing was submitted;

(B) the date submitted; and

(C) summary of the states' actions and their responses; or

(iii) if the filing is specific to Utah and only filed in Utah, then state, "UTAH SPECIFIC - NOT SUBMITTED TO ANY OTHER STATE."

(d) Group Questionnaire, Utah Bona Fide Employer Association Group ~~[Questionnaire]~~Questionnaire, or Discretionary Group Authorization Letter. A group filing must have attached to the Supporting Documentation tab either a:

(i) signed and fully completed Utah Accident and Health Insurance Group Questionnaire;~~[or]~~

(ii) copy of the Utah Accident and Health Insurance Discretionary Group Authorization letter; or

(iii) signed and fully completed Utah Bona Fide Employer Association Group Questionnaire.

(e) Letter of Authorization.

(i) When the filer is not the licensee, a letter of authorization from the licensee must be attached to the Supporting Documentation tab.

(ii) The licensee remains responsible for the filing being in compliance with Utah laws and rules.

(f) Variable data.

(i) A statement of variability must be attached to the Supporting Documentation tab and certify:

(A) the final form will not contain brackets denoting variable data;

(B) the use of variable data will be administered in a uniform and non-discriminatory manner and will not result in unfair discrimination;

(C) the variable data included in this statement will be used on the referenced forms;

(D) any changes to variable data will be submitted prior to implementation; and

(E) all possible variations of the variable data are shown ~~[on]~~in the statement, such as~~[-]~~ "Deductible is $\$(x[-\$]-xxxx)$ in $\$xx$ increments."

(ii) Variable data are denoted in brackets and are defined, either by imbedding in the form, or by a separate form identified by its own form number and edition date. Variable data submitted as a separate form must be in a manner that follows the construction of the form, by page and paragraph, or page and footnote.

(iii) Variable data must be reasonable, appropriate and compliant.

(iv) Use of unauthorized variable data is prohibited.

~~[(g) Utah Accident and Health Insurance Intake Survey:~~

~~(i) The intake survey must be properly completed, signed and attached to the Supporting Documentation tab for Form and Form/Rate filings submitted with the type of insurance of "H06", "H15G," "H15I," "H16G," "H16I," "H0rg02G," or "H0rg02I." The intake survey is not required for Rate or Report filings.~~

~~(ii) If the intake survey is incomplete or not attached, the filing will be rejected.~~

~~(h)~~(g) Items being submitted for filing.

(i) All forms must be attached to the Form Schedule tab.

(ii) All rating documentation, including actuarial memorandums and rate schedules, must be attached to the Rate/Rule Schedule tab.

(~~[i]~~h) Reports are exempt from the filing submission requirement listed in Subsections R590-220-6(4)(c), (d), (~~[f]~~), and (~~[g]~~f).

(~~[j]~~i) Underline and Strikethrough Version. A filing submitted for a correction, modification, or replacement of existing language shall have an underline and strikethrough version of the form included with the corrected, modified, or replacement form on the Form Schedule ~~[Tab]~~tab.

(5) Refer to each applicable section of this rule for additional procedures on how to submit forms, rates, and reports.

(6) All filings must be submitted in SERFF correctly utilizing the NAIC Uniform Life, Accident and Health, Annuity, and Credit Product Coding Matrix.

R590-220-7. Procedures for Form Filings.

(1) Forms in General.

(a) Forms are File and Use filings.

(b) Each form must be identified by a unique form number. The form number may not be variable.

(c) A form must be in final ~~[printed-]~~form~~[-or printer's proof format]~~. A draft may not be submitted.

(d) Blank spaces within the forms must be completed in John Doe fashion to accurately represent the intended market, purpose, and use.

(2) Application Filing.

(a) Each application or enrollment form may be submitted as a separate filing or may be filed with its related policy or certificate filing.

(b) If an application has been previously filed or is filed separately, an informational copy of the application must be included with the policy or certificate filing. Include the Utah Filed Date or SERFF tracking number for the application in the Filing Description.

(3) Policy Filing.

(a) Each type of insurance must be filed separately.

(b) A policy filing consists of one policy form, including its related forms, such as the application, outline of coverage, certificate, rider, endorsement, and actuarial memorandum.

(c) Only one policy filing for a single type of insurance may be filed, except as stated in Subsection R590-220-7(3)(d).

(d) A Medicare supplement filing may include more than one policy filing but each filing is limited to only one of each of the Medicare supplement plans A through N.

(4) Rider or Endorsement Only Filing.

(a) ~~[Up to three related]~~Related riders or endorsements may be filed together.

(b) A single rider or endorsement that affects multiple forms may be filed, if the Filing Description references all affected forms.

(c) The filing must include:

(i) a listing of all base policy form numbers, title and Utah Filed Dates or SERFF tracking numbers; and

(ii) a description of how each filed rider or endorsement affects the base policy.

(d) Unrelated riders or endorsements may not be filed together.

(5) Outline of Coverage. If an outline of coverage is required to be issued with a policy, rider, or an endorsement, the outline of coverage must be filed when the policy, rider or endorsement is filed.

R590-220-8. Additional Procedures for Individual Accident and Health Market Filings.

(1) A filer submitting an individual accident and health filing is advised to review:

(a) Title 31A, Chapter 8, Health Maintenance Organizations and Limited Health Plans;

(b) Title 31A, Chapter 22, Part 6, Accident and Health Insurance; ~~and~~

(c) Rules R590-76, R590-85, R590-122, R590-126, R590-131, R590-192, R590-203, R590-215, and R590-218; and

(d) for health benefit plan submissions, additionally review:

(i) Title 31A, Chapter 30, Individual, Small Employer, and Group Health Insurance Act; and

(ii) Rules R590-167, R590-176, R590-194, R590-200, R590-233, R590-237, R590-247, R590-259, R590-261, R590-266, R590-269, R590-271 and R590-220-10.

~~[(2) This section does not apply to filings for individual health benefit plans that are subject to Title 31A, Chapter 30, Individual, Small Employer, and Group Health Insurance Act, and Rule R590-167. Individual health benefit plan filings are discussed in Section R590-220-10.~~

~~(3)[2] Rate and rate documentation filings.~~

(a) Rates and rate documentation submitted with a new form filing are a File and Use filing.

(b) A rate revision filing is a File for Acceptance filing.

~~[(4)3] An individual accident and health policy, rider, or endorsement affecting benefits shall be accompanied by a rate filing with an actuarial memorandum signed by a qualified actuary.~~

(a) A rate filing need not be submitted if the filing does not require a change in premiums, however the reason why there is not a change in premium must be explained in the Filing Description.

(b) Rates must be filed in accordance with the requirements of Section 31A-22-602, Rules R590-85, and R590-220.

(c) This subsection does not apply to a rate filing for a health benefit plan. A filer submitting a rate filing for a health benefit plan should review R590-220-10.

~~[(5)4] A filer submitting a long term care filing, including an endorsement or rider attached to a life insurance policy, is advised to review Title 31A, Chapter 22, Part 14, Long Term Care Insurance Standards, Rule R590-148, and Sections R590-220-12 and 13.~~

~~[(6)5] A filer submitting a Medicare supplement filing is advised to review Section 31A-22-620, Rule R590-146, and Section R590-220-11.~~

R590-220-9. Additional Procedures for Group Market Form Filings.

(1) A filer submitting a group accident and health filing is advised to review:

(a) Title 31A, Chapter 8, Health Maintenance Organizations and Limited Health Plans;

(b) Title 31A, Chapter 22, Parts 6 and 7;

(c) Title 31A, Chapter 30, Individual, Small Employer, and Group Health Insurance Act; and

(d)(i) Rules R590-76, R590-85, R590-122, R590-126, R590-131, R590-146, R590-148, R590-192, R590-~~200,~~ ~~R590-203,~~ ~~[R590-215, R590-233,~~ and R590-~~220-10]~~215.

(ii) Filers submitting group health benefit plans should also review Rules R590-167, R590-176, R590-194, R590-200, R590-218, R590-233, R590-237, R590-247, R590-259, R590-261, R590-266, R590-271[;] and Section R590-220-10.

(2) A filer must determine if the group is an allowable group. An allowable group must meet the parameters of ~~whether the group is~~ an eligible group or a discretionary group. All groups, except a group formed under a Taft Hartley trust in accordance with Section 302(c)(5) of the Federal Labor Management Relations Act, must be formed and maintained for purposes other than obtaining insurance.

(a) Eligible Group.

(i) A filing for an eligible group must include a signed and fully completed Utah Accident and Health Insurance Group Questionnaire.

(A) A questionnaire must be completed for each eligible group under Sections 31A-22-503 through 507, and Subsection 31A-22-701(2).

(B) When a filing applies to multiple employee-employer groups under Section 31A-22-502, only one questionnaire is required to be completed.

(ii) A filing for an eligible Bona Fide Employer Association must include a signed and fully completed Utah Bona Fide Employer Association Group Questionnaire.

(b) Discretionary Group. If the group is not an eligible group, then specific discretionary group authorization must be obtained prior to filing.

(i) To obtain discretionary group authorization a Utah Accident and Health Insurance Request for Discretionary Group Authorization must be submitted and include all required information.

(ii) Evidence or proof of the following items are some factors considered in determining acceptability of a discretionary group:

(A) the existence of a verifiable group;

(B) that granting permission is not contrary to public policy;

(C) the proposed group would be actuarially sound;

(D) the group would result in economies of acquisition and administration which justify a group rate; and

(E) the group would not present hazards of adverse selection.

(iii) A discretionary group filing that does not provide authorization documentation will be rejected.

(iv) A change to an authorized discretionary group, such as change of name, trustee or domicile state, must be submitted to the department within 30 days of the change.

(v) Adding additional types of insurance products to be offered, requires that the discretionary group be reauthorized. The discretionary group authorization will specify the types of products that a discretionary group may offer.

(vi) The commissioner may periodically re-evaluate the group's authorization.

(vii) A filer may not submit a rate or form filing prior to receiving discretionary group authorization. If a rate or form filing is submitted without discretionary group authorization, the filing will be rejected.

(3) A filer submitting a long-term care filing, including a long-term care endorsement or rider attached to a life insurance policy, is advised to review Title 31A, Chapter 22, Part 14, Long Term Care Insurance Standards, Rule R590-148, and Sections R590-220-12 and 13.

(4) A filer submitting a Medicare supplement filing is advised to review Section 31A-22-620, Rule R590-146, and Section R590-220-11.

R590-220-10. Additional Procedures for Individual, Small Employer, and Group Health Benefit Plan Filings.

This section contains instructions for health benefit plan filings subject to Title 31A, Chapter 30, Individual, Small Employer, and Group Health Insurance Act.

~~[(1) A filer submitting health benefit plan filings that are subject to Title 31A, Chapter 30, is advised to review:~~

- ~~(a) Title 31A, Chapter 8, Health Maintenance Organization and Limited Health Plans;~~
- ~~(b) Title 31A, Chapter 22, Parts 6 and 7;~~
- ~~(c) Title 31A, Chapter 30; and~~
- ~~(d) Rules R590-76, R590-131, R590-167, R590-176, R590-192, R590-194, R590-200, R590-203, R590-215, R590-218, R590-233, R590-247, R590-255, R590-259, R590-261, R590-262, R590-263, R590-266, and R590-269.~~

~~](2)(1) Form Filing.~~

(a) A health benefit plan form filing must include in the Filing Description the SERFF tracking number for the form's applicable rate manual.

(b) Grandfathered and transitional plans must be filed separate from 2014 PPACA compliant health benefit plans.

~~(c) [If the rate manual was previously filed, provide] Provide documentation [indicating] for the department's receipt of the form filing's corresponding rate filing.~~

~~(3)2) Rate Manual Filing for non-2014 PPACA Compliant Health Benefit Plans.~~

(a) A rate manual that does not request a change in rating methodology is a File Before Use filing.

(b) A change in rating methodology filing is a File for Approval filing.

(c) A new and revised rate manual must:

- (i) include an actuarial certification signed by a qualified actuary;
- (ii) be filed 30 days prior to use;
- (iii) list the case characteristics and rate factors to be used;
- (iv) be applied in the same manner for all health benefit plans in a class;
- (v) contain specific area ~~[factor]~~ factors applicable in Utah;
- (vi) include the method of calculating the risk load, including the method used to determine any experience factors;
- (vii) include how the overall rate is reviewed for compliance with the rate restrictions;

(viii) include detailed description of all classes of business, as provided in Section 31A-30-105;

(ix) fully complete the Company Rate Information on the Rate/Rule Schedule tab; and

(x) comply with all information required by Section R590-167-6.

~~(4)3) Rate Filing for 2014 PPACA Compliant Health Benefit Plans.~~

(a) Rate filings shall be filed in accordance with the department's annual Bulletin to insurance carriers.

(b) Quarterly changes to a rate filing shall be filed in accordance with Bulletin 2015-3.

(c) Fully complete the Company ~~[rate information]~~ Rate Information on the Rate/~~[rule]~~ Rule Schedule tab.

~~(5) Health Benefit Plan Reports.~~

~~(a)4) Actuarial Certification Report.~~

~~(i)a) All individual and small employer licensees who maintain a non-2014 PPACA compliant health benefit plan must file an actuarial certification as described in Sections 31A-30-106, 31A-30-106.1, and Subsection R590-167-11(1)(a).~~

~~(ii)b) The report is due April 1 each year.~~

~~(b) Small Employer Index Rates Report.~~

~~(i) All small employer licensees must file their index rates as of January 1 of the current year and preceding year, as required by Subsection 31A-29-117(2).~~

~~(ii) The report must include:~~

- ~~(A) the actual index rates; and~~
- ~~(B) calculate the percentage change in these rates between the two years.~~

~~(iii) The report is due February 1 each year.~~

~~(c) Each report must be filed separately and be properly identified.~~

~~(d)(i) Except as provided in R590-220-10(4)(d)(ii), [all] a health benefit plan [reports]report must be filed[with SERFF] using a type of insurance of "H16I" or "H16G," and a filing type of "Report."~~

(ii) A Health Maintenance Organization must use "HOrg02I" or "HOrg02G" as the type of insurance and the filing type of "Report."

R590-220-11. Additional Procedures for Medicare Supplement Filings.

A filer submitting Medicare supplement filings is advised to review Section 31A-22-620 and Rule R590-146.

(1) A Medicare supplement form filing that affects rates must be filed with all required rating documentation.

(2)(a) A licensee must file its Medicare Supplement Buyers Guide.

(b) If previously filed, indicate the Utah Filed Date or SERFF tracking number in the filing description.

(3) Rates.

(a) Rates and rate documentation submitted with a new form filing are a File and Use filing.

(b) A rate revision filing is a File for Acceptance filing.

(c) Medicare supplement rates must comply with Section 31A-22-602, and Rules R590-146 and R590-85.

(d) A licensee shall not use or change premium rates for a Medicare supplement policy or certificate unless the rates, rating schedule and supporting documentation have been filed.

(e) A rate revision request may not be used to satisfy the annual filing requirements of Subsection R590-146-14.C.

(4) Annual Medicare Supplement Reports.

(a) ~~Medicare supplement reports are File and Use filings.~~

~~(b)~~ Reports are due May 31 each year.

~~(e)~~ Report of Multiple Policies.

(i) As required by Section R590-146-22, an issuer of Medicare supplement policies shall annually submit a report of multiple policies the licensee has issued to a single insured.

(ii) The report is required each year listing each insured with multiple policies or must state "NO MULTIPLE POLICIES WERE ISSUED."

~~(d)~~ Annual Filing of Rates and Supporting Documentation.

(i) An issuer of Medicare supplement policies and certificates shall file annually its rates, rating schedule and supporting documentation, including ratios of incurred losses to earned premiums by policy duration, in accordance with Subsection R590-146-14.C.

(ii) The NAIC Medicare Supplement Insurance Model Regulations Manual details what should be included in the annual rate filing.

(iii) Annual reports submitted with a request or any type of reference to a rate revision will be rejected.

~~(e)~~ Refund Calculation and Benchmark Ratio. An issuer shall file the Medicare Supplement Refund Calculation Form and Reporting Form for the Calculation of Benchmark Ratio Since Inception for Group Policies reports according to Subsection R590-146-14.B.

~~(f)~~ Reports for Pre-Standardized Medicare supplement benefit plans and 1990 Standardized Medicare supplement benefit plans must be submitted together as one filing ~~with SERFF~~ using a type of insurance of "MS06," and a filing type of "Report."

~~(g)~~ Reports for 2010 Standardized Medicare supplement benefit plans must be submitted together as one filing with SERFF using a type of insurance of "MS09," and a filing type of "Report."

~~(h)~~ If all Medicare supplement reports are not submitted together as one filing, the filing is considered incomplete and will be rejected.

R590-220-12. Additional Procedures for Combination Policies or Endorsements and Riders Providing Life and Accident and Health Benefits.

A filer submitting a health and life combination policy~~;~~ or a health endorsement or rider~~;~~ to a life policy~~;~~ is advised to review Rule R590-226.

(1) A combination filing is a policy, rider, or endorsement, which creates a product that provides both life and accident and health insurance benefits.

(a) The two types of acceptable combination filings are:

(i) an endorsement or rider; or

(ii) an integrated policy.

(b) Combination filings take considerable time to process, and will be processed by both the Health Section and the Life Section of the Health and Life Insurance Division.

(2) A combination filing must be submitted separately to both the Health Section and Life Section of the Health and Life Insurance Division.

(3)(a) For an integrated policy, the filing must be submitted to the appropriate division based on benefits provided in the base policy.

(b) For an endorsement or rider, the filing must be submitted to the appropriate division based on benefits provided in the endorsement or rider.

(4) The Filing Description must identify the filing as having a combination of insurance types, such as:

(a) whole life policy with a long-term care benefit rider; or

(b) major medical health policy that includes a life insurance benefit.

R590-220-13. Additional Procedures for Long Term Care Products.

~~(1)~~ A filer submitting long-term care product filings is advised to review~~;~~

~~(a)~~ Title 31A, Chapter 22, Part 14, Long Term Care Insurance Standards~~;~~

~~(b)~~ and Rule R590-148~~;~~ and~~;~~

~~(c)~~ Section R590-220-12.

~~(2)~~ (1) A long-term care form filing that affects rates must be filed with all required rating documentation.

~~(3)~~ (2) Rates.

(a) Rates and rate documentation submitted with a new form filing are a File and Use filing.

(b) A rate revision filing is a File for Acceptance filing.

(c) Long-term care rates must comply with Rules R590-148 and R590-85.

(d) A licensee shall not use or change premium rates for a long-term care policy or certificate unless the rates, rating schedule and supporting documentation have been filed.

~~(4)~~ (3) Annual Long-term Care Reports.

(a) All four long-term care reports required by Section R590-148-25 must be submitted together as one filing:

(i) Replacement and Lapse Reporting Form;

(ii) Claims Denial Reporting Form;

(iii) Rescission Reporting Form; and

(iv) Suitability Report Form.

(b) If all ~~four~~ reports are not submitted as one filing, the filing is considered incomplete and will be rejected.

(c) If there is no information to report, the reporting form must state "NONE."

(d) Reports are due June 30 each year.

~~(e)~~ ~~The four reports shown below are required by Section R590-148-25:~~

~~(i)~~ Replacement and Lapse Reporting Form;

~~(ii)~~ Claims Denial Reporting Form;

~~(iii)~~ Rescission Reporting Form;

~~(iv)~~ Suitability Report Form.

~~(f)~~ All long term care reports must be electronically filed ~~with SERFF~~ using a type of insurance of "LTC06," and a filing type of "Report."

R590-220-14. Criteria for Adding or Terminating Participating Providers.

(1) Criteria for adding or terminating participating providers must be submitted electronically [via ~~SERFF~~] using a type of insurance of "H21" and a filing type of "Report."

(2) The Filing Description must state "Preferred Provider Agreement," as required by Subsection 31A-22-617.1(1)(c).

R590-220-15. [~~Correspondence and Status Checks~~]Binders.

~~[(1) Correspondence. When corresponding with the department, provide sufficient information to identify the original filing:~~

- ~~_____ (a) type of insurance;~~
- ~~_____ (b) date of filing;~~
- ~~_____ (c) form numbers; and~~
- ~~_____ (d) SERFF tracking number.~~

~~_____ (2) Status Checks.~~

~~_____ (a) A complete filing is usually processed within 45 days of receipt.~~

~~_____ (b) A filer can request the status of its filing 60 days after the date of submission. A response will not be provided to a status request prior to 60 days.~~

~~_____ (3) Binders.~~

~~_____ (a)]Binder filings for 2014 PPACA compliant health benefit plans and certified stand-alone dental plans shall be in accordance with the department's annual Bulletin to insurance carriers.~~

R590-220-16. Classification of Documents.

(1) Except as provided in R590-167-12, the commissioner shall maintain as a protected record the records submitted under Sections 31A-30-106 and 31A-30-106.1.

(2) In accordance with Section 63G-2-305, the only information the commissioner may classify as protected is:

(a) information deemed to be a trade secret. Trade secret means information, including a formula, pattern, compilation, program, device, method, technique, or process, that:

(i) derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use; and

(ii) is the subject of efforts that are reasonable under the circumstances to maintain its secrecy; or

(b) commercial information and non-individual financial information obtained from a person if:

(i) disclosure of the information could reasonably be expected to result in unfair competitive injury to the person submitting the information or would impair the ability of the commissioner to obtain necessary information in the future ; and

(ii) the person submitting the information has a greater interest in prohibiting access than the public in obtaining access.

(3) The person submitting the information under Subsection (2)(a) or (b) and claiming that such is or should be protected shall provide the commissioner with the information in Section 63G-2-309(1)(a)(i).

(a) The filer shall request which specific document the filer believes qualifies under Subsections 63G-2-305(1) or (2) when the filing is submitted; and

(b) the request shall include a written statement of reasons supporting the request that the information should be classified as protected.

(4) Once the filing has been received, the commissioner will review the documents the filer has requested to be classified as protected to determine if the request meets the requirements of Subsections 63G-2-305(1) or (2).

(a) If all the information in the document meets the requirements for being classified as protected and the required statement is included, the document will be classified as protected and the information will not be available to the public.

(b) If all the information in the document does not meet the requirements for being classified as protected, the commissioner will notify the filer of the denial, the reasons for the denial, and the filer's right to appeal the denial. The filer has 30 days to appeal the denial as allowed by Section 63G-2-401.

(c)(i) Despite the denial of classifying the information as protected, the commissioner shall treat the information as if it had been classified as protected until:

(A) the 30 day time limit for an appeal to the commissioner has expired; or

(B) the filer has exhausted all appeals available under Title 63G, Chapter 2, Part 4 and the document has been found to be a public document.

(ii) During the 30 day time limit to appeal or the appeal process, the filer may withdraw:

(A) the filing; or

(B) the request for designation as protected.

(d) If the filer combines in a document, information it wishes to be classified as protected with information that is public, the document will be classified as public.

R590-220-17. Responses.

(1) Response to a Filing Objection Letter. When responding to a Filing Objection Letter, a filer must:

(a) provide an explanation identifying all changes made;

(b) include an underline and strikeout version for each revised document;

(c) a final version of revised documents that incorporates all changes; and

(d) attach the documents in Subsections R590-220-17(1)(b) and (c) to the appropriate Form Schedule or Rate/Rule Schedule tabs.

(2) Response to an Order to Prohibit Use.

(a) An Order to Prohibit Use becomes final 15 days after the date of the Order.

(b) Use of the filing must be discontinued [~~not~~no] later than the date specified in the Order.

(c) To contest an Order to Prohibit Use, the commissioner must receive by mail or electronic mail a written request for a hearing not later than 15 days after the date of the Order.

(d) A new filing is required if the licensee chooses to make the requested changes addressed in the Filing Objection Letter. The new filing must reference the previously prohibited filing.

(3) Response to a Filing Rejection. A Filing Rejection is not considered filed with the department. A filer may choose to submit as a new filing. The new filing must reference the previously rejected filing.

R590-220-18. Penalties.

A person found to be in violation of this rule shall be subject to penalties as provided under Section 31A-2-308.

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.

R590-220-19. ~~Enforcement Date.~~

~~The commissioner will begin enforcing the revised provisions of this rule on July 1, 2015.~~

KEY: health insurance filings**Date of Enactment or Last Substantive Amendment: 2015****Notice of Continuation: February 24, 2014****Authorizing, and Implemented or Interpreted Law: 31A-2-201; 31A-2-201.1; 31A-2-202; 31A-22-605; 31A-22-620; 31A-30-106****R590-220-20. ~~Severability.~~**

If any provision of this rule or its application to any person or situation is held to be invalid, that invalidity shall not

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.

Pardons (Board of), Administration **R671-204** Hearing Continuances

NOTICE OF 120-DAY (EMERGENCY) RULE

DAR FILE NO.: 39544
FILED: 07/27/2015

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The sentencing guidelines published by the Sentencing Commission specify the guidelines apply unless a hearing is continued according to Board rule. At this time, the Board does not have a published rule about continuing hearings. A rule must be enacted to comply with the sentencing guidelines.

SUMMARY OF THE RULE OR CHANGE: The rule defines the conditions when a hearing may be continued and limits the time a hearing may be continued without a majority vote of the Board. The rule prohibits continuing a hearing beyond the expiration of the sentence. (DAR NOTE: A proposed new Rule R671-204 is under DAR No. 39545 in this issue, August 15, 2015, of the Bulletin.)

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 77-27-7

EMERGENCY RULE REASON AND JUSTIFICATION:
REGULAR RULEMAKING PROCEDURES WOULD place the agency in violation of federal or state law.
JUSTIFICATION: The sentencing guidelines are created by the Utah Sentencing Commission. The guidelines are applicable to a case unless a hearing is continued according Board rule. The Board must create a rule to comply with the sentencing guidelines.

ANTICIPATED COST OR SAVINGS TO:

- ◆ **THE STATE BUDGET:** The Board currently continues hearings by practice but does not have a rule in place. The rule creates more transparency about how the Board operates but will not increase costs or create savings.
- ◆ **LOCAL GOVERNMENTS:** Local governments do not participate in Board hearings and will not be affected by this rule.
- ◆ **SMALL BUSINESSES:** This rule governs how the Board continues hearings. No requirements are imposed on small business. Small business does not participate in Board hearings.
- ◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** The rule creates an avenue for an inmate or victim to request a continuance.

COMPLIANCE COSTS FOR AFFECTED PERSONS: The Board does not charge for hearings or continuances. There are no compliance costs.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: Parole hearings are conducted with individuals in prison. Businesses do not have a role in the parole hearing.

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

PARDONS (BOARD OF)
ADMINISTRATION
ROOM 300
448 E 6400 S
SALT LAKE CITY, UT 84107-8530
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:
♦ Greg Johnson by phone at 801-261-6454, by FAX at 801-261-6481, or by Internet E-mail at gregjohnson@utah.gov

EFFECTIVE: 07/27/2015

AUTHORIZED BY: Angela Micklos, Chair

R671. Pardons (Board of), Administration.

R671-204. Hearing Continuances.

R671-204-1. Permissible Hearing Continuances.

Board hearings may be continued:

(1) to inquire into, investigate, assess, or respond to any issue associated with a:

(a) possible lack of competency of the offender, pursuant to Utah Code Ann. Sections 77-15-2, 77-15-3 or Utah Admin. Rule R671-206; or

(b) mentally ill offender whose mental health has deteriorated to a point where the offender has been transferred to the state hospital, or whose mental illness renders the offender unable to attend, understand, or appropriately participate in a hearing, pursuant to Utah Code Ann. Sections 62A-15-605, 62A-15-605.5, 77-16a-204, Utah R. Admin. P. R207-1, R207-2 or R671-207;

(2) when the offender is not available for the hearing due to medical or mental health reasons;

(3) to allow an offender who has been determined by the Board to be unable to effectively represent themselves to obtain assistance at the hearing, pursuant to Utah R. Admin. P. R671-308;

(4) to allow for the personal appearance of the offender if the offender is unable to appear at the hearing as scheduled;

(5) upon the request of a victim of record who desires to participate in the hearing, pursuant to Utah R. Admin. P. R671-203, but who cannot reasonably attend the hearing as scheduled;

(6) to await the adjudication or resolution of new or additional criminal charges;

(7) to conduct a parole violation evidentiary hearing, pursuant to Utah R. Admin. P. R671-517;

(8) at the motion or request of the offender or an attorney representing the offender, with a written waiver and stipulation for the continuance;

(9) when the Board determines that new, additional, critical, or material information necessary for a full, fair, accurate, and complete hearing has not been received and will not be received by the scheduled hearing; or

(10) when the Board finds that a continuance is in the interest of justice, procedural economy, or is necessary because of transportation, technical, security, or other issues beyond the control of the Board.

R671-204-2. Limitations.

(1) Staff may not reschedule or continue original hearings, rescission hearings, or rehearings beyond 90 days unless a majority of the Board concurs with the continuance.

(2) No hearing may be continued beyond an offender's sentence expiration date.

KEY: continuances, hearings, parole

Date of Enactment or Last Substantive Amendment: July 27, 2015

Authorizing, and Implemented or Interpreted Law: Art. VII, Sec. 12; 63G-3-201(3); 77-27-5; 77-27-7; 77-27-9

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.

Agriculture and Food, Plant Industry **R68-6** Utah Nursery Act

FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

DAR FILE NO.: 39548
FILED: 07/29/2015

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: Promulgated under authority of Section 4-15-3 and Subsection 4-2-2(1)(k)(i) which directs the Department to inspect any nursery, orchard, farm garden, park, cemetery, greenhouse, or any private or public place that may become infested or infected with harmful insect, plant diseases, noxious or poisonous weeds, or other agricultural pests.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: No comments were received during and since the last five-year review of the rule from interested persons supporting or opposing 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 nursery rule helps the department ensure that nursery stock sold in Utah meets these guidelines and protects the environment from becoming infested or infected with harmful insects, plant diseases, noxious or

poisonous weeds, or other agricultural pests. Therefore, this rule should be continued.

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

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

DIRECT QUESTIONS REGARDING THIS RULE TO:

- ◆ Clark Burgess by phone at 801-538-7188, by FAX at 801-538-7189, or by Internet E-mail at cburgess@utah.gov
- ◆ Kathleen Mathews by phone at 801-538-7103, by FAX at 801-538-7126, or by Internet E-mail at kmathews@utah.gov
- ◆ Robert Hougaard by phone at 801-538-7187, by FAX at 801-538-7189, or by Internet E-mail at rhougaard@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

AUTHORIZED BY: LuAnn Adams, Commissioner

EFFECTIVE: 07/29/2015

Corrections, Administration **R251-102**

Release of Communicable Disease Information

FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

DAR FILE NO.: 39541
FILED: 07/23/2015

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 authorized under Sections 63G-3-201 and 64-13-10, and Subsection 64-13-36(3)(a) of the Utah Code. The purpose of this rule is to designate the persons who will be permitted access to information in Department of Corrections inmate medical files.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: No comments were received.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: It is important for those entities having legitimate penological interests to have access to inmate medical records. Results of medical testing shall be provided to the Board of Pardons and Parole, designated department adult probation and parole agents, and the Department of Health. Therefore, this rule should be continued.

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

CORRECTIONS
ADMINISTRATION
14717 S MINUTEMAN DR
DRAPER, UT 84020-9549
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:
♦ Steven Turley by phone at 801-545-5633, by FAX at 801-545-5726, or by Internet E-mail at sturley@utah.gov

AUTHORIZED BY: Rollin Cook, Executive Director

EFFECTIVE: 07/23/2015

Corrections, Administration
R251-109

Sex Offender Treatment Providers

FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

DAR FILE NO.: 39539
FILED: 07/23/2015

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 authorized by Sections 63G-3-201, 64-13-10, and 76-5-406.5 of the Utah Code. The purpose of the rule is to define the criteria and guidelines for the standards, application and approval process, and program requirements for sex offender treatment providers.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: No comments were received.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: Sex offender treatment of inmates is still a vital part of our programming division. Therefore, this rule should be continued.

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

CORRECTIONS
ADMINISTRATION
14717 S MINUTEMAN DR
DRAPER, UT 84020-9549
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:
♦ Steven Turley by phone at 801-545-5633, by FAX at 801-545-5726, or by Internet E-mail at sturley@utah.gov

AUTHORIZED BY: Rollin Cook, Executive Director

EFFECTIVE: 07/23/2015

Corrections, Administration
R251-301

Employment, Educational or Vocational Training for Community Correctional Center Offenders

FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

DAR FILE NO.: 39540
FILED: 07/23/2015

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 authorized by Sections 63G-3-201, 64-13-10, and 64-13-14.5 of the Utah

Code. The purpose of this rule is to provide the requirements for employers who employ offenders. This rule also provides the requirements for offenders' participation in an educational or vocational training 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: No comments were received.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: Employment, education, and vocational training for those offenders living in community correctional centers plays a vital role in their continued success and they gain in knowledge and accountability. Therefore, this rule should be continued.

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

CORRECTIONS
ADMINISTRATION
14717 S MINUTEMAN DR
DRAPER, UT 84020-9549
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Steven Turley by phone at 801-545-5633, by FAX at 801-545-5726, or by Internet E-mail at sturley@utah.gov

AUTHORIZED BY: Rollin Cook, Executive Director

EFFECTIVE: 07/23/2015

Health, Health Care Financing,
Coverage and Reimbursement Policy
R414-40
Private Duty Nursing Service

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT
OF CONTINUATION**
DAR FILE NO.: 39515
FILED: 07/16/2015

**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 26-18-3(2)(a) requires the Department to implement the Medicaid program through administrative rules. In addition, Section 26-1-5 grants the Department the authority to adopt, amend, or rescind rules as necessary to implement the Medicaid 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: 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 it sets forth eligibility, access, and service coverage for Medicaid clients who need private duty nursing service, and informs providers of reimbursement.

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: 07/16/2015

Health, Health Care Financing,
Coverage and Reimbursement Policy
R414-59
Audiology Services

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT
OF CONTINUATION**
DAR FILE NO.: 39516
FILED: 07/16/2015

**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 26-18-3(2)(a) requires the Department to implement the Medicaid program through administrative rules. In addition, Section 26-1-5 grants the Department the authority to adopt, amend, or rescind rules as necessary to implement the Medicaid 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: 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 it allows Medicaid clients to receive audiology services as described in the Speech-Language Pathology and Audiology Services Utah Medicaid Provider Manual.

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: 07/16/2015

**Health, Health Care Financing,
Coverage and Reimbursement Policy
R414-506
Hospital Provider Assessments**

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT
OF CONTINUATION**
DAR FILE NO.: 39517
FILED: 07/16/2015

**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 26-18-3(2)(a) requires the Department to implement the Medicaid program through administrative rules, and Section 26-1-5 grants the Department the authority to adopt, amend, or rescind rules as necessary to implement the Medicaid program. In addition, Title 26, Chapter 36a, authorizes hospital provider

assessments to improve patient access to quality care with limited revenues.

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 it defines the scope of hospital provider assessment, which improves patient access to quality hospital care.

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: 07/16/2015

**Human Services, Administration,
Administrative Hearings
R497-100
Adjudicative Proceedings**

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT
OF CONTINUATION**
DAR FILE NO.: 39521
FILED: 07/20/2015

**NOTICE OF REVIEW AND STATEMENT OF
CONTINUATION**

CONCISE EXPLANATION OF THE PARTICULAR STATUTORY PROVISIONS UNDER WHICH THE RULE IS ENACTED AND HOW THESE PROVISIONS AUTHORIZE OR REQUIRE THE RULE: The Department of Human Services, Office of Administrative Hearings is given rulemaking authority pursuant to Section 62A-1-111. This rule describes the procedures for administrative hearings.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: No comments were received.

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 ongoing administrative hearings which are required by law. This rule establishes definitions, legal requirements, and procedures for the adjudicative proceedings. Therefore, this rule should be continued.

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

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

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Julene Robbins by phone at 801-538-4521, by FAX at 801-538-3942, or by Internet E-mail at jhjonesrobbins@utah.gov
♦ Sonia Sweeney by phone at 801-538-8241, by FAX at 801-538-4604, or by Internet E-mail at ssweeney@utah.gov

AUTHORIZED BY: Ann Williamson, Executive Director

EFFECTIVE: 07/20/2015

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: No comments have been received.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: Continuation of this rule is necessary in order for the Division of Child and Family Services to continue to accommodate the moral and religious beliefs and culture of the families served.

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

HUMAN SERVICES
CHILD AND FAMILY SERVICES
195 N 1950 W
SALT LAKE CITY, UT 84116
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Carol Miller by phone at 801-557-1772, by FAX at 801-538-3993, or by Internet E-mail at carolmiller@utah.gov
♦ Julene Robbins by phone at 801-538-4521, by FAX at 801-538-3942, or by Internet E-mail at jhjonesrobbins@utah.gov

AUTHORIZED BY: Brent Platt, Director

EFFECTIVE: 07/22/2015

Human Services, Child and Family
Services
R512-11

Accommodation of Moral and Religious
Beliefs and Culture

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT
OF CONTINUATION**

DAR FILE NO.: 39535
FILED: 07/22/2015

**NOTICE OF REVIEW AND STATEMENT OF
CONTINUATION**

CONCISE EXPLANATION OF THE PARTICULAR STATUTORY PROVISIONS UNDER WHICH THE RULE IS ENACTED AND HOW THESE PROVISIONS AUTHORIZE OR REQUIRE THE RULE: Section 62A-4a-102 authorizes the Division of Child and Family Services to establish rules in order to provide programs and services that support the strengthening of family values, including services which preserve and enhance family life and relationships; protect children, youth, and families; and advocate and defend family values established by public policy and advocacy and education.

Human Services, Child and Family
Services
R512-203

Child Protective Services, Significant
Risk Assessments

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT
OF CONTINUATION**

DAR FILE NO.: 39536
FILED: 07/22/2015

**NOTICE OF REVIEW AND STATEMENT OF
CONTINUATION**

CONCISE EXPLANATION OF THE PARTICULAR STATUTORY PROVISIONS UNDER WHICH THE RULE IS ENACTED AND HOW THESE PROVISIONS AUTHORIZE OR REQUIRE THE RULE: Section 62A-4a-102 authorizes the Division of Child and Family Services to establish rules in order to provide programs and services that support the strengthening of family values, including services which preserve and enhance family life and relationships; protect children, youth, and families; and advocate and defend family values established by public policy and advocacy and education.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: No comments have been received.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: Continuation of this rule is necessary in order for the Division of Child and Family Services to continue to define how significant risk assessments are utilized by the Division of Child and Family Services.

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

HUMAN SERVICES
CHILD AND FAMILY SERVICES
195 N 1950 W
SALT LAKE CITY, UT 84116
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:
♦ Carol Miller by phone at 801-557-1772, by FAX at 801-538-3993, or by Internet E-mail at carolmiller@utah.gov
♦ Julene Robbins by phone at 801-538-4521, by FAX at 801-538-3942, or by Internet E-mail at jhjonesrobbins@utah.gov

AUTHORIZED BY: Brent Platt, Director

EFFECTIVE: 07/22/2015

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: No comments have been received.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: Continuation of this rule is necessary in order for the Division of Child and Family Services to continue to define guardianship services and placements offered by the Division of Child and Family Services.

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

HUMAN SERVICES
CHILD AND FAMILY SERVICES
195 N 1950 W
SALT LAKE CITY, UT 84116
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:
♦ Carol Miller by phone at 801-557-1772, by FAX at 801-538-3993, or by Internet E-mail at carolmiller@utah.gov
♦ Julene Robbins by phone at 801-538-4521, by FAX at 801-538-3942, or by Internet E-mail at jhjonesrobbins@utah.gov

AUTHORIZED BY: Brent Platt, Director

EFFECTIVE: 07/22/2015

Human Services, Child and Family Services
R512-308

Out-of-Home Services, Guardianship Services and Placements

FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

DAR FILE NO.: 39537
FILED: 07/22/2015

NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

CONCISE EXPLANATION OF THE PARTICULAR STATUTORY PROVISIONS UNDER WHICH THE RULE IS ENACTED AND HOW THESE PROVISIONS AUTHORIZE OR REQUIRE THE RULE: Section 62A-4a-102 authorizes the Division of Child and Family Services to establish rules in order to provide programs and services that support the strengthening of family values, including services which preserve and enhance family life and relationships; protect children, youth, and families; and advocate and defend family values established by public policy and advocacy and education.

Public Safety, Administration
R698-6

Honoring Heroes Restricted Account

FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

DAR FILE NO.: 39549
FILED: 07/29/2015

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 authorized by Subsection 53-1-118(8) which provides that the commissioner shall make rules regarding the procedures to be used to obtain funds from the account.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: No written comments have been received during the last five-year period from interested persons supporting or opposing 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: Continuation of this rule is necessary to continue to comply with provisions of Section 53-1-118.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:
PUBLIC SAFETY
ADMINISTRATION
CALVIN L RAMPTON COMPLEX
4501 S 2700 W
FIRST FLOOR

SALT LAKE CITY, UT 84119-5994
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:
♦ Debbie Johnson by phone at 801-592-8883, by FAX at 801-965-4608, or by Internet E-mail at debbiejohnson@utah.gov

AUTHORIZED BY: Keith Squires, Commissioner

EFFECTIVE: 07/29/2015

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

Records Committee
No. 39400 (AMD): R35-1. State Records Committee Appeal Hearing Procedures
Published: 06/01/2015
Effective: 07/31/2015

No. 39401 (AMD): R35-2. Declining Appeal Hearings
Published: 06/01/2015
Effective: 07/31/2015

No. 39402 (AMD): R35-4. Compliance with State Records Committee Decisions and Orders
Published: 06/01/2015
Effective: 07/31/2015

No. 39403 (AMD): R35-5. Subpoenas Issued by the Records Committee
Published: 06/01/2015
Effective: 07/31/2015

No. 39404 (AMD): R35-6. Expedited Hearing
Published: 06/01/2015
Effective: 07/31/2015

Agriculture and Food

Regulatory Services
No. 39407 (R&R): R70-101. Bedding, Upholstered Furniture and Quilted Clothing
Published: 06/15/2015
Effective: 07/22/2015

Alcoholic Beverage Control

Administration
No. 39417 (AMD): R81-3-1. Definition
Published: 06/15/2015
Effective: 07/28/2015

No. 39418 (AMD): R81-3-14. Type 5 Package Agencies
Published: 06/15/2015
Effective: 07/28/2015

Commerce

Occupational and Professional Licensing
No. 39368 (AMD): R156-63a. Security Personnel Licensing Act Contract Security Rule
Published: 06/01/2015
Effective: 07/23/2015

No. 39369 (AMD): R156-63b. Security Personnel Licensing Act Armored Car Rule
Published: 06/01/2015
Effective: 07/23/2015

Health

Health Care Financing, Coverage and Reimbursement Policy
No. 39356 (AMD): R414-52. Optometry Services
Published: 06/01/2015
Effective: 07/16/2015

No. 39357 (AMD): R414-53. Eyeglasses Services
Published: 06/01/2015
Effective: 07/16/2015

No. 39413 (AMD): R414-303-6. 12-Month Transitional Medicaid
Published: 06/15/2015
Effective: 08/01/2015

NOTICES OF RULE EFFECTIVE DATES

No. 39414 (AMD): R414-306-2. QMB, SLMB, and QI Benefits
Published: 06/15/2015
Effective: 08/01/2015

Center for Health Data, Health Care Statistics
No. 39405 (AMD): R428-2. Health Data Authority Standards for Health Data
Published: 06/01/2015
Effective: 07/30/2015

Human Services

Administration
No. 39361 (AMD): R495-861. Requirements for Local Discretionary Social Services Block Grant Funds
Published: 06/01/2015
Effective: 07/16/2015

Child and Family Services
No. 39409 (AMD): R512-300. Out-of-Home Services
Published: 06/15/2015
Effective: 07/22/2015

Public Safety
Criminal Investigations and Technical Services, Criminal Identification
No. 39410 (AMD): R722-330. Licensing of Private Investigators
Published: 06/15/2015
Effective: 07/22/2015

No. 39411 (AMD): R722-380. Firearm Background Check Information
Published: 06/15/2015
Effective: 07/22/2015

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, 2015 through July 31, 2015. 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>Facilities Construction and Management</u>					
R23-1	Procurement of Construction	39033	R&R	03/03/2015	2015-2/4
R23-2	Procurement of Architect-Engineer Services	39061	REP	03/16/2015	2015-3/4
R23-7	State Construction Contracts and Drug and Alcohol Testing	39482	5YR	06/30/2015	2015-14/139
<u>Finance</u>					
R25-7	Travel-Related Reimbursements for State Employees	39301	AMD	06/22/2015	2015-10/6
R25-10	State Entities Posting of Financial Information to the Utah Public Finance Website	39360	AMD	07/08/2015	2015-11/4
R25-25-7	Travel-Related Reimbursements for State Employees	39160	AMD	04/21/2015	2015-6/10
<u>Purchasing and General Services</u>					
R33-1-1	Definitions	38974	AMD	01/28/2015	2014-24/4
R33-4	General Procurement Provisions, Prequalifications, Specifications, and Small Purchases	39327	AMD	06/23/2015	2015-10/11
R33-6-101	Competitive Sealed Bidding; Multiple Stage Bidding; Reverse Auction	38975	AMD	01/28/2015	2014-24/5
R33-6-109	Only One Bid Received	39366	AMD	07/09/2015	2015-11/5
R33-7	Request for Proposals	38976	AMD	01/28/2015	2014-24/6
R33-7	Request for Proposals	39513	NSC	07/30/2015	Not Printed
R33-7-702	Only One Proposal Received	39365	AMD	07/09/2015	2015-11/6
R33-8	Exceptions to Procurement Requirements	39328	AMD	06/23/2015	2015-10/15
R33-12	Terms and Conditions, Contracts, Change Orders and Costs	38977	AMD	01/28/2015	2014-24/9
R33-16-401	Protest Officer May Correct Noncompliance, Errors and Discrepancies	38978	AMD	01/28/2015	2014-24/12
R33-26	State Surplus Property	39084	NSC	01/28/2015	Not Printed
R33-26	State Surplus Property	39271	AMD	06/10/2015	2015-9/4
R33-26-202	Information Technology Equipment	39042	AMD	03/31/2015	2015-2/33
<u>Records Committee</u>					
R35-1	State Records Committee Appeal Hearing Procedures	39400	AMD	07/31/2015	2015-11/7
R35-2	Declining Appeal Hearings	39401	AMD	07/31/2015	2015-11/9
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R994-205	Exempt Employment	39240	5YR	03/25/2015	2015-8/41
R994-206	Agricultural Labor	39241	5YR	03/25/2015	2015-8/41
R994-304	Special Provisions Regarding Transfers of Unemployment Experience and Assigning Rates	39242	5YR	03/25/2015	2015-8/42

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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	

KEYWORD AGENCY	FILE NUMBER	CODE REFERENCE	ACTION	EFFECTIVE DATE	BULLETIN ISSUE/PAGE
<u>abortion</u> Health, Health Care Financing, Coverage and Reimbursement Policy	39341	R414-1B	AMD	07/01/2015	2015-10/32
<u>abrasive blasting</u> Environmental Quality, Air Quality	39116 39119	R307-206 R307-306	5YR 5YR	02/05/2015 02/05/2015	2015-5/105 2015-5/107
<u>abusive conduct</u> Human Resource Management, Administration	39323	R477-16	NEW	07/01/2015	2015-10/67
<u>acceptable documents</u> Public Safety, Driver License	39182	R708-41	5YR	03/10/2015	2015-7/79
<u>access</u> Environmental Quality, Drinking Water	39194	R309-545	5YR	03/13/2015	2015-7/70
<u>accidents</u> Natural Resources, Parks and Recreation	39090	R651-223	5YR	01/23/2015	2015-4/38
<u>accountants</u> Commerce, Occupational and Professional Licensing	39055	R156-26a-501	AMD	04/02/2015	2015-3/7
<u>accreditation</u> Education, Administration	39485	R277-410	5YR	07/01/2015	2015-14/140
<u>acupuncture</u> Commerce, Occupational and Professional Licensing	39343	R156-72-102	AMD	07/09/2015	2015-11/28
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Environmental Quality, Environmental Response and Remediation	39146	R311-500	5YR	02/18/2015	2015-6/45
Environmental Quality, Radiation Control	38770 38770	R313-17-4 R313-17-4	AMD CPR	02/17/2015 02/17/2015	2014-17/95 2014-24/40
Public Safety, Driver License	39236	R708-14	AMD	05/26/2015	2015-8/17
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	39206	R309-300	5YR	03/13/2015	2015-7/63
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	39166	R307-110-28	AMD	06/04/2015	2015-7/15
	38998	R307-120	AMD	03/05/2015	2015-1/17
	39110	R307-165	5YR	02/05/2015	2015-5/102
	39111	R307-201	5YR	02/05/2015	2015-5/103
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	39168	R307-210	AMD	06/04/2015	2015-7/17
	39169	R307-214	AMD	06/04/2015	2015-7/19
	38842	R307-302	AMD	02/04/2015	2014-19/44
	38842	R307-302	CPR	02/04/2015	2015-1/48
	39349	R307-302	5YR	05/06/2015	2015-11/185
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	38901	R307-401-19	AMD	02/05/2015	2014-21/16
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	39369	R156-63b	AMD	07/23/2015	2015-11/25	
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	39090	R651-223	5YR	01/23/2015	2015-4/38
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	39288	R277-475	AMD	06/08/2015	2015-9/16	
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	39128	R381-100	NEW	05/01/2015	2015-5/36	
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	39125	R430-100	REP	05/01/2015	2015-5/76	
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	38953	R986-700-719	AMD	02/01/2015	2014-23/45	
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	39128	R381-100	NEW	05/01/2015	2015-5/36	
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	39375	R277-487	AMD	07/08/2015	2015-11/67	
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	39101	R916-4	AMD	03/27/2015	2015-4/26	
	39506	R916-4	5YR	07/09/2015	2015-15/34	
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