UTAH STATE BULLETIN

OFFICIAL NOTICES OF UTAH STATE GOVERNMENT
Filed February 18, 2026, 12:00 a.m. through February 27, 2026, 11:59 p.m.

Number 2026-06
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Nancy L. Lancaster, Managing Editor

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

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

Inquiries concerning the substance or applicability of an administrative rule that appears in the *Bulletin* should be addressed to the contact person for the rule. Questions about the *Bulletin* or the rulemaking process may be addressed to: Office of Administrative Rules, PO Box 141007, Salt Lake City, Utah 84114-1007, telephone 801-957-7110. Additional rulemaking information and electronic versions of all administrative rule publications are available at https://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 https://rules.utah.gov/ for additional information.

Office of Administrative Rules, Salt Lake City 84114

Utah state bulletin.
Semimonthly.
1. Delegated legislation--Utah--Periodicals. 2. Administrative procedure--Utah--Periodicals.
I. Utah. Office of Administrative Rules.

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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 February 18, 2026, 12:00 a.m., and February 27, 2026, 11:59 p.m. are included in this, the March 15, 2026, 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 Office 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 Office 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 April 14, 2026. 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 July 14, 2026, the agency may notify the Office 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 Office 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

NOTICE OF SUBSTANTIVE CHANGE		
TYPE OF FILING: Amendment		
Rule or section number:	**R156-47b**	**Filing ID: 57827**

Agency Information

1. Title catchline:	Commerce, Professional Licensing	
Building:	Heber M. Wells Building	
Street address:	160 E 300 S	
City, state:	Salt Lake City, UT 84111	
Mailing address:	PO Box 146741	
City, state and zip:	Salt Lake City, UT 84114-6741	
Contact persons:		
Name:	**Phone:**	**Email:**
Lisa Martin	801-530-7632	lmartin@utah.gov
Please address questions regarding information on this notice to the persons listed above.		

General Information

2. Rule or section catchline:	
R156-47b. Massage Therapy Practice Act Rule	
3. Are any changes in this filing because of state legislative action?	Changes are because of legislative action.
If yes, any bill number and session:	HB 278 (2025 General Session)

4. Purpose of the new rule or reason for the change:

The Division of Professional Licensing (Division) in collaboration with the Massage Therapy Licensing Board is filing these proposed amendments to clean up requirements related to examinations and intake forms to streamline this rule.

5. Summary of the new rule or change:

Subsections R156-47b-302f(5)(b), R156-47b-502(5)(d), R156-47b-502(9), and R156-47b-502.1(2) remove the former name of the code of ethics and standards of practice because the Utah AMTA code of ethics no longer exists.

Subsection R156-47b-302g(1) adds the Utah Massage Assistant Theory, Law, and Rule Exam as it was inadvertently left out of the previous rule change. Subsections R156-47b-302g(1) and (2) also add additional statutory authority that this rule is relying on.

Section R156-47b-306 includes changes to the intake form requirements in response to public comments from practitioners. It removes certain requirements and moves others to be more concise.

Fiscal Information

6. Provide an estimate and written explanation of the aggregate anticipated cost or savings to:

A. State budget:

The Division does not anticipate any fiscal impact to the state budget beyond that determined by the fiscal note for HB 278, at https://le.utah.gov/~2025/bills/static/HB0278.html, because the proposed amendments clarify, streamline, and update this rule to provide more utility to licensees and registered massage establishments.

B. Local governments:

The Division does not anticipate any cost or savings to local governments from the proposed amendments because the proposed amendments do not apply to local governments.

C. Small businesses ("small business" means a business employing 1-49 persons)**:**

There are approximately 487 small businesses in Utah with massage therapists (NAICS 812199) and other licensees engaged in the practice of massage therapy and who may employ those engaged in the practice of massage therapy.

However, the proposed amendments are not expected to have any measurable impact on small businesses' revenues or expenditures because the amendments merely update this rule to provide more utility to licensees and registered massage establishments.

D. Non-small businesses ("non-small business" means a business employing 50 or more persons)**:**

There are approximately six non-small businesses in Utah with massage therapists (NAICS 812199) and other licensees engaged in the practice of massage therapy and who may employ those engaged in the practice of massage therapy.

However, the proposed amendments are not expected to have any measurable impact on non-small businesses' revenues or expenditures because the amendments merely update this rule to provide more utility to licensees and registered massage establishments.

E. Persons other than small businesses, non-small businesses, state, or local government entities ("person" means any individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an ***agency***)**:**

In Utah, there are approximately 7,388 licensed massage therapists, 181 licensed massage apprentices, 3 licensed massage assistants-in-training, and 2 licensed massage assistants.

The Division does not anticipate any cost or savings from these proposed amendments to these persons or to additional persons other than small businesses, non-small businesses, state, or local government entities, because the amendments merely update this rule to provide more utility to licensees and registered massage establishments and the proposed amendments will not create new obligations for other persons or increase the costs associated with any existing obligations for other persons.

F. Compliance costs for affected persons:

As described in Box 6E for other persons, no compliance costs are expected for affected persons.

G. Regulatory Impact Summary Table (This table includes only fiscal impacts the agency was able to measure. If the agency could not estimate an impact, it is excluded from this table but described in boxes A through F.)

Regulatory Impact Summary Table

Fiscal Cost	**FY2026**	**FY2027**	**FY2028**	**FY2029**	**FY2030**
State Budget	$0	$0	$0	$0	$0
Local Governments	$0	$0	$0	$0	$0
Small Businesses	$0	$0	$0	$0	$0
Non-Small Businesses	$0	$0	$0	$0	$0
Other Persons	$0	$0	$0	$0	$0
Total Fiscal Cost	**$0**	**$0**	**$0**	**$0**	**$0**
Fiscal Benefits	**FY2026**	**FY2027**	**FY2028**	**FY2029**	**FY2030**
State Budget	$0	$0	$0	$0	$0
Local Governments	$0	$0	$0	$0	$0
Small Businesses	$0	$0	$0	$0	$0
Non-Small Businesses	$0	$0	$0	$0	$0
Other Persons	$0	$0	$0	$0	$0
Total Fiscal Benefits	**$0**	**$0**	**$0**	**$0**	**$0**
Net Fiscal Benefits	**$0**	**$0**	**$0**	**$0**	**$0**

H. Department head comments on fiscal impact and approval of regulatory impact analysis:

The Executive Director of the Department of Commerce, Margaret W. Busse, has reviewed and approved this regulatory impact analysis.

Citation Information

7. Provide citations to the statutory authority for the rule. If there is also a federal requirement for the rule, provide a citation to that requirement:		
Subsection 58-1-106(1)(a)	Subsection 58-1-202(1)(a)	Subsection 58-47b-101

Public Notice Information

9. The public may submit written or oral comments to the agency identified in box 1.		
A. Comments will be accepted until:		04/14/2026
B. A public hearing (optional) will be held (The public may request a hearing by submitting a written request to the agency, as outlined in Section 63G-3-302 and Rule R15-1.)**:**		
Date:	**Time:**	**Place** (physical address or URL)**:**
04/02/2026	10:00 AM	Heber M. Wells Building, 160 E 300 S, Salt Lake City, UT 84111 Google Meet joining info Video call link: https://meet.google.com/yof-jmvx-gxc Or dial: (US) +1 585-667-0061 PIN: 514 109 564# More phone numbers: https://tel.meet/yof-jmvx-gxc?pin=7032739950710

10. This rule change MAY become effective on:	04/21/2026
NOTE: The date above is the date the agency anticipates making the rule or its changes effective. It is NOT the effective date.	

Agency Authorization Information

Agency head or designee and title:	Deborah Blackburn, Assistant Division Director	**Date:**	02/25/2026

R156. Commerce, Professional Licensing.
R156-47b. Massage Therapy Practice Act Rule.
R156-47b-302f. Massage Therapy Supervisor Standards.

(1) Under Subsections 58-47b-102(14) and 58-47b-301(6), the supervisor standards for a massage therapy supervisor are established in this section.

(2) A massage therapist may not serve as a massage therapy supervisor if, within the five years immediately preceding the submission of the proposed supervisee's application for licensure:

(a) a license held by the massage therapist, in any regulated profession and in any jurisdiction, is under investigation or has been disciplined for unlawful or unprofessional conduct, or has been surrendered as described in Subsection R156-1-501(1); or

(b) unless otherwise approved by the Division in collaboration with the Board, three or more of the massage therapy supervisor's supervisees have taken and not passed a required exam.

(3) Unless otherwise approved by the Division in collaboration with the Board, a massage therapy supervisor:

(a) shall serve as the sole supervisor for the supervisee;

(b) may not allow another massage therapist to supervise the supervisee;

(c) may not supervise a supervisee who is under the supervision of another massage therapy supervisor;

(d) shall ensure the supervisee is properly licensed; and

(e) may not allow a supervisee to accumulate hours without being properly licensed.

(4) A massage therapy supervisor for:

(a) a massage apprentice shall display a conspicuous sign near the apprentice's workstation stating "Massage apprentice";

(b) a massage assistant-in-training shall display a conspicuous sign near the massage assistant-in-training's workstation stating "Massage assistant-in-training"; and

(c) a massage assistant shall display a conspicuous sign near the massage assistant's workstation stating "Massage assistant".

(5) A massage therapy supervisor shall:

(a) follow the curriculum content outline and use the resource materials that have been submitted to and approved by the Division for that supervisee;

(b) advise, direct, and instruct the supervised licensee in education, training, and behavior that follows the generally accepted and recognized standards and ethics of the massage therapy profession, including those in the [~~Utah Chapter of the American Massage Therapy Association~~]Utah Code of Ethics and Standards of Practice, October 2025 edition, which is incorporated by reference;

(c) keep a daily record that includes:

(i) the number of hours of education and training completed; and

(ii) the number of hours of massage client services performed;

(d) make the supervisee's education, training, and employment records available to the Division upon request;

(e) verify the completion of the supervisee's education and training on a form available from the Division;

(f) if the supervisor-supervisee relationship is terminated, notify the Division within ten working days on a Notice of Disassociation form available from the Division at https://dopl.utah.gov/massage-therapy/; and

(g) ensure that the supervisee performs massage client services only on the public and performs the other hands-on instruction or practice on a massage assistant-in-training, massage assistant, massage apprentice, massage therapist, or the massage therapy supervisor.

(6) If a supervisee fails a required exam three times the massage therapy supervisor shall:

(a) appear before the Board to explain why the supervisee has not passed the exam; and

(b) provide to the Board a plan of study in the appropriate subject matter to address deficiencies in the supervisee's education and training to pass the exam.

R156-47b-302g. Qualifications for Licensure - Exam Requirements.

(1) Under Subsections 58-1-309, 58-47b-302(4)(b), and (7)(a), an applicant for licensure as a massage therapist shall pass:

(a) the MBLEx[~~,~~] or[

~~(b)~~] a predecessor exam, if the exam was passed during the time the exam was accepted by the Division[~~.~~]; and

(b) the Utah Massage Therapy Law and Rule Exam.

(2) Under Subsections 58-1-309 and 58-47b-302(2)(a)(iii), (2)(b)(iii), (2)(c)(ii), and (7)(a), an applicant for licensure as a massage assistant or massage apprentice shall pass the Utah Massage Assistant Theory, Law, and Rule Exam.

R156-47b-306. Client Intake Form Requirements.

(1)(a) Under Subsection 58-47b-306(1)(b), a licensee shall require that each client complete a client intake form before the first session; and

(b) before each new session, a licensee shall review the most recently completed intake form with the client and confirm all information is current.

(2) Under Subsection 58-47b-306(1)(b), a licensee's intake form shall include at least the following:

(a) the name of the massage establishment or the sole practitioner;

(b) the date of the session;

(c) the client's:

(i) first and last names;

(ii) birth year;

(iii) contact information; and

(iv) emergency contact;

(d) if the client is seeking a massage for a specific health issue;

(e) the client's health history including:

(i) each major medical issue;

(ii) each allergy;

(iii) a current acute injury as defined in Subsection R156-47b-102(2);

(iv) a current subacute injury as defined in Subsection R156-47b-102(21); and

(v) if the client is currently under the treatment of a physician;

[~~(f) an explanation of what the client may expect during the session including:~~

~~(i) the treatment plan;~~

~~(ii) the massage technique;~~

~~(iii) the level of massage pressure;~~

~~(iv) each focus area on the client's body;~~

~~(v) each area to avoid on the client's body;~~

~~(vi) draping;~~

~~(vii) duration of the session; and~~

~~(viii) privacy and confidentiality;~~]

(g) the client's right to:

(i) disrobe in privacy and to the client's comfort level;

(ii) ask questions;

(iii) identify areas of the body the client would like the licensee to avoid;

([~~ii~~]iv) modify the treatment;

([~~i~~]v) stop treatment; [~~or~~]and

(vi) be properly draped;

[~~(v) report inappropriate conduct to law enforcement or to the Division of Professional Licensing;~~

~~(h) the licensee's right to:~~

~~(i) immediately end the session for a client's inappropriate conduct including:~~

~~(A) disrespectful speech or behavior;~~

~~(B) harassment;~~

~~(C) a sexual advance or request; or~~

~~(D) alcohol or drug intoxication; and~~
~~(ii) report inappropriate conduct to law enforcement or to thee Division of Professional Licensing;~~]
(i) policies regarding:
(i) cancellation; and
(ii) no show; and
(j) signed consent to treatment.

R156-47b-502. Unprofessional Conduct - Individuals.

Under Section 58-47b-502, "unprofessional conduct" for an individual licensed under Section 58-47b-302 includes:
(1) engaging in any lewd, indecent, obscene, or unlawful behavior while practicing as:
(a) a massage therapist;
(b) a massage therapy supervisor;
(c) a massage apprentice;
(d) a massage assistant; or
(e) a massage assistant-in-training;
(2) as a massage apprentice, practicing without the required level of supervision under Subsection 58-47b-302(3) and Section R156-47b-302b;
(3) as a massage assistant:
(a) practicing without the required indirect supervision under Subsection 58-47b-301(5)(a)(ii) and Section R156-47b-302e; or
(b) failing to provide employment records to the Division upon request, including under Subsection R156-47b-302e(5);
(4) as a massage assistant in-training, practicing without direct or indirect supervision under Subsection 58-47b-302(1) and Section R156-47b-302d;
(5) as a massage therapy supervisor:
(a) failing to provide or document the required education and training under Title 58, Chapter 47b, Massage Therapy Practice Act or Rule R156-47b;
(b) failing to provide employment records to the Division upon request, including under Subsection R156-47b-302f(5)(d);
(c) allowing another individual to also supervise the supervised individual under Section 58-47b-302 in violation of Section R156-47b-302f;
(d) advising, directing, or instructing the supervised licensee in any education or training or behavior that violates the generally accepted and recognized standards and ethics of the massage therapy supervisor's licensed profession under Title 58, Occupations and Professions, including those in the [~~Utah Chapter of the American Massage Therapy Association~~]Utah Code of Ethics and Standards of Practice, October 2025 edition, which is incorporated by reference;
(e) supervising more than six individuals or more than four massage apprentices or massage assistants-in-training in violation of Subsection 58-47b-301(6); or
(f) allowing a massage apprentice to accumulate hours toward an apprenticeship in violation of Subsection R156-47b-302f(3)(e);
(6) supervising a massage apprentice, massage assistant, or massage assistant-in-training:
(a) when not qualified under Subsection 58-47b-102(14) or Section R156-47b-302f;
(b) without Division approval under Subsection R156-47b-302b(2) or R156-47b-302d(2); or
(c) when the massage apprentice, massage assistant, or massage assistant-in-training is under the supervision of another massage therapy supervisor who is approved by the Division and meets the requirements of Subsection 58-47b-102(14) and Section R156-47b-302f;
(7) failing to notify a client of any communicable health condition the licensee may have that could present a hazard to the client;
(8) failing to use appropriate draping procedures to protect the client's personal privacy;
(9) failing to conform to the generally accepted and recognized standards and ethics of the massage profession, including those in the [~~Utah Chapter of the American Massage Therapy Association~~]Utah Code of Ethics and Standards of Practice, October 2025 edition, which is incorporated by reference;
(10) failing to comply with an administrative inspection under Sections 58-47b-601 and R156-47b-601;
(11) failing to comply with an administrative investigation under Subsection 58-1-106(1)(b);
(12) failing to obtain signed consent from a client before starting a massage;
(13) failing to provide a client with a private space to disrobe as necessary;
(14) failing to provide a private room for a client to receive massage services unless thee client has consented to receiving massage services in a nonprivate setting, including couples massage and event work;
(15) placing or allowing a camera or other recording device in a practice room, restroom, or other location where an individual disrobes;
(16) placing or allowing a camera or other recording device in a location where an individual receives massage services, unless:
(a) the recording is solely for an educational or marketing purpose; and
(b) the individual has given signed consent to the recording in a form separate from the intake form;
(17) holding oneself out as a sole practitioner when the licensee does not meet the definition of a sole practitioner under Subsection 58-47b-102(19);
(18) performing massage services in a location not listed in Subsection 58-47b-301(3);
(19) failing to obtain from the client a completed and signed intake form under Subsection 58-47b-306(1);
(20) failing to wear or display the licensee's first name, last name or last initial, and license type under Subsection 58-47b-306(2);

(21) failing to provide to the client the first name, last name initial, and license type of the licensed individual performing the massage services under Subsection 58-47b-306(3); or

(22) under Subsection 58-47b-301.1(8), acting as an owner of a registered massage establishment that has failed to comply with a statute or rule that requires or prohibits action by the registered massage establishment.

R156-47b-502.1. Unprofessional Conduct - Massage Establishments.

Under Section 58-47b-502.1, "unprofessional conduct" for a massage establishment includes:

(1) advising, instructing, directing, arranging, allowing, or aiding or abetting any individual in the massage establishment to engage in any lewd, indecent, obscene or unlawful conduct, or conduct that may be reasonably construed as sexual in nature;

(2) advising, instructing, directing, arranging, allowing, or aiding or abetting an individual in any unprofessional conduct or conduct that violates the generally accepted and recognized standards and ethics of the massage profession, including the [~~Utah Chapter of the American Massage Therapy Association~~]Utah Code of Ethics and Standards of Practice, October 2025 edition, which is incorporated by reference;

(3) failing to display any registration, signage, or resource in accordance with Title 58, Chapter 47b, Massage Therapy Practice Act including Section 58-47b-306.1, or Rule R156-47b, Massage Therapy Practice Act Rule including Section R156-47b-302.2b;

(4) failing to comply with Section R156-47b-302.2c;

(5) failing to notify the Division as required by statute or rule, including under Section 58-1-301.7 or Subsection 58-47b-301.1(7);

(6) failing to comply with an administrative inspection under Sections 58-47b-601 and R156-47b-601;

(7) failing to comply with an administrative investigation under Title 58, Occupations and Professions or Rule 156-1, General Rule of the Division of Professional Licensing;

(8) failing to comply with a facility requirement under Section R156-47b-302.2b; or

(9) failing to correct a violation of the statute or rule regulating massage establishments discovered upon inspection by the Division within the time period established by the Division.

KEY: licensing, massage establishment, massage establishment registration, massage therapy, massage therapist, massage apprentice, massage assistant, massage assistant-in-training, inspection, animal massage
Date of Last Change: [~~February 24,~~] 2026
Notice of Continuation: March 21, 2022
Authorizing, and Implemented or Interpreted Law: 58-1-106(1)(a); 58-1-202(1)(a); 58-47b-101

NOTICE OF SUBSTANTIVE CHANGE		
TYPE OF FILING: Amendment		
Rule or section number:	**R309-540-6**	**Filing ID: 57801**

Agency Information

1. Title catchline:	Environmental Quality, Drinking Water	
Building:	Multi-Agency State Office Building	
Street address:	195 N 1950 W	
City, state:	Salt Lake City, UT	
Mailing address:	PO Box 144830	
City, state and zip:	Salt Lake City, UT 84114-4830	
Contact persons:		
Name:	**Phone:**	**Email:**
Michael Newberry	385-515-1464	mnewberry@utah.gov
Russell Seeley	435-650-8519	rseeley@utah.gov
Please address questions regarding information on this notice to the persons listed above.		

General Information

2. Rule or section catchline:
R309-540-6. Pumps
4. Purpose of the new rule or reason for the change:
The Division of Drinking Water (Division) is reducing the regulatory requirements on non-community water systems such that they are not required to have redundant pumps installed to maintain water pressure.

Also, the Division wants to remove state regulation in regards to home booster pumps.

5. Summary of the new rule or change:

The Division is clarifying when a redundant pump is required and removing the requirement for non-community systems to have redundant pumps installed.

The Division is also removing a restriction on home booster pumps, allowing that decision to be made at the local level.

Fiscal Information

6. Provide an estimate and written explanation of the aggregate anticipated cost or savings to:

A. State budget:

The proposed rule change regarding redundant pumps will have no change to the state budget.

There may be a small financial savings, but the amount cannot be estimated because it is so minimal.

The efficiency gain from removing this step is primarily qualitative.

B. Local governments:

The proposed rule change regarding redundant pumps will have no change on local governments as they are community systems.

There may be a small financial savings, but the amount cannot be estimated because it is so minimal.

The efficiency gain from removing this step is primarily qualitative.

C. Small businesses ("small business" means a business employing 1-49 persons)**:**

The proposed rule will not have an impact on small businesses.

There may be a small financial savings, but the amount cannot be estimated because it is so minimal.

The efficiency gain from removing this step is primarily qualitative.

D. Non-small businesses ("non-small business" means a business employing 50 or more persons)**:**

The proposed rule will not have an impact on non-small businesses.

There may be a small financial savings, but the amount cannot be estimated because it is so minimal.

The efficiency gain from removing this step is primarily qualitative.

E. Persons other than small businesses, non-small businesses, state, or local government entities ("person" means any individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an ***agency***)**:**

The proposed rule may provide a savings to a homeowner that would need to install a booster pump.

There is no way to know how many homeowners would have a need to install booster pumps, so the agency is unable to estimate any savings.

F. Compliance costs for affected persons:

The proposed rule may provide a savings to a homeowner that would need to install a booster pump.

There is no way to know how many homeowners would have a need to install booster pumps, so the agency is unable to estimate any savings.

G. Regulatory Impact Summary Table (This table includes only fiscal impacts the agency was able to measure. If the agency could not estimate an impact, it is excluded from this table but described in boxes A through F.)					
Regulatory Impact Summary Table					
Fiscal Cost	**FY2026**	**FY2027**	**FY2028**	**FY2029**	**FY2030**
State Budget	$0	$0	$0	$0	$0
Local Governments	$0	$0	$0	$0	$0
Small Businesses	$0	$0	$0	$0	$0
Non-Small Businesses	$0	$0	$0	$0	$0
Other Persons	$0	$0	$0	$0	$0
Total Fiscal Cost	**$0**	**$0**	**$0**	**$0**	**$0**
Fiscal Benefits	**FY2026**	**FY2027**	**FY2028**	**FY2029**	**FY2030**
State Budget	$0	$0	$0	$0	$0
Local Governments	$0	$0	$0	$0	$0
Small Businesses	$0	$0	$0	$0	$0
Non-Small Businesses	$0	$0	$0	$0	$0
Other Persons	$0	$0	$0	$0	$0
Total Fiscal Benefits	**$0**	**$0**	**$0**	**$0**	**$0**
Net Fiscal Benefits	**$0**	**$0**	**$0**	**$0**	**$0**
H. Department head comments on fiscal impact and approval of regulatory impact analysis:					
The Executive Director of the Department of Environmental Quality, Tim Davis, has reviewed and approved this regulatory impact analysis.					

Citation Information

7. Provide citations to the statutory authority for the rule. If there is also a federal requirement for the rule, provide a citation to that requirement:		
Section 19-4-105		

Public Notice Information

9. The public may submit written or oral comments to the agency identified in box 1.	
A. Comments will be accepted until:	04/14/2026

10. This rule change MAY become effective on:	04/21/2026
NOTE: The date above is the date the agency anticipates making the rule or its changes effective. It is NOT the effective date.	

Agency Authorization Information

Agency head or designee and title:	Tim Davis, Executive Director	Date:	02/24/2026

R309. Environmental Quality, Drinking Water.
R309-540. Facility Design and Operation: Pump and Hydropneumatic Pressure Facilities.
R309-540-6. Pumps.

(1) [~~Capacity and Minimum Distribution System Pressure.~~]A pump used to provide minimum distribution system pressure shall:

(a) have the capacity to meet the maximum demand of the specific portion of the distribution system served; and

(b) be capable of providing the minimum pressures required by Section R309-105-9.

[~~(2) Number of Pumps.~~]

(2[~~a~~]) [~~A water supplier shall have at least two pumps installed and in operation at a booster pump facility that provides the only means available to meet the minimum distribution system pressure requirements of Section R309-105-9 for the water distribution pipeline served by the facility.~~]If a pump station provides the only means available for a community PWS water supplier with a pump station that provides the only means available to meet the minimum distribution system pressure requirements of Section R309-105-9, there shall be for at least two pumps installed and in operation. The director may require at least two pumps installed and in use to meet the minimum distribution

pressure requirements of Section R309-105-9 for transient or non-transient non-community PWSs if the director finds that unplanned closures could cause harm to public health.

(3[~~b~~]) A [~~booster~~]pump station[~~facility~~] that requires at least two pumps shall meet the maximum demand of the water distribution pipeline served by the pump station[~~facility~~] with the largest pump out of service.

(4[~~3~~]) Booster [~~P~~]pumps[~~.~~]:

(a) [~~A booster pump~~]shall be equipped with an automatic shutoff or low-pressure controller as recommended by the pump manufacturer;[~~.~~]

(b) [~~A booster pump~~]that withdraw[~~ing~~] water from a distribution line shall maintain an intake pressure of at least 20 psi when the pump is in normal operation;[~~.~~]

(c) [~~A booster pump~~]that withdraw[~~ing~~] water directly from a water storage tank shall be provided with net positive suction head.

(5[4]) [~~Pump Motor.~~]A pump motor shall:

(a) be sized to meet operating conditions without overloading; and

(b) provide the maximum horsepower required by the pump without the use of a service factor.

[~~(5) Certification of Drinking Water Treatment Chemicals and System Components.~~

~~(a) Chemicals added to drinking water at pump facilities shall be certified to meet NSF/ANSI 60.~~]

(6[~~b~~]) Products, components, and materials used in pump facilities that may impart chemical contaminants or impurities to drinking water shall be certified to meet NSF/ANSI 61.

(7[6]) [~~Suction Lift.~~]When a pump provides suction lift:

(a) the maximum lift shall be within the pump manufacturer's recommended limits; and

(b) [~~tanks~~]priming shall be provided for the pump.

[~~(7) Priming.~~]

(8[~~a~~]) When a pump requires priming, the priming system shall:

(a[~~i~~]) use water of at least the same quality as the water being pumped; and

(b[~~ii~~]) include a means to prevent back siphoning.

(9[~~b~~]) When an air-operated ejector is used for vacuum priming, it shall draw clean air through a screened intake:

(a[~~i~~]) at least ten feet above the ground; and

(b[~~ii~~]) at least ten feet away from a point of contamination.

[~~(8) Water Seal.~~]

(10[~~a~~]) Water used as a seal for a pump shall be of at least the same quality of the water being pumped.

[~~(b) ~~] A water line supplying drinking water used as a seal for a pump that pumps non-potable water shall be protected from backflow.

[~~(9) Individual Home Booster Pumps. Individual home booster pumps shall not be allowed for any individual service from the public water supply main. Exceptions may be granted by the Director if it can be shown that the granting of an exception will not jeopardize public health.~~]

(11) A pump located within the premise plumbing of a building or on the service lateral connection, including a home booster pump, is allowed if:

(a) the pump is not needed to resolve deficiencies related to the required minimum pressures at the point of connection for the service lateral per subsection R309-105-9;

(b) the pump is approved by the PWS; and

(c) the pump installation and operation meet the applicable requirements in the International Plumbing Code and its amendments as adopted by the Department of Commerce.

KEY: drinking water, pumps, hydropneumatic systems, individual home booster pumps
Date of Last Change: [~~June 26, 2024~~]2026
Notice of Continuation: February 10, 2025
Authorizing, and Implemented or Interpreted Law: 19-4-104

NOTICE OF SUBSTANTIVE CHANGE		
TYPE OF FILING: Repeal and Reenact		
Rule or section number:	**R386-702**	**Filing ID: 57823**

Agency Information

1. Title catchline:	Health and Human Services, Population Health, Environmental Epidemiology
Building:	Cannon Health Building
Street address:	288 N 1460 W
City, state:	Salt Lake City, UT
Mailing address:	PO Box 142100
City, state and zip:	Salt Lake City, UT 84116

Contact persons:		
Name:	**Phone:**	**Email:**
Chris Smoot	385-566-9476	csmoot@utah.gov
Rachelle Boulton	385-228-5632	rboulton@utah.gov
Please address questions regarding information on this notice to the persons listed above.		

General Information

2. Rule or section catchline:

R386-702. Communicable Disease Rule

4. Purpose of the new rule or reason for the change:

Because electronic reporting has become more widely adopted in Utah and is required for some federal programs, such as the Centers for Medicaid and Medicare Services Promoting Interoperability Programs, the Division of Population Health (division) determined it is appropriate to update this rule to improve reporting efficiency and quality.

Upon review of this rule, the Governance Committee also recommended adding the name of the bacterium that causes melioidosis to lists of reportable events to align with the formatting of other list items.

Additional changes to reportable conditions in this filing are based on an analysis from an epidemiologist affiliate group, including state and local health department officials.

Additionally, upon internal review of this rule, the division determined additional changes in this filing are appropriate to simplify wording and clarify intent throughout the rule to better comply with the Rulewriting Manual for Utah and align with other rules under the Department of Health and Human Services (department).

While the department anticipates additional substantive changes are needed for Sections R386-702-15 through R386-702-18, those will be made in a future filing.

The department is collecting public comment on a public form available at:
https://docs.google.com/forms/d/e/1FAIpQLSc8PC_rJY1c-EzeuZLtdYZIeDvISpffCI_SjNuuamVZT5i1aA/viewform.

5. Summary of the new rule or change:

This change removes non-emergency manual disease reporting methods, enhances electronic disease reporting methods, amends the list of reportable conditions, updates disease control measures, and clarifies language to improve interpretation of rule requirements.

Additionally, it makes style and formatting changes to comply with the Rulewriting Manual for Utah and align with other rules under the department.

As there are a significant amount of changes and line-by-line markups would be difficult to follow, the department determined this filing should be formatted as a repeal and reenact.

Fiscal Information

6. Provide an estimate and written explanation of the aggregate anticipated cost or savings to:

A. State budget:

As a result of this filing, there is an anticipated cost to the department of a one-time $50,000 expansion of the department's online reporting portal and an ongoing annual cost of an estimated $20,000 for the portal's maintenance.

Department IT systems already accept HL7 messages used in electronic laboratory reporting (ELR), electronic case reporting (eCR), and syndromic surveillance (SyS).

Staff is already appropriated for the upkeep of those data feeds and onboarding of new users, and there is no measurable additional cost from any increase in volume of reports received or savings as a result of time saved by using the online system for reporting.

The department already developed and used the online reporting portal for the COVID-19 pandemic response and, as a result of this filing, the reporting portal will expand its functionality to include all reportable conditions. Though expanding the reporting portal's functionality and maintenance is anticipated to result in the costs mentioned above, this expansion falls within the scope of normal operations, and it is anticipated that any additional work will be absorbed into the responsibilities of existing staff.

The University of Utah submits a significant number of communicable disease reports each month and is already using ELR, eCR, and SyS in a way that complies with these new requirements. Therefore, this rule change is not expected to have any fiscal impact to the University of Utah.

B. Local governments:

Although this filing updates the required format for a reporting entity to submit a report of a communicable disease to the department, this filing leaves the format of reports accepted by Utah's 13 local health departments (LHDs) to each LHD's discretion.

Due to the department no longer accepting non-emergency manual reports, this may increase the volume of manual reports that are submitted to LHDs, but there is no way to know how many manual reports will be submitted to LHDs or if the number of reports those LHDs already receive will change as a result of this filing.

Based on data available to the department in October 2025, any LHDs in the state that do reportable testing provide only CLIA-waived tests for reportable conditions and would be categorized as category two laboratories required to report to the department via the reporting portal. This is not anticipated to incur additional costs to these LHDs because the department's reporting portal is online and free to access, and the information required for the form within the department's reporting portal is the same information the LHDs already report.

C. Small businesses ("small business" means a business employing 1-49 persons)**:**

There is no anticipated fiscal impact to the approximately 4,000 small businesses in Utah, including laboratories and small health care providers.

Small businesses that qualify as a category one laboratory were already required to report through ELR. This filing removes the option of reporting with an HL7 2.3.1 message structure, but reporting with the remaining required HL7 2.5.1 message structure is not anticipated to result in a cost to these small businesses. The HL7 2.5.1 message structure is already used by many of these small business category one laboratories, and, furthermore, updating message structures is an industry standard that is periodically anticipated by small businesses.

Small businesses that qualify as a category two laboratory are required to report to the department via ELR, unless ELR is unavailable to the small business category two laboratory. If ELR is unavailable, the small business category two laboratory may use the department's reporting portal. This is not anticipated to incur a cost to these small businesses because the department's reporting portal is online and free to access, and the information required for the form within the department's reporting portal is the same information the small business category two laboratories already report.

It is not anticipated that any small business would qualify as an "acute care hospital" and be required to report via eCR. It is also not anticipated that any small businesses operate an emergency department and therefore, be required to report via SyS.

While the changes to reportable conditions may result in a cost to small business reporters to update practices and processes, any such cost is inestimable because each small business has unique internal practices and processes.

Additionally, a small business may choose to comply with ELR requirements through a vendor. Vendors used to comply with ELR requirements do not usually charge a small business based on volume or variety of reports, but there is no way for the department to predict the funding structure of each vendor.

The time required for a small business to input reports into the online reporting portal may increase if they identify any case of the reportable conditions added by this filing, but there is no way to know if or how many such cases will arise for each small business.

D. Non-small businesses ("non-small business" means a business employing 50 or more persons)**:**

There is no anticipated fiscal impact to the approximately 500 non-small businesses in Utah, including hospitals, laboratories, and non-small health care providers.

Non-small businesses that qualify as a category one laboratory were already required to report through ELR. This filing removes the option of reporting with an HL7 2.3.1 message structure, but reporting with the remaining required HL7 2.5.1 message structure is not anticipated to result in a cost to these non-small businesses. The HL7 2.5.1 message structure is already used by many of these non-small business category one laboratories, and, furthermore, updating message structures is an industry standard that is periodically anticipated by non-small businesses.

Non-small businesses that qualify as a category two laboratory are required to report to the department via ELR, unless ELR is unavailable to the non-small business category two laboratory. If ELR is unavailable, the non-small business category two laboratory may use the department's reporting portal.

This is not anticipated to incur a cost to these non-small businesses because the department's reporting portal is online and free to access, and the information required for the form within the department's reporting portal is the same information the non-small business category two laboratories already report.

Non-small businesses that qualify as acute care hospitals are required to report via eCR as a result of this filing. This would require them to maintain an EHR or EMR that is capable of eCR, and none of the acute care hospital reporters in Utah are known to lack a system capable of eCR. eCR is already an industry standard and required for some federal funding programs, such as the Centers for Medicaid and Medicare Services Promoting Interoperability Program.

While all of the known acute care hospital reporters in Utah have access to an EHR or EMR that is capable of eCR, this filing requires these acute care hospital reporters to maintain these systems for future reports. Any cost of these systems varies by vendor and is therefore inestimable.

Non-small businesses that operate an emergency department would be required to report via SyS as a result of this filing. This would require them to maintain an EHR or EMR that is capable of eCR, and none of the acute care hospital reporters in Utah are known to lack a system capable of eCR. eCR is already an industry standard and required for some federal funding programs, such as the Centers for Medicaid and Medicare Services Promoting Interoperability Program.

While all of the known acute care hospital reporters in Utah have access to an EHR or EMR that is capable of eCR, this filing requires these acute care hospital reporters to maintain these systems for future reports. Any cost of these systems varies by vendor and is therefore inestimable.

While the changes to reportable conditions may result in a cost to non-small business reporters to update practices and processes, any such cost is inestimable because each non-small business has unique internal practices and processes.

Additionally, a non-small business may choose to comply with ELR requirements through a vendor. Vendors used to comply with ELR requirements do not usually charge a non-small business based on volume or variety of reports, but there is no way for the department to predict the funding structure of each vendor.

The time required for a non-small business to input reports into the online reporting portal may increase if they identify any case of the reportable conditions added by this filing, but there is no way to know if or how many such cases will arise for each non-small business.

Any non-small business medical software vendors of EHR, EMR, or LIMS software may choose to update software to become compatible with ELR, eCR, and SyS to satisfy customer needs as an indirect result of this filing. However, because this filing does not require vendors to update practices and the process for any such update would vary by vendor, any such cost is inestimable.

E. Persons other than small businesses, non-small businesses, state, or local government entities ("person" means any individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an ***agency***)**:**

There is no anticipated cost to other persons as a result of this filing because the process for reporting a communicable disease for any other person has not changed.

F. Compliance costs for affected persons:

The department estimates that the expansion of the online reporting portal will require approximately 500 total hours of work split between a contracted software developer and staff member with an estimated average hourly wage of $100, leading to a total anticipated cost of $50,000.

Additionally, the department estimates that maintenance for the online reporting portal will have an ongoing annual compliance cost of four hours weekly split between a contracted software developer and staff member at an estimated average hourly wage of $100, leading to a total anticipated annual cost of $20,000.

As the University of Utah is already using ELR, eCR, and SyS in a way that complies with new requirements in this filing, there is no anticipated compliance cost.

As LHDs are not anticipated to have to change current methods of reporting as a result of this filing, there is no anticipated compliance cost.

Small business laboratories and health care providers are not anticipated to have a compliance cost related to any updates in messaging structure or as a result of ELR requirements, and any compliance costs as a result of changes in this filing to reportable conditions are inestimable.

Non-small business hospitals, laboratories, and health care providers are not anticipated to have a compliance cost related to any updates in messaging structure or as a result of ELR requirements. Non-small business acute care hospitals may have an inestimable compliance cost to comply with eCR requirements. Non-small business that operate an emergency department may have an inestimable compliance cost to comply with SyS requirements. Any compliance costs as a result of changes in this filing to reportable conditions are also inestimable.

Additionally, non-small medical software vendors that choose to update software to become compatible with ELR, eCR, and SyS may have an inestimable compliance cost.

G. Regulatory Impact Summary Table (This table includes only fiscal impacts the agency was able to measure. If the agency could not estimate an impact, it is excluded from this table but described in boxes A through F.)

Regulatory Impact Summary Table					
Fiscal Cost	**FY2026**	**FY2027**	**FY2028**	**FY2029**	**FY2030**
State Budget	$50,000	$20,000	$20,000	$20,000	$20,000
Local Governments	$0	$0	$0	$0	$0
Small Businesses	$0	$0	$0	$0	$0
Non-Small Businesses	$0	$0	$0	$0	$0
Other Persons	$0	$0	$0	$0	$0
Total Fiscal Cost	**$0**	**$0**	**$0**	**$0**	**$0**
Fiscal Benefits	**FY2026**	**FY2027**	**FY2028**	**FY2029**	**FY2030**
State Budget	$0	$0	$0	$0	$0
Local Governments	$0	$0	$0	$0	$0
Small Businesses	$0	$0	$0	$0	$0
Non-Small Businesses	$0	$0	$0	$0	$0
Other Persons	$0	$0	$0	$0	$0
Total Fiscal Benefits	**$0**	**$0**	**$0**	**$0**	**$0**
Net Fiscal Benefits	**($50,000)**	**($20,000)**	**($20,000)**	**($20,000)**	**($20,000)**

H. Department head comments on fiscal impact and approval of regulatory impact analysis:

The Executive Director of the Department of Health and Human Services, Tracy S. Gruber, has reviewed and approved this regulatory impact analysis.

Citation Information

7. Provide citations to the statutory authority for the rule. If there is also a federal requirement for the rule, provide a citation to that requirement:

Section 26B-1-202	Section 26B-7-202	Section 26B-7-207

Incorporation by Reference Information

8. Incorporation by Reference:	
A. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	HL7 CDA R2 Implementation Guide: Public Health Case Report, the Electronic Initial Case Report (eICR) Release 3.1.1 – US Realm
Publisher	Health Level Seven International
Issue Date	October 2024
Issue or Version	3.1.1

B. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	HL7 Version 2.5.1 Implementation Guide: Laboratory Results Interface (LRI), Release 1 STU Release 4 - US Realm
Publisher	Health Level Seven International
Issue Date	October 2022
Issue or Version	2.5.1

C. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Electronic Case Reporting Supplemental Document
Publisher	Utah Department of Health and Human Services
Issue Date	August 14, 2025
Issue or Version	1

D. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Electronic Laboratory Reporting Supplemental Document
Publisher	Utah Department of Health and Human Services
Issue Date	August 14, 2025
Issue or Version	1

E. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Syndromic Surveillance Reporting Requirement Supplemental Document
Publisher	Utah Department of Health and Human Services
Issue Date	August 29, 2025
Issue or Version	1

F. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	HL7 Version 2.5.1 Implementation Guide: Syndromic Surveillance, Release 1 - US Realm
Publisher	Health Level Seven International
Issue Date	July 26, 2019
Issue or Version	2.5.1

Public Notice Information

9. The public may submit written or oral comments to the agency identified in box 1.	
A. Comments will be accepted until:	04/14/2026

10. This rule change MAY become effective on:	04/21/2026
NOTE: The date above is the date the agency anticipates making the rule or its changes effective. It is NOT the effective date.	

Agency Authorization Information

Agency head or designee and title:	Tracy S. Gruber, Executive Director	**Date:**	02/25/2026

R386. Health and Human Services, Population Health, Environmental Epidemiology.

[~~R386-702. Communicable Disease Rule.~~

~~R386-702-1. Purpose Statement.~~

~~(1) Sections 26B-7-316 through 26B-7-324 provide authority for sections in this rule as noted, and Sections 26B-7-202, 26B-7-207, and 26B-1-202 authorize all other sections of this rule.~~

~~(2) This rule outlines a multidisciplinary approach to communicable and infectious disease control and emphasizes reporting, surveillance, isolation, treatment, and epidemiological investigation to identify and control preventable causes of infectious diseases. Reporting requirements and authorizations are specified for communicable and infectious diseases, outbreaks, and unusual occurrence of any disease. Each section has been adopted with the intent of reducing disease morbidity and mortality through the rapid implementation of established practices and procedures.~~

~~(3) The successes of medicine and public health dramatically reduced the risk of epidemics and early loss of life due to infectious agents during the twentieth century. However, the emergence of diseases such as Middle Eastern Respiratory Syndrome (MERS), and the rapid spread of diseases such as West Nile virus to the United States from other parts of the world, made possible by advances in transportation, trade, food production, and other factors, highlight the continuing threat to health from infectious diseases. Continual attention to these threats and cooperation among all health care providers, government agencies, and other entities that are partners in protecting the public's health are crucial to maintaining and improving the health of the citizens of Utah.~~

~~R386-702-2. Definitions.~~

~~(1) "Carrier" means the same as that term is defined in Section 26B-7-201.~~

~~(2) "Communicable disease" means the same as that term is defined in Section 26B-7-201.~~

~~(3) "Contact" means the same as that term is defined in Section 26B-7-201.~~

~~(4) "Epidemic" means the same as that term is defined in Section 26B-7-201.~~

~~(5) "Infection" means the same as that term is defined in Section 26B-7-201.~~

~~(6) "Schools" means the same as that term is defined in Section 26B-7-201.~~

~~(7) "Health care provider" means the same as that term is defined in Section 26B-7-206.~~

~~(8) "Assisted living facilities" means the same as that term is defined in Section 26B-2-201.~~

~~(9) "Nursing care facilities" means the same as that term is defined in Section 26B-2-201.~~

~~(10) "Bioterrorism" means the same as that term is defined in Section 26B-7-301.~~

~~(11) "Childcare programs" means the same as that term is defined in Section 26B-2-401.~~

~~(12) "Health care facilities" means the same as that term is defined in Section 78B-3-403.~~

~~(13) "Mental health facilities" means the same as that term is defined in Section 26B-5-301.~~

~~(14) "Local health department" means the same as that term is defined in Section R386-80-2.~~

~~(15) In addition, for purposes of this rule:~~

~~(a) "Blood and plasma center" is defined as a blood bank, blood storage facility, plasma center, hospital, any facility where blood or blood products are collected, or any facility where blood services are provided.~~

~~(b) "Care facilities licensed through the Department of Health and Human Services" is described as any facility licensed through the Department of Health and Human Services, and includes adult day care facilities, adult foster care facilities, crisis respite facilities, domestic violence shelters and treatment programs, foster care homes, mental health treatment programs, residential treatment and day treatment facilities for persons with disabilities, substance abuse treatment programs, and youth treatment programs.~~

~~(c) "Case" is defined as any person, living or deceased, identified as having a communicable disease, condition, or syndrome that meets criteria for being reportable under this rule, or that is otherwise under public health investigation.~~

~~(d) "Clinic" is defined as any facility where a health care provider practices.~~

~~(e) "Condition" is defined as an abnormal state of health that may interfere with a person's regular feelings of wellbeing.~~

~~(f) "Correctional facility" is defined as a facility that forcibly confines an individual under the authority of the government, including prisons, detention centers, jails, juvenile detention centers.~~

~~(g) "Department" is defined as the Utah Department of Health and Human Services.~~

~~(h) "Diagnostic facility" is defined as the facility where the case or suspect case was seen and evaluated by a healthcare provider.~~

~~(i) "Dispensary" is defined as an office in a school, hospital, industrial plant, or other organization that dispenses medications or medical supplies.~~

~~(j) "Electronic case reporting" is defined as the transmission of clinical, diagnostic, laboratory, and treatment related data from reporting entities to the Department in a structured, computer-readable format that reflects comparable content to HL7 CDA R2 Implementation Guide: Public Health Case Report, Release 2 - US Realm - the Electronic Initial Case Report (eICR). Electronic Initial Case Reporting is a form of electronic reporting.~~

~~(k) "Electronic laboratory reporting" is defined as the transmission of laboratory or health related data from reporting entities to the Department using HL7 ORU-R01 2.3.1 or 2.5.1, LOINC, and SNOMED standard message structure and vocabulary. Electronic laboratory reporting is a form of electronic reporting.~~

~~(l) "Electronic reporting" is defined as the transmission of laboratory or health related data from reporting entities to the Department in a structured, computer-readable format that reflects comparable content to HL7 messaging.~~

~~(m) "Encounter" is defined as an instance of an individual presenting to a health care facility.~~

~~(n) "Event" is defined as any communicable disease, condition, laboratory result, syndrome, outbreak, epidemic, or other public health hazard that meets criteria for being reportable under this rule.~~

~~(o) "Good Samaritan" is defined as a person who gives reasonable aid to strangers in grave physical distress.~~

~~(p) "Invasive disease" is defined as infection occurring in parts of the body where organisms are not normally present, such as the bloodstream, organs, or the meninges.~~

~~(q) "Laboratory" is defined as any facility that receives, refers, or analyzes clinical specimens.~~

~~(r) "Manual reporting" is defined as the transmission of laboratory or health related data from reporting entities to the Department using processes that require hand keying for data to be incorporated into Department databases.~~

~~(s) "Normally sterile site" is defined as a part of the body where organisms are not normally present, such as the bloodstream, organs, or the meninges.~~

~~(t) "Outbreak" is defined as the increased occurrence of any communicable disease, health condition, or syndrome in a community, institution, or region; or two or more cases of a communicable disease, health condition, or syndrome in persons with a common exposure.~~

~~(u) "Public health hazard" is defined as the presence of an infectious organism or condition in the environment that endangers the health of a specified population.~~

~~(v) "Suspect case" is defined as any person, living or deceased, who a reporting entity, local health department, or the Department believes might be a case, but for whom it has not been established that the criteria necessary to become a case have been met.~~

~~(w) "SARS-CoV-2 NAAT" is any SARS-CoV-2 Nucleic Acid Amplification Test (NAAT) conducted in a facility certified under CLIA to perform moderate- or high-complexity tests.~~

~~(x) "Syndrome" is defined as a set of signs or symptoms that often occur together.~~

~~R386-702-3. Reportable Events.~~

~~(1) The Department declares the following events to be of concern to public health and reporting of all instances is required or authorized by Sections 26B-7-202, 26B-7-207, and 26B-1-202.~~

~~(2) Events reportable by each entity are as follows:~~

~~(a) acute flaccid myelitis;~~

~~(b) adverse event resulting from smallpox vaccination (vaccinia virus, orthopox virus);~~

~~(c) anaplasmosis (Anaplasma phagocytophilum);~~

~~(d) anthrax (Bacillus anthracis) or anthrax-like illness caused by Bacillus cereus strains that express anthrax toxin genes;~~

~~(e) antibiotic resistant organisms from any clinical specimen that meet the following criteria:~~

~~(i) resistant to a carbapenem in:~~

~~(A) Acinetobacter species;~~

~~(B) Enterobacter species;~~

~~(C) Escherichia coli; or~~

~~(D) Klebsiella species; or~~

~~(ii) Resistant to vancomycin in Staphylococcus aureus (VRSA); or~~

~~(iii) demonstrated carbapenemase production in:~~

~~(A) Acinetobacter species;~~

~~(B) Enterobacter species;~~

~~(C) Escherichia coli;~~
~~(D) Klebsiella species; or~~
~~(E) any other Enterobacteriaceae species;~~
~~(f) arbovirus infection, including:~~
~~(i) chikungunya virus infection;~~
~~(ii) West Nile virus infection; and~~
~~(iii) Zika virus infection; including congenital;~~
~~(g) babesiosis (Babesia spp.);~~
~~(h) botulism (Clostridium botulinum);~~
~~(i) brucellosis (Brucella spp.);~~
~~(j) campylobacteriosis (Campylobacter spp.);~~
~~(k) Candida auris or Candida haemulonii from any body site;~~
~~(l) Chagas disease (Trypanosoma cruzi);~~
~~(m) chancroid (Haemophilus ducreyi);~~
~~(n) chickenpox (varicella zoster virus, VZV, human herpesvirus 3, HHV 3);~~
~~(o) chlamydia (Chlamydia trachomatis);~~
~~(p) coccidioidomycosis (Coccidioides spp.), also known as valley fever;~~
~~(q) Colorado tick fever (Colorado tick fever virus, Coltivirus spp.), also known as American mountain tick fever;~~
~~(r) novel coronavirus disease including Middle East respiratory syndrome (MERS-CoV), and severe acute respiratory syndrome (SARS-CoV);~~
~~(s) COVID-19 (SARS-CoV-2);~~
~~(t) cryptosporidiosis (Cryptosporidium spp.);~~
~~(u) cyclosporiasis (Cyclospora spp., including Cyclospora cayetanensis);~~
~~(v) dengue fever (dengue virus);~~
~~(w) diphtheria (Corynebacterium diphtheriae);~~
~~(x) ehrlichiosis (Ehrlichia spp.);~~
~~(y) encephalitis (bacterial, fungal, parasitic, protozoan, and viral);~~
~~(z) Shiga toxin-producing Escherichia coli (STEC) infection;~~
~~(aa) giardiasis (Giardia lamblia), also known as beaver fever;~~
~~(bb) gonorrhea (Neisseria gonorrhoeae), including sexually transmitted and ophthalmia neonatorum;~~
~~(cc) Haemophilus influenzae, invasive disease;~~
~~(dd) hantavirus infection (Sin Nombre virus);~~
~~(ee) hemolytic uremic syndrome, postdiarrheal;~~
~~(ff) hepatitis, viral including:~~
~~(i) hepatitis A;~~
~~(ii) hepatitis B (acute, chronic, and perinatal);~~
~~(iii) hepatitis C (acute, chronic, and perinatal);~~
~~(iv) hepatitis D; and~~
~~(v) hepatitis E;~~
~~(gg) human immunodeficiency virus (HIV) infection, including acquired immune deficiency syndrome (AIDS);~~
~~(hh) influenza virus infection:~~
~~(i) associated with a hospitalization;~~
~~(ii) associated with a death in a person under 18 years of age; or~~
~~(iii) suspected or confirmed to be caused by a non-seasonal influenza strain;~~
~~(ii) Legionellosis (Legionella spp.), also known as Legionnaires' disease;~~
~~(jj) leptospirosis (Leptospira spp.);~~
~~(kk) listeriosis (Listeria spp., including Listeria monocytogenes);~~
~~(ll) Lyme disease (Borrelia burgdorferi, Borrelia mayonii);~~
~~(mm) malaria (Plasmodium spp.);~~
~~(nn) measles (measles virus), also known as rubeola;~~
~~(oo) meningitis (bacterial, fungal, parasitic, protozoan, and viral);~~
~~(pp) meningococcal disease (Neisseria meningitidis), invasive;~~
~~(qq) mumps (mumps virus);~~
~~(rr) mycobacterial infections, including:~~
~~(i) tuberculosis (Mycobacterium tuberculosis complex);~~
~~(ii) leprosy (Mycobacterium leprae), also known as Hansen's disease; or~~
~~(iii) any other mycobacterial infections (Mycobacterium spp.);~~
~~(ss) pertussis (Bordetella pertussis);~~
~~(tt) plague (Yersinia pestis);~~
~~(uu) poliomyelitis (poliovirus), paralytic and nonparalytic;~~
~~(vv) psittacosis (Chlamydophila psittaci), also known as ornithosis;~~
~~(ww) Q fever (Coxiella burnetii);~~

~~(xx) rabies (rabies virus), human and animal;~~
~~(yy) relapsing fever (Borrelia spp.), tick-borne and louse-borne;~~
~~(zz) rubella (rubella virus), including congenital syndrome;~~
~~(aaa) salmonellosis (Salmonella spp.);~~
~~(bbb) shigellosis (Shigella spp.);~~
~~(ccc) smallpox (Variola major and Variola minor);~~
~~(ddd) spotted fever rickettsioses (Rickettsia spp.), including Rocky Mountain spotted fever (Rickettsia rickettsii);~~
~~(eee) streptococcal disease, invasive, due to:~~
~~(i) Streptococcus pneumoniae;~~
~~(ii) group A streptococcus (Streptococcus pyogenes); or~~
~~(iii) group B streptococcus (Streptococcus agalactiae);~~
~~(fff) Syphilis (Treponema pallidum), including:~~
~~(i) any stage;~~
~~(ii) congenital; and~~
~~(iii) syphilitic stillbirths;~~
~~(ggg) tetanus (Clostridium tetani);~~
~~(hhh) toxic shock syndrome, staphylococcal (Staphylococcus aureus) or streptococcal (Streptococcus pyogenes);~~
~~(iii) transmissible spongiform encephalopathies (prion diseases), including Creutzfeldt-Jakob disease;~~
~~(jjj) trichinellosis (Trichinella spp.);~~
~~(kkk) tularemia (Francisella tularensis);~~
~~(lll) typhoid (Salmonella typhi), cases and carriers;~~
~~(mmm) vibriosis (Vibrio spp.), including cholera (Vibrio cholerae);~~
~~(nnn) viral hemorrhagic fevers including:~~
~~(i) Ebola virus disease (Ebolavirus spp.);~~
~~(ii) Lassa fever (Lassa virus); and~~
~~(iii) Marburg fever (Marburg virus);~~
~~(ooo) yellow fever (yellow fever virus).~~
~~(3) Pregnancy is a reportable event for a subset of communicable diseases, and reporting is required even if the communicable disease was reported to public health before the pregnancy. Perinatally transmissible conditions reportable by each entity are as follows:~~
~~(i) hepatitis B infection;~~
~~(ii) hepatitis C infection;~~
~~(iii) HIV infection;~~
~~(iv) listeriosis;~~
~~(v) rubella;~~
~~(vi) syphilis infection; and~~
~~(vii) Zika virus infection.~~
~~(4) Antimicrobial susceptibility tests reportable by each entity are as follows:~~
~~(a) Full panel antimicrobial susceptibility test results, including minimum inhibitory concentration and results suppressed to the ordering clinician, are reportable when performed on the following organisms:~~
~~(i) Candida auris or Candida haemulonii from any body site;~~
~~(ii) Mycobacterium tuberculosis;~~
~~(iii) Neisseria gonorrhoeae;~~
~~(iv) Salmonella species;~~
~~(v) Shigella species; and~~
~~(vi) Streptococcus pneumoniae;~~
~~(vii) organisms resistant to a carbapenem in:~~
~~(A) Acinetobacter species;~~
~~(B) Enterobacter species;~~
~~(C) Escherichia coli; or~~
~~(D) Klebsiella species;~~
~~(viii) organisms resistant to VRSA.~~
~~(b) Individual carbapenemase test results including positive, negative, equivocal, indeterminate and the method used, are reportable when performed on organisms resistant to a carbapenem, or with demonstrated carbapenemase, in:~~
~~(i) Acinetobacter species;~~
~~(ii) Enterobacter species;~~
~~(iii) Escherichia coli; and~~
~~(iv) Klebsiella species.~~
~~(c) Antiviral susceptibility test results, including nucleotide sequencing, genotyping, or phenotypic analysis, are reportable when performed on: human immunodeficiency virus (HIV).~~
~~(5) Unusual events reportable by each entity include one or more cases or suspect cases of a communicable disease, condition, or syndrome considered:~~
~~(a) rare, unusual, or new to Utah;~~

~~(b) previously controlled or eradicated;~~
~~(c) caused by an unidentified or newly identified organism;~~
~~(d) due to exposure or infection that may indicate a bioterrorism event with potential transmission to the public; or~~
~~(e) any other infection not explicitly identified in Subsection R386-702-3(2) that public health considers a public health hazard.~~
~~(6) Outbreaks, epidemics, or unusual occurrences of events reportable by each entity are as follows:~~
~~(a) Entities shall report two or more cases or suspect cases, with or without an identified organism, including:~~
~~(i) gastrointestinal illnesses;~~
~~(ii) respiratory illnesses;~~
~~(iii) meningitis or encephalitis;~~
~~(iv) infections caused by antimicrobial resistant organisms;~~
~~(v) illnesses with suspected foodborne or waterborne transmission;~~
~~(vi) illnesses with suspected ongoing transmission in any facility;~~
~~(vii) infections that may indicate a bioterrorism event; or~~
~~(viii) any other infections not explicitly identified in Subsection R386-702-3(2) that public health considers a public health hazard.~~
~~(b) Entities shall report increases or shifts in pharmaceutical sales that may indicate changes in disease trends.~~
~~(7) Laboratory results reportable by electronic reporters are as follows:~~
~~(a) In addition to laboratory results set forth in Subsections R386-702-3(2) through R386-702-3(6), entities reporting electronically shall include the following laboratory results or laboratory results that provide presumptive evidence of the following communicable diseases:~~
~~(i) influenza virus;~~
~~(ii) norovirus infection;~~
~~(iii) Pseudomonas aeruginosa, resistant to a carbapenem, or with demonstrated carbapenemase production;~~
~~(iv) Staphylococcus aureus from a normally sterile site with methicillin testing performed, reported as either methicillin-susceptible Staphylococcus aureus (MSSA) or methicillin-resistant Staphylococcus aureus (MRSA); and~~
~~(v) Streptococcal disease, invasive due to all species.~~
~~(b) Entities reporting electronically shall include any laboratory results including positive, negative, equivocal, indeterminate, associated with the following tests or conditions:~~
~~(i) CD4+ T-Lymphocyte tests, regardless of known HIV status;~~
~~(ii) chlamydia;~~
~~(iii) Clostridium difficile;~~
~~(iv) novel coronavirus COVID-19 (SARS-CoV-2), detected by a SARS-CoV-2 NAAT;~~
~~(v) cytomegalovirus (CMV), congenital (infants less than or equal to 12 months of age);~~
~~(vi) gonorrhea;~~
~~(vii) hepatitis A;~~
~~(viii) hepatitis B, including viral loads;~~
~~(ix) hepatitis C, including viral loads;~~
~~(x) HIV, including viral loads and confirmatory tests;~~
~~(xi) liver function tests, including ALT, AST, and bilirubin associated with a viral hepatitis case;~~
~~(xii) Lyme disease;~~
~~(xiii) respiratory syncytial virus (RSV);~~
~~(xiv) syphilis;~~
~~(xv) tuberculosis; and~~
~~(xvi) Zika virus.~~
~~(c) Entities reporting electronically shall report full panel antibiotic susceptibility test results, including minimum inhibitory concentration and results suppressed to the ordering clinician, are reportable when performed on Pseudomonas aeruginosa, resistant to a carbapenem, or with demonstrated carbapenemase.~~
~~(d) The Department may, by authority granted through Title 26B, Chapter 7, Part 2, Detection and Management of Chronic and Communicable Diseases and Public Health Emergencies, identify additional reporting criteria when deemed necessary for the management of outbreaks or identification of exposures.~~
~~(e) Non-positive laboratory results reported for the events identified in Subsection R386-702-3(7)(b) will be used for the following purposes:~~
~~(i) to determine when a previously reported case becomes non-infectious;~~
~~(ii) to identify newly acquired infections through identification of a seroconversion window; or~~
~~(iii) to provide information critical for assignment of a case status.~~
~~(f) Information associated with a non-positive laboratory result will be kept by the Department for a period of 18 months.~~
~~(i) At the end of the 18 month period, if the result has not been appended to an existing case, personal identifiers will be stripped and expunged from the result.~~
~~(ii) The de-identified result will be added to a de-identified, aggregate data set.~~
~~(iii) The data set will be kept for use by public health to analyze trends associated with testing patterns and case distribution, and identify and establish prevention and intervention efforts for at-risk populations.~~
~~(8) Authorized reporting of syndromes and conditions are as follows:~~
~~(a) Reporting of encounters for the following syndromes and conditions is authorized by Sections 26B-7-202, 26B-7-206, and 26B-7-207, unless made mandatory by the declaration of a public health emergency:~~

~~(i) respiratory illness, including:~~
~~(A) upper or lower respiratory tract infections;~~
~~(B) difficulty breathing; or~~
~~(C) adult respiratory distress syndrome;~~
~~(ii) gastrointestinal illness, including:~~
~~(A) vomiting;~~
~~(B) diarrhea; or~~
~~(C) abdominal pain;~~
~~(iii) influenza-like constitutional symptoms or signs;~~
~~(iv) neurologic symptoms or signs indicating the possibility of meningitis, encephalitis, or unexplained acute encephalopathy or delirium;~~
~~(v) rash illness;~~
~~(vi) hemorrhagic illness;~~
~~(vii) botulism-like syndrome;~~
~~(viii) lymphadenitis;~~
~~(ix) sepsis or unexplained shock;~~
~~(x) febrile illness (illness with fever, chills or rigors);~~
~~(xi) nontraumatic coma or sudden death; and~~
~~(xii) other criteria specified by the Department as indicative of disease outbreaks or injurious exposures of uncertain origin.~~
~~(b) Reporting of encounters for syndromes and conditions not specified in Subsection R386-702-3(8)(a) is also authorized by Sections 26B-7-316 through 26B-7-324, unless made mandatory by the declaration of a public health emergency.~~
~~(c) Information included in the reporting of the events identified in Subsections R386-702-3(8)(a) and R386-702-3(8)(b) will be used for the following purposes:~~
~~(i) to support early identification and ruling out of public health threats, disasters, outbreaks, suspected incidents, and acts of bioterrorism;~~
~~(ii) to assist in characterizing population groups at greatest risk for disease or injury;~~
~~(iii) to support assessment of the severity and magnitude of possible threats; or~~
~~(iv) to satisfy syndromic surveillance objectives of the Federal Centers for Medicaid and Medicare Meaningful Use incentive program.~~
~~(9) Reporting exceptions:~~
~~(a) A university or hospital that conducts research studies exempt from reporting AIDS and HIV infection under Section 26B-7-203 shall seek written approval of reporting exemption from the Department institutional review board before the study commencement.~~
~~(b) The university or hospital shall submit the following to the HIV Epidemiologist within 30 days of Department institutional review board approval:~~
~~(i) a summary of the research protocol, including funding sources and justification for requiring anonymity; and~~
~~(ii) written approval from the Department institutional review board.~~
~~(c) The university or hospital shall submit a report that includes each of the indicators specified in Subsection 26B-7-203(4)(a) to the HIV Epidemiologist annually during an ongoing research study.~~
~~(d) The university or hospital shall submit a final report that includes each of the indicators specified in Subsection 26B-7-203(4)(a) to the HIV Epidemiologist within 30 days of the conclusion of the research study.~~
~~(e) Documents can be submitted to the HIV Epidemiologist by fax at (801) 538-9923 or by mail to 288 North 1460 West Salt Lake City, Utah 84116.~~

~~R386-702-4. Entities Required to Report.~~
~~(1) Section 26B-7-206 lists those entities required to report cases or suspect cases of the reportable events set forth in Section R386-702-3. This includes:~~
~~(a) health care providers, as defined in Section 78B-3-403;~~
~~(b) health care facilities, as defined in Section 78B-3-403;~~
~~(c) health care facilities operated by the federal government;~~
~~(d) mental health facilities, as defined in Section 26B-5-301;~~
~~(e) care facilities licensed through the Department of Health and Human Services;~~
~~(f) nursing care facilities and assisted living facilities, as defined in Section 26B-2-201;~~
~~(g) dispensaries;~~
~~(h) clinics;~~
~~(i) laboratories;~~
~~(j) schools, as defined in Section 26B-7-201;~~
~~(k) childcare programs, as defined in Section 26B-2-401; and~~
~~(l) any individual with a knowledge of others who have a communicable disease.~~
~~(2) In addition, the following entities are required to report cases or suspect cases of the reportable events set forth in Section R386-702-3:~~
~~(a) blood and plasma donation centers; and~~
~~(b) correctional facilities.~~

~~(3) When more than one entity is involved in the processing of a clinical specimen; or the diagnosis, treatment, or care of a case or suspect case, each entity involved shall report, even when diagnosis or testing is done outside of Utah.~~

~~(4) Health care entities may designate a single person or group of persons to report the events identified in Section R386-702-3 to public health on behalf of their health care providers or medical laboratories, as long as reporting complies with requirements in this rule.~~

~~R386-702-5. Mandatory Submission of Clinical Material.~~

~~(1) Laboratories shall submit clinical material from cases identified with organisms listed in Subsection R386-702-5(3) to the Utah Department of Health and Human Services, Utah Public Health Laboratory (UPHL) within three working days of identification.~~

~~(a) Clinical material is defined as:~~

~~(i) A clinical isolate containing the organism for which submission of material is required; or~~

~~(ii) If an isolate is not available, material containing the organism for which submission of material is required, in the following order of preference:~~

~~(A) a patient specimen;~~

~~(B) nucleic acid; or~~

~~(C) other laboratory material.~~

~~(2) Laboratories submitting clinical material from cases identified with organisms designated by UPHL as potential bioterrorism agents shall first notify UPHL via telephone immediately during business hours at (801) 965-2400, or after hours at (801) 560-6586.~~

~~(3) Organisms mandated for standard clinical submission include:~~

~~(a) antibiotic resistant organisms from any clinical specimen that meet the following criteria:~~

~~(i) resistant to a carbapenem in:~~

~~(A) Acinetobacter species;~~

~~(B) Enterobacter species;~~

~~(C) Escherichia coli;~~

~~(D) Klebsiella species; or~~

~~(E) Pseudomonas aeruginosa;~~

~~(ii) resistant to vancomycin in Staphylococcus aureus (VRSA);~~

~~(iii) demonstrated carbapenemase production in:~~

~~(A) Acinetobacter species;~~

~~(B) Enterobacter species;~~

~~(C) Escherichia coli;~~

~~(D) Klebsiella species;~~

~~(E) any other Enterobacteriaceae species; or~~

~~(F) Pseudomonas aeruginosa;~~

~~(b) Campylobacter species;~~

~~(c) Candida auris or Candida haemulonii from any body site;~~

~~(d) Corynebacterium diphtheriae;~~

~~(e) Shiga toxin-producing Escherichia coli (STEC), including enrichment or MacConkey broths that tested positive by any method for Shiga toxin;~~

~~(f) Haemophilus influenzae, from normally sterile sites;~~

~~(g) influenza A virus, unsubtypeable;~~

~~(h) influenza virus, only hospitalized cases;~~

~~(i) Legionella species;~~

~~(j) Listeria monocytogenes;~~

~~(k) measles (rubeola) virus;~~

~~(l) Mycobacterium tuberculosis complex;~~

~~(m) Neisseria meningitidis, from normally sterile sites;~~

~~(n) Salmonella species;~~

~~(o) SARS-CoV-2 NAAT-positive samples;~~

~~(p) Shigella species;~~

~~(q) Vibrio species;~~

~~(r) West Nile virus;~~

~~(s) Yersinia species;~~

~~(t) Zika virus; and~~

~~(u) any organism implicated in an outbreak when instructed by authorized local or state health department personnel.~~

~~(v) mandatory submission requirements may be temporarily suspended or modified by the Department.~~

~~(4) Organisms mandated for bioterrorism clinical submission include:~~

~~(a) Bacillus anthracis;~~

~~(b) Brucella species;~~

~~(c) Clostridium botulinum;~~

~~(d) Francisella tularensis; and~~

~~(e) Yersinia pestis.~~

(5) Submission of clinical material does not replace the requirement for laboratories to report the event to public health as defined in Sections R386-702-6 and R386-702-7.

(6) For additional information on this process, contact UPHL at (801) 965-2400.

R386-702-6. Reporting Criteria.

(1) Manual reporting criteria is as follows:

(a) Reporting timeframes are as follows:

(i) Entities shall report immediately reportable events by telephone as soon as possible, but no later than 24 hours after identification. Events designated as immediately reportable by the Department include cases and suspect cases of:

(A) anthrax or anthrax-like illness;

(B) botulism, excluding infant botulism;

(C) cholera;

(D) novel coronavirus disease including: Middle East Respiratory Syndrome (MERS), and severe acute respiratory syndrome (SARS);

(E) diphtheria;

(F) Haemophilus influenzae, invasive disease;

(G) hepatitis A;

(H) influenza infection suspected or confirmed to be caused by a non-seasonal influenza strain;

(I) measles;

(J) meningococcal disease, invasive;

(K) plague;

(L) poliovirus, paralytic and nonparalytic;

(M) rabies, human and animal;

(N) rubella, excluding congenital syndrome;

(O) smallpox;

(P) Staphylococcus aureus from any clinical specimen that is resistant to vancomycin;

(Q) transmissible spongiform encephalopathies (prion diseases), including Creutzfeldt-Jakob disease;

(R) tuberculosis;

(S) tularemia;

(T) typhoid, cases and carriers;

(U) viral hemorrhagic fevers;

(V) yellow fever; or

(W) any event described in Subsection R386-702-3(5) or R386-702-3(6).

(ii) Entities shall report events in Subsections R386-702-3(2) through R386-702-3(6) not required to be reported immediately within three working days from the time of identification.

(b) Methods for reporting are as follows:

(i) Entities reporting manually shall send reports to either a local health department or the Department by phone, secured fax, secured email, or mail.

(ii) Contact information for the Department is as follows:

(A) phone: (801) 538-6191 during business hours, or 888-EPI-UTAH (888-374-8824) after hours;

(B) secured fax: (801) 538-9923;

(C) secured email: reporting@utah.gov contact the Department at (801) 538-6191 for information on this option; and

(D) mail: 288 North 1460 West Salt Lake City, Utah 84116.

(iii) A confidential morbidity report form is available at: http://health.utah.gov/epi/reporting/.

(iv) The Department incorporates by reference version 2.2 of the Utah Reporting Specifications for Communicable Diseases, that identifies individual laboratory tests that shall be reported to the Department by manual reporting entities.

(2) Electronic reporting criteria is as follows:

(a) Reporting timeframes are as follows:

(i) Entities that report electronically shall report laboratory results within 24 hours of finalization.

(A) Entities can choose to report in real-time, as each report is released, or batch reports.

(B) Entities reporting electronically shall report preliminary positive results for the immediately reportable events specified in Subsection R386-702-6(1)(a)(i).

(b) Methods for reporting are as follows:

(i) Laboratories that identify cases or suspect cases shall report to the Department through electronic laboratory reporting, in a manner approved by the Department. Reportable events shall be identified by automated computer algorithms.

(A) Laboratories may substitute electronic reporting if electronic laboratory reporting is not available, with permission from the Department, and in a manner approved by the Department.

(B) Hospitals reporting electronically shall use HL7 2.5.1 message structure, and standard LOINC and SNOMED terminology in accordance with Meaningful Use regulations.

(C) Laboratories reporting electronically shall use HL7 2.3.1 or 2.5.1 message structure, and appropriate LOINC codes designating the test performed.

(D) Entities reporting electronically shall submit local vocabulary codes with translations to the Division of Population Health Informatics Program, if applicable.

(E) The Department incorporates by reference version 1.3 of the Utah Electronic Laboratory Reporting Specifications for Communicable Diseases, that identifies individual laboratory tests that shall be reported to the Department by electronic reporting entities.

(F) For additional information on this process, refer to https://health.utah.gov/phaccess/public/elr/ or contact the Division of Population Health Informatics Program by phone (801-538-6191) or email (edx@utah.gov).

(ii) Electronic case reporting is an authorized method of reporting to the Department. For additional information on this process, contact the Division of Population Health Informatics Program by phone (801-538-6191) or email (edx@utah.gov).

(A) Entities reporting via electronic case reporting may send any clinical information for an encounter that meets criteria for reporting to public health.

(3) Syndromic reporting criteria is as follows:

Entities reporting syndromes or conditions identified in Subsection R386-702-3(8) shall report as soon as practicable using a schedule approved by the Department.

For information on reporting syndromic data, refer to https://health.utah.gov/phaccess/public/SS/ or contact the Division of Population Health Informatics Program by phone (801-538-6191) or email (edx@utah.gov).

R386-702-7. Required Information.

(1) Entities shall include the following information when reporting events specified in Subsections R386-702-3(2) through R386-702-3(6) to public health:

(a) Patient information:

(i) full name;

(ii) date of birth;

(iii) address, including street address, city, state, and zip code;

(iv) telephone number;

(v) gender;

(vi) race and ethnicity;

(vii) date of onset;

(viii) hospitalization status and date of admission; and

(ix) pregnancy status and estimated due date.

(b) Diagnostic information:

(i) name of the diagnostic facility;

(ii) address, including street address, city, state, and zip code; of the diagnostic facility;

(iii) telephone number of the diagnostic facility;

(iv) full name of the ordering or diagnosing health care provider;

(v) address, including street address, city, state, and zip code; of the ordering or diagnosing health care provider; and

(vi) telephone number of the ordering or diagnosing health care provider.

(c) Reporter information:

(i) full name of the person reporting;

(ii) name of the facility reporting; and

(iii) telephone number of the person or facility reporting.

(d) Laboratory testing information:

(i) name of the laboratory performing the test;

(ii) the laboratory's name for, or description of, the test;

(iii) specimen source;

(iv) specimen collection date;

(v) testing results;

(vi) laboratory test date;

(vii) test reference range; and

(viii) test status including preliminary, final, amended, or corrected.

(2) Entities shall submit reports that are clearly legible and do not contain any internal codes or abbreviations to the Department.

(3) Entities submitting or forwarding a specimen for testing using a laboratory test identified in the Utah Electronic Laboratory Reporting Specifications for Communicable Diseases shall include the patient's full name, date of birth, gender, race, ethnicity, address, and telephone number, so that the performing laboratory can report results to the appropriate public health agency.

(a) If the patient's address is not known by the submitting or forwarding entity, the submitting or forwarding entity shall provide the performing laboratory with the name and address of the facility where the specimen originated.

(4) Entities shall reference http://health.utah.gov/epi/reporting, or contact the Department at (801) 538-6191, for additional reporting specifications, including technical documents, reporting forms, and protocols.

(5) Full reporting of relevant patient information is authorized when reporting events listed in Subsection R386-702-3(8) to public health.

(a) Entities shall include in reports at least the following information, if known:

(i) name of the facility;

(ii) a patient identifier;

~~(iii) date of visit;~~
~~(iv) time of visit;~~
~~(v) patient's age;~~
~~(vi) patient's gender;~~
~~(vii) zip code of patient's residence;~~
~~(viii) chief complaint, reason for visit, or diagnosis; and~~
~~(ix) whether the patient was admitted to the hospital.~~

~~R386-702-8. Confidentiality of Reports.~~

~~(1) Reports required by this rule are confidential and are not open to public inspection. Information collected pursuant to this rule shall not be released or made public, except as provided by Sections 26B-7-217 and 26B-7-220. Penalties for violation of confidentiality are prescribed in Section 26B-7-219.~~

~~(2) Nothing in this rule precludes the discussion of case information with an attending clinician or public health workers.~~

~~(3) The Department or local health department shall disclose communicable disease related information regarding the person who was assisted to the medical provider of a Good Samaritan when that medical provider submits a request to the Department or local health department.~~

~~(a) The request must include:~~
~~(i) information regarding the occurrence of the accident, fire, or other life-threatening emergency;~~
~~(ii) a description of the exposure risk to the Good Samaritan; and~~
~~(iii) contact information for the Good Samaritan and their medical provider.~~
~~(b) The Department or local health department will ensure that the disclosed information:~~
~~(i) includes enough detail to allow for appropriate education and follow-up to the Good Samaritan; and~~
~~(ii) ensures confidentiality is maintained for the person who was aided.~~
~~(c) No identifying information will be shared with the Good Samaritan or their medical provider regarding the person who was assisted. The Good Samaritan shall receive written information warning them that information regarding the person who was assisted is protected by state law.~~

~~R386-702-9. Non-Compliance with Reporting Regulations.~~

~~(1) Any person who violates Rule R386-702 may be subject to penalty or sanction as provided in Sections 26B-7-219 and 26B-7-316.~~

~~(2) Willful non-compliance may result in the Department working with other agencies to incur penalties that may include loss of accreditation or licensure.~~

~~(3) Records maintained by reporting entities are subject to review by Department personnel to assure the completeness and accuracy of reporting.~~

~~(4) If public health conducts a surveillance project, such as assessing the completeness of case finding or assessing another measure of data quality, the Department may, at its discretion, waive any penalties for participating entities if cases are found that were not originally reported for whatever reason.~~

~~R386-702-10. Information Necessary for Public Health Investigation and Surveillance.~~

~~(1) Reporting entities shall provide the Department or local health department with any records or other materials requested by public health that are necessary to conduct a thorough investigation.~~

~~(a) Subsection (1) includes medical records, additional laboratory testing results, treatment and vaccination history, clinical material, or contact information for cases, suspect cases, or persons potentially exposed.~~

~~(b) The Department or local health department shall be granted on-site access to a facility, when such access is critical to a public health investigation.~~

~~R386-702-11. General Measures for the Control of Communicable Diseases.~~

~~(1) The local health department shall maintain reportable disease records as needed to enforce Chapter 7 of the Health and Human Services Code and this rule, or as requested by the Utah Department of Health and Human Services.~~

~~(2) General control measures for reportable diseases are as follows:~~

~~(a) The local health department shall, when an unusual or rare disease occurs in any part of the state or when any disease becomes so prevalent as to endanger the state as a whole, contact the Office of Communicable Diseases, Utah Department of Health and Human Services for assistance, and shall cooperate with the representatives of the Utah Department of Health and Human Services.~~

~~(b) The local health department shall investigate and control the causes of epidemic, infectious, communicable, and other disease affecting the public health. The local health department shall also provide for the detection, reporting, prevention, and control of communicable, infectious, and acute diseases that are dangerous or important or that may affect the public health. The local health department may require physical examination and measures to be performed as necessary to protect the health of others.~~

~~(c) If, in the opinion of the local health officer it is necessary or advisable to protect the public's health that any person shall be kept from contact with the public, the local health officer shall establish, maintain, and enforce involuntary treatment, isolation, and quarantine as provided by Sections 26B-7-303 through 26B-7-315. Control measures shall be specific to the known or suspected disease agent. Guidance is available from the Office of Communicable Diseases, Utah Department of Health and Human Services, or official reference listed in Section R386-702-18.~~

~~(d) The local health department shall take action and measures as may be necessary within Sections 26B-7-303 through 26B-7-315, and this rule, to prevent the spread of any communicable disease, infectious agent, or any other condition that pose a public health hazard. Action shall be initiated upon discovery of a case or upon receipt of notification or report of any disease.~~

~~(e) A case; suspected case; carrier; contact; other person; or entity, including a facility, hotel, or other organization, shall, upon request of a public health authority, promptly cooperate during:~~

~~(i) an investigation of the circumstances or cause of a case, suspected case, outbreak, or suspected outbreak.~~

~~(ii) the carrying out of measures for prevention, suppression, and control of a public health hazard, including procedures of restriction, isolation, and quarantine.~~

~~(3) Control measures for public food handlers and places where food or drink products are handled or processed are as follows:~~

~~(a) A person known to be infected with a communicable disease that can be transmitted by food or drink products, or who is suspected of being infected with such a disease, may not engage in the commercial handling of food or drink products, or be employed on any premises handling those types of products, unless those products are packaged off-site and remain in a closed container until purchased for consumption, until the person is determined by the local health department to be free of communicable disease, or incapable of transmitting the infection.~~

~~(b) If a case, carrier, or suspected case of a disease that can be conveyed by food or drink products is found at any place where food or drink products are handled or offered for sale, or if a disease is found or suspected to have been transmitted by these food or drink products, the local health department may immediately prohibit the sale, or removal of drink and other food products from the premises. Sale or distribution of food or drink products from the premises may be resumed when measures have been taken to eliminate the threat to health from the product and its processing.~~

~~(c) If a local health department finds it is not able to completely comply with this rule, the local health officer or their representative shall request the assistance of the Utah Department of Health and Human Services. In such circumstances, the local health department shall provide required information to the Office of Communicable Diseases. If the local health officer fails to comply with this rule, the Utah Department of Health and Human Services shall take action necessary to enforce this rule.~~

~~(d) Laboratory analyses that are necessary to identify the causative agents of reportable diseases or to determine adequacy of treatment of patients with a disease shall be ordered by the physician or other health care provider to be performed in or referred to a laboratory holding a valid certificate under the Clinical Laboratory Improvement Amendments of 1988.~~

~~R386-702-12. Special Measures for Control of Rabies.~~

~~(1) Rationale of treatment is as follows:~~

~~A physician must evaluate individually each exposure to possible rabies infection. The physician shall also consult with local or state public health officials if questions arise about the need for rabies prophylaxis.~~

~~(2) Management of biting animals is as follows:~~

~~(a) A healthy dog, cat, or ferret that bites a person shall be confined and observed at least daily for ten days from the date of bite, regardless of vaccination status, as specified by local animal control ordinances. It is recommended that rabies vaccine not be administered during the observation period. Such animals shall be evaluated by a veterinarian at the first sign of illness during confinement. A veterinarian or animal control officer shall immediately report any illness in the animal to the local health department. If signs suggestive of rabies develop, a veterinarian or animal control officer shall direct that the animal be euthanized, its head removed, and the head shipped under refrigeration, not frozen, for examination of the brain by a laboratory approved by the Utah Department of Health and Human Services.~~

~~(b) If the dog, cat, or ferret shows no signs of rabies or illness during the ten day period, the veterinarian or animal control officer shall direct that the unvaccinated animal be vaccinated against rabies at the owner's expense before release to the owner. If a veterinarian is not available, the animal may be released, but the owner shall have the animal vaccinated within 72 hours of release. If the dog, cat, or ferret was appropriately vaccinated against rabies before the incident, the animal may be released from confinement after the 10-day observation period with no further restrictions.~~

~~(c) Any stray or unwanted dog, cat, or ferret that bites a person may be euthanized immediately by a veterinarian or animal control officer, if permitted by local ordinance, and the head submitted, as described in Subsection R386-702-12(2)(a), for rabies examination. If the brain is negative by fluorescent antibody examination for rabies, one can assume that the saliva contained no virus, and the person bitten need not be treated.~~

~~(d) Wild animals include raccoons, skunks, coyotes, foxes, bats, the offspring of wild animals crossbred to domestic dogs and cats, and any carnivorous animal other than a domestic dog, cat, or ferret.~~

~~(e) Signs of rabies in wild animals cannot be interpreted reliably. If a wild animal bites or scratches a person, the person or attending medical personnel shall notify an animal control or law enforcement officer. A veterinarian, animal control officer or representative of the Division of Wildlife Resources shall kill the animal at once, without unnecessary damage to the head, and submit the brain, as described in Subsection R386-702-12(2)(a), for examination for evidence of rabies. If the brain is negative by fluorescent antibody examination for rabies, one can assume that the saliva contained no virus, and the person bitten need not be treated.~~

~~(f) Rabbits, opossums, squirrels, chipmunks, rats, and mice are rarely infected and their bites rarely, if ever, call for rabies prophylaxis or testing. Unusual exposures to any animal should be reported to the local health department or the Office of Communicable Diseases, Utah Department of Health and Human Services.~~

~~(g) When rare, valuable, captive wild animals maintained in zoological parks approved by the United States Department of Agriculture or research institutions, as defined by Section 26B-1-236, bite or scratch a human, the Office of Communicable Diseases, Utah Department of Health and Human Services shall be notified. Subsection R386-702-12(2)(e) may be waived by the Office of Communicable Diseases, Utah Department of Health and Human Services if zoological park operators or research institution managers can demonstrate that the following rabies control measures are established:~~

~~(i) Employees who work with the animal have received preexposure rabies immunization.~~

(ii) The person bitten by the animal voluntarily agrees to accept post-exposure rabies immunization provided by the zoological park or research facility.

(iii) The director of the zoological park or research facility shall direct that the biting animal be held in complete quarantine for a minimum of four months for dogs and cats, and six months for ferrets. Quarantine requires that the animal be prohibited from direct contact with other animals or humans.

(h) Any animal bitten or scratched by a wild, carnivorous animal or a bat that is not available for testing shall be regarded as having been exposed to rabies. The animal shall be placed in a strict quarantine for four months for dogs and cats, or six months for ferrets.

(i) For maximum protection of the public health, unvaccinated dogs, cats, and ferrets bitten or scratched by a confirmed or suspected rabid animal shall be euthanized immediately by a veterinarian or animal control officer. If the owner is unwilling to have the animal euthanized, the local health officer shall order that the animal be held in strict isolation in a municipal or county animal shelter or a veterinary medical facility approved by the local health department, at the owner's expense, for at least four months for dogs and cats, and six months for ferrets. The animal shall be vaccinated one month before being released. If any illness suggestive of rabies develops in the animal, the veterinarian or animal control officer shall immediately report the illness to the local health department and the veterinarian or animal control officer shall direct that the animal be euthanized and the head shall be handled as described in Subsection R386-702-12(2)(a).

(j) Dogs, cats, and ferrets that are currently vaccinated and are bitten by rabid animals, shall be revaccinated immediately by a veterinarian and confined and observed by the animal's owner for 45 days. If any illness suggestive of rabies develops in the animal, the owner shall report immediately to the local health department and the animal shall be euthanized by a veterinarian or animal control officer and the head shall be handled as described in Subsection R386-702-12(2)(a).

(k) Livestock exposed to a rabid animal and currently vaccinated with a vaccine approved by the United States Department of Agriculture for that species shall be revaccinated immediately by a veterinarian and observed by the owner for 45 days. Unvaccinated livestock shall be slaughtered immediately. If the owner is unwilling to have the animal slaughtered, the animal shall be kept under close observation by the owner for six months.

(l) Unvaccinated animals other than dogs, cats, ferrets, and livestock bitten by a confirmed or suspected rabid animal shall be euthanized immediately by a veterinarian or animal control officer.

(3) Testing fees at the UPHL are as follows:

(a) Animals being submitted to UPHL for rabies testing must follow criteria defined in The Compendium of Animal Rabies Prevention and Control to be eligible for testing without a fee. Testing of animals that fit this criteria will be eligible for a waived fee for testing. Testing of animals that do not meet this criteria will incur a testing fee as set forth by UPHL.

(b) The following situations will not incur a rabies testing fee if testing is ordered for them through UPHL:

(i) Any bat in an instance where a person or animal has had an exposure, or reasonable probability of exposure, including known bat bites, exposure to bat saliva, a bat found in a room with a sleeping person or unattended child, or a bat found near a child or mentally impaired or intoxicated person.

(ii) Dogs, cats, or ferrets, regardless of rabies vaccination status, if signs suggestive of rabies are documented in them.

(iii) Wild mammals and hybrids that expose persons, pets, or livestock, including skunks, foxes, coyotes, and raccoons, may be tested.

(iv) Livestock may be tested if signs suggestive of rabies are documented.

(v) DHHS Office of Communicable Diseases staff are available to discuss additional situations that may warrant testing at (801) 538-6191.

(c) The following situations will incur a $95 testing fee if testing is ordered for them through UPHL:

(i) Any dog, cat, or ferret, with unknown or undocumented vaccination history that exposes a person, if signs suggestive of rabies are not documented, or if the animal has not been confined and observed for at least 10 days.

(ii) Dogs, cats, and ferrets: currently vaccinated animals that expose a person, if signs suggestive of rabies are not documented, or animals have not been confined and observed for at least 10 days.

(iii) Regardless of rabies vaccination status, a healthy dog, cat, or ferret that has not exposed a person.

(iv) Small rodents including rats, mice, squirrels, chipmunks, voles, or moles; and lagomorphs including rabbits and hares.

(v) Incomplete paperwork accompanying the sample will also result in a fee for testing; a thorough description of the situation must be included with each sample submission.

(vi) DHHS Office of Communicable Diseases staff are available to discuss additional situations that may not warrant testing at (801) 538-6191.

(d) If the specimen submitter feels they are charged inappropriately for rabies testing, they may send a letter describing the situation and requesting a waiver for fees to the: Utah Department of Health and Human Services, Office of Communicable Diseases, P.O. Box 142104, Salt Lake City, UT 84114, attention: Zoonotic Diseases Epidemiologist. Information may be submitted electronically via email to: epi@utah.gov, with a note in the subject line "Attention: Zoonotic Diseases Epidemiologist."

(i) The specimen submitter has 30 days from receipt of the testing fee invoice to file an appeal. The letter must include copies of the original paperwork that was submitted, and a copy of the invoice received, for a waiver to be considered.

(ii) DHHS and UPHL have 30 days to review information after receipt of an appeal request to make an official decision and notify the submitter.

(iii) DHHS Office of Communicable Diseases staff are available to discuss questions about testing fees and the appeal process at (801) 538-6191.

(4) Measures for standardized rabies control practices are as follows:

(a) Humans requiring either pre- or post-exposure rabies prophylaxis shall be treated in accordance with the recommendations of the U.S. Public Health Service Immunization Practices Advisory Committee, as incorporated by reference in Subsection R386-702-18(2). A copy

~~of the recommendations shall be made available to licensed medical personnel, upon request to the Office of Communicable Diseases, Utah Department of Health and Human Services.~~

~~(b) A physician or other health care provider that administers rabies vaccine shall immediately report serious systemic neuroparalytic or anaphylactic reactions to rabies vaccine through the Vaccine Adverse Event Reporting System (VAERS).~~

~~(c) The Compendium of Animal Rabies Prevention and Control, as incorporated by reference in Subsection R386-702-18(5), is the reference document for animal vaccine use.~~

~~(d) A county, city, town, or other political subdivision that requires licensure of animals shall also require rabies vaccination as a prerequisite to obtaining a license.~~

~~(e) Animal rabies vaccinations are valid only if performed by or under the direction of a licensed veterinarian in accordance with The Compendium of Animal Rabies Prevention and Control.~~

~~(f) Agencies and veterinarians administering vaccine shall document each vaccination on the National Association of State Public Health Veterinarians (NASPHV) form number 51, Rabies Vaccination Certificate, that can be obtained from vaccine manufacturers. The agency or veterinarian shall provide a copy of the report to the animal's owner. Computer-generated forms containing the same information are also acceptable.~~

~~(g) Animal rabies vaccines may be sold or otherwise provided only to licensed veterinarians or veterinary biologic supply firms. Animal rabies vaccine may be purchased by the Utah Department of Health and Human Services and the Utah Department of Agriculture and Food.~~

~~(5) Measures to prevent or control rabies outbreaks are as follows:~~

~~(a) The most important single factor in preventing human rabies is the maintenance of high levels of immunity in the pet dog, cat, and ferret populations through vaccination. Vaccination requirements include:~~

~~(i) any dog, cat, and ferret in Utah should be immunized against rabies by a licensed veterinarian; and~~

~~(ii) local governments should establish effective programs to ensure vaccination of any dogs, cats, and ferrets and to remove strays and unwanted animals.~~

~~(b) If the Utah Department of Health and Human Services determines that a rabies outbreak is present in an area of the state, the Utah Department of Health and Human Services may require that:~~

~~(i) any dog, cat, and ferret in that area and adjacent areas be vaccinated or revaccinated against rabies as appropriate for each animal's age;~~

~~(ii) any such animal be kept under the control of its owner at all times until the Utah Department of Health and Human Services declares the outbreak to be resolved;~~

~~(iii) an owner who does not have an animal vaccinated or revaccinated surrender the animal for confinement and possible destruction; and~~

~~(iv) such animals found at large be confined and possibly destroyed.~~

~~R386-702-13. Special Measures for Control of Typhoid.~~

~~Because typhoid control measures depend largely on sanitary precautions and other health measures designed to protect the public, the local health department shall investigate each case of typhoid and strictly manage the infected individual according to the following:~~

~~(1) Standard precautions are required for cases during hospitalization. Use contact precautions for diapered or incontinent patients during illness. Hospital care is desirable during acute illness. Release of the patient from supervision by the local health department shall be based on three or more negative cultures of feces, and of urine in patients with schistosomiasis, taken at least 24 hours apart. Cultures must have been taken at least 48 hours after antibiotic therapy has ended and not earlier than one month after onset of illness as specified in Subsection R386-702-13(6). If any of these cultures is positive, repeat cultures at intervals of one month during the 12-month period following onset until at least three consecutive negative cultures are obtained as specified in Subsection R386-702-13(6). The patient shall be restricted from food handling, child care, and from providing patient care during the period of supervision by the local health department.~~

~~(2) Administration of typhoid vaccine is recommended for household members of known typhoid carriers. Household and close contacts of a carrier shall be restricted from food handling, child care, and patient care until two consecutive negative stool specimens, taken at least 24 hours apart, are submitted, or when approval is granted by the local health officer according to local jurisdiction.~~

~~(3) If a laboratory or physician identifies a carrier of typhoid, the attending physician shall immediately report the details of the case by telephone to the local health department or the Office of Communicable Diseases, Utah Department of Health and Human Services using the process described in Section R386-702-6. Each infected individual shall submit to the supervision of the local health department. Carriers are prohibited from food handling, child care, and patient care until released in accordance with Subsection R386-702-13(4)(a) or R386-702-13(4)(b). Reports and orders of supervision shall be kept confidential and may be released only as allowed by Subsection 26B-7-217(2)(c).~~

~~(a) Any person who harbors typhoid bacilli for three but less than 12 months after onset is defined as a convalescent carrier. Release from occupational and food handling restrictions may be granted at any time from three to 12 months after onset, as specified in Subsection R386-702-13(6).~~

~~(b) Any person who continues to excrete typhoid bacilli for more than 12 months after onset of typhoid is a chronic carrier. Any person who gives no history of having had typhoid or who had the disease more than one year previously, and whose feces or urine are found to contain typhoid bacilli is also a chronic carrier.~~

~~(c) If typhoid bacilli are isolated from surgically removed tissues, organs, including the gallbladder or kidney, or from draining lesions such as osteomyelitis, the attending physician shall report the case to the local health department or the Office of Communicable Diseases, Utah Department of Health and Human Services. If the person continues to excrete typhoid bacilli for more than 12 months, the person is a chronic carrier and may be released after satisfying the criteria for chronic carriers in Subsection R386-702-13(6).~~

~~(4) The local health department shall report typhoid carriers to the Office of Communicable Diseases, and shall:~~

(a) require the necessary laboratory tests for release;
(b) issue written instructions to the carrier; and
(c) supervise the carrier.
(5) Requirements for Release of Convalescent and Chronic Carriers: The local health officer or their representative may release a convalescent or chronic carrier from occupational and food handling restrictions only if at least one of the following conditions is satisfied:
(a) for carriers without schistosomiasis, three consecutive negative cultures obtained from fecal specimens authenticated by the attending physician, hospital personnel, laboratory personnel, or local health department staff taken at least one month apart and at least 48 hours after antibiotic therapy has stopped;
(b) for carriers with schistosomiasis, three consecutive negative cultures obtained from both fecal and urine specimens authenticated by the attending physician, hospital personnel, laboratory personnel, or local health department staff taken at least one month apart and at least 48 hours after antibiotic therapy has stopped;
(c) the local health officer or their representative determine that additional treatment such as cholecystectomy or nephrectomy has terminated the carrier state; or
(d) the local health officer or their representative determines the carrier no longer presents a risk to public health according to the evaluation of other factors.

R386-702-14. Special Measures for the Control of Ophthalmia Neonatorum.
(1) Every physician or midwife practicing obstetrics or midwifery shall, within three hours of the birth of a child, instill or cause to be instilled in each eye of such newborn 0.5% ophthalmic erythromycin ointment to prevent the development of ophthalmia neonatorum.
(2) If this ointment is not available due to a disruption in distribution or manufacturing, a physician or midwife shall apply or cause to be administered an alternative treatment to infants at risk for exposure to N. gonorrhoeae included in the Centers for Disease Control and Prevention Sexually Transmitted Infections Treatment Guidelines, 2021, incorporated by reference within this rule.

R386-702-15. Special Measures for the Control of HIV/AIDS.
If an individual is tested and found to have an HIV infection, the Department or local health department shall provide partner services, linkage-to-care activities, and promote retention to HIV care.
(1) Definitions:
(a) "Partner" is defined as any individual, including a spouse, who has shared needles, syringes, or drug paraphernalia or who has had sexual contact with an HIV infected individual.
(b) "Spouse" is defined as any individual who is the marriage partner of that person at any time within the ten-year period before the diagnosis of HIV infection.
(c) "Linkage to care" is defined by a reported CD4+ T-Lymphocyte test or HIV viral load determination within three months of HIV positive diagnosis.
(d) "Retention to care" is defined by a reported CD4+ T-Lymphocyte test or HIV viral load determination once within a 12-month period.
(3) Partner services include:
(a) confidential partner notification within 30 days of receiving a positive HIV result or when relevant additional information is found to aide in an investigation or case management;
(b) prevention counseling;
(c) testing for HIV;
(d) providing recommendations for testing for other sexually transmitted diseases;
(e) providing recommendations for hepatitis screening and vaccination;
(f) treatment or linkage to medical care on an ongoing basis, as needed; and
(g) linkage or referral to other prevention services and support.
(4) Re-engagement to care includes:
(a) linkage to medical care, on an ongoing basis, as needed;
(b) linkage or referral to other prevention services and support;
(c) confidential partner notification, as needed;
(d) prevention counseling;
(e) providing recommendations for testing for other sexually transmitted diseases;
(f) providing recommendations for hepatitis screening and vaccination;
(g) medication adherence counseling; and
(h) risk reduction counseling.

R386-702-16. Special Measures to Prevent Perinatal and Person-to-Person Transmission of Hepatitis B Infection.
(1) A licensed healthcare provider who provides prenatal care shall routinely test each pregnant woman for hepatitis B surface antigen (HBsAg) at an early prenatal care visit. This section does not apply if the pregnant woman, after being informed of the possible consequences, objects to the test on the basis of religious or personal beliefs.
(2) The licensed healthcare provider who provides prenatal care shall repeat the HBsAg test during late pregnancy for those women who tested negative for HBsAg during early pregnancy, but who are at high risk based on:
(a) evidence of clinical hepatitis during pregnancy;
(b) injection drug use;

(c) occurrence during pregnancy or a history of a sexually transmitted disease;
(d) occurrence of hepatitis B in a household or close family contact; or
(e) the judgment of the healthcare provider.
(3) In addition to other reporting required by this rule, each positive HBsAg result detected in a pregnant woman shall be reported to the local health department or the Department, as specified in Section 26B-7-206. That report shall state that the woman was pregnant at time of testing if that information is available to the reporting entity.
(4) A licensed healthcare provider who provides prenatal care shall document a woman's HBsAg test results, or the basis of the objection to the test, in the medical record for that patient.
(5) Every hospital and birthing facility shall develop a policy to assure that:
(a) when a pregnant woman is admitted for delivery, or for monitoring of pregnancy status, the result from a test for HBsAg performed on that woman during that pregnancy is available for review and documented in the hospital record;
(b) when a pregnant woman is admitted for delivery, if the woman's test result is not available to the hospital or birthing facility, the mother is tested for HBsAg as soon as possible, but before discharge from the hospital or birthing facility;
(c) if a pregnant woman who has not had prenatal care during that pregnancy is admitted for monitoring of pregnancy status only, and if the woman's test result is not available to the hospital or birthing facility, the mother is tested for HBsAg status before discharge from the hospital or birthing facility;
(d) positive HBsAg results identified by testing performed or documented during the hospital stay are reported as specified in this rule;
(e) infants born to HBsAg positive mothers receive hepatitis B immune globulin (HBIG) and hepatitis B vaccine, administered at separate injection sites, within 12 hours of birth;
(f) infants born to mothers whose HBsAg status is unknown receive hepatitis B vaccine within 12 hours of birth, and if the infant is born preterm with birth weight less than 2,000 grams, that infant also receives HBIG within 12 hours;
(g) if at the time of birth the mother's HBsAg status is unknown and the HBsAg test result is later determined to be positive, that infant receives HBIG as soon as possible but within 7 days of birth; and
(h) HBIG administration and birth dose hepatitis B vaccine status of infants born to mothers who are HBsAg positive are reported within 24 hours of delivery to the local health department and Utah Department of Health and Human Services Immunization Program at (801) 538-9450.
(6) Local health departments shall perform the following activities or assure that they are performed:
(a) Females between the ages of 12 and 50 years when an HBsAg positive test result is reported will be screened for pregnancy status within one week of receipt of that lab result.
(b) Infants born to HBsAg positive mothers complete the hepatitis B vaccine series as specified in the "Red Book: 2021-2024 Report of the Committee on Infectious Diseases" 32nd Edition. Elk Grove Village, IL, American Academy of Pediatrics; 2021.
(c) Children born to HBsAg positive mothers are tested for HBsAg and antibody against hepatitis B surface antigen (anti-HBs) at 9 to 12 months of age to monitor the success of therapy and identify cases of perinatal hepatitis B infection. Testing is done at least one month after the final dose of hepatitis B vaccine series is administered, and no earlier than 9 months of age. Children who test negative for HBsAg and do not demonstrate serological evidence of immunity against hepatitis B when tested as described in this subsection receive three additional vaccine doses and are retested as specified in the "Red Book: 2021-2024 Report of the Committee on Infectious Diseases" 32nd Edition. Elk Grove Village, IL, American Academy of Pediatrics; 2021.
(d) HBsAg positive mothers are advised regarding how to reduce their risk of transmitting hepatitis B to others.
(e) Household members and sex partners of HBsAg positive mothers are evaluated to determine susceptibility to hepatitis B infection and if determined to be susceptible, are offered or advised to obtain vaccination against hepatitis B. Identified acute hepatitis B cases shall be investigated by the local health department, and identified household and sexual contacts shall be advised to obtain vaccination against hepatitis B.
(7) Subsections (5) and (6) do not apply if the pregnant woman or the child's guardian, after being informed of the possible consequences, objects to any of the required procedures on the basis of religious or moral beliefs. The hospital or birthing facility shall document the basis of the objection.
(8) Prevention of transmission by individuals with chronic hepatitis B infection.
(a) The Department defines a chronic hepatitis B case as a person that is HBsAg positive, total antibody against hepatitis B core antigen (anti-HBc) positive, if performed, and IgM anti-HBc negative.
(b) An individual with chronic hepatitis B infection shall be advised regarding how to reduce the risk that the individual will transmit hepatitis B to others.
(c) Household members and sex partners of individuals with chronic hepatitis B infection shall be evaluated to determine susceptibility to hepatitis B infection, and if determined to be susceptible, shall be offered or advised to obtain vaccination against Hepatitis B.

R386-702-17. Public Health Emergency.
(1) Declaration of Emergency: With the Governor's and Executive Director's, or in the absence of the Executive Director, the Executive Director's designee, concurrence, the Department or a local health department may declare a public health emergency by issuing an order mandating reporting emergency illnesses or health conditions specified in Section R386-702-3 for a reasonable time.
(2) For purposes of an order issued under this section and during the public health emergency, the following definitions apply.
(a) "Emergency center" means:
(i) a health care facility licensed under Title 26B, Chapter 2, Health Care Facility Licensing and Inspection, that operates an emergency department; or

~~(ii) a clinic that provides emergency or urgent health care to an average of 20 or more persons daily.~~

~~(b) "Encounter" means an instance of an individual presenting at the emergency center who satisfies the criteria in Subsection R386-702-3(2).~~

~~(c) "Diagnostic information" means an emergency center's records of individuals who present for emergency or urgent treatment, including the reason for the visit, chief complaint, results of diagnostic tests, presenting diagnosis, and final diagnosis, including diagnostic codes.~~

~~(3) The Department shall designate the fewest number of emergency centers as is practicable to obtain the necessary data to respond to the emergency.~~

~~(a) Designated emergency centers shall report using the process described in Section R386-702-6.~~

~~(b) An emergency center designated by the Department shall report the encounters to the Department by:~~

~~(i) allowing Department representatives or agents, including local health department representatives, to review its diagnostic information to identify encounters during the previous day;~~

~~(ii) reviewing its diagnostic information on encounters during the previous day and reporting all encounters by 9 a.m. the following day;~~

~~(iii) identifying encounters and submitting that information electronically to the Department, using a computerized analysis method, and reporting mechanism and schedule approved by the Department; or~~

~~(iv) by other arrangement approved by the Department.~~

~~(4) For purposes of epidemiological and statistical analysis, the emergency center shall report on encounters during the public health emergency that do not meet the definition for a reportable emergency illness or health condition. The report shall be made using the process described in Section R386-702-6 and shall include the following information for each such encounter:~~

~~(a) facility name;~~

~~(b) date of visit;~~

~~(c) time of visit;~~

~~(d) patient's age;~~

~~(e) patient's sex; and~~

~~(f) patient's zip code for patient's residence.~~

~~(5) If either the Department or a local health department collects identifying health information on an individual who is the subject of a report made mandatory under this section, it shall destroy that identifying information upon the earlier of its determination that the information is no longer necessary to carry out an investigation under this section or 180 days after the information was collected. However, the Department and local health departments shall retain identifiable information gathered under other sections of this rule or other legal authority.~~

~~(6) Reporting on encounters during the public health emergency does not relieve a reporting entity of its responsibility to report under other sections of this rule or other legal authority.~~

~~R386-702-18. Official References.~~

~~Treatment and management of individuals and animals who have or are suspected of having a communicable or infectious disease that must be reported pursuant to this rule shall comply with the following documents, that are incorporated by reference:~~

~~(1) American Public Health Association. "Control of Communicable Diseases Manual." 21st ed., Heymann, David L., editor, 2022;~~

~~(2) Centers for Disease Control and Prevention. "Human Rabies Prevention -- United States, 2008: Recommendations of the Advisory Committee on Immunization Practices." Morbidity and Mortality Weekly Report. 57 (RR03) (2008):1-26, 28;~~

~~(3) National Association of State Public Health Veterinarians Committee. "Compendium of Animal Rabies Prevention and Control, 2016." Nasphv.org. National Association of State Public Health Veterinarians, 18 October 2016. Web. http://nasphv.org/Documents/NASPHVRabiesCompendium.pdf;~~

~~(4) American Academy of Pediatrics. "Red Book: 2021-2024 Report of the Committee on Infectious Diseases" 32nd Edition. Elk Grove Village, IL, American Academy of Pediatrics; 2021; and~~

~~(5) National Association of State Public Health Veterinarians Animal Contact Compendium Committee 2017. "Compendium of Measures to Prevent Disease Associated with Animals in Public Settings, 2017." Journal of the American Veterinary Medicine Association 243 (2017): 1269-292.~~]

R386-702. Communicable Disease Rule.

R386-702-1. Authority and Purpose.

(1) Sections 26B-1-202, 26B-7-202, and 26B-7-207 authorize this rule.

(2) This rule:

(a) outlines a multidisciplinary approach to communicable and infectious disease control and emphasizes reporting, surveillance, isolation, treatment, and epidemiological investigation to identify and control preventable causes of infectious diseases;

(b) specifies reporting requirements and authorization for any communicable or infectious disease, outbreak, or unusual occurrence of any disease; and

(c) is intended to reduce disease morbidity and mortality through the rapid implementation of established practices and procedures.

R386-702-2. Definitions.

(1) "Acute care hospital" means a hospital that:

(a) offers emergency care 24 hours a day; and

(b) has at least one physician on staff or the medical roster who is available to the emergency care area within 30 minutes of a request.

(2) "Assisted living facility" means the same as defined in Section 26B-2-201.
(3) "Bioterrorism" means the same as defined in Section 26B-7-301.
(4) "Blood and plasma center" means:
(a) a blood bank;
(b) a blood storage facility;
(c) a plasma center;
(d) a hospital;
(e) any facility that collects blood or blood products; or
(f) any facility that provides blood services.
(5) "Care facility" means a facility licensed through the department, including any:
(a) adult day care facility;
(b) adult foster care facility;
(c) crisis respite facility;
(d) domestic violence shelter and treatment center;
(e) foster care home;
(f) mental health treatment facility;
(g) residential treatment and day treatment facility for persons with disabilities;
(h) substance abuse treatment facility; or
(i) youth treatment facility.
(6) "Carrier" means the same as defined in Section 26B-7-201.
(7) "Case" means any person, living or deceased, identified as having a communicable disease, condition, or syndrome that meets criteria for being reportable under this rule or that is otherwise under public health investigation.
(8) "Category one laboratory" means a facility that conducts any type of CLIA-certified testing, which identifies reportable conditions listed in Sections R380-702-4, R380-702-6, and R380-702-7.
(9) "Category two laboratory" means a facility that only conducts CLIA-waived testing, which identifies reportable conditions listed in Sections R380-702-4, R380-702-6, and R380-702-7.
(10) "Child care" means the same as defined in Section 26B-2-401.
(11) "Clinic" means any facility where a health care provider practices.
(12) "Clinical material" means:
(a) an isolate containing an organism listed in Subsections R386-702-6(3) and R386-702-6(4); or
(b) if an isolate is not available, material containing the organism, in the following order of preference:
(i) a patient specimen;
(ii) nucleic acid; or
(iii) other laboratory material.
(13) "Communicable disease" means the same as defined in Section 26B-7-201.
(14) "Condition" means an abnormal state of health that may interfere with a person's regular feelings of wellbeing.
(15) "Contact" means the same as defined in Section 26B-7-201.
(16) "Correctional facility" means a facility that forcibly confines an individual under the authority of the government, including any:
(a) detention center;
(b) jail;
(c) juvenile detention center; or
(d) prison.
(17) "Department" means the Department of Health and Human Services.
(18) "Diagnostic facility" means the facility where a case or suspect case was seen and evaluated by a health care provider.
(19) "Dispensary" means an office in a hospital, industrial plant, school, or other organization that dispenses medication or medical supplies.
(20) "Electronic case reporting" or "eCR" means the transmission of clinical, diagnostic, laboratory, and treatment-related data from a reporting entity to the department using the HL7 CDA R2 Implementation Guide: Public Health Case Report, the Electronic Initial Case Report (eICR) Release 3.1.1 -- US Realm or higher.
(21) "Electronic laboratory reporting" or "ELR" means the transmission of laboratory or health-related data from a reporting entity to the department using HL7 ORU-R01 2.5.1, LOINC, or SNOMED standard message structure and vocabulary.
(22) "Electronic reporting" means the transmission of laboratory or health-related data in a structured, computer-readable, department-approved format that reflects comparable content to HL7 messaging.
(23) "Encounter" means a documented interaction between a patient and a health care provider when medical services are provided.
(24) "Epidemic" means the same as defined in Section 26B-7-201.
(25) "Event" means any instance of a communicable disease, condition, epidemic, laboratory result, outbreak, syndrome, or other public health hazard that is of concern to the public and meets criteria for being reportable under Section R386-702-4.
(26) "Good Samaritan" means a person who gives reasonable aid to a stranger in grave physical distress.
(27) "Health care facility" means the same as defined in Section 78B-3-403.
(28) "Health care provider" means the same as defined in Section 78B-3-403.
(29) "Infection" means the same as defined in Section 26B-7-201.

(30) "Invasive" means infection occurring in any part of the body where organisms are not normally present, including the bloodstream, meninges, or an organ.
(31) "Laboratory" means any facility that receives, refers, or analyzes clinical specimens.
(32) "Local health department" means the same as defined in Section R386-80-2.
(33) "Mental health facility" means the same as defined in Section 26B-5-301.
(34) "Normally sterile site" means a part of the body where organisms are not normally present, including the bloodstream, meninges, or an organ.
(35) "Office" means the Office of Communicable Diseases under the Department of Health and Human Services.
(36) "Outbreak" means:
(a) the increased occurrence of any communicable disease, health condition, or syndrome in a community, institution, or region; or
(b) two or more cases of a communicable disease, health condition, or syndrome in persons with a common exposure.
(37) "Public health hazard" means the presence of an infectious organism or condition in the environment that endangers the health of a specified population.
(38) "SARS-CoV-2 NAAT" means any SARS-CoV-2 Nucleic Acid Amplification Test (NAAT) conducted in a facility certified under CLIA to perform a moderate- or high-complexity test.
(39) "School" means the same as defined in Section 26B-7-201.
(40) "Suspect case" means any person, living or deceased, who:
(a) has not yet been proven to meet the necessary criteria to be classified a case; and
(b) the department, a local health department, or a reporting entity has reason to believe might be a case.
(41) "Syndrome" means a set of signs or symptoms that often occur together.
(42) "Syndromic surveillance" means the systematic, ongoing collection and transmission of health data from the point of care, for public health purposes, to the department using HL7 version 2.5.1 or higher.
(43) "UPHL" means the Utah Public Health Laboratory.

R386-702-3. Incorporations by Reference.
If an individual or animal has, or is suspected of having, a communicable or infectious disease that is required to be reported pursuant to this rule, any entity treating or managing that individual or animal shall comply with the following documents, incorporated by reference in this rule:
(1) HL7 CDA R2 Implementation Guide: Public Health Case Report, the Electronic Initial Case Report (eICR) Release 3.1.1 -- US Realm, October 2024;
(2) HL7 Version 2.5.1 Implementation Guide: Laboratory Results Interface (LRI), Release 1 STU Release 4 - US Realm, October 2022;
(3) eCR Supplemental Document, Utah Department of Health and Human Services, 2025, Version 1;
(4) ELR Supplemental Document, Utah Department of Health and Human Services, 2025, Version 1;
(5) Syndromic Surveillance Reporting Requirement Supplemental Document, Utah Department of Health and Human Services, 2025, Version 1;
(6) HL7 Version 2.5.1 Implementation Guide: Syndromic Surveillance, Release 1 - US Realm, July 2019;
(7) Compendium of Animal Rabies Prevention and Control, 2016, National Association of State Public Health Veterinarians Committee, March 1, 2016;
(8) Sexually Transmitted Infections Treatment Guidelines, Centers for Disease Control and Prevention, 2021;
(9) Red Book: 2021-2024 Report of the Committee on Infectious Diseases, American Academy of Pediatrics, 2021, 32nd Edition;
(10) Control of Communicable Diseases Manual, American Public Health Association, 2022, 21st Edition; and
(11) Compendium of Measures to Prevent Disease Associated with Animals in Public Settings, 2017, National Association of State Public Health Veterinarians Animal Contact Compendium Committee 2017.

R386-702-4. Reportable Events.
(1) As required or authorized by Sections 26B-1-202, 26B-7-202, and 26B-7-207, each entity shall report to the department every event of:
(a) acute flaccid myelitis;
(b) adverse event resulting from smallpox vaccination (vaccinia virus, orthopox virus);
(c) anaplasmosis (Anaplasma phagocytophilum);
(d) anthrax (Bacillus anthracis) or anthrax-like illness caused by any Bacillus cereus strain that expresses any anthrax toxin gene;
(e) an antibiotic-resistant organism, from any specimen, that:
(i) is resistant to vancomycin in Staphylococcus aureus (VRSA); or
(ii) is resistant to a carbapenem in:
(A) Acinetobacter species;
(B) any Enterobacterales organism, including:
(I) Enterobacter species;
(II) Escherichia coli; or
(III) Klebsiella species; or
(C) Pseudomonas aeruginosa that is also not susceptible to;
(I) ceftolozane/tazobactam; or

(II) cefepime or ceftazidime when ceftolozane/tazobactam resistance is unknown; or
(iii) demonstrates carbapenemase production in:
(A) Acinetobacter species;
(B) any Enterobacterales organism, including:
(I) Enterobacter species;
(II) Escherichia coli; or
(III) Klebsiella species; or
(C) Pseudomonas aeruginosa;
(f) arbovirus disease, including:
(i) chikungunya virus disease;
(ii) Oropouche virus disease, congenital and non-congenital;
(iii) St. Louis encephalitis virus disease;
(iv) West Nile virus disease; and
(v) Zika disease including congenital;
(g) babesiosis (Babesia spp.);
(h) botulism (Clostridium botulinum);
(i) brucellosis (Brucella spp.);
(j) campylobacteriosis (Campylobacter spp.);
(k) Candida auris or Candida haemulonii from any body site;
(l) Chagas disease (Trypanosoma cruzi);
(m) chancroid (Haemophilus ducreyi);
(n) chickenpox (varicella zoster virus or VZV, human herpesvirus 3 or HHV-3);
(o) chlamydia (Chlamydia trachomatis);
(p) coccidioidomycosis (Coccidioides spp.), also known as valley fever;
(q) Colorado tick fever (Colorado tick fever virus, Coltivirus spp.), also known as American mountain tick fever;
(r) novel coronavirus disease including Middle East respiratory syndrome (MERS-CoV), and severe acute respiratory syndrome (SARS-CoV);
(s) COVID-19 (SARS-CoV-2);
(t) Cronobacter sakazakii, from a normally sterile site, in a person less than 12 months old;
(u) cryptosporidiosis (Cryptosporidium spp.);
(v) cyclosporiasis (Cyclospora spp.);
(w) dengue fever (dengue virus);
(x) diphtheria (Corynebacterium diphtheriae);
(y) ehrlichiosis (Ehrlichia spp.);
(z) Shiga toxin-producing Escherichia coli (STEC) infection;
(aa) Free-living amebae, from any human source;
(i) acanthamoeba spp.;
(ii) Balamuthia mandrillaris (B. mandrillaris);
(iii) Naegleria fowleri (N. fowleri);
(bb) giardiasis (Giardia spp.);
(cc) gonorrhea (Neisseria gonorrhoeae), including sexually transmitted and ophthalmia neonatorum;
(dd) Haemophilus influenzae, invasive;
(ee) hantavirus infection (Sin Nombre virus);
(ff) hemolytic uremic syndrome, postdiarrheal;
(gg) hepatitis, viral, including:
(i) hepatitis A;
(ii) hepatitis B (acute, chronic, and perinatal);
(iii) hepatitis C (acute, chronic, and perinatal);
(iv) hepatitis D; and
(v) hepatitis E;
(hh) human immunodeficiency virus (HIV) infection, including acquired immune deficiency syndrome (AIDS);
(ii) influenza virus infection:
(i) associated with a hospitalization;
(ii) associated with a death in a person under 18 years of age; or
(iii) suspected or confirmed to be caused by a non-seasonal influenza strain;
(jj) Legionellosis (Legionella spp.), also known as Legionnaires' disease;
(kk) leptospirosis (Leptospira spp.);
(ll) listeriosis (Listeria spp., including Listeria monocytogenes);
(mm) Lyme disease (Borrelia burgdorferi, Borrelia mayonii);
(nn) malaria (Plasmodium spp.);
(oo) measles (rubeola);
(pp) melioidosis (Burkholderia pseudomallei);

(qq) meningococcal disease (Neisseria meningitidis), invasive;
(rr) mpox;
(ss) mumps (mumps virus);
(tt) mycobacterial infections, including:
(i) tuberculosis (Mycobacterium tuberculosis complex);
(ii) leprosy (Mycobacterium leprae), also known as Hansen's disease; or
(iii) any other mycobacterial infections (Mycobacterium spp.);
(uu) pertussis (Bordetella pertussis);
(vv) plague (Yersinia pestis);
(ww) poliomyelitis (poliovirus), paralytic and nonparalytic;
(xx) psittacosis (Chlamydophila psittaci), also known as ornithosis;
(yy) Q fever (Coxiella burnetii);
(zz) rabies (rabies virus), human and animal;
(aaa) relapsing fever (Borrelia spp.), tick-borne;
(bbb) rubella (rubella virus), including congenital syndrome;
(ccc) salmonellosis (Salmonella spp.);
(ddd) shigellosis (Shigella spp.);
(eee) smallpox (Variola major and Variola minor);
(fff) spotted fever rickettsioses (Rickettsia spp.), including Rocky Mountain spotted fever (Rickettsia rickettsii);
(ggg) streptococcal disease, invasive, due to:
(i) Streptococcus pneumoniae;
(ii) group A streptococcus (Streptococcus pyogenes); or
(iii) group B streptococcus (Streptococcus agalactiae);
(hhh) Syphilis (Treponema pallidum), including:
(i) any stage;
(ii) congenital; and
(iii) syphilitic stillbirths;
(iii) tetanus (Clostridium tetani);
(jjj) toxic shock syndrome, staphylococcal (Staphylococcus aureus) or streptococcal (Streptococcus pyogenes);
(kkk) transmissible spongiform encephalopathies (prion diseases), including Creutzfeldt-Jakob disease;
(lll) trichinellosis (Trichinella spp.);
(mmm) tularemia (Francisella tularensis);
(nnn) typhoid (Salmonella typhi), cases and carriers;
(ooo) vibriosis (Vibrio spp.), including cholera (Vibrio cholerae);
(ppp) viral hemorrhagic fevers including:
(i) Ebola virus disease (Ebolavirus spp.);
(ii) Lassa fever (Lassa virus); and
(iii) Marburg fever (Marburg virus); or
(qqq) yellow fever (yellow fever virus).
(2) Pregnancy is a reportable event for a subset of communicable diseases, and reporting is required even if the communicable disease was reported to the department before the pregnancy. Perinatally transmissible conditions reportable by an entity are any:
(a) hepatitis B infection;
(b) hepatitis C infection;
(c) HIV infection;
(d) listeriosis;
(e) Oropouche virus disease;
(f) rubella;
(g) syphilis infection; or
(h) Zika virus disease.
(3) Antimicrobial susceptibility tests reportable by an entity are as follows:
(a) full panel antimicrobial susceptibility test results, including minimum inhibitory concentration and results suppressed to the ordering clinician, are reportable when performed on the following organisms:
(i) Candida auris or Candida haemulonii from any body site;
(ii) Mycobacterium tuberculosis;
(iii) Neisseria gonorrhoeae;
(iv) Salmonella species;
(v) Shigella species;
(vi) Streptococcus pneumoniae;
(vii) Staphylococcus aureus from any specimen that is resistant to vancomycin (VRSA); or
(viii) organisms resistant to a carbapenem in:
(A) Acinetobacter species;
(B) any Enterobacterales organism, including:

(I) Enterobacter species;
(II) Escherichia coli; or
(III) Klebsiella species; or
(C) Pseudomonas aeruginosa that is also not susceptible to;
(I) ceftolozane/tazobactam; or
(II) cefepime or ceftazidime when ceftolozane/tazobactam resistance is unknown;
(b) individual carbapenemase test results including positive, negative, equivocal, indeterminate and the method used, are reportable when performed on an organism resistant to a carbapenem, or with demonstrated carbapenemase, in:
(i) Acinetobacter species;
(ii) any Enterobacterales organism, including:
(A) Enterobacter species;
(B) Escherichia coli; or
(C) Klebsiella species; or
(iii) Pseudomonas aeruginosa; or
(c) antiviral susceptibility test results, including nucleotide sequencing, genotyping, or phenotypic analysis, are reportable when performed on HIV.
(4) Unusual events reportable by each entity include at least one case or suspect case of a communicable disease, condition, or syndrome considered:
(a) rare, unusual, or new to Utah;
(b) previously controlled or eradicated;
(c) caused by an unidentified or newly identified organism;
(d) due to exposure or infection from a bioterrorism event with transmission to the public; or
(e) any other infection not explicitly identified in Subsection (1) that the department considers a public health hazard.
(5) Outbreaks, epidemics, or unusual occurrences of events reportable by an entity are as follows:
(a) the entity shall report two or more cases or suspect cases, with or without an identified organism, including:
(i) gastrointestinal illnesses;
(ii) respiratory illnesses;
(iii) meningitis or encephalitis;
(iv) infections caused by antimicrobial resistant organisms;
(v) illnesses with suspected foodborne or waterborne transmission;
(vi) illnesses with suspected ongoing transmission in any facility;
(vii) infections that may indicate a bioterrorism event; or
(viii) any other infections not explicitly identified in Subsection (1) that the department considers a public health hazard;
(b) the entity shall report any increase or shift in pharmaceutical sales that may indicate a change in disease trends.
(6)(a) In addition to laboratory results set forth in Subsections (1) through (5), each category one laboratory or category two laboratory shall include laboratory results for, or laboratory results that provide presumptive evidence of, the following communicable diseases:
(i) influenza virus;
(ii) norovirus infection;
(iii) respiratory syncytial virus (RSV);
(iv) Streptococcal disease, invasive due to any species; or
(v) toxoplasmosis.
(b) Each category one laboratory or category two laboratory shall include any laboratory results, including positive, negative, equivocal, or indeterminate, associated with the following tests or conditions:
(i) CD4+ T-Lymphocyte tests, regardless of known HIV status;
(ii) chlamydia;
(iii) Clostridioides difficile;
(iv) cytomegalovirus (CMV), congenital for a person up to 12 months old;
(v) gonorrhea;
(vi) hepatitis A;
(vii) hepatitis B, including viral loads;
(viii) hepatitis C, including viral loads;
(ix) HIV, including viral loads and confirmatory tests;
(x) liver function tests, including ALT, AST, and bilirubin associated with a viral hepatitis case;
(xi) measles (rubeola);
(xiii) syphilis; or
(xiv) tuberculosis.
(c) The department may identify additional reporting criteria when necessary for the management of an outbreak or identification of an exposure, in accordance with Title 26B, Chapter 7, Part 2, Detection and Management of Chronic and Communicable Diseases and Public Health Emergencies.
(d) Non-positive laboratory results reported for any event identified in Subsection (6)(b) will be used to:
(i) determine when a previously reported case becomes non-infectious;
(ii) identify any newly acquired infection through identification of a seroconversion window; or

(iii) provide information critical for assignment of a case status.

(e) The department keeps information associated with a non-positive laboratory result for 18 months.

(i) At the end of the 18-month period, if the result has not been appended to an existing case, any personal identifier is deleted from the result.

(ii) The de-identified result is added to a de-identified, aggregate data set.

(iii) The data set is kept for use by the department to:

(A) analyze trends associated with testing patterns and case distribution; and

(B) identify and establish prevention and intervention efforts for at-risk populations.

(7)(a) A university or hospital that conducts research studies exempt from reporting AIDS and HIV infection under Section 26B-7-203 must seek written approval of reporting exemption from the department institutional review board before the study commencement.

(b) The university or hospital shall submit the following to the department within 30 days of department institutional review board approval:

(i) a summary of the research protocol, including funding sources and justification for requiring anonymity; and

(ii) written approval from the department institutional review board.

(c) The university or hospital shall submit a report that includes each of the indicators specified in Subsection 26B-7-203(4)(a) to the department annually during an ongoing research study.

(d) The university or hospital shall submit a final report that includes each of the indicators specified in Subsection 26B-7-203(4)(a) to the department within 30 days of the conclusion of the research study.

(e) Any document pertaining to a reporting exemption in Subsection (7) may be submitted to the department by email to dhhs_irb@utah.gov or by mail to 288 N. 1460 West, Salt Lake City, Utah 84116.

R386-702-5. Entities Required to Report.

(1) The entities required to report each case or suspect case of a reportable event described in Section R386-702-4 include:

(a) each entity listed in Section 26B-7-206;

(b) any assisted living facility;

(c) any blood or plasma donation center;

(d) any category one laboratory;

(e) any category two laboratory;

(f) any correctional facility;

(g) any dispensary;

(h) any health care facility, as defined in Section 78B-3-403;

(i) any mental health facility, as defined in Section 26B-5-301;

(j) any nursing care facility, as defined in Section 26B-2-201;

(k) any school; and

(l) any person with a knowledge of others who have a communicable disease.

(2) Each entity involved in processing a clinical specimen or in diagnosis, treatment, or care of a case or suspect case shall report the case or suspect case.

(a) Processing a clinical specimen includes receiving, forwarding, or analyzing the specimen.

(b) Even if more than one entity is involved with the specimen, case, or suspect case, each entity shall report the case or suspect case.

(c) Each entity shall report the case or suspect case, even if diagnosis or testing is done outside of Utah.

(3) Each entity shall designate an individual or group responsible for ensuring the entity complies with any requirement for reporting in this rule.

(a) A designated individual may include:

(i) an administrative officer;

(ii) a charge nurse;

(iii) a clinic manager;

(iv) a compliance officer;

(v) an infection preventionist;

(vi) a laboratory director; or

(vii) another comparable staff member, as appropriate.

(b) Each entity shall submit the name of the designated individual or group to the department upon request.

R386-702-6. Mandatory Submission of Clinical Material.

(1) Each laboratory shall submit clinical material from each case identified with any organism listed in Section R386-702-4 to UPHL within three working days of identification.

(2)(a) Submission of clinical material is mandatory for:

(i) any antibiotic-resistant organism, from any specimen, that:

(A) is resistant to vancomycin in Staphylococcus aureus (VRSA);

(B) is resistant to a carbapenem in:

(I) Acinetobacter species;

(II) any Enterobacterales organism;

(III) Pseudomonas aeruginosa that is not susceptible to:

(Aa) ceftolozane/tazobactam; or
(Bb) cefepime or ceftazidime when ceftolozane/tazobactam resistance is unknown;
(C) demonstrates carbapenemase production in:
(I) Acinetobacter species;
(II) any Enterobacterales organism; or
(III) Pseudomonas aeruginosa;
(ii) Campylobacter species;
(iii) Candida auris or Candida haemulonii from any body site;
(iv) Corynebacterium diphtheriae;
(v) Cronobacter sakazakii, from a normally sterile site in a person less than 12 months old;
(vi) Shiga toxin-producing Escherichia coli including enrichment or MacConkey broths that tested positive by any method for Shiga toxin;
(vii) Haemophilus influenzae from a normally sterile site;
(viii) influenza A virus, unsubtypeable;
(ix) influenza virus in a hospitalized case;
(x) Legionella species;
(xi) Listeria monocytogenes;
(xii) measles (rubeola);
(xiii) Mycobacterium tuberculosis complex;
(xiv) Neisseria meningitidis, from a normally sterile site;
(xv) Salmonella species;
(xvi) any SARS-CoV-2 NAAT-positive sample;
(xvii) Shigella species;
(xviii) Vibrio species;
(xix) West Nile virus;
(xx) Yersinia species;
(xxi) Zika disease;
(xxii) any organism implicated in an outbreak when instructed by authorized local or state health department personnel; or
(xxiii) any potential bioterrorism agent, including:
(A) Bacillus anthracis;
(B) Brucella species;
(C) Clostridium botulinum;
(D) Francisella tularensis; and
(E) Yersinia pestis.
(b) The department may suspend or modify mandatory submission requirements.
(3) If a laboratory identifies a case with an organism designated by UPHL as a potential bioterrorism agent, the laboratory shall immediately notify UPHL by phone before submitting clinical material from the case.
(a) During business hours, the phone number for UPHL is 801-965-2400.
(b) After hours, the phone number for UPHL is 801-560-6586.
(4) Submission of clinical material does not replace the requirement for laboratories to report the event to the department as specified in Sections R386-702-7 and R386-702-8.
(5) For additional information on the process described in this section, contact UPHL at 801-965-2400.

R386-702-7. Reporting Criteria.
(1) Each case report shall comply with criteria in this subsection.
(a)(i) An acute care hospital that identifies a case shall report to the department through eCR.
(ii) Any other entity listed as required to report in Section R386-702-5 that identifies a case shall report to:
(A) the department using eCR; or
(B) a local health department using a method approved by the local health department.
(iii) Any entity reporting via eCR may include in the submission any clinical information for an encounter that meets criteria for reporting.
(iv) Each entity shall report any preliminary positive result for an event specified in Subsection (3)(b) in accordance with Subsection (3).
(b) Each entity reporting an event that is not listed in Subsection (3) shall report the event:
(i) within 24 hours of diagnosis if reporting using eCR; or
(ii) within one working day of diagnosis if reporting using another method.
(iii) Each entity may report in real time as each report is released.
(2) Each laboratory report shall comply with criteria in this subsection.
(a) Each entity listed as required to report in Section R386-702-5 that identifies a case shall report laboratory results within 24 hours of finalization.
(i) Each entity may report in real time as each report is released.

(ii) Each entity shall report any preliminary positive result for an event specified in Subsection (3)(b) in accordance with Subsection (3).

(b)(i) A category one laboratory that identifies a case or suspect case shall report to the department through ELR.

(ii)(A) A category two laboratory, health care facility, or provider that identifies a case shall report to the department through ELR, unless the department determines that ELR is unavailable for that entity.

(B) If the department determines that ELR is unavailable for an entity required to report, that entity shall use electronic reporting through the reporting portal established by the department or an alternate electronic reporting method approved by the department.

(3) Any event that requires immediate reporting is described in this subsection.

(a) Each entity shall report any immediately reportable event by phone as soon as possible but no later than 24 hours after identification.

(b) The department designates an event as immediately reportable if there is a case or suspect case of:

(i) anthrax or anthrax-like illness;

(ii) botulism, excluding infant botulism;

(iii) cholera;

(iv) Cronobacter sakazakii, from a normally sterile site in a person less than 12 months old;

(v) novel coronavirus disease, including:

(A) Middle East Respiratory Syndrome (MERS); and

(B) severe acute respiratory syndrome (SARS);

(vi) diphtheria;

(vii) free-living amebae, from any human source;

(A) acanthamoeba spp.;

(B) Balamuthia mandrillaris (B. mandrillaris);

(C) Naegleria fowleri (N. fowleri);

(viii) Haemophilus influenzae, invasive;

(ix) hepatitis A;

(x) influenza infection suspected or confirmed to be caused by a non-seasonal influenza strain;

(xi) measles (rubeola);

(xii) melioidosis (Burkholderia pseudomallei);

(xiii) meningococcal disease, invasive;

(xiv) plague;

(xv) poliovirus, paralytic and nonparalytic;

(xvi) rabies, human and animal;

(xvii) rubella, excluding congenital syndrome;

(xviii) smallpox;

(xix) Staphylococcus aureus from any specimen that is resistant to vancomycin (VRSA);

(xx) transmissible spongiform encephalopathies, or prion diseases, including Creutzfeldt-Jakob disease;

(xxi) tuberculosis;

(xxii) tularemia;

(xxiii) typhoid, cases and carriers;

(xxiv) viral hemorrhagic fevers;

(xxv) yellow fever; or

(xxvi) any event described in Subsection R386-702-4(5) or R386-702-4(6).

(c) Each entity reporting an immediately reportable condition shall report to a local health department or the department by phone.

(i) During business hours, the phone number to report to the department is 801-538-6191.

(ii) After business hours, the phone number to report to the department is 888-EPI-UTAH (888-374-8824).

(d) A confidential morbidity report form is available at https://epi.utah.gov/disease-reporting.

R386-702-8. Required Information.

When reporting an event specified in Subsections R386-702-4(2) through R386-702-4(6) to the department, each entity's report shall include:

(1) patient information, including the patient's:

(a) full name;

(b) date of birth;

(c) sex;

(d) address, including the street address, city, state, and zip code; and

(e) phone number;

(2) diagnostic information, including the:

(a) name of the diagnostic facility;

(b) phone number of the diagnostic facility;

(c) full name of the ordering or diagnosing health care provider;

(d) phone number of the ordering or diagnosing health care provider; and

(e) diagnosis or condition being reported;

(3) reporter information, including the:
(a) name of the person or facility reporting; and
(b) phone number of the person or facility reporting; and
(4) for any report submitted through eCR or ELR, additional information and reporting specifications described in the:
(a) eCR Supplemental Document, incorporated by reference in Section R386-702-3; and
(b) ELRSupplemental Document, incorporated by reference in Section R386-702-3; and
(5) any additional required information as listed at https://epi.utah.gov/disease-reporting, including any technical document, reporting form, and protocol.

R386-702-9. Syndromic Surveillance.
(1) When transmitting syndromic surveillance data to the department, each entity shall use a version of HL7 determined and approved by the department.
(2) Sections 26B-1-202, 26B-7-202, and 26B-7-207 authorize reporting of encounter data, unless such reporting is made mandatory by a public health emergency declared under Section 26B-7-317 or 26A-1-11.
(3) Any hospital or other health care facility that treats patients in an emergency department shall report any emergency department encounter using a method approved by the department and in accordance with departmental standards and guidance described in the Syndromic Surveillance Reporting Requirement Supplemental Document, incorporated by reference in Section R386-702-3.
(4) Any hospital or other health care facility may report any non-emergency department encounter using a method approved by the department and in accordance with departmental standards and guidance described in the Syndromic Surveillance Reporting Requirement Supplemental Document, incorporated by reference in Section R386-702-3.
(5) Each entity reporting syndromic surveillance data identified in accordance with the Syndromic Surveillance Reporting Requirement Supplemental Document, incorporated by reference in Section R386-702-3, shall report within 24 hours of each triggering event, as described in the document, within a reportable encounter using a method approved by the department.

R386-702-10. Confidentiality of Reports.
(1)(a) Any report required by this rule is confidential. Information collected pursuant to this rule may not be:
(i) released or made public; or
(ii) disclosed in response to a subpoena, search warrant, discovery proceeding, or otherwise, except as provided by Sections 26B-7-217, 26B-7-218, and 26B-7-220.
(b) The penalty for a violation of confidentiality is prescribed in Section 26B-7-219.
(2) Nothing in this rule precludes the discussion of case information with an attending clinician or public health worker.
(3) When a Good Samaritan aids a person in grave physical distress, the Good Samaritan's health care provider may submit a request to the department or local health department to disclose communicable disease-related information regarding the person who the Good Samaritan aided.
(a) The department or local health department shall disclose communicable disease-related information if the health care provider's request includes:
(i) information regarding the occurrence of the accident, fire, or other life-threatening emergency;
(ii) a description of the exposure risk to the Good Samaritan; and
(iii) contact information for the Good Samaritan and the Good Samaritan's health care provider.
(b) The department or local health department shall ensure that the disclosed information:
(i) includes enough detail to allow for appropriate education and follow-up to the Good Samaritan; and
(ii) ensures confidentiality is maintained for the person who was aided.
(c)(i) Identifying information regarding the person who was aided may not be shared with the Good Samaritan or the Good Samaritan's health care provider.
(ii) The department or local health department shall inform any Good Samaritan through written notice that information regarding the person who was aided is protected by state law.

R386-702-11. Enforcement and Penalties.
(1) Any person who violates this rule may be subject to a penalty or sanction as provided in Sections 26B-7-219 and 26B-7-316.
(2) Willful non-compliance may result in the department working with another agency to incur a penalty that may include loss of accreditation or licensure.
(3) Records maintained by each reporting entity are subject to review by the department to assure complete and accurate reporting.
(4) If the department conducts a surveillance project, such as assessing whether a case finding is complete or for another measure of data quality, and finds a case that was not originally reported, the department may waive any penalty for the participating entity at the department's discretion.

R386-702-12. Information Necessary for Public Health Investigation and Surveillance.
(1) Each reporting entity shall provide the department or local health department with any records or other material requested by the department and necessary to conduct a thorough investigation, including:
(a) medical records;
(b) additional laboratory testing results;
(c) treatment and vaccination history;

(d) clinical material; or

(e) contact information for any case, suspect case, or person potentially exposed.

(2) Any individual or entity shall grant the department or local health department on-site access to a facility when the department or local health department decides such access is critical to a public health investigation.

R386-702-13. General Measures for the Control of Communicable Diseases.

(1) Each local health department shall maintain reportable disease records:

(a) as needed to enforce Title 26B, Chapter 7 Public Health and Prevention and this rule; and

(b) as requested by the department.

(2) Each local health department shall follow the general control measures for reportable diseases described in this subsection.

(a) When an unusual or rare disease occurs in any part of the state or when any disease becomes so prevalent as to endanger the state as a whole, a local health department shall contact the office for assistance and cooperate with any representative of the department.

(b) The local health department shall:

(i) investigate and control any cause of an epidemic, infectious, communicable, or other disease affecting the public health; and

(ii) provide for the detection, reporting, prevention, and control of any communicable, infectious, or acute disease that is determined by the department or local health department to be dangerous or important or that may affect the public health.

(c) The local health department may require physical examination or other measures as necessary to protect the health of others.

(d) If the local health officer determines it is necessary or advisable that any person must be kept from contact with the public to protect the public's health, the local health officer shall establish, maintain, and enforce involuntary treatment, isolation, and quarantine as provided by Sections 26B-7-303 through 26B-7-315.

(i) Any control measure shall be specific to the known or suspected disease agent.

(ii) The local health officer may consult with the office or use any applicable incorporation by reference document, listed in Section R386-702-3, to determine any appropriate control measure.

(e) The local health department shall take any necessary action or measure described in Sections 26B-7-303 through 26B-7-315 and this rule to prevent the spread of any communicable disease, infectious agent, or other condition that poses a public health hazard. The local health department shall initiate action upon discovery of a case or receipt of notification or a report of a disease.

(3) Upon request of a public health authority, any case, suspected case, carrier, contact, other person, or entity, including a facility, hotel, or other organization, shall promptly cooperate when the department or local health department is:

(a) conducting an investigation of the circumstances or cause of a case, suspected case, outbreak, or suspected outbreak is happening; or

(b) carrying out measures for prevention, suppression, or control of a public health hazard, including procedures of restriction, isolation, and quarantine.

(4) Any public food handler or place that handles or processes a food or drink product shall comply with control measures in this section.

(a) A person known to be infected with a communicable disease that can be transmitted by a food or drink product, or who is suspected of being infected with such a disease, may not engage in the commercial handling of any food or drink products or be employed on any premise that handles that type of product, unless:

(i) the product is packaged off-site and remains in a closed container until purchased for consumption; or

(ii) the person is determined by the local health department to be free of communicable disease or incapable of transmitting the infection.

(b)(i) If any case, carrier, or suspected case of a disease that can be transmitted by a food or drink product is found any place that handles or sells a food or drink product or if a disease is found or suspected to have been transmitted by a food or drink product, the local health department may immediately prohibit the sale or removal of the food or drink product from the premise.

(ii) Handling or sale of the food or drink product from the premise may resume when measures have been taken to eliminate the threat to health from the product and the product's processing.

(c) If a local health department cannot comply with this rule without assistance, the local health officer or a representative shall request assistance from the department.

(i) In such circumstances, the local health department shall provide required information to the office.

(ii) If the local health officer fails to comply with this rule, the department shall take action necessary to enforce this rule.

(d) A physician or other health care provider who orders a laboratory analysis necessary to identify any causative agent of a reportable disease or determine the adequacy of treatment of any patient with the disease shall order that the analysis be performed in or referred to a laboratory that holds a valid certificate under the Clinical Laboratory Improvement Amendments of 1988, 42 U.S.C. Sec. 263a.

R386-702-14. Special Measures for the Control of Rabies.

(1) Terms used in this section are defined as:

(a) "Animal control officer" means the same as defined in Section 11-46-102.

(b) "Animal housemate" means a pet that has been a permanent resident of a household since before a rabies exposure.

(c) "Incubation period" means the period between exposure to an infection and the appearance of the first symptoms.

(d) "Lagomorph" means a hare, pika, or rabbit.

(e) "Livestock" means a cow, horse, pig, or sheep.

(f) "Post-exposure prophylaxis" or "PEP" means a single dose of human rabies immune globulin (HRIG) followed by a series of rabies vaccinations that are given to prevent rabies after exposure to the rabies virus.

(g) "Professional quarantine facility" means a municipal or county animal shelter or other facility under the supervision of a licensed veterinarian.

(h) "Rabies exposure" means:

(i) a bite, scratch, or any contact with the saliva or brain tissue of a rabid animal through a mucous membrane or an open cut in the skin, with the exception of a scratch from a cat, dog, or ferret; or

(ii) any potential contact with a bat.

(A) A potential contact with a bat includes any instance when a bat is present with an unattended child or a person who is asleep, intoxicated, or mentally impaired.

(B) A bite or scratch from a bat may be too small to see or feel.

(i) "Small rodent" means a chinchilla, chipmunk, gopher, guinea pig, hamster, mouse, rat, squirrel, or any similar animal.

(j) "Unprovoked bite" means when an animal bites a human who was not trying to feed, pick up, pet, chase, or otherwise interact with the animal.

(k) "Up-to-date" means an animal has received at least one rabies vaccine licensed in the US for that animal's species and the most recent rabies vaccine's labeled duration of immunity has not expired.

(l) "Wild animal" means any mammal, excluding a cat, dog, ferret, lagomorph, livestock, or small rodent.

(i) A wild animal includes:

(A) a bat, bear, bobcat, coyote, fox, mountain lion, raccoon, and skunk; and

(B) any offspring of a wild animal crossbred with a domestic cat or dog.

(ii) "High-risk wild animal" means a bat, coyote, fox, raccoon, or skunk.

(iii) "Rare, valuable, captive wild animal" means a wild animal kept in a captive, controlled environment, including a research institution, wildlife sanctuary, or zoological park.

(2)(a) This section is made in accordance with the National Association of State Public Health Veterinarians Compendium of Animal Rabies Prevention and Control, 2016.

(b) For any matter not specified in this section, each person or entity involved in or responding to a potential rabies exposure shall comply with the guidelines in the referenced documents.

(3) A physician treating an individual for rabies shall:

(a) evaluate individually each exposure to possible rabies infection; and

(b) consult with local or state public health officials if any question arises about the need for rabies post-exposure prophylaxis.

(4) Any person or entity responding to a potential rabies exposure shall comply with this section.

(a) If a veterinarian decides an animal that was exposed to rabies displays signs or symptoms of rabies, the veterinarian shall euthanize the animal and submit the animal to UPHL for rabies testing, as described in Subsection R386-702-14(5).

(i) If the euthanized animal tests positive for rabies, any human who may have been exposed to the animal during quarantine shall immediately receive PEP.

(ii) If the euthanized animal tests positive for rabies, any other animal that may have been exposed during the quarantine period shall be quarantined and monitored for signs or symptoms of rabies as appropriate, based on the animal's species and vaccination status.

(iii) If the euthanized animal tests negative for rabies, any exposed person does not need PEP.

(b) If an owned cat, dog or ferret bites another owned cat, dog or ferret, neither the biting animal nor the bitten animal is required to be quarantined.

(c) If an owned cat, dog, or ferret bites a human, the biting animal shall be quarantined for ten days, regardless of the biting animal's rabies vaccination status.

(i) When a bite occurs, the owner of the biting animal or the local health department shall notify an animal control officer.

(ii) A biting animal's owner may perform the ten-day quarantine at the owner's home if the owner complies with the quarantine procedures in this section. During the quarantine period:

(A) the biting animal may not leave the owner's property;

(B) a biting animal that is a cat or ferret shall remain indoors;

(C) a biting animal that is a dog shall remain indoors as much as possible and may only go outdoors for a limited time, while leashed and supervised, for bathroom breaks;

(D) the biting animal may interact with any owner as usual but may not have contact with any other person;

(E) the biting animal may have contact with any normal animal housemate but may not have contact with any other animal; and

(F) the owner shall monitor the biting animal closely for signs or symptoms of rabies.

(iii) An animal control officer or employee shall check on the animal's status at minimum on days five and ten.

(iv) A biting animal may not receive a rabies vaccine during the ten-day quarantine period.

(v) At the end of the ten-day quarantine, if the animal is free of signs or symptoms of rabies:

(A) the human bite victim does not need PEP; and

(B) if the animal is not up-to-date on rabies vaccination, the animal's owner shall ensure that the animal is given a booster rabies vaccination under the supervision of a veterinarian as soon as possible.

(vi) If a biting animal shows signs or symptoms of rabies:

(A) the biting animal's owner shall report immediately to an animal control officer;

(B) a veterinarian shall evaluate the biting animal; and

(C) an animal control officer or the veterinarian shall immediately report signs or symptoms of rabies in the biting animal to the local health department.

(d) If a vaccinated cat, dog or ferret experiences a rabies exposure, the exposed animal shall be quarantined for 45 days.

(i) A wild animal that cannot be tested is assumed to be rabid.
(ii) After a rabies exposure, the exposed animal's owner shall:
(A) immediately notify an animal control officer;
(B) immediately clean the animal's wound; and
(C) ensure the animal is given a booster rabies vaccination under the supervision of a veterinarian as soon as possible.
(iii)(A) To qualify for a 45-day quarantine, there must be proof that the exposed animal had been administered at least one rabies vaccine before the rabies exposure.
(B) If the exposed animal is not up-to-date on rabies vaccination and the booster is not administered as soon as possible, it may be necessary to extend the quarantine beyond 45 days.
(iv) The exposed animal's owner may perform the 45-day quarantine at the owner's home if the owner complies with quarantine procedures in this section. During the quarantine period:
(A) the exposed animal may not leave the owner's property;
(B) the exposed animal that is a cat or ferret shall remain indoors;
(C) the exposed animal that is a dog shall remain indoors as much as possible and may only go outdoors for a limited time, while leashed supervised, for bathroom breaks;
(D) the exposed animal may interact with any owner as usual but may not have contact with any other person;
(E) the exposed animal may have contact with any normal animal housemate but may not have contact with any other animal; and
(F) the owner shall monitor the exposed animal closely for signs or symptoms of rabies.
(v)(A) An animal control officer or employee shall verify that before a 45-day quarantine in a home begins, any cat, dog or ferret in the household that is not the exposed animal is up-to-date on rabies vaccination.
(B) If any cat, dog or ferret in the household that is not the exposed animal is not up-to-date on rabies vaccination, the owner shall ensure the animal is given a booster rabies vaccination under the supervision of a veterinarian.
(vi) An animal control officer or employee shall check on the status of the exposed animal at minimum:
(A) during the first week of quarantine; and
(B) at the end of the 45 days.
(vii) If the exposed animal does not develop signs or symptoms of rabies during the 45-day quarantine, the animal may be released after quarantine with no additional action required.
(vii) If the exposed animal shows signs or symptoms of rabies:
(A) the owner shall report immediately to an animal control officer;
(B) a veterinarian shall evaluate the exposed animal; and
(C) an animal control officer or the veterinarian shall immediately report signs or symptoms of rabies in the exposed animal to the local health department.
(e)(i) If an unvaccinated cat, dog, or ferret, experiences a rabies exposure:
(A) the unvaccinated, exposed cat or dog shall be quarantined for four months;
(B) the unvaccinated, exposed ferret shall be quarantined for six months; or
(C) the unvaccinated, exposed animal shall be euthanized.
(ii) A wild animal that cannot be tested is assumed to be rabid.
(iii) After an exposure, the unvaccinated, exposed animal's owner shall:
(A) immediately notify an animal control officer;
(B) immediately clean the animal's wound; and
(C)(I) ensure the animal is given a rabies vaccination under the supervision of a veterinarian as soon as possible and no later than 96 hours after exposure.
(II) If the vaccination is not administered within 96 hours of the exposure, it may be necessary to extend the quarantine beyond four or six months.
(iv)(A) An animal control officer shall ensure that any quarantine for a previously unvaccinated, exposed animal is performed in a professional quarantine facility at the expense of the animal's owner.
(B) If a professional quarantine facility is not available or the animal's owner chooses not to have the animal to undergo the quarantine, the owner shall ensure that the animal is euthanized.
(v) The previously unvaccinated, exposed animal does not need to be tested for rabies unless:
(A) a person has been exposed to the animal; or
(B) the animal shows signs or symptoms of rabies.
(vi) During the four- or six-month quarantine:
(A) the professional quarantine facility shall ensure that the animal does not have contact with any person, including the owner, or any other animal; and
(B) the facility shall monitor the animal for signs or symptoms of rabies.
(C) If the animal does not develop signs or symptoms of rabies, the animal may be released after quarantine with no additional action required.
(D) If the animal shows signs or symptoms of rabies, the facility shall:
(I) report immediately to an animal control officer; and
(II) ensure a veterinarian evaluates the animal.
(III) An animal control officer or veterinarian shall immediately report signs or symptoms of rabies in the animal to the local health department.

(f)(i) If a person experiences a potential rabies exposure from a stray cat, dog, or ferret, a professional quarantine facility shall:
(A) quarantine the stray cat, dog, or ferret for ten days; or
(B) immediately euthanize the stray cat, dog, or ferret.
(ii)(A) If the stray cat, dog, or ferret is euthanized, a veterinarian or animal control officer shall submit the animal's head to UPHL for rabies testing, as described in Subsection R386-702-14(5).
(B) If the euthanized animal tests negative for rabies, any exposed person does not need PEP.
(g)(i) If a person has a potential rabies exposure from a wild animal, the exposed person or an attending medical professional shall notify an animal control officer immediately.
(ii) A wild animal that causes a rabies exposure is not required to quarantine, as any interpretation of rabies symptoms in a wild animal is unreliable and information about the incubation period is unknown.
(iii) If the exposing wild animal can be located, an animal control officer or Division of Wildlife Resources (DWR) employee shall:
(A) immediately euthanize the animal; and
(B) submit the animal's head or intact brain to the UPHL for rabies testing, as described in Subsection R386-702-14(5).
(h)(i) There is not a rabies vaccine licensed for use on a rare, valuable, captive wild animal, and any use of a rabies vaccine on one of these animals is considered extralabel use.
(ii) A zoo or research institution may establish a vaccination program in an attempt to protect a rare, valuable, captive wild animal, but any such program may not conflict with appropriate public health activity that protects humans.
(iii) When a rare, valuable, captive wild animal maintained in a zoological park, approved by the USDA, or a research institution, as defined by Subsection 26B-1-236(2)(a), bites or scratches a human, the zoological park or research institution shall notify the department.
(iv) The department may waive requirements in Subsection R386-702-14(4)(g) if a zoological park operator or research institution manager can demonstrate rabies control measures, including that:
(A) any each employee who works with the exposing animal has received pre-exposure rabies immunization; and
(B) any each person bitten by the animal voluntarily agrees to receive PEP.
(i)(i) The department does not recommend testing a small rodent or lagomorph for rabies unless:
(A) a small rodent or lagomorph bites a human unprovoked; or
(B) a small rodent or lagomorph displays neurologic signs or symptoms of rabies.
(ii) A small rodent or lagomorph infected with rabies or known to transmit rabies to humans is extremely rare, and rabies response is almost never indicated for an exposure from a small rodent or lagomorph.
(j) If vaccinated livestock is up-to-date on rabies vaccination and experiences a rabies exposure, the animal's owner shall:
(i) immediately notify an animal control officer;
(ii) ensure that the livestock is given a booster rabies vaccination immediately; and
(iii) ensure that the livestock is observed for 45 days.
(k)(i) If unvaccinated livestock experiences a rabies exposure, the owner shall immediately notify an animal control officer.
(ii) The exposed livestock shall be:
(A) quarantined by the Utah state veterinarian for six months; or
(B) euthanized.
(l)(i) If livestock that is overdue for a booster rabies vaccination experiences a rabies exposure, a veterinarian shall evaluate each case based on at least:
(A) the severity of the exposure;
(B) the amount of time since the animal's last vaccination;
(C) the number of previous vaccinations;
(D) the animal's current health status; and
(E) local rabies epidemiology.
(ii) Based on the conclusion of the evaluation in Subsection (4)(k)(i), the veterinarian shall determine whether the exposed animal shall be:
(A) immediately administered a booster rabies vaccination followed by:
(I) observation; or
(II) a strict quarantine; or
(B) euthanized.
(5) Any person or entity involved with specimen submission or rabies testing shall comply with this subsection.
(a) A person or entity responsible for an animal that meets the testing criteria shall submit the animal to the UPHL for rabies testing.
(i) An animal meets testing criteria if that animal is:
(A) a bat that has exposed, or may have exposed, a human, cat, dog, or ferret;
(B) a bat, dead or alive, that has been chewed by or been in the mouth of a cat, dog, or ferret;
(C) a cat, dog, or ferret that shows signs or symptoms of rabies and has exposed a human, regardless of the animal's rabies vaccination status;
(D) a cat, dog, or ferret that dies or is euthanized before a required ten-day quarantine is complete;
(E) a stray animal that has exposed a human;
(F) a wild animal that has exposed a human, cat, dog, ferret, or livestock; or
(G) livestock with signs or symptoms of rabies.
(ii)(A) An animal does not meet testing criteria if the animal is:

(I) a bat that is believed to have been dead when a potential rabies exposure occurred, as long as any exposed human or animal did not have contact with the bat's teeth, claws, wet saliva, or nervous or brain tissue;

(II) an animal that has signs of advanced decomposition, including desiccation, the presence of maggots, or a necrotic smell;

(III) a wild animal, including a bat, that has not exposed a human, cat, dog, ferret, or livestock;

(IV) a bird, fish, or reptile; or

(V) a small rodent or lagomorph, unless prior approval from an animal control officer or a local or state health department epidemiologist is obtained for submission, as described in Subsection R386-702-14(4)(i).

(B) If a person has picked up a dead bat, that instance would not generally qualify as an exposure. If a person is unsure whether a dead bat should be submitted for testing, that person may contact the department at onehealth@utah.gov or 801-538-6191 for further clarification.

(b) A person who has been exposed to an animal that meets criteria for testing, as described in Subsection (5)(a), shall cooperate with an animal control officer, a local health department, a wildlife official, or a veterinarian to submit:

(i) the animal's head if the animal is a bear, bobcat, cat, cougar, dog, ferret, fox, raccoon, skunk, or other similarly sized wild animal;

(ii) the animal's intact brain if the animal is livestock; or

(iii) the whole animal if the animal is less than 12 inches long, not including the tail.

(c) A trained professional, including a veterinarian, animal control officer, or wildlife official, shall euthanize each animal humanely.

(i) Any person euthanizing or decapitating an animal for testing shall perform the euthanasia or decapitation in a manner that does not destroy the cerebellum, hippocampus, or brainstem, which make up the brain structure required for testing.

(ii) If possible, a person euthanizing an animal should not shoot or club the animal in the head.

(d)(i) A person submitting an animal for testing shall:

(A) refrigerate the animal's specimen as soon as possible after the animal's death; and

(B) ship the specimen to UPHL within 24 hours.

(ii) If possible, the person should avoid freezing the specimen, especially for larger animals, as a frozen specimen may delay results.

(iii) If the person cannot keep the specimen refrigerated and ship the specimen within 24 hours, including during a holiday weekend, the person may freeze the specimen.

(iv) A person may call the rabies virology line at 801-965-2400 for guidance about specimen storage if there is a possibility of shipment delay.

(h)(i) A person may submit a live bat to UPHL if there is not a safe way to euthanize the bat.

(ii) The person submitting the live bat shall label the submission container clearly to state the presence of a live bat.

(iii) A person may not submit any other live animal to UPHL for rabies testing.

(i) A department-designated qualified laboratory shall perform a test for rabies diagnosis in accordance with the established Centers for Disease Control and Prevention (CDC) standardized protocol, preferably the direct fluorescent antibody test.

(j) The department's rabies website includes information on proper packaging and shipping of a specimen and the fee for rabies testing.

(i) The fee for rabies testing applies when:

(A) the submitted specimen is for a cat, dog, or ferret without signs or symptoms of rabies that exposed a person and did not complete a ten-day quarantine;

(B) the submitted specimen is for a healthy cat, dog, or ferret that did not expose a person;

(C) the submitted specimen is for a small rodent or lagomorph that has not received prior approval for testing as described in Subsection (5)(a)(ii)(A)(V);

(D) paperwork is incomplete, including when:

(I) no paperwork is submitted; and

(II) submitted paperwork is missing information in a required field or a thorough description of the situation that should be attached to the test request form; or

(E) a specimen is improperly transported, including when:

(I) a live bat is not labeled appropriately;

(II) a live bat is not securely packaged;

(III) a sample is submitted without absorbent pads; or

(IV) a sample arrives after business hours.

(ii)(A) The fee for rabies testing shall be waived when the submitted specimen is:

(I) from a bat that exposed a human, cat, dog, ferret, or livestock;

(II) from a cat, dog, or ferret with signs or symptoms of rabies that exposed a person, regardless of the animal's vaccination status;

(III) from an exposed cat, dog, or ferret that was without any signs or symptom of rabies but did not complete the ten-day quarantine due to severe injury or illness that required euthanasia; and

(IV) from any stray animal that exposed a person;

(V) from any wild animal that exposed a person, dog, cat, ferret, or livestock;

(VI) from livestock with signs or symptoms of rabies; or

(VII) otherwise approved by the department for a waived fee.

(B) The person submitting the specimen shall document the reason for a waived fee on the test request form.

(iii) A person submitting a specimen may contact the department at onehealth@utah.gov or 801-538-6191 to discuss the possibility of waiving a fee on a case-by-case basis.

(iv) If a person submitting a specimen believes the department has charged an inappropriate fee for rabies testing, within 30 days of the date on the testing invoice, that person may send the department a written description of the situation and request that the department retroactively waive the fee.

(A) Any mailed request for a retroactive fee waiver shall be sent to:

Attention: One Health Epidemiologist

Utah Department of Health and Human Services, Office of Communicable Diseases

PO Box 142104

Salt Lake City, UT 84114

(B) Any emailed request for a retroactive fee waiver shall be sent to epi@utah.gov and include "Attention: One Health Epidemiologist" in the subject line.

(6) Any person or entity involved in rabies prevention or control shall follow applicable measures in this subsection.

(a) A physician or other health care provider that administers a rabies vaccine to a human shall immediately report any serious systemic neuroparalytic or anaphylactic reaction to a rabies vaccine through the Vaccine Adverse Event Reporting System (VAERS).

(b) An animal's rabies vaccination is valid only if administered by or under the direction of a licensed veterinarian, in accordance with the Compendium of Animal Rabies Prevention and Control, incorporated by reference in Section R386-702-3.

(c) Any county, city, town, or other political subdivision that requires licensure of an animal shall require rabies vaccination of the animal as a prerequisite to obtaining a license.

(d)(i) Each agency or veterinarian administering a vaccine shall document each vaccination on the National Association of State Public Health Veterinarians (NASPHV) form number 51, Rabies Vaccination Certificate, which can be obtained from the vaccine's manufacturer.

(ii) The agency or veterinarian shall provide a paper or digital copy of the information recorded in the form to the animal's owner.

(e) An entity may not sell or otherwise provide an animal rabies vaccine to anyone other than a licensed veterinarian or a veterinary biologic supply firm.

(7) Any cat, dog or ferret in Utah shall be immunized against rabies.

(a) Any cat, dog, or ferret's owner shall ensure the animal receives appropriate rabies vaccination as described in Subsection R386-702-14(6)(b).

(b) The department recommends that each local government establish a program to:

(i) ensure the vaccination of any dog, cat, or ferret in the local government's jurisdiction; and

(ii) remove any stray or unwanted animal.

(8) If the department determines that a rabies outbreak is present in an area of the state, the department may require that:

(a) any cat, dog, or ferret in that area or an adjacent area be vaccinated or receive a booster rabies vaccination as appropriate for each animal's age;

(b) any cat, dog, or ferret's owner who does not ensure that the animal is vaccinated or receives a booster vaccination surrender the animal to the department for confinement and possible euthanasia;

(c) each cat, dog, or ferret's owner maintain control of the animal's behavior and environment until the department declares the outbreak to be resolved; or

(d) any cat, dog, or ferret that is not under an owner's control and is not vaccinated or has not received a booster vaccination be confined and possibly euthanized.

R386-702-15. Special Measures for the Control of Typhoid.

Because typhoid control measures depend largely on sanitary precautions and other health measures designed to protect the public, the local health department shall investigate each case of typhoid and strictly manage the infected individual according to this section.

(1) Standard precautions are required for cases during hospitalization. Use contact precautions for diapered or incontinent patients during illness. Hospital care is desirable during acute illness. Release of the patient from supervision by the local health department shall be based on three or more negative cultures of feces, and of urine in patients with schistosomiasis, taken at least 24 hours apart. Cultures must have been taken at least 48 hours after antibiotic therapy has ended and not earlier than one month after onset of illness as specified in Subsection R386-702-15(6). If any of these cultures is positive, repeat cultures at intervals of one month during the 12-month period following onset until at least three consecutive negative cultures are obtained as specified in Subsection R386-702-15(6). The patient shall be restricted from food handling, child care, and from providing patient care during the period of supervision by the local health department.

(2) Administration of typhoid vaccine is recommended for household members of known typhoid carriers. Household and close contacts of a carrier shall be restricted from food handling, child care, and patient care until two consecutive negative stool specimens, taken at least 24 hours apart, are submitted, or when approval is granted by the local health officer according to local jurisdiction.

(3) If a laboratory or physician identifies a carrier of typhoid, the attending physician shall immediately report the details of the case by telephone to the local health department or the office using the process described in Section R386-702-7. Each infected individual shall submit to the supervision of the local health department. Carriers are prohibited from food handling, child care, and patient care until released in accordance with Subsection R386-702-15(4)(a) or R386-702-15(4)(b). Reports and orders of supervision shall be kept confidential and may be released only as allowed by Subsection 26B-7-217(2)(c).

(a) Any person who harbors typhoid bacilli for three but less than 12 months after onset is defined as a convalescent carrier. Release from occupational and food handling restrictions may be granted at any time from three to 12 months after onset, as specified in Subsection R386-702-15(6).

(b) Any person who continues to excrete typhoid bacilli for more than 12 months after onset of typhoid is a chronic carrier. Any person who gives no history of having had typhoid or who had the disease more than one year previously, and whose feces or urine are found to contain typhoid bacilli is also a chronic carrier.

(c) If typhoid bacilli are isolated from surgically removed tissues, organs, including the gallbladder or kidney, or from draining lesions such as osteomyelitis, the attending physician shall report the case to the local health department or the office. If the person continues to excrete typhoid bacilli for more than 12 months, the person is a chronic carrier and may be released after satisfying the criteria for chronic carriers in Subsection R386-702-15(6).

(4) The local health department shall report typhoid carriers to the office, and shall:

(a) require the necessary laboratory tests for release;

(b) issue written instructions to the carrier; and

(c) supervise the carrier.

(5) Requirements for Release of Convalescent and Chronic Carriers: The local health officer or their a representative may release a convalescent or chronic carrier from occupational and food handling restrictions only if at least one of the following conditions is satisfied:

(a) for carriers without schistosomiasis, three consecutive negative cultures obtained from fecal specimens authenticated by the attending physician, hospital personnel, laboratory personnel, or local health department staff taken at least one month apart and at least 48 hours after antibiotic therapy has stopped;

(b) for carriers with schistosomiasis, three consecutive negative cultures obtained from both fecal and urine specimens authenticated by the attending physician, hospital personnel, laboratory personnel, or local health department staff taken at least one month apart and at least 48 hours after antibiotic therapy has stopped;

(c) the local health officer or a representative determines that additional treatment such as cholecystectomy or nephrectomy has terminated the carrier state; or

(d) the local health officer or a representative determines the carrier no longer presents a risk to public health according to the evaluation of other factors.

R386-702-16. Special Measures for the Control of Ophthalmia Neonatorum.

(1) Every physician or midwife practicing obstetrics or midwifery shall, within three hours of the birth of a child, instill or cause to be instilled in each eye of such newborn 0.5% ophthalmic erythromycin ointment to prevent the development of ophthalmia neonatorum.

(2) If this ointment is not available due to a disruption in distribution or manufacturing, a physician or midwife shall apply or cause to be administered an alternative treatment to newborns at risk for exposure to Neisseria gonorrhoeae included in the Sexually Transmitted Infections Treatment Guidelines, 2021, incorporated by reference in Section R386-702-3.

R386-702-17. Special Measures for the Control of HIV or AIDS.

If an individual is tested and found to have an HIV infection, the department or local health department shall provide partner services, linkage to care activities, and promote retention to HIV care.

(1) Terms used in this section are defined as:

(a) "Partner" means any individual, including a spouse, who has shared needles, syringes, or drug paraphernalia or who has had sexual contact with an HIV infected individual.

(b) "Spouse" means any individual who is the marriage partner of that person at any time within the ten-year period before the diagnosis of HIV infection.

(c) "Linkage to care" means there was a reported CD4+ T-Lymphocyte test or HIV viral load determination within three months of HIV positive diagnosis.

(d) "Retention to care" means there was a reported CD4+ T-Lymphocyte test or HIV viral load determination once within a 12-month period.

(2) Partner services include:

(a) confidential partner notification within 30 days of receiving a positive HIV result or when relevant additional information is found to aide in an investigation or case management;

(b) prevention counseling;

(c) testing for HIV;

(d) providing recommendations for testing for other sexually transmitted diseases;

(e) providing recommendations for hepatitis screening and vaccination;

(f) treatment or linkage to medical care on an ongoing basis, as needed; and

(g) linkage or referral to other prevention services and support.

(3) Re-engagement to care includes:

(a) linkage to medical care, on an ongoing basis, as needed;

(b) linkage or referral to other prevention services and support;

(c) confidential partner notification, as needed;

(d) prevention counseling;

(e) providing recommendations for testing for other sexually transmitted diseases;

(f) providing recommendations for hepatitis screening and vaccination;

(g) medication adherence counseling; and

(h) risk reduction counseling.

R386-702-18. Special Measures for the Control of Perinatal and Person-to-Person Transmission of Hepatitis B.

(1) A licensed health care provider who provides prenatal care shall routinely test each pregnant woman for hepatitis B surface antigen (HBsAg) at an early prenatal care visit. This section does not apply if the pregnant woman, after being informed of the possible consequences, objects to the test on the basis of religious or personal beliefs.

(2) The licensed health care provider who provides prenatal care shall repeat the HBsAg test during late pregnancy for those women who tested negative for HBsAg during early pregnancy, but who are at high risk based on:

(a) evidence of clinical hepatitis during pregnancy;

(b) injection drug use;

(c) occurrence during pregnancy or a history of a sexually transmitted disease;

(d) occurrence of hepatitis B in a household or close family contact; or

(e) the judgment of the health care provider.

(3) In addition to other reporting required by this rule, each positive HBsAg result detected in a pregnant woman shall be reported to the local health department or the department, as specified in Section 26B-7-206. That report shall state that the woman was pregnant at time of testing if that information is available to the reporting entity.

(4) A licensed health care provider who provides prenatal care shall document a woman's HBsAg test results, or the basis of the objection to the test, in the medical record for that patient.

(5) Every hospital and birthing facility shall develop a policy to assure that:

(a) when a pregnant woman is admitted for delivery, or for monitoring of pregnancy status, the result from a test for HBsAg performed on that woman during that pregnancy is available for review and documented in the hospital record;

(b) when a pregnant woman is admitted for delivery, if the woman's test result is not available to the hospital or birthing facility, the mother is tested for HBsAg as soon as possible, but before discharge from the hospital or birthing facility;

(c) if a pregnant woman who has not had prenatal care during that pregnancy is admitted for monitoring of pregnancy status only, and if the woman's test result is not available to the hospital or birthing facility, the mother is tested for HBsAg status before discharge from the hospital or birthing facility;

(d) positive HBsAg results identified by testing performed or documented during the hospital stay are reported as specified in this rule;

(e) infants born to HBsAg positive mothers receive hepatitis B immune globulin (HBIG) and hepatitis B vaccine, administered at separate injection sites, within 12 hours of birth;

(f) infants born to mothers whose HBsAg status is unknown receive hepatitis B vaccine within 12 hours of birth, and if the infant is born preterm with birth weight less than 2,000 grams, that infant also receives HBIG within 12 hours;

(g) if, at the time of birth, the mother's HBsAg status is unknown and the HBsAg test result is later determined to be positive, that infant receives HBIG as soon as possible but within 7 days of birth; and

(h) HBIG administration and birth dose hepatitis B vaccine status of infants born to mothers who are HBsAg positive are reported within 24 hours of delivery to a local health department and the department Immunization Program at 801-538-9450.

(6) Local health departments shall perform the following activities or ensure that the following activities are performed:

(a) Females between the ages of 12 and 50 years when an HBsAg positive test result is reported will be screened for pregnancy status within one week of receipt of that lab result.

(b) Infants born to HBsAg positive mothers complete the hepatitis B vaccine series as specified in the Red Book: 2021-2024 Report of the Committee on Infectious Diseases, incorporated by reference in Section R386-702-3.

(c) Children born to HBsAg positive mothers are tested for HBsAg and antibody against hepatitis B surface antigen (anti-HBs) at 9 to 12 months of age to monitor the success of therapy and identify cases of perinatal hepatitis B infection. Testing is done at least one month after the final dose of hepatitis B vaccine series is administered, and no earlier than 9 months of age. Children who test negative for HBsAg and do not demonstrate serological evidence of immunity against hepatitis B when tested as described in this subsection receive three additional vaccine doses and are retested as specified in the Red Book: 2021-2024 Report of the Committee on Infectious Diseases, incorporated by reference in Section R386-702-3.

(d) HBsAg positive mothers are advised regarding how to reduce the risk of transmitting hepatitis B to others.

(e) Household members and sex partners of HBsAg positive mothers are evaluated to determine susceptibility to hepatitis B infection and if determined to be susceptible, are offered or advised to obtain vaccination against hepatitis B. Identified acute hepatitis B cases shall be investigated by the local health department, and identified household and sexual contacts shall be advised to obtain vaccination against hepatitis B.

(7) Subsections (5) and (6) do not apply if the pregnant woman or the child's guardian, after being informed of the possible consequences, objects to any of the required procedures on the basis of religious or moral beliefs. The hospital or birthing facility shall document the basis of the objection.

(8) Prevention of transmission by individuals with chronic hepatitis B infection.

(a) The department defines a chronic hepatitis B case as a person that is HBsAg positive, total antibody against hepatitis B core antigen (anti-HBc) positive, if performed, and IgM anti-HBc negative.

(b) An individual with chronic hepatitis B infection shall be advised regarding how to reduce the risk that the individual will transmit hepatitis B to others.

(c) Household members and sex partners of individuals with chronic hepatitis B infection shall be evaluated to determine susceptibility to hepatitis B infection, and if determined to be susceptible, shall be offered or advised to obtain vaccination against Hepatitis B.

R386-702-19. Public Health Emergency.

(1) Terms used in this section and for an order issued under this section and during the public health emergency are defined as:

(a) "Emergency center" means:

(i) a health care facility that operates an emergency department and is licensed under Title 26B, Chapter 2, Licensing and Certifications; or

(ii) a clinic that provides emergency or urgent health care to an average of at least 20 individuals daily.

(b) "Encounter information" means an emergency center's records of an encounter and includes the:

(i) reason for the visit;

(ii) chief complaint;

(iii) results of any diagnostic test;

(iv) presenting diagnosis; and

(v) final diagnosis, including any applicable diagnostic code.

(2) The department or a local health department may declare a public health emergency by issuing an order that mandates reporting an emergency illness or health condition specified in Section R386-702-4, in accordance with:

(a) Title 26B, Chapter 7, Part 3, Treatment, Isolation, and Quarantine Procedures for Communicable Diseases; or

(b) Title 26A, Chapter 1, Part 1, Local Health Department Act.

(3) The department may designate an emergency center as a specialized emergency center, which expands that emergency center's reporting requirements.

(a) The department shall designate the fewest number of specialized emergency centers as is practicable to obtain the necessary data to respond to the emergency.

(b) Each specialized emergency center shall report an encounter to the department by using a method described in Section R386-702-7 and reporting each encounter by 9 a.m. the day after the encounter. The department may accept an alternate reporting method, including:

(i) the specialized emergency center to allow a representative or agent of the department or a local health department to review the encounter information to identify any encounter during the previous day; or

(ii) any other department-approved arrangement.

(4)(a) For purposes of epidemiological and statistical analysis, each emergency center shall use the process described in Section R386-702-7 to report an encounter during the public health emergency that does not meet the definition for an immediately reportable condition as described in Subsection R386-702-7(3).

(b) The report for each encounter described in Subsection (4)(a) shall include the:

(i) facility name;

(ii) date of visit;

(iii) time of visit;

(iv) patient's age;

(v) patient's sex; and

(vi) zip code of the patient's residence.

(5)(a) If the department or a local health department collects identifying health information on an individual who is the subject of a report required under this section, the department or local health department shall destroy that identifying information upon the sooner of:

(i) the determination of the department or a local health department that the information is no longer necessary to carry out an investigation under this section; or

(ii) 180 days after the information was collected.

(b) The department or local health department may retain identifying information gathered under another section of this rule or other legal authority, in accordance with those provisions.

(6) Reporting an encounter during a public health emergency does not relieve a reporting entity of the responsibility to report the encounter under another section of this rule or other legal authority.

KEY: communicable diseases, quarantines, rabies, rules and procedures
Date of Last Change: 2026[~~November 8, 2024~~]
Notice of Continuation: March 10, 2021
Authorizing, and Implemented or Interpreted Law: 26B-1-202; 26B-7-202; 26B-7-207; 26B-7-303 through 26B-7-315; 26B-7-316 through 26B-7-324

NOTICE OF SUBSTANTIVE CHANGE		
TYPE OF FILING: Amendment		
Rule or section number:	**R392-302-38**	**Filing ID: 57816**

Agency Information

1. Title catchline:	Health and Human Services, Population Health, Environmental Health
Building:	Cannon Health Building
Street address:	288 N 1460 W

City, state:	Salt Lake City, UT	
Mailing address:	PO Box 142102	
City, state and zip:	Salt Lake City, UT 84114-2102	
Contact persons:		
Name:	**Phone:**	**Email:**
Karl Hartman	801-538-6191	khartman@utah.gov
Sarah Cheshire	801-538-6191	scheshire@utah.gov
Please address questions regarding information on this notice to the persons listed above.		

General Information

2. Rule or section catchline:

R392-302-38. Special Purpose Pools: Cold Plunge Pools

4. Purpose of the new rule or reason for the change:

As a result of discussions within the Department of Health and Human Services (department) and with stakeholders, who had concerns about operational burdens related to an onsite attendant, this proposed amendment to Section R392-302-38 is intended to clarify the department's approach to public health at public cold plunge pools.

Public cold baths are exempt from this rule, as Section 26B-7-124 includes a definition that a public cold bath is 180 gallons or fewer and restricts the department from regulating a public cold bath by rule. A public cold plunge pool is more than 180 gallons and allows for multiple concurrent users.

The approach in this amendment balances health protections with stakeholder concerns regarding operational burdens.

5. Summary of the new rule or change:

The proposed amendment revises Section R392-302-38 to remove the requirement for an onsite attendant at cold plunge facilities.

Cold plunge pools will otherwise continue to be regulated consistent with hot tub spa pool requirements, with signage requirements modified to reflect cold plunge-specific safety considerations.

This amendment also makes the term "cold plunge pool" consistent throughout the section. No other sections of this rule are amended.

Fiscal Information

6. Provide an estimate and written explanation of the aggregate anticipated cost or savings to:

A. State budget:

The department does not anticipate any fiscal impact to the state budget as a result of these amendments.

The changes remove a regulatory requirement and do not require additional state resources or enforcement activities.

The department evaluated existing compliance requirements for hot tub spas and cold plunge pools and consulted with local health departments and industry stakeholders.

B. Local governments:

Local health departments are not expected to experience any fiscal impact.

The removal of the onsite attendant requirement may reduce enforcement and compliance monitoring burdens for local health departments.

No additional inspections, staffing, or resources are required.

The magnitude and direction of any impact depend on the number of cold plunge facilities in operation, facility utilization rates, and local enforcement practices, which vary by jurisdiction and are not currently tracked in a manner that allows reliable quantification.

C. Small businesses ("small business" means a business employing 1-49 persons)**:**

Small businesses operating cold plunge facilities may experience cost savings from eliminating onsite attendant staffing requirements.

However, the extent of these savings is highly variable and depends on individual business models, hours of operation, staffing practices, and market demand.

As cold plunge facilities are a rapidly emerging industry with limited baseline economic data, the department cannot reliably estimate aggregate cost impacts.

D. Non-small businesses ("non-small business" means a business employing 50 or more persons)**:**

Non-small businesses operating cold plunge facilities may experience cost savings from eliminating onsite attendant staffing requirements.

However, the extent of these savings is highly variable and depends on individual business models, hours of operation, staffing practices, and market demand.

As cold plunge facilities are a rapidly emerging industry with limited baseline economic data, the department cannot reliably estimate aggregate cost impacts.

E. Persons other than small businesses, non-small businesses, state, or local government entities ("person" means any individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an ***agency***)**:**

Members of the public may experience indirect economic impacts, such as changes in user fees, depending on how facility operators adjust pricing and services in response to the regulatory change.

These market-driven effects are speculative and cannot be quantified by the department.

F. Compliance costs for affected persons:

The Department does not anticipate any compliance costs for affected persons as a result of this amendment.

Facilities may experience reduced staffing costs due to removal of the onsite attendant requirement.

No additional inspections, staffing, or resources are required.

G. Regulatory Impact Summary Table (This table includes only fiscal impacts the agency was able to measure. If the agency could not estimate an impact, it is excluded from this table but described in boxes A through F.)

Regulatory Impact Summary Table					
Fiscal Cost	**FY2026**	**FY2027**	**FY2028**	**FY2029**	**FY2030**
State Budget	$0	$0	$0	$0	$0
Local Governments	$0	$0	$0	$0	$0
Small Businesses	$0	$0	$0	$0	$0
Non-Small Businesses	$0	$0	$0	$0	$0
Other Persons	$0	$0	$0	$0	$0
Total Fiscal Cost	**$0**	**$0**	**$0**	**$0**	**$0**
Fiscal Benefits	**FY2026**	**FY2027**	**FY2028**	**FY2029**	**FY2030**
State Budget	$0	$0	$0	$0	$0
Local Governments	$0	$0	$0	$0	$0
Small Businesses	$0	$0	$0	$0	$0

Non-Small Businesses	$0	$0	$0	$0	$0
Other Persons	$0	$0	$0	$0	$0
Total Fiscal Benefits	**$0**	**$0**	**$0**	**$0**	**$0**
Net Fiscal Benefits	**$0**	**$0**	**$0**	**$0**	**$0**

H. Department head comments on fiscal impact and approval of regulatory impact analysis:

The Executive Director of the Department of Health and Human Services, Tracy S. Gruber, has reviewed and approved this regulatory impact analysis.

Citation Information

7. Provide citations to the statutory authority for the rule. If there is also a federal requirement for the rule, provide a citation to that requirement:		
Section 26B-1-202	Section 26B-7-113	Section 26B-7-124
Section 26B-7-402		

Public Notice Information

9. The public may submit written or oral comments to the agency identified in box 1.	
A. Comments will be accepted until:	04/14/2026

10. This rule change MAY become effective on:	04/21/2026
NOTE: The date above is the date the agency anticipates making the rule or its changes effective. It is NOT the effective date.	

Agency Authorization Information

Agency head or designee and title:	Tracy S. Gruber, Executive Director	**Date:**	02/25/2026

R392. Health and Human Services, Population Health, Environmental Health.
R392-302. Public Pool Design, Construction, and Operation.
R392-302-38. Special Purpose Pools: Cold Plunge Pools.

(1) The manager shall consult with a local health officer during a plan review of a cold plunge pool.

(2) The manager shall ensure that each cold plunge pool:

(a) [~~meets any applicable requirement of this rule in addition to this section;~~

~~(b)~~]meets the requirements of a spa pool as described in Section R392-302-37, except for requirements in Subsection R392-302-37(9);

[~~(c) if under 70 degrees Fahrenheit and greater than 24 inches deep, has an onsite attendant;~~

~~(i) certified in first aid, AED, and CPR;~~

~~(ii) who actively monitors bathers; and~~

~~(iii) that can respond to a bather in distress;~~] and

[~~(d)~~](b) has a refrigeration system or other means to maintain a consistent temperature, such as a heat exchanger, chiller, or other mechanical unit.

(3) The manager shall ensure the duration of cold exposure in the cold plunge [~~spa~~]pool is time-limited and may not exceed 15 minutes.

(4) The manager shall post a sign that contains the following information:

(a) a sign heading with the safety signal word "Caution" centered at the top of the sign; and

(b) sign text that states:

(i) "Adverse health outcomes may result from intense and sudden changes in exposure temperature which may include immediate impaired coordination, loss of control of breathing, muscle cramps, or a loss of consciousness";

(ii) "Due to the risk of cold shock from total or partial immersion in cold water, any bather should consult a physician before using the cold plunge pool";

(iii) "Elderly persons, pregnant women, persons using prescription medications, and those suffering from heart disease, diabetes, or high blood pressure should consult a physician before using the cold plunge pool";

(iv) "Persons suffering from a communicable disease transmissible via water may not use the cold plunge pool";

(v) "Individuals under the influence of alcohol or other impairing chemical substances should not use the cold plunge pool";

(vi) "Bathers should not use the cold plunge spa pool alone";

(vii) "Bathers should not spend more than 15 minutes in the cold plunge pool in any one session":

(viii) "Children aged 14 years and younger are prohibited from bathing in a cold plunge pool"; and

(ix) "Running or engaging in unsafe activities or horseplay in or around the cold plunge pool is prohibited".

(5) The manager shall ensure that the temperature of each cold plunge pool is readily visible so that any bather is alerted and informed before using the cold plunge pool.

KEY: pools, spas, swimming, water
Date of Last Change: [~~January 26,~~]2026
Notice of Continuation: October 21, 2021
Authorizing, and Implemented or Interpreted Law: 26B-1-202; 26B-7-113; 26B-7-124; 26B-7-402

NOTICE OF SUBSTANTIVE CHANGE		
TYPE OF FILING: Amendment		
Rule or section number:	**R414-1-5**	**Filing ID: 57824**

Agency Information

1. Title catchline:	Health and Human Services, Integrated Healthcare	
Building:	Cannon Health Building	
Street address:	288 N 1460 W	
City, state:	Salt Lake City, UT	
Mailing address:	PO Box 143325	
City, state and zip:	Salt Lake City, UT 84114-3325	
Contact persons:		
Name:	**Phone:**	**Email:**
Craig Devashrayee	801-538-6641	cdevashrayee@utah.gov
Mariah Noble	385-214-1150	mariahnoble@utah.gov
Please address questions regarding information on this notice to the persons listed above.		

General Information

2. Rule or section catchline:

R414-1-5. Incorporations by Reference

4. Purpose of the new rule or reason for the change:

Based on an internal review, the Department of Health and Human Services (department) determined it is appropriate to implement by rule Medicaid policy through incorporating by reference the January 2026 version of the Medicaid State Plan and incorporating by reference the January 2026 versions of the agency's Medicaid provider manuals.

5. Summary of the new rule or change:

This amendment incorporates by reference the current version of the Medicaid State Plan.

It also incorporates by reference current provider manuals into this rule.

Changes include the addition of provisions related to Medicaid adult expansion, justice expansion, dental adult expansion, and updates to home and community-based services.

This amendment also removes previous incorporations by reference that are no longer applicable.

Additionally, this amendment alphabetizes the list of provider manuals incorporated by reference.

Fiscal Information

6. Provide an estimate and written explanation of the aggregate anticipated cost or savings to:

A. State budget:
The department does not expect any fiscal impact on the state budget because this change only updates the version of the incorporated state plan the state currently follows. This amendment does not affect implementation of the state plan. Further, the rule's incorporation of ongoing Medicaid policy described in the provider manuals and Lookup Tool does not create any cost or savings to the department or other state agencies because the changes reflect current policy and do not add to, modify, or remove processes already in place.
B. Local governments:
The department does not expect any fiscal impact on local governments because this change only updates the version of the incorporated state plan the state currently follows. This amendment does not affect implementation. Further, the rule's incorporation of ongoing Medicaid policy described in the provider manuals and Lookup Tool does not create any cost or savings to the department or other state agencies because the changes reflect current policy and do not add to, modify, or remove processes already in place.
C. Small businesses ("small business" means a business employing 1-49 persons)**:**
The department does not expect any fiscal impact on small businesses because this change only updates the version of the incorporated state plan the state currently follows. This amendment does not affect implementation. Further, the rule's incorporation of ongoing Medicaid policy described in the provider manuals and Lookup Tool does not create any cost or savings to the department or other state agencies because the changes reflect current policy and do not add to, modify, or remove processes already in place.
D. Non-small businesses ("non-small business" means a business employing 50 or more persons)**:**
The department does not expect any fiscal impact on non-small businesses because this change only updates the version of the incorporated state plan the state currently follows. This amendment does not affect implementation. Further, the rule's incorporation of ongoing Medicaid policy described in the provider manuals and Lookup Tool does not create any cost or savings to the department or other state agencies because the changes reflect current policy and do not add to, modify, or remove processes already in place.
E. Persons other than small businesses, non-small businesses, state, or local government entities ("person" means any individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an ***agency***)**:**
The department does not expect any fiscal impact on other persons because this change only updates the version of the incorporated state plan the state currently follows. This amendment does not affect implementation. Further, the rule's incorporation of ongoing Medicaid policy described in the provider manuals and Lookup Tool does not create any cost or savings to the department or other state agencies because the changes reflect current policy and do not add to, modify, or remove processes already in place.
F. Compliance costs for affected persons:
The department does not expect any compliance cost for affected persons, including a single Medicaid provider or member, because this change only updates the version of the incorporated state plan the state currently follows.

This amendment does not affect implementation.

Further, the rule's incorporation of ongoing Medicaid policy described in the provider manuals and Lookup Tool does not create any cost to the department or other state agencies because the changes reflect current policy and do not add to, modify, or remove processes already in place.

G. Regulatory Impact Summary Table (This table includes only fiscal impacts the agency was able to measure. If the agency could not estimate an impact, it is excluded from this table but described in boxes A through F.)

Regulatory Impact Summary Table

Fiscal Cost	**FY2026**	**FY2027**	**FY2028**	**FY2029**	**FY2030**
State Budget	$0	$0	$0	$0	$0
Local Governments	$0	$0	$0	$0	$0
Small Businesses	$0	$0	$0	$0	$0
Non-Small Businesses	$0	$0	$0	$0	$0
Other Persons	$0	$0	$0	$0	$0
Total Fiscal Cost	**$0**	**$0**	**$0**	**$0**	**$0**
Fiscal Benefits	**FY2026**	**FY2027**	**FY2028**	**FY2029**	**FY2030**
State Budget	$0	$0	$0	$0	$0
Local Governments	$0	$0	$0	$0	$0
Small Businesses	$0	$0	$0	$0	$0
Non-Small Businesses	$0	$0	$0	$0	$0
Other Persons	$0	$0	$0	$0	$0
Total Fiscal Benefits	**$0**	**$0**	**$0**	**$0**	**$0**
Net Fiscal Benefits	**$0**	**$0**	**$0**	**$0**	**$0**

H. Department head comments on fiscal impact and approval of regulatory impact analysis:

The Executive Director of the Department of Health and Human Services, Tracy S. Gruber, has reviewed and approved this regulatory impact analysis.

Citation Information

7. Provide citations to the statutory authority for the rule. If there is also a federal requirement for the rule, provide a citation to that requirement:

Section 26B-1-213	Section 26B-3-108	

Incorporation by Reference Information

8. Incorporation by Reference:

A. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**

Official Title of Materials Incorporated (from title page)	Utah Medicaid State Plan
Publisher	Centers for Medicare and Medicaid Services
Issue or Version	2026

B. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**

Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Autism Spectrum Disorder Services
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue or Version	January 2026

C. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Behavioral Health Services
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue or Version	January 2026

D. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Dental, Oral Maxillofacial, and Orthodontia Services
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue or Version	January 2026

E. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue or Version	January 1, 2026

F. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Home and Community-Based Services Waiver for Individuals with an Acquired Brain Injury
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue or Version	September 2025

G. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Home and Community-Based Services Waiver for Individuals with Physical Disabilities
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue or Version	September 2025

H. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Home and Community-Based Services Waiver for Technology Dependent, Medically Fragile Individuals
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue or Version	July 2020

I. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Home and Community-Based Waiver Services New Choices Waiver

Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue or Version	July 2021

J. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Medically Complex Children's Waiver
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue or Version	July 2020

K. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Utah Home and Community Based Services Waiver for Individuals with Intellectual Disabilities or Other Related Conditions
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue or Version	November 2025

L. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Utah Home and Community-Based Services Waiver for Individuals Age 65 or Older
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue or Version	April 2022

M. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Home Health Services
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue or Version	January 2026

N. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Hospice Care Services
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue or Version	January 2026

O. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Hospital Services
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue or Version	January 2026

P. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Housing Related Services and Supports
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue or Version	September 2025

Q. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Indian Health Services
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue or Version	November 2025

R. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Integrated Healthcare Services
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue or Version	January 2026

S. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Long Term Care Services in Nursing Facilities
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue or Version	September 2025

T. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Medical Supplies and Durable Medical Equipment
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue or Version	November 2025

U. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Medical Transportation Services
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue or Version	September 2025

V. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Personal Care Services

Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue or Version	January 2026

W. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Pharmacy Services
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue or Version	January 2026

X. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Physician Services
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue or Version	January 2026

Y. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Physical Therapy and Occupational Therapy Services
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue or Version	January 2026

Z. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Rural Health Clinics and Federally Qualified Health Centers Services
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue or Version	November 2025

AA. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, School-Based Skills Development Services
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue or Version	January 2026

BB. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Section I: General Information
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue or Version	January 2026

CC. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Speech-Language Pathology and Audiology Services
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue or Version	September 2025

DD. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Targeted Case Management for Early Childhood
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue or Version	July 2025

EE. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Targeted Case Management for Individuals with Serious Mental Illness
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue or Version	July 2025

FF. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Vision Care Services
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue or Version	November 2025

GG. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Women's Services and Family Planning
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue or Version	March 2026

Public Notice Information

9. The public may submit written or oral comments to the agency identified in box 1.	
A. Comments will be accepted until:	04/14/2026

10. This rule change MAY become effective on:	04/21/2026
NOTE: The date above is the date the agency anticipates making the rule or its changes effective. It is NOT the effective date.	

Agency Authorization Information

Agency head or designee and title:	Tracy S. Gruber, Executive Director	**Date:**	02/25/2026

R414. Health and Human Services, Integrated Healthcare.
R414-1. Utah Medicaid Program.
R414-1-5. Incorporations by Reference.

The Department incorporates [~~the January 2018 versions of the following~~]by reference the:[

~~(1) Utah Medicaid State Plan, including any approved amendments, under Title XIX of the Social Security Act Medical Assistance Program;~~

~~(2) Medical Supplies and Durable Medical Equipment Utah Medicaid Provider Manual, as applied in Rule R414-70, and the manual's attachment for Donor Human Milk Request Form;~~

~~(3) Hospital Services Utah Medicaid Provider Manual with its attachments;~~

~~(4) Home Health Agencies Utah Medicaid Provider Manual, and the manual's attachment for the Private Duty Nursing Acuity Grid;~~

~~(5) Speech-Language Pathology and Audiology Services Utah Medicaid Provider Manual;~~

~~(6) Hospice Care Utah Medicaid Provider Manual;~~

~~(7) Long Term Care Services in Nursing Facilities Utah Medicaid Provider Manual with its attachments;~~

~~(8) Personal Care Utah Medicaid Provider Manual;~~

~~(9) Utah Home and Community-Based Waiver Services for Individuals Age 65 or Older Utah Medicaid Provider Manual;~~

~~(10) Utah Home and Community-Based Waiver Services for Individuals with an Acquired Brain Injury Utah Medicaid Provider Manual;~~

~~(11) Utah Community Supports Waiver for Individuals with Intellectual Disabilities or Other Related Conditions Utah Medicaid Provider Manual;~~

~~(12) Utah Home and Community-Based Services Waiver for Individuals with Physical Disabilities Utah Medicaid Provider Manual;~~

~~(13) Utah Home and Community-Based Waiver Services New Choices Waiver Utah Medicaid Provider Manual;~~

~~(14) Utah Home and Community-Based Services Waiver for Technology-Dependent, Medically Fragile Individuals Utah Medicaid Provider Manual;~~

~~(15) Utah Home and Community-Based Waiver Services Medicaid Autism Waiver Utah Medicaid Provider Manual;~~

~~(16) Office of Inspector General Administrative Hearings Procedures Manual;~~

~~(17) Pharmacy Services Utah Medicaid Provider Manual with its attachments;~~

~~(18) Drug Criteria and Limits Policy;~~

~~(19) Coverage and Reimbursement Code Look-Up Tool found at http://health.utah.gov/stplan/lookup/CoverageLookup.php;~~

~~(20) CHEC Services Utah Medicaid Provider Manual with its attachments;~~

~~(21) Dental, Oral Maxillofacial, and Orthodontia Services Utah Medicaid Provider Manual;~~

~~(22) General Attachments (All Providers) for the Utah Medicaid Provider Manual;~~

~~(23) Indian Health Utah Medicaid Provider Manual;~~

~~(24) Medical Transportation Utah Medicaid Provider Manual;~~

~~(25) Licensed Nurse Practitioner Utah Medicaid Provider Manual;~~

~~(26) Physical Therapy and Occupational Therapy Services Utah Medicaid Provider Manual, and the manual's attachment for Physical Therapy and Occupational Therapy Decision Tables;~~

~~(27) Physician Services Utah Medicaid Provider Manual with its attachments;~~

~~(28) Podiatric Services Utah Medicaid Provider Manual;~~

~~(29) Primary Care Network Utah Medicaid Provider Manual with its attachments;~~

~~(30) Rehabilitative Mental Health and Substance Use Disorder Services Utah Medicaid Provider Manual;~~

~~(31) Rural Health Clinics and Federally Qualified Health Centers Services Utah Medicaid Provider Manual;~~

~~(32) School-Based Skills Development Services Utah Medicaid Provider Manual;~~

~~(33) Section I: General Information Utah Medicaid Provider Manual;~~

~~(34) Targeted Case Management for Individuals with Serious Mental Illness Utah Medicaid Provider Manual;~~

~~(35) Targeted Case Management for Early Childhood (Ages 0-4) Utah Medicaid Provider Manual;~~

~~(36) Vision Care Services Utah Medicaid Provider Manual;~~

~~(37) Medically Complex Children's Waiver Utah Medicaid Provider Manual; and~~

~~(38) Autism Spectrum Disorder Related Services for EPSDT Eligible Individuals Utah Medicaid Provider Manual.~~]

(1) Utah Medicaid State Plan (2026), published by the Centers for Medicare and Medicaid Services, including the Coverage and Reimbursement Code Lookup Tool found at https://medicaid.utah.gov/coverage-and-reimbursement/; and

(2) Utah Medicaid Provider Manuals, published by the Division of Integrated Healthcare under the Utah Department of Health and Human Services, including:

(a) Autism Spectrum Disorder Services, version January 2026;

(b) Behavioral Health Services, version January 2026;

(c) Dental, Oral Maxillofacial, and Orthodontia Services, version January 2026;

(d) Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services, version January 2026;

(e) home and community-based services waivers, including the:

(i) Home and Community-Based Services Waiver for Individuals with an Acquired Brain Injury, version September 2025;

(ii) Home and Community-Based Services Waiver for Individuals with Physical Disabilities, version September 2025;

(iii) Home and Community-Based Services Waiver for Technology Dependent, Medically Fragile Individuals, version July 2020;

(iv) Home and Community-Based Waiver Services New Choices Waiver, version July 2021;

(v) Medically Complex Children's Waiver, version July 2020;

(vi) Utah Home and Community Based Services Waiver for Individuals with Intellectual Disabilities or Other Related Condition, version November 2025; and
(vii) Utah Home and Community-Based Services Waiver for Individuals Age 65 or Older, version April 2022;
(f) Home Health Services, version January 2026, including the manual's attachment for the Private Duty Nursing Acuity Grid;
(g) Hospice Care Services, version January 2026;
(h) Hospital Services, version January 2026, including the manual's attachments;
(i) Housing Related Services and Supports, version September 2025;
(j) Indian Health Services, version November 2025;
(k) Integrated Healthcare Services, version January 2026;
(l) Long Term Care Services in Nursing Facilities, version September 2025, including the manual's attachments;
(m) Medical Supplies and Durable Medical Equipment, version November 2025, as applied in Rule R414-70, including the manual's attachment for Donor Human Milk Request Form;
(n) Medical Transportation Services, version September 2025;
(o) Personal Care Services, version January 2026;
(p) Pharmacy Services, version January 2026, including the manual's attachments;
(q) Physician Services, version January 2026, including the manual's attachments;
(r) Physical Therapy and Occupational Therapy Services, version January 2026;
(s) Rural Health Clinics and Federally Qualified Health Centers Services, version November 2025;
(t) School-Based Skills Development Services, version January 2026;
(u) Section I: General Information, version January 2026, including the general attachments;
(v) Speech-Language Pathology and Audiology Services, version September 2025;
(w) Targeted Case Management for Early Childhood, version July 2025;
(x) Targeted Case Management for Individuals with Serious Mental Illness, version July 2025;
(y) Vision Care Services, version November 2025; and
(z) Women's Services and Family Planning, version March 2026.

KEY: Medicaid
Date of Last Change: [~~February 18, 2025~~]2026
Notice of Continuation: December 13, 2021
Authorizing, and Implemented or Interpreted Law: 26B-1-213; 26B-3-108; [~~26B-8-132;~~]26B-3-1004; 26B-8-132

NOTICE OF SUBSTANTIVE CHANGE		
TYPE OF FILING: Amendment		
Rule or section number:	**R436-18**	**Filing ID: 57817**

Agency Information

1. Title catchline:	Health and Human Services, Data, Systems and Evaluation, Vital Records and Statistics	
Building:	Cannon Health Building	
Street address:	288 N 1460 W	
City, state:	Salt Lake City, UT	
Mailing address:	PO Box 141012	
City, state and zip:	Salt Lake City, UT 84114-1012	
Contact persons:		
Name:	**Phone:**	**Email:**
Nicole Bissonette	385-266-1543	nbissonette@utah.gov
Mariah Noble	385-214-1150	mariahnoble@utah.gov
Please address questions regarding information on this notice to the persons listed above.		

General Information

2. Rule or section catchline:	
R436-18. Adoption Program Procedures, Form Content, and Donations	
3. Are any changes in this filing because of state legislative action?	Changes are because of legislative action.
If yes, any bill number and session:	HB 129 (2025 General Session), SB119 (2025 General Session)

4. Purpose of the new rule or reason for the change:

HB 129, passed in the 2025 General Session, altered Section 26B-8-125 to remove part of the rulemaking authority for the Office of Vital Records and Statistics (office) to make rules establishing procedures and the content forms for a birth parent's election to permit identifying information about the birth parent to be made available under Section 78B-6-141.

It also updated the office's remaining rulemaking authority to establish procedures and content of forms related to adoption documents that are vital records by updating and renumbering citations within the subsection that gives the office rulemaking authority. HB 129 (2025) also included a coordinating clause with SB 119, passed in the 2025 General Session, which renumbered Sections 76B-6-141 to 81-13-103, 76B-6-144 to 81-13-504, and 76B-6-144.5 to 81-13-505.

Through the coordinating clause, HB 129 (2025) additionally updated the new Section 81-13-103 to stipulate who may inspect and copy sealed adoption documents and under what circumstances those documents may be accessed, procedures related to a motion to intervene in an adoption proceeding, access for child adoptees and adult adoptees to inspect and copy certain adoption documents, and procedures for pre-existing parents to petition to keep records sealed for 10 additional years after the adoptee turns 18 years old through a court order.

Based on these legislative changes, the office determined it is necessary to update this rule's language and references to align with current statute.

5. Summary of the new rule or change:

In accordance with HB 129 (2025), this amendment removes rule language that originally established procedures and content forms for a birth parent's election to permit identifying information about the birth parent.

Additionally, this amendment updates statutory citations to align with renumbering in SB 119 (2025) and incorporates changes made through HB 129 (2025) to allow adoptees who are at least 18 years old to obtain a non-certified copy of that adoptee's original birth certificate without a court order.

This amendment also updates terminology used to describe adoptees who have reached at least 18 years old so as not to cause confusion with the term "adult adoptee," as defined in Section 81-13-101.

This amendment also makes style and formatting changes for clarity, to comply with the Rulewriting Manual for Utah, and to align with other rules under the department.

Fiscal Information

6. Provide an estimate and written explanation of the aggregate anticipated cost or savings to:

A. State budget:

There is no anticipated fiscal impact as a result of this amendment because even though this amendment broadens which adoptees may access a non-certified original birth certificate without a court order, it does not add to, modify, or remove any part of existing processes within the Office of Vital Records and Statistics to distribute requested birth certificates.

Also, this amendment does not alter any fee for an adoptee who registers through the adoption registry.

Additionally, any cost or savings as a result of HB 129 (2025) is captured in the fiscal note for that bill, which can be viewed at https://pf.utleg.gov/public-web/sessions/2025GS/fiscal-notes/HB0129S02.fn.pdf.

B. Local governments:

There is no anticipated fiscal impact to local governments as a result of this amendment because this rule does not apply to local governments.

C. Small businesses ("small business" means a business employing 1-49 persons)**:**

There is no anticipated fiscal impact to small businesses as a result of this amendment because this rule does not apply to small businesses.

D. Non-small businesses ("non-small business" means a business employing 50 or more persons)**:**

There is no anticipated fiscal impact to non-small businesses as a result of this amendment because this rule does not apply to non-small businesses.

E. Persons other than small businesses, non-small businesses, state, or local government entities ("person" means any individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an ***agency***)**:**

There is no anticipated fiscal impact to other persons, identified as adoptees, as a result of this amendment because, while this amendment updates procedures for who may access a non-certified birth certificate without a court order, there is no change to the process for requesting access to that document.

Also, this amendment does not alter any fee for an adoptee who registers through the adoption registry.

Additionally, any cost or savings as a result of HB 129 (2025) is captured in the fiscal note for that bill, which can be viewed at https://pf.utleg.gov/public-web/sessions/2025GS/fiscal-notes/HB0129S02.fn.pdf.

F. Compliance costs for affected persons:

There are no anticipated compliance costs for affected persons, including the Office of Vital Records and Statistics and adoptees.

While this amendment updates which adoptees may access non-certified birth certificates without a court order, there is no change to the process for requesting access to that document.

Also, this amendment does not alter any fee for an adoptee who registers through the adoption registry.

G. Regulatory Impact Summary Table (This table includes only fiscal impacts the agency was able to measure. If the agency could not estimate an impact, it is excluded from this table but described in boxes A through F.)

Regulatory Impact Summary Table

Fiscal Cost	**FY2026**	**FY2027**	**FY2028**	**FY2029**	**FY2030**
State Budget	$0	$0	$0	$0	$0
Local Governments	$0	$0	$0	$0	$0
Small Businesses	$0	$0	$0	$0	$0
Non-Small Businesses	$0	$0	$0	$0	$0
Other Persons	$0	$0	$0	$0	$0
Total Fiscal Cost	**$0**	**$0**	**$0**	**$0**	**$0**
Fiscal Benefits	**FY2026**	**FY2027**	**FY2028**	**FY2029**	**FY2030**
State Budget	$0	$0	$0	$0	$0
Local Governments	$0	$0	$0	$0	$0
Small Businesses	$0	$0	$0	$0	$0
Non-Small Businesses	$0	$0	$0	$0	$0
Other Persons	$0	$0	$0	$0	$0
Total Fiscal Benefits	**$0**	**$0**	**$0**	**$0**	**$0**
Net Fiscal Benefits	**$0**	**$0**	**$0**	**$0**	**$0**

H. Department head comments on fiscal impact and approval of regulatory impact analysis:

The Executive Director of the Department of Health and Human Services, Tracy S. Gruber, has reviewed and approved this regulatory impact analysis.

Citation Information

7. Provide citations to the statutory authority for the rule. If there is also a federal requirement for the rule, provide a citation to that requirement:

Section 26B-8-125	Section 81-13-103	Section 81-13-504

Section 81-13-505		

Public Notice Information

9. The public may submit written or oral comments to the agency identified in box 1.	
A. Comments will be accepted until:	04/14/2026

10. This rule change MAY become effective on:	04/21/2026
NOTE: The date above is the date the agency anticipates making the rule or its changes effective. It is NOT the effective date.	

Agency Authorization Information

Agency head or designee and title:	Tracy S. Gruber, Executive Director	**Date:**	02/25/2026

R436. Health and Human Services, Data, Systems, and Evaluation, Vital Records and Statistics.
R436-18. Adoption Program Procedures, Form Content, and Donations.
R436-18-1. Authority and Purpose.

(1) [~~In accordance with~~]Sections 26B-8-125, [~~78B-6-141~~]81-13-103, [~~78B-6-144~~]81-13-504, and [~~78B-6-144.5~~]81-13-505[~~,~~] authorize this rule.

(2) This rule provides procedures for:

(a) a birth parent, [~~adult~~]adoptee, or [~~adult~~]sibling of an [~~adult~~]adoptee to register with the Utah [~~Mutual Consent Voluntary~~]Adoption Registry, as [~~provided~~]described under Section [~~78B-6-144~~]81-13-504[~~,~~]; and

(b) [~~to provide for~~]an adoptee to access [~~to~~]adoption documents associated with the [~~adult~~]adoptee's adoption without a court order, as [~~provided~~]described under Section [~~78B-6-141~~]81-13-103[~~upon consent of the birth parent~~].

R436-18-2. Definitions.

[~~(1)~~]Terms used in this rule are defined in Sections 26B-8-101 and [~~78B-6-103~~]81-13-101.[

~~(2)~~] Additionally[~~terms used in this rule are defined as follows~~]:

([~~a~~]1) "Contact information" means the name, address, phone number, and email that will be used by the office to communicate with [~~the~~]an individual.

[~~(b) "Registrant identifying information" means information provided when registering with the Utah Mutual Consent Voluntary Adoption Registry, that the registrant may elect to disclose to a matched individual pursuant to Sections 78B-6-141 and 78B-6-144.~~

]([~~c~~]2) "Match" means that the [~~d~~]Department of Health and Human Services has determined a birth parent or [~~adult~~]sibling and [~~the~~]an [~~adult~~]adoptee are related.

(3) "Office" means the Office of Vital Records and Statistics under the Department of Health and Human Services.

([~~d~~]4) "Registrant" means an [~~adult~~]adoptee, [~~adult~~]sibling of an [~~adult~~]adoptee, or birth parent who is registering on the Utah [~~Mutual Consent Voluntary~~]Adoption Registry.

(5) "Registrant identifying information" means information provided when registering with the Utah Adoption Registry that a registrant may elect to disclose to a matched individual pursuant to Sections 81-13-103 and 81-13-504.

([~~e~~]6) "Utah [~~Mutual Consent Voluntary~~]Adoption Registry" or "[~~A~~]adoption [~~R~~]registry" means the voluntary adoption registry established by the office in accordance with Section [~~78B-6-144~~]81-13-504.

R436-18-3. Adoption Registry Program Registration Procedures, Form Content.

(1) A registrant [~~must meet the following requirements~~]shall:

(a) be at least 18 years old;

(b) complete registration online through the adoption registry website or submit a paper form provided by the office; and

([~~b~~]c) pay the registration fee, which is required regardless of whether a match is made.

(2) [~~R~~]Each registrant[~~s~~] on the adoption registry shall include[~~the following information~~], to the fullest extent known:

(a) the registrant's current name[~~of registrant~~];

(b) the registrant's current contact information[~~of registrant~~], including an email address;

(c) the birth mother's name at time of the adoptee's birth;

(d) the birth father's name at the time of the adoptee's birth;

(e) the birth mother's current name;

(f) the birth father's current name;

(g) [~~adult~~]the adoptee's birth name;

(h) [~~adult~~]the adoptee's adoptive name;

(i) [~~adult~~]the adoptee's current name;

(j) [~~adult~~]the adoptee's birth date;

([~~i~~]k) [~~adult~~]the adoptee's birth place, including the city, county, and facility or location of the birth;

([~~k~~]l) the name of each adoptive parent at the time of adoption;

([~~l~~]m) the name of the adoption agency or private attorney that handled the adoption; and

([~~m~~]n) any additional information that will help to identify the birth parent or [~~adult~~]adoptee.

(3) The registrant may elect to[~~ share or receive any of the following information~~]:

(a) receive [~~registrant~~]identifying information for another registrant;

(b) share registrant identifying information, which may include a method for contact;

(c) share registrant identifying information but decline to provide a method for contact; or

(d) share name and contact information of an intermediary who will facilitate communication between the matched registrants[~~s; and~~

~~(d) share identifying information but decline to provide a method for contact~~].

[~~(4) Birth parents may allow the office to provide the adult adoptee with a non-certified copy of the original birth certificate with the following limitations:~~

~~(a) the certificate may not include health and medical data gathered for statistical purposes; and~~

~~(b) the certificate may not reflect identifiable information of an individual that is not registered with the adoption registry or who has not consented to the release of an original birth certificate except as provided in Subsection (5).~~

] [~~(5)~~](4) [~~B~~]A birth parent[~~s~~] may allow the office to make available for inspection by an [~~adult~~]adoptee other information about the birth parent, including an updated health history.

[~~(6)~~](5) [~~B~~]A birth parent[~~s~~] may prohibit the office from sharing any of [~~their~~]that birth parent's information or documents with the [~~adult~~]adoptee [~~without a court order~~]if the birth parent gets a court order sealing the records in accordance with Section 81-13-103.

[~~(7)~~](6)(a) [~~Adult~~]An adoptee[~~s~~] may request a non-certified copy of the adoptee's original birth certificate.

[~~(a) If two birth parents are listed on the original birth certificate, and both birth parents are deceased, the adult adoptee may provide proof of their deaths and request a non-certified copy of the original birth certificate.~~

~~(b) If only one birth parent is listed on the original birth certificate and that birth parent is deceased, the adult adoptee may provide proof of death and request a non-certified copy of the original birth certificate.~~

~~(c) If two birth parents are listed on the birth certificate and only one consents to the release of an original birth certificate, the office shall redact the identifying information of the nonconsenting parent and provide a non-certified copy of the original birth certificate to the adult adoptee.~~]

[~~(8)~~](b) [~~Adult~~]An adoptee[~~s~~] may request other non-identifying information, including an updated medical history and contact information provided by the birth parent.

R436-18-4. Access to Adoption Documents.

Access to adoption documents is governed by Sections 26B-8-125, [~~78B-6-141~~]81-13-103, and [~~78B-6-144~~]81-13-504.~~ A court order is required for the adoptee to obtain other adoption documents. A court order is required to obtain a non-certified birth certificate if a birth parent has not registered their consent for such.~~]

R436-18-5. Changes to Registrant Information or Elections.

(1) At any time, a registrant may change [~~their~~]any election[~~s~~] or update [~~their~~]registrant information[~~ at any time~~].

(2) A change or update to [~~the~~]information used for matching that will require a new search may require an update fee.

(3) For a change or update to a registrant's current contact information, registrant identifying information, non-identifying health history, or election choices in the adoption registry, the office:

(a) shall require an update fee if the change or update is requested through the paper process; and

(b) may not require an update fee if the change or update is made by the registrant online.[~~A change or update made by the registrant online in the adoption registry, to their current contact information, registrant identifying information, non-identifying health history, or election choices will not require an update fee.~~

~~(4) A change or update requested through the paper process will require an update fee.~~]

R436-18-6. Contact with a Matched Registrant.

When an [~~adult~~]adoptee, birth parent, or [~~adult~~]sibling obtains identifying information about a matched registrant from the office under Section [~~78B-6-141~~]81-13-103 or [~~78B-6-144~~]81-13-504 as applicable, the [~~adult~~]adoptee, birth parent, or [~~adult~~]sibling may choose [~~if they~~]to contact [~~their~~]the matched registrant or respond to contact from [~~their~~]the matched registrant.

R436-18-7. Adoption Program Donations.

In accordance with Section [~~78B-6-144.5~~]81-13-505, a public or private entity may donate[~~ions~~] to support adoption records access services [~~may be made~~]by completing a form provided by the office.

KEY: adoptions
Date of Last Change: [~~April 25, 2024~~]2026
Notice of Continuation: November 12, 2025
Authorizing, and Implemented or Interpreted Law: 26B-8; [~~78B-6~~]81-13

NOTICE OF SUBSTANTIVE CHANGE		
TYPE OF FILING: Amendment		
Rule or section number:	**R460-3-7**	**Filing ID: 57825**

Agency Information

1. Title catchline:	Housing Corporation, Administration	
Building:	Utah Housing Corporation Office	
Street address:	2479 Lake Park Boulevard	
City, state:	West Valley City, UT	
Mailing address:	2479 Lake Park Boulevard	
City, state and zip:	West Valley City, UT 84120	
Contact persons:		
Name:	**Phone:**	**Email:**
Jonathan Hanks	801-902-8221	jhanks@uthc.org
Please address questions regarding information on this notice to the persons listed above.		

General Information

2. Rule or section catchline:

R460-3-7. Condominium Construction Loan Program

4. Purpose of the new rule or reason for the change:

The purpose of this amendment is to add information on a new program available through Utah Housing Corporation (UHC).

5. Summary of the new rule or change:

Section R460-3-7 is added to provide guidance on how an applicant may apply for condominium construction financing available through UHC.

Fiscal Information

6. Provide an estimate and written explanation of the aggregate anticipated cost or savings to:

A. State budget:

There is no anticipated cost or savings to the state budget because Subsection 63H-8-102(3)(b) states that UHC is a "financially independent body" and therefore receives no state appropriation.

B. Local governments:

There is expected to be an inestimable fiscal benefit to local governments in the form of increased building permit and impact fees, sales tax, and property tax revenues.

It is impossible to estimate the amount by which local government may benefit as it is unknown where and when eligible condominium projects will be constructed, the amount of building materials to be purchased in any given municipality, or the number of workers hired from local communities and how long they may be working in a given community that might contribute to sales tax revenue.

C. Small businesses ("small business" means a business employing 1-49 persons)**:**

There is expected to be an inestimable fiscal benefit to small businesses engaged in small-scale condominium development for owner-occupied, single-family purchase.

It is impossible to predict the revenue that may be received by small business developers because it is impossible to predict the structure of the development team, how many units will be developed, etc.

An application fee of $2,500 (per project) must be paid if a small business decides to submit a condominium project for review under the program.

D. Non-small businesses ("non-small business" means a business employing 50 or more persons)**:**

There is expected to be an inestimable fiscal benefit to non-small businesses engaged in larger-scale condominium development for owner-occupied, single-family purchase.

It is impossible to predict the revenue that may be received by non-small business developers because it is impossible to predict the structure of the development team, how many units will be developed, etc.

An application fee of $2,500 (per project) must be paid if non-small business decides to submit a condominium project for review under the program.

E. Persons other than small businesses, non-small businesses, state, or local government entities ("person" means any individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an ***agency***)**:**

There is expected to be an inestimable fiscal benefit to persons other than small business, non-small businesses, state, or local government entities.

It is impossible to predict the revenue that may be received by other persons because it is impossible to predict the how other persons may engage in or with other entities and the capacity in which they may find themselves participating in a condominium development project.

An application fee of $2,500 must be paid if persons other than those described decide to submit a condominium project for review under the program.

F. Compliance costs for affected persons:

An application fee of $2,500 must be paid by an person or entity that decides to submit a condominium project for review under the program.

G. Regulatory Impact Summary Table (This table includes only fiscal impacts the agency was able to measure. If the agency could not estimate an impact, it is excluded from this table but described in boxes A through F.)

Regulatory Impact Summary Table

Fiscal Cost	**FY2026**	**FY2027**	**FY2028**	**FY2029**	**FY2030**
State Budget	$0	$0	$0	$0	$0
Local Governments	$0	$0	$0	$0	$0
Small Businesses	$0	$0	$0	$0	$0
Non-Small Businesses	$0	$0	$0	$0	$0
Other Persons	$0	$0	$0	$0	$0
Total Fiscal Cost	**$0**	**$0**	**$0**	**$0**	**$0**
Fiscal Benefits	**FY2026**	**FY2027**	**FY2028**	**FY2029**	**FY2030**
State Budget	$0	$0	$0	$0	$0
Local Governments	$0	$0	$0	$0	$0
Small Businesses	$0	$0	$0	$0	$0
Non-Small Businesses	$0	$0	$0	$0	$0
Other Persons	$0	$0	$0	$0	$0
Total Fiscal Benefits	**$0**	**$0**	**$0**	**$0**	**$0**
Net Fiscal Benefits	**$0**	**$0**	**$0**	**$0**	**$0**

H. Department head comments on fiscal impact and approval of regulatory impact analysis:

The CEO of the Utah Housing Corporation, David Damschen, has reviewed and approved this regulatory impact analysis.

Citation Information

7. Provide citations to the statutory authority for the rule. If there is also a federal requirement for the rule, provide a citation to that requirement:		
Section 63H-8-301	Section 63H-8-302	Section 63H-8-303

Public Notice Information

9. The public may submit written or oral comments to the agency identified in box 1.	
A. Comments will be accepted until:	04/14/2026

10. This rule change MAY become effective on:	04/21/2026
NOTE: The date above is the date the agency anticipates making the rule or its changes effective. It is NOT the effective date.	

Agency Authorization Information

Agency head or designee and title:	Jonathan Hanks, SVP/COO	**Date:**	02/25/2026

R460. Housing Corporation, Administration.
R460-3. Programs of UHC.
R460-3-7. Condominium Construction Loan Program.

(1) Application procedures.

(a) UHC shall provide applicants with the condominium construction loan program guidelines (Guidelines).

(b) The Guidelines shall state the program policies, application procedures, scoring terms, any applicable fees, and any other information UHC deems necessary for the program. The Guidelines may be amended by UHC as needed.

(c) The Guidelines and application form shall be available electronically via UHC's website.

(d) UHC may establish and collect fees payable by applicants to cover the administrative and legal expenses of the program in accordance with the Guidelines.

(e) UHC shall score and rank all applications according to the Guidelines.

(2) Loan commitment agreement.

(a) Applicants whose application receive final approval will receive a commitment letter from UHC.

(b) The loan commitment may unilaterally be canceled by UHC as detailed in the Guidelines.

(c) No loan commitment may be transferred by an applicant unless they receive prior written approval by UHC.

(d) UHC is subject to the Government Records Access and Management Act and may disclose the application materials, or any other related documents, to the state or other requestors as required.

(3) Loan closing.

(a) Following the issuance of a commitment letter, applicant and UHC shall collaborate to effectuate a closing of the loan in a timely manner in accordance with the Guidelines. Applicant may engage in negotiations with UHC and its legal counsel for changes to the loan documents but is responsible for all legal costs incurred from any negotiation or requested document change.

(b) UHC shall require security for a program loan in a form and amount as UHC determines is reasonably necessary to secure repayment as outlined in the Guidelines.

(c) A land use restriction agreement shall be recorded superior to all other liens in connection with a loan under this program.

(d) The land use restriction agreement shall require every unit in the project to remain owner-occupied for at least 5 years from the date of each unit's first sale.

(4) Construction administration.

(a) UHC shall administer the construction draw process in accordance with the Guidelines.

(b) Any significant changes that may impact the value, scope, costs, or schedule of an approved project that results in a change order must be approved in advance by UHC.

(c) UHC will use independent inspectors to confirm work has been completed satisfactorily before any payments.

(d) Draw requests may be made for deposits in ordering materials and equipment for the project.

KEY: housing finance condominium construction affordable
Date of Last Change: 2026[~~July 10, 2023~~]
Notice of Continuation: September 14, 2022
Authorizing, and Implemented or Interpreted Law: 63H-8-301; 63H-8-302; 63H-8-303

NOTICE OF SUBSTANTIVE CHANGE		
TYPE OF FILING: Amendment		
Rule or section number:	**R539-1**	**Filing ID: 57818**

Agency Information

1. Title catchline:	Health and Human Services, Services for People with Disabilities	
Building:	Cannon Health Building	
Street address:	288 N 1460 W	
City, state:	Salt Lake City, UT	
Mailing address:	PO Box 145145	
City, state and zip:	Salt Lake City, UT 84114-5145	
Contact persons:		
Name:	**Phone:**	**Email:**
Bruce Quaglia	435-669-4855	bquaglia@utah.gov
Mariah Noble	385-214-1150	mariahnoble@utah.gov
Please address questions regarding information on this notice to the persons listed above.		

General Information

2. Rule or section catchline:

R539-1. Eligibility

4. Purpose of the new rule or reason for the change:

Upon internal review, the Division of Services for People with Disabilities (division) determined that, for consistency within this rule and with other rules under Title R539, it is necessary to align language in this rule that refers to medical professionals who are qualified to make a diagnosis.

5. Summary of the new rule or change:

This filing aligns language in Subsections R539-1-5-(4)(a) and R539-1-6(2)(a) to match wording in Subsection R539-1-6(5)(a).

Additionally, in Section R539-1-7, this filing replaces "department" with "division" for greater specificity.

Fiscal Information

6. Provide an estimate and written explanation of the aggregate anticipated cost or savings to:

A. State budget:

There is no anticipated fiscal impact to the state budget because this filing aligns language throughout this rule related to medical professionals who are qualified to make a diagnosis but does not add additional requirements or restrictions to this group.

Additionally, this filing updates references to the Department of Health and Human Services (department) to the division for greater specificity.

This update does not alter existing processes, as the division falls within the department and is already the designated agency, within the department, responsible for these processes.

B. Local governments:

There is no anticipated fiscal impact to local governments because local governments do not interface with division programming.

C. Small businesses ("small business" means a business employing 1-49 persons)**:**

There is no anticipated fiscal impact to small businesses because this filing aligns language throughout this rule related to medical professionals who are qualified to make a diagnosis but does not add additional requirements or restrictions to this group.

D. Non-small businesses ("non-small business" means a business employing 50 or more persons)**:**

There is no anticipated fiscal impact to non-small businesses because this filing aligns language throughout this rule related to medical professionals who are qualified to make a diagnosis but does not add additional requirements or restrictions to this group.

E. Persons other than small businesses, non-small businesses, state, or local government entities ("person" means any individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an ***agency***)**:**

There is no anticipated fiscal impact to other persons because this filing aligns language throughout this rule related to medical professionals who are qualified to make a diagnosis but does not add additional requirements or restrictions to this group.

F. Compliance costs for affected persons:

There are no anticipated compliance costs for affected persons, as there were no identified costs for any party as a result of this filing.

This filing aligns language throughout this rule related to medical professionals who are qualified to make a diagnosis but does not add additional requirements or restrictions to this group.

Additionally, this filing updates references to the department to the division for greater specificity.

This update does not alter existing processes, as the division falls within the department and is already the designated agency, within the department, responsible for these processes.

G. Regulatory Impact Summary Table (This table includes only fiscal impacts the agency was able to measure. If the agency could not estimate an impact, it is excluded from this table but described in boxes A through F.)

Regulatory Impact Summary Table

Fiscal Cost	**FY2026**	**FY2027**	**FY2028**	**FY2029**	**FY2030**
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Small Businesses	$0	$0	$0	$0	$0
Non-Small Businesses	$0	$0	$0	$0	$0
Other Persons	$0	$0	$0	$0	$0
Total Fiscal Cost	**$0**	**$0**	**$0**	**$0**	**$0**
Fiscal Benefits	**FY2026**	**FY2027**	**FY2028**	**FY2029**	**FY2030**
State Budget	$0	$0	$0	$0	$0
Local Governments	$0	$0	$0	$0	$0
Small Businesses	$0	$0	$0	$0	$0
Non-Small Businesses	$0	$0	$0	$0	$0
Other Persons	$0	$0	$0	$0	$0
Total Fiscal Benefits	**$0**	**$0**	**$0**	**$0**	**$0**
Net Fiscal Benefits	**$0**	**$0**	**$0**	**$0**	**$0**

H. Department head comments on fiscal impact and approval of regulatory impact analysis:

The Executive Director of the Department of Health and Human Services, Tracy S. Gruber, has reviewed and approved this regulatory impact analysis.

Citation Information

7. Provide citations to the statutory authority for the rule. If there is also a federal requirement for the rule, provide a citation to that requirement:

Section 26B-6-402	Section 26B-6-403	

Public Notice Information

9. The public may submit written or oral comments to the agency identified in box 1.	
A. Comments will be accepted until:	04/14/2026

10. This rule change MAY become effective on:	04/21/2026
NOTE: The date above is the date the agency anticipates making the rule or its changes effective. It is NOT the effective date.	

Agency Authorization Information

Agency head or designee and title:	Tracy S. Gruber, Executive Director	**Date:**	02/25/2026

R539. Health and Human Services, Services for People with Disabilities.
R539-1. Eligibility.
R539-1-1. Authority and Purpose.

(1) Sections 26B-6-402 and 26B-6-403 authorize this rule and give the Division of Services for People with Disabilities (division) responsibility for the administration of its services.

(2) This rule provides:

(a) definitions applicable to eligibility;

(b) general requirements for determining eligibility for division services;

(c) waiver specific requirements for determining eligibility for division services; and

(d) policy and procedures to reduce non-Medicaid eligible individuals' budgets to the state funded portion.

R539-1-2. Definitions.

Terms used in this rule are the same as defined in Rule R539-13. Additionally:

(1)(a) "Cash assets" includes any:

(i) bond;

(ii) certified deposit;

(iii) checking account;

(iv) savings account;

(v) stock; and

(vi) trust account.

(b) A cash asset does not include an exempt discretionary trust account as described in Subsection 26B-6-412(6).

(2) "ICF" means an intermediate care facility for people with intellectual disabilities.

(3) "Qualifying acquired neurological brain injury" means an eligible diagnosis from the International Classification of Diseases. Tenth Revision, Clinical Modification (ICD-10-CM), incorporated by reference in this rule.

(4) "Related Conditions" means the same as defined in 42 CFR 435.1010 (2024).

R539-1-3. Intake and Division Eligibility.

(1) An applicant shall submit to the division the supporting documentation needed to determine eligibility specific to the applicant's disability type as required in Sections R539-1-4 through R539-1-6.

(a)(i) If any required supporting documentation is not submitted within 90 days of initial contact, the division shall change the intake case status to inactive.

(ii) The division shall send the applicant written notification of an intake status change to inactive.

(b) An applicant may reactivate the intake case by submitting supporting documentation specific to their disability type as required in Sections R539-1-4 through R539-1-6.

(c) An applicant shall update supporting documentation specific to their disability type as required in Sections R539-1-4 through R539-1-6.

(2) The division shall notify an applicant of the eligibility determination by mailing a Notice of Agency Action Form 522-I and a Hearing Request Form 490S.

(a) The Notice of Agency Action Form 522-I indicates:

(i) the eligibility determination; and

(ii) placement on the waiting list, when applicable.

(b) An applicant or the applicant's guardian may challenge the eligibility determination by following the procedures outlined in Section R539-3-[~~8~~]7.

(3) The division shall annually redetermine eligibility for each person receiving services. If a person receiving services is determined to be ineligible, the division shall develop a service discontinuation plan to ensure each health and safety need is met during the transition period.

R539-1-4. Services for People with Intellectual Disabilities or Related Conditions.

(1) An eligible applicant shall meet the following requirements:

(a) have a diagnosed intellectual disability or related condition as defined in Subsection 26B-6-401(9) and Section R414-502-8;
(b) have three or more substantial functional limitations; and
(c) be a state resident.
(2) The division determines eligibility within 90 days of receiving supporting documentation.
(a) To determine substantial functional limitations for an applicant aged seven years or older, the division shall consider age-appropriate ability.
(b) The division shall keep supporting documentation in the applicant's electronic record.
(3) The division shall use the following supporting documentation to determine eligibility:
(a) eligibility for Services Form 19 or Eligibility for Services Form 19C for a child younger than seven years of age;
(b) an assessment of substantial functional limitations and needs;
(c) a social history of the applicant completed within one year of the date of application;
(d) a psychological evaluation for people of any age or a developmental assessment for a child younger than seven years of age; and
(e) supporting documentation for each eligibility requirement. Supporting documentation includes:
(i) a medical healthcare visit summary;
(ii) a mental health assessment;
(iii) a neuropsychological evaluation; and
(iv) an educational record.
(4) This section does not apply to an applicant who meets the eligibility criteria for a physical disability or brain injury as described in Sections R539-1-5 and R539-1-6.

R539-1-5. Services for People with Physical Disabilities.
(1) The division shall only offer services for a physical disability to an eligible applicant with a disability as defined in Subsection 26B-6-401(9).
(2) An eligible applicant shall meet the following requirements:
(a) have a qualifying physical disability expected to last for a continuous period of 12 months or longer;
(b) have the functional loss of two or more limbs;
(c) have a need for a personal assistance service to accomplish an activity of daily living or an instrumental activity of daily living;
(d) be 18 years of age or older;
(e) be medically stable;
(f) be capable of selecting, training, and supervising a personal attendant;
(g) have at least one available personal attendant trained or willing to be trained;
(h) live in a safe residence that can accommodate the personnel and equipment needed to adequately and safely care for the applicant;
(i) be capable of managing personal financial and legal matters;
(j) have three or more substantial functional limitations; and
(k) be a state resident.
(3) The division shall:
(a) determine if an applicant is eligible for physical disability services within 90 days of receiving needed documentation; and
(b) keep supporting documentation in the applicant's electronic record.
(4) The division shall use the following supporting documentation to determine eligibility:
(a) Physical Disabilities Services Application Form 3-1 Part B signed by a medical professional whose scope of licensure includes the ability to render diagnoses[~~licensed physician or licensed nurse practitioner~~] attesting to each eligibility requirement; and
(b) the Minimum Data Set-Home and Community-based (MDS-HC).
(5) This section does not apply to an applicant who meets the eligibility criteria for an intellectual disability and related conditions or brain injury as described in Sections R539-1-4 and R539-1-6.

R539-1-6. Services for People with Brain Injury.
(1) The division shall only offer services for a brain injury to an eligible applicant with a disability as defined in Subsections 26B-6-401(3) and 26B-6-401(9).
(2) An eligible applicant shall meet the following requirements:
(a) have a documented diagnosis of a qualifying acquired neurological brain injury from a medical professional whose scope of licensure includes the ability to render diagnoses[~~licensed physician or licensed nurse practitioner~~];
(b) be 18 years of age or older;
(c) have three or more functional limitations;
(d) score between 36 and 136 on the Comprehensive Brain Injury Assessment Form 4-1; and
(e) be a state resident.
(3) For the exclusive purposes of this type of disability, functional limitations are defined as:
(a) "Memory" or "cognition" means an applicant's brain injury resulted in a substantial problem with recall of information, concentration, attention, planning, sequencing, executive level skills, or orientation to time and place.
(b) "Activities of daily life" means an applicant's brain injury resulted in substantial dependence on another individual to move, eat, bathe, toilet, shop, prepare a meal, or pay a bill.
(c) "Judgment" and "Self-protection" means the applicant's brain injury resulted in substantial limitation of the ability to:
(i) provide personal protection;

(ii) provide a necessity including food, shelter, clothing, mental health care, or any other health care;

(iii) obtain a service necessary for health, safety, or welfare; or

(iv) comprehend the nature and consequence of remaining in a situation of abuse, neglect, or exploitation.

(d) "Control of emotion" means the applicant's brain injury resulted in substantial limitation of the ability to regulate mood, anxiety, impulsivity, agitation, or socially appropriate conduct.

(e) "Communication" means the applicant's brain injury resulted in substantial limitation in language fluency, reading, writing, comprehension, or auditory processing.

(f) "Physical health" means the applicant's brain injury resulted in substantial limitation of the normal process and working of the human body.

(g) "Employment" means the applicant's brain injury resulted in substantial limitation in obtaining and maintaining a gainful occupation without ongoing support.

(4) The division determines eligibility.

(a) The division shall determine if an applicant is eligible for acquired brain injury services within 90 days of receiving eligibility documentation.

(b) The division shall keep supporting documentation in the applicant's electronic record.

(5) The division shall use the following supporting documentation to determine eligibility:

(a) documentation of a diagnosis of a qualifying acquired brain injury diagnosis signed by a medical professional whose scope of licensure includes the ability to render diagnoses; and

(b) Comprehensive Brain Injury Assessment Form 4-1, parts A through L.

(6) This section does not apply to an applicant who meets the eligibility criteria for an intellectual disability and related conditions or physical disability as described in Sections R539-1-4 and R539-1-5.

R539-1-7. Eligibility and Enrollment.

(1) Matching federal funds may be available through an HCBS waiver.

(a) A person shall meet financial eligibility for Medicaid benefits as determined by the Department of Workforce Services.

(b) A person shall meet a waiver level of care as determined by the division.

(i) Pursuant to Rule R414-502, the division[~~department~~] may find a person meeting nursing facility level of care eligible for funding through the:

(A) Acquired Brain Injury Waiver;

(B) Limited Supports Waiver; or

(C) Physical Disabilities Waiver.

(ii) The division[~~department~~] may find a person meeting intermediate care facility level of care eligible for funding through the:

(A) Community Supports Waiver;

(B) Community Transitions Waiver; or

(C) Limited Supports Waiver.

(c) After ensuring the person meets the waiver level of care, the division shall submit a Form 927 to the Department of Workforce Services requesting a determination of financial eligibility.

(d) Noncompliance with Department of Workforce Services eligibility determination process requirements shall result in a funding reduction as described in Subsection R539-1-8(3).

(2)(a) The division shall use a need assessment tool to determine a person's need score.

(b) The adjusted critical need score equals the person's total critical need score minus the time spent waiting component.

(3) Ordering of each person's need score identifies the most critical need ranking.

(4) Except as described in Subsections (5) through (8), the division determines waiver enrollment by the most critical need ranking.

(5) Pursuant to Section 26B-6-402, the division determines waiver enrollment in the Limited Supports Waiver by:

(a) offering enrollment in order of time spent waiting; and

(b) identifying a person through:

(i) an adjusted critical needs score at or below the person's age group threshold; and

(ii) no immediate need for out-of-home residential support services.

(6) A person shall be enrolled in the [~~l~~]Limited [~~s~~]Supports [~~w~~]Waiver only if the person's assessed needs can be safely met within the individual budget limit.

(7) When authorized, pursuant to Section R414-510-3, a person shall be enrolled in the Community Transitions Waiver.

(8) The Emergency Services Management Committee may approve enrollment in the:

(a) Acquired Brain Injury Waiver;

(b) Community Supports Waiver; or

(c) Physical Disabilities Waiver.

(9) If the division[~~department~~] determines that sufficient funding is available, a person may receive a waiver service by diverting a person from an ICF into the Community Supports Waiver.

(10)(a) Any person offered enrollment in an HCBS waiver may choose not to participate.

(b) If an eligible person chooses not to participate in a waiver, the person shall receive only the state funded portion of their assessed needs.

R539-1-8. State Funded Budget Portion for Non-Waiver Services.

(1) The state funded portion shall be calculated based on the Centers for Medicare and Medicaid Services Federal Medical Assistance Percentage.

(2) The division shall use the federal matching shares for Medicaid as updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 1396b (2024).

(3) The division shall reduce a person's overall funding to include only the state match rate for any of the following reasons:

(a) a person declines waiver enrollment but is determined eligible for an HCBS waiver by the Department of Workforce Services;

(b) a person is determined ineligible for a HCBS waiver by the Department of Workforce Services; or

(c) a person meets the programmatic eligibility for an HCBS waiver but fails to apply for a determination of Medicaid financial eligibility within 30 days of an offer for waiver enrollment.

(4) A person who receives a non-waiver service may have their non-waiver service package reduced or terminated because of:

(a) a division budget shortfall;

(b) a reduced legislative allocation; or

(c) a reevaluation of eligibility.

R539-1-9. Social Security Numbers.

Pursuant to 42 CFR 435.910 (2019) and Rule R414-302, an applicant shall provide a valid Social Security Number.

KEY: human services, disabilities, social security numbers
Date of Last Change: [~~July 22, 2025~~]2026
Notice of Continuation: October 13, 2022
Authorizing, and Implemented or Interpreted Law: 26B-6-403; 26B-6-405

NOTICE OF SUBSTANTIVE CHANGE		
TYPE OF FILING: Amendment		
Rule or section number:	**R539-5**	**Filing ID: 57819**

Agency Information

1. Title catchline:	Health and Human Services, Services for People with Disabilities	
Building:	Cannon Health Building	
Street address:	288 N 1460 W	
City, state:	Salt Lake City, UT	
Mailing address:	PO Box 145145	
City, state and zip:	Salt Lake City, UT 84114-5145	
Contact persons:		
Name:	**Phone:**	**Email:**
Bruce Quaglia	435-669-4855	bquaglia@utah.gov
Mariah Noble	385-214-1150	mariahnoble@utah.gov
Please address questions regarding information on this notice to the persons listed above.		

General Information

2. Rule or section catchline:
R539-5. Self-Administered Services
4. Purpose of the new rule or reason for the change:
Upon internal review, the Division of Services for People with Disabilities (division) determined that it is necessary to update this rule to clarify that the review processes for receiving public funds through the self-administered services (SAS) model includes the possibility of an audit by the Department of Health and Human Services (department). Additionally, the division determined it is appropriate to restrict SAS employees from using intrusive behavior intervention because SAS employees are not required to be trained on this type of intervention.

5. Summary of the new rule or change:

This filing adds Subsection R539-5(7) to restrict SAS employees from using intrusive behavior intervention.

This filing updates Subsection R539-5-7(2) to reformat the wording to be more consistent with other rules and comply with the Rulewriting Manual for Utah.

Finally, this filing adds language to Subsection R539-5-7(6) to specify that the department may audit any person who receives services through SAS.

Fiscal Information

6. Provide an estimate and written explanation of the aggregate anticipated cost or savings to:

A. State budget:

There is no anticipated fiscal impact to the state budget as a result of this filing because it is not the practice of SAS employees to use intrusive behavior intervention, so adding the restriction that SAS employees are not allowed to use this type of intervention does not alter existing practices.

Additionally, state employees already complete reviews of public funds disbursed through the SAS model, so adding clarifying language to this rule that an audit may occur does not change the current process.

Through the review process, individuals who fail to meet requirements may be required to pay back state funds, but that requirement is also already part of the process without this filing.

B. Local governments:

There is no anticipated fiscal impact to local governments because local governments do not interface with division programming.

C. Small businesses ("small business" means a business employing 1-49 persons)**:**

There is no anticipated fiscal impact to small businesses because it is not the practice of SAS employees to use intrusive behavior intervention, so adding the restriction that SAS employees are not allowed to use this type of intervention does not alter existing practices.

Additionally, state employees already complete reviews of public funds disbursed through the SAS model, so adding clarifying language to this rule that an audit may occur does not change the current process.

Through the review process, individuals who fail to meet requirements may be required to pay back state funds, but that requirement is also already part of the process without this filing.

D. Non-small businesses ("non-small business" means a business employing 50 or more persons)**:**

There is no anticipated fiscal impact to non-small businesses because a SAS agreement is only between an employer, who is the person in services, and the individuals they hire to train and provide services.

The division is unaware of any SAS services registered as non-small businesses.

As such, this rule does not apply to any non-small business.

E. Persons other than small businesses, non-small businesses, state, or local government entities ("person" means any individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an ***agency***)**:**

There is no anticipated fiscal impact to other persons because it is not the practice of SAS employees to use intrusive behavior intervention, so adding the restriction that SAS employees are not allowed to use this type of intervention does not alter existing practices.

Additionally, state employees already complete reviews of public funds disbursed through the SAS model, so adding clarifying language to this rule that an audit may occur does not change the current process.

Through the review process, individuals who fail to meet requirements may be required to pay back state funds, but that requirement is also already part of the process without this filing.

F. Compliance costs for affected persons:

There are no anticipated compliance costs for affected persons, as there were no identified costs for any party as a result of this filing.

It is not the practice of SAS employees to use intrusive behavior intervention, so adding the restriction that SAS employees are not allowed to use this type of intervention does not alter existing practices.

Additionally, state employees already complete reviews of public funds disbursed through the SAS model, so adding clarifying language to this rule that an audit may occur does not change the current process.

Through the review process, individuals who fail to meet requirements may be required to pay back state funds, but that requirement is also already part of the process without this filing.

G. Regulatory Impact Summary Table (This table includes only fiscal impacts the agency was able to measure. If the agency could not estimate an impact, it is excluded from this table but described in boxes A through F.)

Regulatory Impact Summary Table

Fiscal Cost	**FY2026**	**FY2027**	**FY2028**	**FY2029**	**FY2030**
State Budget	$0	$0	$0	$0	$0
Local Governments	$0	$0	$0	$0	$0
Small Businesses	$0	$0	$0	$0	$0
Non-Small Businesses	$0	$0	$0	$0	$0
Other Persons	$0	$0	$0	$0	$0
Total Fiscal Cost	**$0**	**$0**	**$0**	**$0**	**$0**
Fiscal Benefits	**FY2026**	**FY2027**	**FY2028**	**FY2029**	**FY2030**
State Budget	$0	$0	$0	$0	$0
Local Governments	$0	$0	$0	$0	$0
Small Businesses	$0	$0	$0	$0	$0
Non-Small Businesses	$0	$0	$0	$0	$0
Other Persons	$0	$0	$0	$0	$0
Total Fiscal Benefits	**$0**	**$0**	**$0**	**$0**	**$0**
Net Fiscal Benefits	**$0**	**$0**	**$0**	**$0**	**$0**

H. Department head comments on fiscal impact and approval of regulatory impact analysis:

The Executive Director of the Department of Health and Human Services, Tracy S. Gruber, has reviewed and approved this regulatory impact analysis.

Citation Information

7. Provide citations to the statutory authority for the rule. If there is also a federal requirement for the rule, provide a citation to that requirement:

Section 26B-6-403

Public Notice Information

9. The public may submit written or oral comments to the agency identified in box 1.

A. Comments will be accepted until:	04/14/2026

10. This rule change MAY become effective on:	04/21/2026

NOTE: The date above is the date the agency anticipates making the rule or its changes effective. It is NOT the effective date.

Agency Authorization Information

Agency head or designee and title:	Tracy S. Gruber, Executive Director	**Date:**	02/25/2026

R539. Health and Human Services, Services for People with Disabilities.
R539-5. Self-Administered Services.
R539-5-1. Authority and Purpose.

(1) Section 26B-6-403 authorizes this rule.

(2) This rule establishes a procedure and a standard for a person participating in the self-administered services (SAS) delivery model.

R539-5-2. Definitions.

Terms used in this rule are the same as defined in Rule R539-13. Additionally:

(1) "Division of Archives and Records Service" means the state agency that preserves and manages Utah government records under the Department of Government Operations.

(2) "Monthly summary" means documentation submitted to the support coordinator by the SAS employer summarizing the services delivered to the person.

R539-5-3. Requirements for Participation in Self-Administered Services (SAS).

(1) A person shall obtain authorization from the division to participate in the SAS program.

(2) A support coordinator shall validate annually that the person satisfies each participation requirement to continue in the self-administered services program.

(3) After the division determines the amount of the person-centered budget through the RFS process, a[~~n~~] SAS employee may be hired by the SAS employer to provide support services consistent with the authorized budget amount, frequency, and duration identified in the person's PCSP.

(4) The person or the person's guardian shall:

(a) designate an individual to act as the SAS employer;

(b) ensure that the SAS employer adheres to the terms of the SAS employer agreement; and

(c) ensure that the SAS employer adheres to the terms of the person's PCSP.

R539-5-4. SAS Employer Requirements.

(1) The SAS employer:

(a) may not simultaneously be the SAS employee;

(b) shall adhere to Rule R380-80;

(c) shall adhere to the DHHS Critical Incident Reporting Guide, incorporated by reference in this rule.

(d) shall adhere to the terms of the person's PCSP;

(e) shall sign and adhere to the terms of the person's SAS employer agreement; and

(f) shall ensure that any services provided conform to current service code descriptions.

(i) The SAS service code descriptions are found on the division's website.

(ii) The division shall communicate SAS service code description changes to a fiscal agent before the implementation of the change.

(iii) A fiscal agent shall communicate SAS service code description changes to SAS employers and SAS employees before the implementation of the change.

(2) The SAS employer shall maintain each record about the SAS employee, SAS employer, and person in accordance with retention schedules established by the division and available through the Division of Archives and Records Service.

(3) The SAS employer shall ensure that division, department, and state or federal auditors have immediate access to any record about the SAS employee, SAS employer, and person, upon request.

(4) The SAS employer shall use a fiscal agent contracted with the division and shall provide the fiscal agent with any requested documentation for each SAS employee.

(5) The SAS employer shall submit a written monthly summary to the support coordinator by the 15th day of the following month.

(6) The SAS employer may not approve billing for a[~~n~~] SAS employee providing more than 40 hours of services per week unless a form 2-9OT has been submitted and approved through the RFS process.

(7) The SAS employer shall ensure that the person approves the hiring of any SAS employee.

R539-5-5. SAS Employee Requirements.

(1)(a) A[~~n~~] SAS employee shall be 16 years of age or older.

(b) A[~~n~~] SAS employee who is younger than 18 years of age:

(i) shall have the SAS employee agreement co-signed by the SAS employee's parent or guardian; and

(ii) may not transport the person.

(2) A[~~n~~] SAS employee:

(a) shall adhere to Rule R380-80;

(b) shall adhere to the DHHS Critical Incident Reporting Guide;

(c) shall adhere to the terms of the person's PCSP;

(d) shall ensure that any services provided conform to current service code descriptions; and

(e)(i) shall sign and adhere to the terms of the person's SAS employee agreement.

(ii) If the SAS employee fails to complete and sign the SAS employee agreement or adhere to the terms and requirements of the agreement, the fiscal agent may not approve payment to the SAS employee.

(3) A[~~n~~] SAS employee shall be capable of providing the services for which they have been hired.

(4) A[~~n~~] SAS employee may provide a personal care service as described in Section 26B-3-222.

(5) The SAS employee may not simultaneously be the SAS employer.

(6) Any service provided must be included in the PCSP.

(7) A SAS employee may not engage in intrusive behavior intervention, as described in Section R539-4-6.

R539-5-6. SAS Division Requirements and Limitations.

(1) A person may not exceed the budget limit in the person's person-centered budget.

(2)(a) The division director may authorize the revised budget limit if the director determines there is no other available delivery method that will appropriately meet the person's needs and circumstances.

(b) The review must include the following information provided by the support coordinator from the perspective of the person's person-centered planning team:

(i) a brief summary of the person's situation and the need for the high level of SAS;

(ii) demonstration of how changing from the SAS delivery model to the provider-based services delivery model would negatively impact the person mentally, emotionally, or physically, resulting in either regression or increased behaviors affecting the health and safety of the person and others;

(iii) demonstration of how this service would be a better fit to utilize SAS instead of out-of-home placement;

(iv) evidence that it is not possible to use a provider; and

(v) information that describes how this service would:

(A) improve the person's behaviors or progress;

(B) positively impact the person's ambition, independence, or socialization; or

(C) lead to any other benefits.

R539-5-7. Review Process, Recovery of Funds, and Penalties.

(1)(a) Funds for self-administered services are public funds that are appropriated to, and approved by, the division.

(b) Funds are for the delivery of services for the person during the approved period and for the purposes stipulated in service code descriptions.

(c) Public funds are subject to applicable federal, state, and local laws and regulations pertaining to the use of public funds.

(2) The division may require the person to use a contracted provider if the SAS employer has violated any law, rule, or SAS employer or employee agreement.[~~fails to meet a requirement in:~~

~~(a) federal or state law or rule;~~

~~(b) the SAS employee agreement; or~~

~~(c) the SAS employer agreement.~~]

(3) The support coordinator shall review any billing quarterly to ensure that, for each service, no duplication of a service, fraud, or overlap of submitted timesheets has occurred for SAS and provider-based services.

(4) The misuse of any funds provided for a purpose other than those in the service description may subject the caregiver and contracted provider, if applicable, to administrative sanctions, criminal prosecution, or liability for repayment of the misused funds.

(5) For any findings of duplication of services, erroneous timesheet submissions, or exceeding the amount of service authorized in the person's person-centered budget, the department:

(a) shall recover any associated fund; and

(b) may make a referral to the Utah Office of Inspector General and the Medicaid Fraud Control Unit if waste, fraud, or abuse of funds is suspected.

(6) The department may audit any person who receives services through the SAS delivery model.

KEY: disabilities, self-administered services
Date of Last Change: [~~July 23, 2025~~]2026
Notice of Continuation: June 24, 2024
Authorizing, and Implemented or Interpreted Law: 26B-6-402; 26B-6-403

NOTICE OF SUBSTANTIVE CHANGE		
TYPE OF FILING: Repeal and Reenact		
Rule or section number:	**R539-10**	**Filing ID: 57820**

Agency Information

1. Title catchline:	Health and Human Services, Services for People with Disabilities
Building:	Cannon Health Building

Street address:	288 N 1460 W	
City, state:	Salt Lake City, UT	
Mailing address:	PO Box 145145	
City, state and zip:	Salt Lake City, UT 84114-5145	
Contact persons:		
Name:	**Phone:**	**Email:**
Bruce Quaglia	435-669-4855	bquaglia@utah.gov
Mariah Noble	385-214-1150	mariahnoble@utah.gov
Please address questions regarding information on this notice to the persons listed above.		

General Information

2. Rule or section catchline:	
R539-10. Short-Term, Limited Services for the Waiting List	
3. Are any changes in this filing because of state legislative action?	Changes are because of legislative action.
If yes, any bill number and session:	HB 3 (2025 General Session), SB 2 (2025 General Session)
4. Purpose of the new rule or reason for the change:	
HB 3 and SB 2, both passed in the 2025 General Session, allocated funding to the Division of Services for People with Disabilities (division) for new peer support waiting list services, making it necessary for the division to add language to this rule to regulate this program. Additionally, upon review of this rule, the division determined it is necessary to make additional changes for clarity, to align with other rules within the Department of Health and Human Services (department), and to comply with the Rulewriting Manual for Utah.	
5. Summary of the new rule or change:	
This filing adds Sections R539-10-7 and R539-10-8 to outline procedures for selecting recipients and for the administration of peer support waiting list services. This filing adjusts wording throughout this rule to reflect additional time-limited services available to persons on the waiting list. This filing updates applicable definitions and replaces the term "respite care services" with "temporary relief waiting list services" to distinguish these time-limited services from other ongoing services also called respite services. Due to the amount of changes, the division determined it was appropriate to file this as a repeal and reenact.	

Fiscal Information

6. Provide an estimate and written explanation of the aggregate anticipated cost or savings to:
A. State budget:
There is no anticipated fiscal impact to the state budget as a result of this filing, as the funding was already appropriated and is part of the ongoing budget for the division. The costs of this program are anticipated to be covered by these appropriated funds. The changes in this filing help clarify procedures to administer this program's services, but the administrative procedures are anticipated to be absorbed into the duties of existing division staff. Through HB 3 and SB 2 (2025), ongoing state general funds were appropriated to the division, beginning in FY26, to fund the peer support program outlined in Sections R539-10-7 and R539-10-8. The funding for the peer support program is embedded in a $6,000,000 funding item for the waiting list. This was approved by the Executive Appropriations Subcommittee and funded by the legislature. The EAC funding item can be found in item 256 at https://le.utah.gov/interim/2025/pdf/00001905.pdf.

B. Local governments:

There is no anticipated fiscal impact to local governments because local governments have no involvement with this program, which applies exclusively to state agencies and contracted providers.

C. Small businesses ("small business" means a business employing 1-49 persons)**:**

There is an anticipated fiscal benefit to small businesses who contract to provide peer support waiting list services as a result of this filing because these businesses will receive state payments for services provided.

However, the amount of this benefit is inestimable because that amount is dependent on the level of supports each small business provides. As this is a new program, there is no way to estimate which small businesses will participate or how much support they will provide.

Furthermore, the division is unable to know which contractors will apply, so it is impossible to determine how many will be small businesses. The division does not anticipate any direct cost to a small business as a result of this filing.

D. Non-small businesses ("non-small business" means a business employing 50 or more persons)**:**

There is an anticipated fiscal benefit to non-small businesses who contract to provide peer support waiting list services as a result of this filing because these businesses will receive state payments for services provided.

However, the amount of this benefit is inestimable because that amount is dependent on the level of supports each non-small business provides. As this is a new program, there is no way to estimate which non-small businesses will participate or how much support they will provide.

Furthermore, the division is unable to know which contractors will apply, so it is impossible to determine how many will be non-small businesses. The division does not anticipate any direct cost to a non-small business as a result of this filing.

E. Persons other than small businesses, non-small businesses, state, or local government entities ("person" means any individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an ***agency***)**:**

There is an anticipated indirect fiscal benefit to the individuals hired as peer support wait list services workers due to the wages they receive.

However, this amount is inestimable because there is no way to know how many individuals will be hired and wages could vary depending on the workload or different agreements with employers.

There is no anticipated cost to persons who receive these services because funding to pay for these services has been allocated to the division by the Legislature and will therefore, come from the state.

F. Compliance costs for affected persons:

While there are benefits for affected persons, any costs related to updates in this filing have already been addressed through appropriations in HB 3 and SB 2 (2025). As such, there are no anticipated compliance costs for affected persons as a result of this filing.

G. Regulatory Impact Summary Table (This table includes only fiscal impacts the agency was able to measure. If the agency could not estimate an impact, it is excluded from this table but described in boxes A through F.)

Regulatory Impact Summary Table

Fiscal Cost	**FY2026**	**FY2027**	**FY2028**	**FY2029**	**FY2030**
State Budget	$0	$0	$0	$0	$0
Local Governments	$0	$0	$0	$0	$0
Small Businesses	$0	$0	$0	$0	$0
Non-Small Businesses	$0	$0	$0	$0	$0
Other Persons	$0	$0	$0	$0	$0
Total Fiscal Cost	**$0**	**$0**	**$0**	**$0**	**$0**

Fiscal Benefits	FY2026	FY2027	FY2028	FY2029	FY2030
State Budget	$0	$0	$0	$0	$0
Local Governments	$0	$0	$0	$0	$0
Small Businesses	$0	$0	$0	$0	$0
Non-Small Businesses	$0	$0	$0	$0	$0
Other Persons	$0	$0	$0	$0	$0
Total Fiscal Benefits	**$0**	**$0**	**$0**	**$0**	**$0**
Net Fiscal Benefits	**$0**	**$0**	**$0**	**$0**	**$0**

H. Department head comments on fiscal impact and approval of regulatory impact analysis:

The Executive Director of the Department of Health and Human Services, Tracy S. Gruber, has reviewed and approved this regulatory impact analysis.

Citation Information

7. Provide citations to the statutory authority for the rule. If there is also a federal requirement for the rule, provide a citation to that requirement:

Subsection 26B-6-402(7)	Subsection 26B-6-403(2)(b)	Subsection 26B-6-403(2)(l)
Subsection 26B-6-403(2)(q)		

Public Notice Information

9. The public may submit written or oral comments to the agency identified in box 1.

A. Comments will be accepted until:	04/14/2026

10. This rule change MAY become effective on:	04/21/2026

NOTE: The date above is the date the agency anticipates making the rule or its changes effective. It is NOT the effective date.

Agency Authorization Information

Agency head or designee and title:	Tracy S. Gruber, Executive Director	**Date:**	02/25/2026

R539. Health and Human Services, Services for People with Disabilities.

[~~R539-10. Short-Term, Limited Services for the Waiting List.~~

~~R539-10-1. Authority and Purpose.~~

~~(1) Subsections 26B-6-402(7), 26B-6-403(2)(b), 26B-6-403(2)(l), and 26B-6-403(2)(q) authorize this rule.~~

~~(2) This rule establishes a procedure and standard to determine eligibility for a person on the waiting list to receive a short-term, limited service from the division.~~

~~R539-10-2. Definitions.~~

~~Terms used in this rule are defined in Section 26B-6-401 and Rule R539-13. Additionally:~~

~~(1) "Active status" means a person has a current Need Assessment Questionnaire score and is on the division's waiting list.~~

~~(2) "Respite" means a service provided in a person's residence or other approved community-based setting, designed to give relief to or for use during the temporary absence of a person's primary caregiver.~~

~~(3) "Service brokering" means a community support that facilitates a person's and family's education and direction to community resources that are outside the scope of services paid for by the Department of Health and Human Services or the division.~~

~~R539-10-3. Eligibility.~~

~~A person is eligible for a short-term, limited service if the person:~~

~~(1) does not receive an ongoing service through the division; and~~

~~(2) is on the division's waiting list.~~

~~R539-10-4. Limitations.~~

~~(1) Any public funds granted by the division shall be used by the person during the fiscal year in which the public funds are granted.~~

~~(a) Any public funds not used by the person shall return to the division.~~

~~(b) The division may reallocate any unused public funds to any other eligible person.~~

~~(2) The division may withdraw or reduce public funds at any time. The establishment of a person's budget does not constitute an obligation for the division to provide a service or public funds.~~

~~R539-10-5. Selection for Short-Term Limited Respite Care Services.~~

~~(1) The division determines if public funds are available to provide a short-term, limited respite service for an eligible person.~~

~~(2) Except as described in Subsections (2)(d) and (3), the division shall use the method described in Subsections (2)(a) through (2)(c) to select a person on the waiting list who indicates a need for a respite service.~~

~~(a) The division shall identify each person who did not receive a short-term, limited respite service during the previous fiscal year.~~

~~(b) The division shall use random selection to offer a short-term, limited respite service to a person identified in Subsection (2)(a) until the public funds are allocated.~~

~~(c) If the division is unable to allocate the total amount of public funds to a person identified in Subsection (2)(a), then the division shall use random selection to offer a short-term, limited respite service to any other person on the waiting list who indicates a need for a respite service.~~

~~(d) The division may offer a short-term, limited respite service to a sibling of a selected person even if the sibling is not selected through the process described in Subsections (2)(a) through (c).~~

~~(3) The division Emergency Services Management Committee (ESMC) may select an eligible person to receive a short-term, limited respite service if the ESMC determines that the service is appropriate to address the person's emergency circumstance.~~

~~R539-10-6. Short-Term Limited Respite Care Provider Options.~~

~~(1) A short-term, limited respite service may be provided through:~~

~~(a) the self-administered services method;~~

~~(b) the provider agency service delivery method; or~~

~~(c) a combination of both methods.~~

~~(2) If the person chooses the self-administered services method to provide the short-term, limited respite service, the person shall:~~

~~(a) select a fiscal agent to make any payment to an employee; and~~

~~(b) adhere to each requirement described in Rule R539-5.~~

~~R539-10-7. Short-Term Limited Service Brokering Services.~~

~~(1) The division shall determine if public funds are available to provide short-term, limited service brokering to an eligible person.~~

~~(2)(a) The division shall select a person to receive short-term, limited service brokering based on need.~~

~~(b) The division shall use information supplied by the person to determine need.~~

]**R539-10. Time-Limited Services for the Waiting List.**

R539-10-1. Authority and Purpose.

(1) Subsections 26B-6-402(7), 26B-6-403(2)(b), 26B-6-403(2)(l), and 26B-6-403(2)(q) authorize this rule.

(2) This rule establishes a procedure and standard to determine eligibility and provide time-limited services for a person on the waiting list for Division of Services for People with Disabilities (division) services.

R539-10-2. Definitions.

Terms used in this rule are defined in Section 26B-6-401 and Rule R539-13. Additionally:

(1)(a) "Peer support" means a service provided by a peer with direct experience:

(i) living with a disability; or

(ii) supporting someone who is living with a disability as a family member.

(b) A peer providing peer support assists a person or the person's family, including one or more family members, to navigate the service system and access other resources while the person is on the waiting list.

(2) "Temporary relief" means a good or service provided in a person's residence or another approved community-based setting designed to give relief to a person's primary caregiver.

(3) "Waiting list service" means a time-limited service that the division may provide to a person on the waiting list.

R539-10-3. Eligibility.

A person eligible for a waiting list service:

(1) shall be on the division's waiting list; and

(2) may not concurrently receive an ongoing service through the division, as described in Section R539-1-7.

R539-10-4. General Limitations.

(1) A provider or SAS employer shall use public funds allocated by the division to the person for waiting list services during the fiscal year that the public funds are allocated.

(2) The division may reallocate any unused public funds for waiting list services to another eligible person.

(3) The division may withdraw or reduce allocated public funds at any time.

(4) The division shall establish a person's waiting list services budget for up to 12 months.

(5) The division may authorize an extension to the 12-month waiting list services budget.

(6) A provider or SAS employer may not bill for waiting list services that exceed the amount of funding authorized on the person's person-centered support plan.

(7) The division is not obligated to provide ongoing public funds for continued waiting list services.

R539-10-5. Selection for Temporary Relief Waiting List Services.

(1) The division shall determine whether public funds are available to provide temporary relief waiting list services to an eligible person.

(2)(a) To select a person on the waiting list who has a need for temporary relief waiting list services, the division shall:

(i) first, identify each person who did not receive temporary relief waiting list services during the previous fiscal year; and

(ii) next, use random selection to offer temporary relief waiting list services to any person identified in Subsection (2)(a)(i) until the public funds are allocated.

(b) If the total amount of public funds for temporary relief waiting list services is greater than the amount of funds allocated to a person, as described in Subsection (2)(a), the division shall use random selection to offer temporary relief waiting list services to any other person on the waiting list who has a need for these services.

(3) The division Emergency Services Management Committee (ESMC) may select an eligible person to receive temporary relief waiting list services, as described in Subsection R539-2-8(2).

R539-10-6. Temporary Relief Waiting List Services Delivery Model Options.

(1) The division may provide temporary relief waiting list services through:

(a) the self-administered services delivery model;

(b) the provider-based services delivery model; or

(c) a combination of both models.

(2) A person, or the person's guardian, who chooses the self-administered services delivery model for temporary relief waiting list services shall:

(a) select a fiscal agent to pay any employee; and

(b) comply with Rule R539-5.

R539-10-7. Selection for Peer Support Waiting List Services.

(1) The division shall select a person to receive peer support waiting list services based on the number of available spaces that have been funded.

(2) The division shall equally allocate available spaces:

(a) by referral from the division intake team to promote independence or reduce the need for more intensive ongoing division services;

(b) for children 13 years old and younger who have been waiting the longest for services, as determined by the time on the waiting list component of the Needs Assessment Questionnaire described in Section R539-2-3;

(c) for transition age youth, ages 14 through 22, who have been waiting the longest for services, as determined by the time on the waiting list component of the Needs Assessment Questionnaire described in Section R539-2-3; and

(d) for adults who are at least 23 years old who have been waiting the longest for services, as determined by the time on the waiting list component of the Needs Assessment Questionnaire described in Section R539-2-3.

(3) If a person declines or stops receiving peer support waiting list services, the division shall replace that person with a different person who meets the same selection criterion under Subsection (2).

R539-10-8. Peer Support Waiting List Services.

(1) The division shall provide peer support waiting list services to each person who has been selected for these services, as described in Section R539-10-7.

(2) A peer mentor shall deliver peer support waiting list services.

(3) The peer mentor shall:

(a) administer a needs assessment to identify the needs of the person or the person's family;

(b) develop goals to address the needs identified in the needs assessment;

(c) support the person or the person's family to implement the goals; and

(d) hold an in-person meeting at least monthly with the person or the person's family.

KEY: waiting lists, [~~family preservation, respite, service brokering~~|peer support, time-limited, temporary relief
Date of Last Change: [~~July 23, 2025~~|2026
Notice of Continuation: November 15, 2023
Authorizing, and Implemented or Interpreted Law: 26B-6-402(7); 26B-6-403(2)(b); 26B-6-403(2)(l); 26B-6-403(2)(q)

NOTICE OF SUBSTANTIVE CHANGE		
TYPE OF FILING: Amendment		
Rule or section number:	**R539-13**	**Filing ID: 57821**

Agency Information

1. Title catchline:	Health and Human Services, Services for People with Disabilities	
Building:	Cannon Health Building	
Street address:	288 N 1460 W	
City, state:	Salt Lake City, UT	
Mailing address:	PO Box 145145	
City, state and zip:	Salt Lake City, UT 84114-5145	
Contact persons:		
Name:	**Phone:**	**Email:**
Bruce Quaglia	435-669-4855	bquaglia@utah.gov
Mariah Noble	385-214-1150	mariahnoble@utah.gov
Please address questions regarding information on this notice to the persons listed above.		

General Information

2. Rule or section catchline:
R539-13. Division Definitions
4. Purpose of the new rule or reason for the change:
Upon internal review, the Division of Services for People with Disabilities (division) determined it is necessary to add "informed consent" to this rule to clarify the use of that term in rules under Title R539.
5. Summary of the new rule or change:
This amendment adds a new definition for "informed consent" and renumbers subsequent subsections as appropriate.

Fiscal Information

6. Provide an estimate and written explanation of the aggregate anticipated cost or savings to:
A. State budget:
There is no anticipated fiscal impact to the state budget because this filing adds a definition to terms used by the division but does not add to, modify, or remove any division responsibilities or processes.
B. Local governments:
There is no anticipated fiscal impact to local governments because this rule includes terms used by the division and does not dictate terminology used by local governments.
C. Small businesses ("small business" means a business employing 1-49 persons)**:**
There is no anticipated fiscal impact to small businesses because this rule includes terms used by the division and does not dictate terminology used by small businesses.
D. Non-small businesses ("non-small business" means a business employing 50 or more persons)**:**
There is no anticipated fiscal impact to non-small businesses because this rule includes terms used by the division and does not dictate terminology used by non-small businesses.
E. Persons other than small businesses, non-small businesses, state, or local government entities ("person" means any individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an ***agency***)**:**
There is no anticipated fiscal impact to other persons because this rule includes terms used by the division and does not dictate terminology used by other persons.

F. Compliance costs for affected persons:
There are no anticipated compliance costs for affected persons, as there were no identified costs for any party as a result of this filing.

G. Regulatory Impact Summary Table (This table includes only fiscal impacts the agency was able to measure. If the agency could not estimate an impact, it is excluded from this table but described in boxes A through F.)

Regulatory Impact Summary Table					
Fiscal Cost	**FY2026**	**FY2027**	**FY2028**	**FY2029**	**FY2030**
State Budget	$0	$0	$0	$0	$0
Local Governments	$0	$0	$0	$0	$0
Small Businesses	$0	$0	$0	$0	$0
Non-Small Businesses	$0	$0	$0	$0	$0
Other Persons	$0	$0	$0	$0	$0
Total Fiscal Cost	**$0**	**$0**	**$0**	**$0**	**$0**
Fiscal Benefits	**FY2026**	**FY2027**	**FY2028**	**FY2029**	**FY2030**
State Budget	$0	$0	$0	$0	$0
Local Governments	$0	$0	$0	$0	$0
Small Businesses	$0	$0	$0	$0	$0
Non-Small Businesses	$0	$0	$0	$0	$0
Other Persons	$0	$0	$0	$0	$0
Total Fiscal Benefits	**$0**	**$0**	**$0**	**$0**	**$0**
Net Fiscal Benefits	**$0**	**$0**	**$0**	**$0**	**$0**

H. Department head comments on fiscal impact and approval of regulatory impact analysis:
The Executive Director of the Department of Health and Human Services, Tracy S. Gruber, has reviewed and approved this regulatory impact analysis.

Citation Information

7. Provide citations to the statutory authority for the rule. If there is also a federal requirement for the rule, provide a citation to that requirement:		
Section 26B-6-402	Section 26B-6-403	

Public Notice Information

9. The public may submit written or oral comments to the agency identified in box 1.	
A. Comments will be accepted until:	04/14/2026

10. This rule change MAY become effective on:	04/21/2026
NOTE: The date above is the date the agency anticipates making the rule or its changes effective. It is NOT the effective date.	

Agency Authorization Information

Agency head or designee and title:	Tracy S. Gruber, Executive Director	**Date:**	02/25/2026

R539. Health and Human Services, Services for People with Disabilities.
R539-13. Division Definitions.
R539-13-1. Authority and Purpose.

(1) Sections 26B-6-402 and 26B-6-403 authorize this rule and give the division responsibility for the administration of services and supports for persons with disabilities.

(2) This rule provides common definitions applicable to Title R539.

R539-13-2. Definitions.

Terms used throughout Title R539 are defined as follows:

(1) "Agency action" means the same as described in Section 63G-4-102.

(2) "Applicant" means an individual applying for a determination of eligibility.

(3) "Attendant care services" means individually tailored assistance, skill building, supervision, and support for a person to live as independently as possible in the person's own home or family home.

(4) "Behavior intervention" means a specific technique or procedure designed to:

(a) decrease unwanted target behavior and increase desirable target behavior;

(b) ensure the safety of the person or any other person;

(c) reduce significant property damage; or

(d) teach a skill.

(5) "Behavior support plan" means a written plan of instruction designed to address a person's specific unwanted target behavior and teach a desirable target behavior.

(6) "Brain injury" means the same as defined in Section 26B-6-401.

(7)(a) "Budget limit" means the maximum allowable budget for any self-administered service and caregiver compensation service described in Rule R539-16.

(b) This budget limit is published on the division website in the Rate Master document.

(8) "Caregiver" means a person's parent, step-parent, legal guardian, or spouse who delivers supported living or attendant care services to the person through the caregiver compensation service delivery method.

(9) "Caregiver compensation service delivery method" means a service delivery method to provide supported living or attendant care services that allows a caregiver to be paid to provide extraordinary care to a person.

(10) "Department" means the Department of Health and Human Services.

(11) "Director" means the director of the Division of Services for People with Disabilities, as defined in Section 26B-6-401.

(12) "Division" means the Division of Services for People with Disabilities, as defined in Section 26B-6-401.

(13) "Employee of the division" means a staff member employed by the division.

(14) "Extraordinary care" means the same as defined in Section R414-523-3.

(15) "Fiscal agent" means an individual or entity contracted by the division to perform fiscal, legal, and management duties.

(16) "Guardian" means:

(a) the parent of a minor child; or

(b) someone appointed by a court with the legal authority to make an informed decision on behalf of an individual deemed incompetent in an area of that individual's life.

(17)(a) "HCBS waiver" or "waiver" means Medicaid home and community-based services, which are long term services and support provided to an individual in the individual's home or another community setting, authorized under Section 1915(c) of the Social Security Act and approved for Utah by the Centers for Medicare and Medicaid Services.

(b) An HCBS waiver includes the:

(i) Acquired Brain Injury Waiver;

(ii) Community Supports Waiver;

(iii) Community Transitions Waiver;

(iv) Limited Supports Waiver; and

(v) Physical Disabilities Waiver.

(18) "Hearing request" means a written request for an administrative hearing.

(19)(a) "Informed consent" means an agreement by a person with the legal capacity to make the decision, or that person's guardian when applicable, when the person, or guardian:

(i) has received and understood relevant information, including any potential risk, benefit, or alternative, before making the agreement; and

(ii) voluntarily makes the agreement without undue influence or coercion.

(b) If a person with legal capacity to make the decision is giving informed consent, the person may communicate consent verbally or through another method that accommodates the person's disability, provided the communication is witnessed by a neutral third party who documents the person's consent.

(20[~~19~~]) "Person" means an eligible individual:

(a) receiving a division service; or

(b) on the waiting list for division services.

(2[~~0~~]1) "Person-centered budget" means an annual budget that:

(a) reflects a person's assessed needs and preferences; and

(b) conforms to the services and budget amounts set by the Request for Services (RFS) Committee.

(2[~~1~~]2)(a) "Person-centered planning" or "PCP" means an individualized approach to planning services and supports to help a person achieve the person's goals.

(b) PCP incorporates the principles of inclusion, informed choice, integration, person-centered practice, person-centered thinking, and self-determination.

(2[~~2~~]3) "Person-centered support plan" or "PCSP" means the support plan developed through the PCP process that complies with 42 CFR 441-301(c)(2).

(2[~~3~~]4) "Provider" means an agency or business contracted with the division to provide services.

(2[~~4~~]5) "Provider human rights committee" means a group established and maintained by the provider to provide a recommendation to a person's PCSP regarding the person's human rights.

(2[~~5~~]6) "Provider-based" means a service delivery model for a person to receive a service included in the PCSP from a provider.

(2[~~6~~]7)(a) "Request for services" or "RFS" means a process integrated into Utah System for Tracking Eligibility, Planning, and Services (USTEPS) that facilitates the creation of a person-centered budget through an initial budget and any budget adjustment by submitting:

(i) proposed service codes, units, and rates;

(ii) designated start and end dates; and

(iii) evidence of need to the RFS Committee for review.

(b) The process is described in Sections R539-12-3 through R539-12-6.

(2[~~7~~]8) "Resident" means the same as defined in Section 26B-6-401.

(2[~~8~~]9) "SAS employee agreement" means a binding agreement between the SAS employer and SAS employee that establishes the terms and conditions of employment.

([~~29~~]30) "SAS employer agreement" means a binding agreement between the division, a person, and the SAS employer that establishes the required terms and conditions of participation in the self-administered services program.

(3[~~0~~]1)(a) "Self-administered services" or "SAS" means a service delivery model where the person or the person's designee is the employer.

(b) The employer is responsible to manage the budget and hire employees to administer certain services to the person.

(3[~~1~~]2) "Self-administered services employee" or "SAS employee" means an individual hired to provide services to a person through the SAS delivery model.

(3[~~2~~]3) "Self-administered services employer" or "SAS employer" is a person, or an individual designated by the person, responsible for the administration of the person's SAS.

(3[~~3~~]4) "State match rate" means the state-funded portion of a person's assessed needs as determined through the person-centered planning process.

(3[~~4~~]5) "State resident" means an applicant, person, or guardian who voluntarily lives in the state with the intention of becoming a resident of the state, as described in Section R414-302-4.

(3[~~5~~]6) "Substantial functional limitation" means the same as defined in Subsection 26B-6-401(9)(a)(iii) and includes areas of major life activity, as described in Subsections (34)(a) through (34)(g), for determining eligibility for division services.

(a) "Capacity for independent living" means:

(i) a minor applicant, at least seven years of age, cannot:

(A) cross a street safely;

(B) locate and use a telephone; or

(C) understand that it is not safe to accept food, money, or transportation from a stranger; or

(ii) an adult applicant lacks basic skills in the areas of shopping, preparing food, housekeeping, or paying a bill.

(b) "Economic self-sufficiency" means an adult applicant:

(i) cannot work more than 20 hours a week or is paid less than minimum wage without employment support; and

(ii) receives disability benefits.

(c) "Learning" means an applicant has a valid diagnosis of intellectual disability based on the criteria found in the Diagnostic and Statistical Manual of Mental Disorders, version 5 (2013), incorporated by reference in this rule.

(d) "Mobility" means an applicant:

(i) cannot self-evacuate from a building during an emergency without an assistive device; and

(ii) requires the use of an assistive device for mobility.

(e) "Receptive and expressive language" means an applicant:

(i) cannot follow a two-step instruction;

(ii) does not demonstrate an understanding of requests;

(iii) lacks functional communication skills; or

(iv) requires the use of an assistive device to communicate.

(f) "Self-care" means an applicant requires assistance, training, or supervision with eating, dressing, grooming, bathing, or toileting.

(g) "Self-direction" means an applicant is:

(i) a minor, at least seven years of age, significantly at risk in making an age-appropriate decision;

(ii) a significant danger to self or any other individual without supervision;

(iii) declared legally incompetent; or

(iv) unable to provide informed consent for financial matters, habilitative care, legal matters, medical care, personal safety, or residential matters.

(3[~~6~~]7) "Support" means required assistance for any portion of a task that allows a person to:

(a) independently complete any other portion of the task; or

(b) assume increasingly greater responsibility for performing the task independently.

(3[~~7~~]8)(a) "Support coordinator" means an employee of the division or an individual contracted with the division who assists with:

(i) assessing the need of a person receiving division funding;

(ii) completing written documentation of support;

(iii) developing a service and support plan for a person receiving division funding;

(iv) monitoring the appropriate spending of a person's annual budget;

(v) monitoring the health and welfare of a person; and

(vi) monitoring the quality of each service used by a person receiving division funding.

(b) If a person receives waiver services, a support coordinator shall assure compliance with each waiver program requirement.

(3[~~8~~]9) "Supported living services" means one-on-one assistance, skills building, and supervision to a person for maintaining the health and safety of the person and promoting an independent, integrated, and self-determined life.

([~~39~~]40) "Team" means the person-centered support team made up of team members.

(4[~~0~~]1)(a) "Team member" means any member of a person's circle of support who participates in the planning and delivery of any service and support with the person.

(b) A team member may include:

(i) the person applying for or receiving a service;

(ii) the parent;

(iii) the guardian;

(iv) the support coordinator;

(v) a friend of the person; and

(vi) any other professional and provider staff working with the person.

KEY: human services, disabilities
Date of Last Change: [~~July 18, 2025~~]2026
Authorizing, and Implemented or Interpreted Law: 26B-6-402; 26B-6-403

NOTICE OF SUBSTANTIVE CHANGE		
TYPE OF FILING: Amendment		
Rule or section number:	**R539-16**	**Filing ID: 57822**

Agency Information

1. Title catchline:	Health and Human Services, Services for People with Disabilities	
Building:	Cannon Health Building	
Street address:	288 N 1460 W	
City, state:	Salt Lake City, UT	
Mailing address:	PO Box 145145	
City, state and zip:	Salt Lake City, UT 84114-5145	
Contact persons:		
Name:	**Phone:**	**Email:**
Bruce Quaglia	435-669-4855	bquaglia@utah.gov
Mariah Noble	385-214-1150	mariahnoble@utah.gov
Please address questions regarding information on this notice to the persons listed above.		

General Information

2. Rule or section catchline:

R539-16. Caregiver Compensation

4. Purpose of the new rule or reason for the change:

Upon internal review, the Division of Services for People with Disabilities (division) determined that it is necessary to update this rule to clarify that the review process for receiving public funds through the caregiver compensation service delivery method includes the possibility of an audit or other actions by the Department of Health and Human Services (department).

5. Summary of the new rule or change:

This filing reformats wording in Subsection R539-16-7(2) for consistency with other rules and compliance with the Rulewriting Manual for Utah.

It also adds Subsections R539-16-7(6) through R539-16-7(8) to specify that the department may audit any person who receives services through the caregiver compensation service delivery method and other actions that the department may take to reduce or terminate services delivered through the caregiver compensation service delivery method.

Additionally, "service" is added throughout this rule for consistency in terminology.

Fiscal Information

6. Provide an estimate and written explanation of the aggregate anticipated cost or savings to:

A. State budget:

There is no anticipated fiscal impact to the state budget as a result of this filing because state employees already complete reviews of public funds disbursed through the caregiver compensation service delivery method and the department already has the ability to authorize a change to the level of caregiver compensation or to terminate the caregiver compensation service delivery method for misuse of funds or inappropriate billing.

Adding clarifying language to this rule to specify that these processes may occur does not change the current process.

Through the review, individuals who fail to meet requirements may be required to pay back state funds, but that requirement is also already part of the process without this filing.

B. Local governments:

There is no anticipated fiscal impact to local governments because local governments do not interface with division programming.

C. Small businesses ("small business" means a business employing 1-49 persons)**:**

There is no anticipated fiscal impact to small businesses because state employees already complete reviews of public funds disbursed through the caregiver compensation service delivery method and the department already has the ability to authorize a change to the level of caregiver compensation or to terminate the caregiver compensation service delivery method for misuse of funds or inappropriate billing.

Adding clarifying language to this rule to specify that these processes may occur does not change the current process.

Through the review, individuals who fail to meet requirements may be required to pay back state funds, but that requirement is also already part of the process without this filing.

D. Non-small businesses ("non-small business" means a business employing 50 or more persons)**:**

There is no anticipated fiscal impact to non-small businesses because state employees already complete reviews of public funds disbursed through the caregiver compensation service delivery method and the department already has the ability to authorize a change to the level of caregiver compensation or to terminate the caregiver compensation service delivery method for misuse of funds or inappropriate billing.

Adding clarifying language to this rule to specify that these processes may occur does not change the current process.

Through the review, individuals who fail to meet requirements may be required to pay back state funds, but that requirement is also already part of the process without this filing.

E. Persons other than small businesses, non-small businesses, state, or local government entities ("person" means any individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an ***agency***)**:**

There is no anticipated fiscal impact to other persons because state employees already complete reviews of public funds disbursed through the caregiver compensation service delivery method and the department already has the ability to authorize a change to the level of caregiver compensation or to terminate the caregiver compensation service delivery method for misuse of funds or inappropriate billing.

Adding clarifying language to this rule to specify that these processes may occur does not change the current process.

Through the review, individuals who fail to meet requirements may be required to pay back state funds, but that requirement is also already part of the process without this filing.

F. Compliance costs for affected persons:

There are no anticipated compliance costs for affected persons, as there were no identified costs for any party as a result of this filing.

State employees already complete reviews of public funds disbursed through the caregiver compensation service delivery method and the department already has the ability to authorize a change to the level of caregiver compensation or to terminate the caregiver compensation service delivery method for misuse of funds or inappropriate billing.

Adding clarifying language to this rule to specify that these processes may occur does not change the current process.

Through the review, individuals who fail to meet requirements may be required to pay back state funds, but that requirement is also already part of the process without this filing.

G. Regulatory Impact Summary Table (This table includes only fiscal impacts the agency was able to measure. If the agency could not estimate an impact, it is excluded from this table but described in boxes A through F.)

Regulatory Impact Summary Table

Fiscal Cost	**FY2026**	**FY2027**	**FY2028**	**FY2029**	**FY2030**
State Budget	$0	$0	$0	$0	$0
Local Governments	$0	$0	$0	$0	$0
Small Businesses	$0	$0	$0	$0	$0
Non-Small Businesses	$0	$0	$0	$0	$0
Other Persons	$0	$0	$0	$0	$0
Total Fiscal Cost	**$0**	**$0**	**$0**	**$0**	**$0**
Fiscal Benefits	**FY2026**	**FY2027**	**FY2028**	**FY2029**	**FY2030**
State Budget	$0	$0	$0	$0	$0
Local Governments	$0	$0	$0	$0	$0
Small Businesses	$0	$0	$0	$0	$0
Non-Small Businesses	$0	$0	$0	$0	$0
Other Persons	$0	$0	$0	$0	$0
Total Fiscal Benefits	**$0**	**$0**	**$0**	**$0**	**$0**
Net Fiscal Benefits	**$0**	**$0**	**$0**	**$0**	**$0**

H. Department head comments on fiscal impact and approval of regulatory impact analysis:

The Executive Director of the Department of Health and Human Services, Tracy S. Gruber, has reviewed and approved this regulatory impact analysis.

Citation Information

7. Provide citations to the statutory authority for the rule. If there is also a federal requirement for the rule, provide a citation to that requirement:

Section 26B-6-402	Section 26B-6-403	

Public Notice Information

9. The public may submit written or oral comments to the agency identified in box 1.

A. Comments will be accepted until:	04/14/2026

10. This rule change MAY become effective on:	04/21/2026

NOTE: The date above is the date the agency anticipates making the rule or its changes effective. It is NOT the effective date.

Agency Authorization Information

Agency head or designee and title:	Tracy S. Gruber, Executive Director	**Date:**	02/25/2026

R539. Health and Human Services, Division of Services for People with Disabilities.
R539-16. Caregiver Compensation.
R539-16-1. Authority and Purpose.

(1) Sections 26B-6-402 and 26B-6-403 authorize this rule and give the division responsibility for the administration of its services.

(2) This rule provides:

(a) definitions relating to the caregiver compensation service delivery method;

(b) eligibility requirements for the caregiver compensation service delivery method;

(c) oversight of the caregiver compensation service delivery method;

(d) applicability of the caregiver compensation service delivery method to HCBS waivers; and

(e) limitations and penalties relating to the caregiver compensation service delivery method.

R539-16-2. Definitions.

(1) Terms used in this rule are the same as defined in Rule R539-13. Additionally:

(2) "Waiver administrator" means a department employee responsible for administering and following the regulations of an HCBS waiver.

R539-16-3. Eligibility and Authorization for the Caregiver Compensation Service Delivery Method.

(1) Before the caregiver compensation service delivery method is authorized, whether the person is initially entering services or seeking to change to caregiver compensation in an existing service plan, the person's support coordinator shall confirm in writing, and annually thereafter, that:

(a) caregiver compensation services will support the person's independence and community integration;

(b) the caregiver has the capacity to meet the service-specific needs of the person as identified in the PCSP;

(c) the choice of using caregiver compensation reflects the person's wishes;

(d) the provision of caregiver compensation is based on the person's assessed needs; and

(e) the provision of caregiver compensation is in the person's best interest.

(2) The division shall deny the request to use the caregiver compensation service delivery method if any condition in Subsection (1) is not met.

R539-16-4. Caregiver Compensation Service Delivery Method Specifications for the Community Supports Waiver, Community Transitions Waiver, and Acquired Brain Injury Waiver.

(1) Services delivered through the caregiver compensation service delivery method are implemented in accordance with the terms published in the service descriptions in the provider contract or in the SAS service code descriptions on the division's website.

(a) The division shall communicate changes to SAS service code descriptions to fiscal agents before the implementation of the change.

(b) Fiscal agents shall communicate changes to SAS service code descriptions to SAS employers and SAS employees before the implementation of the change.

(2) The number of hours supported living services can be provided through the caregiver compensation service delivery method shall be approved by the RFS committee and based on assessed need. The number of authorized hours falls into one of four categories, reflected in this table:

TABLE
Authorized Hours for Supported Living Services through the Caregiver Compensation Service Delivery Method

Category	Authorized Hours
Category 1	Up to 10 hours per week
Category 2	Up to 20 hours per week
Category 3	Up to 30 hours per week
Category 4	Up to 40 hours per week

(3) The categories represent the maximum number of compensated service hours a caregiver may receive to provide extraordinary care to a person.

(4) The category a person is determined eligible for is based on the assessed needs of the person and the specific waiver the person participates in.

(a) For a person participating in the Community Supports Waiver or Community Transitions Waiver, assessed need is determined by the person's Utah Comprehensive Assessment of Needs and Strengths (UCANS) score;

(b) For a person participating in the Acquired Brain Injury Waiver, assessed need is determined by the person's Utah Comprehensive Brain Injury Assessment (CBIA) score.

(c) Additional information provided by the support coordinator, in coordination with the family, including information related to medical or behavioral needs, shall also be considered.

(5) The caregiver compensation service delivery method is evaluated and approved or denied through the RFS process. If approved, the caregiver compensation service delivery method may be used to deliver supported living services to meet a person's needs.

(6) A support coordinator may submit a request through the RFS process for supported living services to be provided through the caregiver compensation service delivery method when a person seeks to use caregiver compensation as the service delivery method to receive any of the person's needed supported living service, and:

(a) the person is entering services and is determined to need supported living;

(b) the person seeks to modify their PCSP and budget to move any part of the person's current budget to supported living delivered through the caregiver compensation service delivery method; or

(c) based on documentation provided through the RFS process, the RFS committee authorizes additional services due to an overall increase in the person's needs.

(7) Caregiver compensation shall be identified on the PCSP as the service delivery method for the person's supported living services when:

(a) the RFS committee has reviewed and approved the support coordinator's authorization for supported living to be delivered through the caregiver compensation service delivery method; and

(b) the number of hours requested by the support coordinator has been approved by the RFS committee pursuant to Sections R539-12-4 through R539-12-7 and this section.

R539-16-5. Caregiver Compensation Service Delivery Method Specifications for the Limited Supports Waiver.

(1) Services delivered through the caregiver compensation service delivery method are implemented in accordance with the terms published in the service descriptions in the provider contract or in the SAS service code descriptions on the division website.

(2) The caregiver compensation service delivery method is evaluated and approved or denied by the waiver administrator. If approved, the caregiver compensation service delivery method may be used to deliver attendant care to meet the person's needs.

(3) The caregiver compensation service delivery method may not exceed the budget limitations in the Limited Supports Waiver. Caregiver compensation shall be identified on the PCSP as the service delivery method for the person's attendant care services when:

(a) the waiver administrator has reviewed and approved the support coordinator's authorization for attendant care to be delivered through the caregiver compensation service delivery method; and

(b) the number of hours requested by the support coordinator has been approved by the waiver administrator.

R539-16-6. Caregiver Compensation Service Delivery Method Limitations.

(1) A person may not exceed the budget limit in their person-centered budget.

(2) The caregiver compensation service delivery method of delivering supported living or attendant care services may not be provided at the same time as any other service.

(3) When supported living or attendant care services are delivered through the caregiver compensation service delivery method and as SAS, the caregiver may not serve as both the caregiver, or the SAS employee, and as the caregiver's supervisor, or the SAS employer.

(4) A person who enters services through the Emergency Services Management Committee described in Section R539-2-9 may not use the caregiver compensation service delivery method during the first year of receiving division services.

R539-16-7. Caregiver Compensation Review Process, Recovery of Funds, and Penalties.

(1)(a) Funds for supported living or attendant care services provided through the caregiver compensation service delivery method are public funds that are appropriated to, and approved by, the division.

(b) Funds are for the delivery of services for the person during the approved period and for the purposes stipulated in the service code descriptions.

(c) Public funds are subject to applicable federal, state, and local laws and regulations pertaining to the use of public funds.

(2) The division may require [~~the~~]a person to use a contracted provider rather than the caregiver compensation service delivery method if the SAS employer has violated any law, rule, or SAS employer or employee agreement.[~~fails to meet a requirement in:~~

~~(a) federal or state law or rule;~~

~~(b) the SAS employee agreement; or~~

~~(c) the SAS employer agreement.~~]

(3) The support coordinator shall review any billing quarterly to ensure that, for each service, no duplication of a service, fraud, or overlap of submitted timesheets has occurred for SAS and provider-based caregiver compensation.

(4) The misuse of any funds provided for the caregiver compensation service delivery method for a purpose other than those in the service description may subject the caregiver and contracted provider, if applicable, to administrative sanctions, criminal prosecution, and liability for repayment of the misused funds.

(5) For any findings of duplication of services, erroneous timesheet submissions, or exceeding the amount of service authorized in the person's person-centered budget, the department:

(a) shall recover any associated fund; and

(b) may make a referral to the Utah Office of Inspector General and the Medicaid Fraud Control Unit if waste, fraud, or abuse of funds is suspected.

(6) The department may audit any person who receives services through the caregiver compensation service delivery method.

(7) The department may authorize a change to the level of caregiver compensation available to an eligible participant.

(8) The department may terminate the caregiver compensation service delivery method as a service option if any misuse of funds or inappropriate billing has happened, pursuant to Subsections (4) and (5), or if the employer or provider agency violates any law, rule, or SAS employer or employee agreement.

KEY: people with disabilities, caregiver compensation, HCBS waiver, Medicaid
Date of Last Change: [~~July 23, 2025~~]2026
Authorizing, and Implemented or Interpreted Law: 26B-6-402; 26B-6-403

NOTICE OF SUBSTANTIVE CHANGE		
TYPE OF FILING: Repeal		
Rule or section number:	**R590-285**	**Filing ID: 57828**

Agency Information

1. Title catchline:	Insurance, Administration	
Building:	Taylorsville State Office Building	
Street address:	4315 S 2700 W	
City, state:	Taylorsville, UT	
Mailing address:	PO Box 146901	
City, state and zip:	Salt Lake City, UT 84114-6901	
Contact persons:		
Name:	**Phone:**	**Email:**
Steve Gooch	801-957-9322	sgooch@utah.gov
Please address questions regarding information on this notice to the persons listed above.		

General Information

2. Rule or section catchline:	
R590-285. Limited Long-Term Care Insurance	
3. Are any changes in this filing because of state legislative action?	Changes are because of legislative action.
If yes, any bill number and session:	HB 58 (2026 General Session)
4. Purpose of the new rule or reason for the change:	
The rule is being repealed because the language requiring the commissioner to adopt a rule for specific provisions was removed from statute by the passing of HB 58 (2026 General Session).	
5. Summary of the new rule or change:	
The change repeals this rule in its entirety.	

Fiscal Information

6. Provide an estimate and written explanation of the aggregate anticipated cost or savings to:
A. State budget:
There is no anticipated cost or savings to the state budget. While the commissioner no longer has rulemaking authority over certain provisions of the statute, the statute itself remains in effect. The Department of Insurance (Department) anticipates no significant changes in its overall duties or operations.
B. Local governments:
There is no anticipated cost or savings to local governments. The repeal of this rule does not affect local governments in any way.

C. Small businesses ("small business" means a business employing 1-49 persons)**:**

There is no anticipated cost or savings to small businesses.

Despite the repeal of this rule, the statute remains in effect and licensees of the Department, which may include small businesses, are expected to comply with it.

D. Non-small businesses ("non-small business" means a business employing 50 or more persons)**:**

There is no anticipated cost or savings to non-small businesses.

Despite the repeal of this rule, the statute remains in effect and licensees of the Department, which may include non-small businesses, are expected to comply with it.

E. Persons other than small businesses, non-small businesses, state, or local government entities ("person" means any individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an ***agency***)**:**

There is no anticipated cost or savings to any other persons.

Despite the repeal of this rule, the statute remains in effect and licensees of the Department, which may include other persons, are expected to comply with it.

F. Compliance costs for affected persons:

There are no compliance costs for any affected persons.

This rule is being repealed, which requires no compliance on the part of any person.

G. Regulatory Impact Summary Table (This table includes only fiscal impacts the agency was able to measure. If the agency could not estimate an impact, it is excluded from this table but described in boxes A through F.)

Regulatory Impact Summary Table

Fiscal Cost	**FY2026**	**FY2027**	**FY2028**	**FY2029**	**FY2030**
State Budget	$0	$0	$0	$0	$0
Local Governments	$0	$0	$0	$0	$0
Small Businesses	$0	$0	$0	$0	$0
Non-Small Businesses	$0	$0	$0	$0	$0
Other Persons	$0	$0	$0	$0	$0
Total Fiscal Cost	**$0**	**$0**	**$0**	**$0**	**$0**
Fiscal Benefits	**FY2026**	**FY2027**	**FY2028**	**FY2029**	**FY2030**
State Budget	$0	$0	$0	$0	$0
Local Governments	$0	$0	$0	$0	$0
Small Businesses	$0	$0	$0	$0	$0
Non-Small Businesses	$0	$0	$0	$0	$0
Other Persons	$0	$0	$0	$0	$0
Total Fiscal Benefits	**$0**	**$0**	**$0**	**$0**	**$0**
Net Fiscal Benefits	**$0**	**$0**	**$0**	**$0**	**$0**

H. Department head comments on fiscal impact and approval of regulatory impact analysis:

The Commissioner of the Insurance Department, Jonathan T. Pike, has reviewed and approved this regulatory impact analysis.

Citation Information

7. Provide citations to the statutory authority for the rule. If there is also a federal requirement for the rule, provide a citation to that requirement:		
Section 31A-2-201	Section 31A-22-2006	

Public Notice Information

9. The public may submit written or oral comments to the agency identified in box 1.	
A. Comments will be accepted until:	04/14/2026

10. This rule change MAY become effective on:	04/21/2026
NOTE: The date above is the date the agency anticipates making the rule or its changes effective. It is NOT the effective date.	

Agency Authorization Information

Agency head or designee and title:	Steve Gooch, Public Information Officer	**Date:**	02/26/2026

R590. Insurance, Administration.

[~~R590-285. Limited Long-Term Care Insurance.~~

~~R590-285-1. Authority.~~

~~This rule is promulgated by the commissioner pursuant to Sections 31A-2-201 and 31A-22-2006.~~

~~R590-285-2. Purpose and Scope.~~

~~(1) The purpose of this rule is to:~~

~~(a) protect applicants from unfair or deceptive sales or enrollment practices;~~

~~(b) facilitate public understanding and comparison of limited long-term care insurance; and~~

~~(c) facilitate flexibility and innovation in the development of limited long-term care insurance.~~

~~(2) Except as otherwise specifically provided, this rule applies to any limited long-term care insurance delivered or issued for delivery in this state on or after July 1, 2021.~~

~~R590-285-3. Definitions.~~

~~Terms used in this rule are defined in Sections 31A-1-301 and 31A-22-2002. Additional terms are defined as follows:~~

~~(1)(a) "Authorized representative" means an individual authorized to act as an insured's personal representative under 45 CFR 164.502(g).~~

~~(b) "Authorized representative" includes:~~

~~(i) a person to whom an insured gives express written consent to represent the insured in an external review;~~

~~(ii) a person authorized by law to provide substituted consent for an insured; or~~

~~(iii) only when the insured is unable to provide consent:~~

~~(A) a family member of the insured; or~~

~~(B) the insured's treating health care professional~~

~~(2) "Benefit trigger," for the purposes of independent review, means a contractual provision conditioning the payment of benefits on a determination of the insured's:~~

~~(a) ability to perform activities of daily living; or~~

~~(b) cognitive impairment.~~

~~(3) "Certificate" means a limited long-term care insurance certificate.~~

~~(4) "Cold lead advertising" means using, directly or indirectly, any method of marketing that fails to disclose in a conspicuous manner the method of marketing is a solicitation of insurance and that contact will be made by a producer or an issuer.~~

~~(5) "Continuation of coverage" means a provision that maintains coverage under the existing group policy when the coverage would otherwise terminate, and that is subject only to the continued timely payment of premium when due.~~

~~(6) "Conversion of coverage" means a provision that an individual whose coverage under the group policy would otherwise terminate or has been terminated for any reason, including discontinuance of the group policy in its entirety or with respect to an insured class, shall be entitled to the issuance of a converted policy by the insurer, without evidence of insurability, if the individual was continuously insured under the group policy or another group policy which it replaced six months immediately before termination.~~

~~(7) "Converted policy" means an individual policy providing benefits identical to, or benefits determined by the commissioner to be substantially equivalent to or in excess of, those provided under the group policy from which the conversion is made.~~

~~(8) "High pressure tactics" means using a method of marketing to induce, or tend to induce, the purchase of insurance through force, fright, threat, whether explicit or implied, or undue pressure to purchase or recommend the purchase of insurance.~~

~~(9) "Licensed health care professional" means an individual qualified by education and experience in an appropriate field to determine, by record review, an insured's actual functional or cognitive impairment.~~

(10) "Limited distribution channel" means a sale through a discrete entity, such as a financial institution or brokerage, where a specialized product is available that is not available for sale to the general public.

(11) "Limited long-term care benefit classification" means policy benefits classified as:

(a) institutional limited long-term care benefits only;

(b) non-institutional limited long-term care benefits only; or

(c) comprehensive limited long-term care benefits.

(12) "Misrepresentation" means misrepresenting a material fact when selling or offering to sell a policy or certificate.

(13) "Policy" means a limited long-term care insurance policy.

(14) "Qualified actuary" means a member in good standing of the American Academy of Actuaries.

(15)(a) "Similar policy forms" means all limited long-term care insurance policies and certificates issued by an insurer in the same limited long-term care benefit classification.

(b) Group limited long-term care insurance certificates are not considered similar to certificates or policies otherwise issued as limited long-term care insurance, but are similar to other comparable certificates with the same limited long-term care benefit classifications.

(16) "State of policy issue" means the state in which a policy was originally issued.

(17) "Twisting" means knowingly making any misleading representation or incomplete or fraudulent comparison of any insurance policy or issuer to induce, or tend to induce, any person to lapse, forfeit, surrender, terminate, retain, pledge, assign, borrow on, or convert any insurance policy or to take out an insurance policy with another issuer.

R590-285-4. Policy and Certificate Definitions.

A policy or certificate may not use the terms set forth in this section unless the terms are defined and comply with this section.

(1) "Activities of daily living" means bathing, continence, dressing, eating, toileting, and transferring.

(2) "Acute condition" means an individual is medically unstable and requires frequent monitoring by a medical professional, such as a physician or a registered nurse, to maintain their health status.

(3)(a) "Adult day care" means a facility licensed and operating within the scope of the license.

(b) An adult day care facility may not be defined more restrictively than a program, for three or more individuals, of social and health related services provided during the day in a community group setting to support frail, impaired, elderly, or other disabled adults who can benefit from care in a group setting outside the home.

(4) "Bathing" means washing oneself by sponge bath, in either a tub or shower, including the task of getting into or out of the tub or shower.

(5) "Cognitive impairment" means a deficiency in a person's:

(a) short-term or long-term memory;

(b) orientation as to person, place, and time;

(c) deductive or abstract reasoning; or

(d) safety awareness judgment.

(6) "Continence" means the ability to maintain control of bowel and bladder function or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene, including caring for a catheter or a colostomy bag.

(7) "Dressing" means putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.

(8) "Eating" means feeding oneself by getting food into the body from a receptacle, such as a plate, cup, or table, or by a feeding tube or intravenously.

(9) "Hands-on assistance" means physical assistance, whether minimal, moderate, or maximal, that without the assistance the individual would not be able to perform the activity of daily living.

(10)(a) "Home care services" means medical and nonmedical services provided to an ill, disabled, or infirm person in the person's residence.

(b) "Home care services" may include homemaker services, assistance with activities of daily living, and respite care services.

(11) "Personal care" means the provision of hands-on services to assist an individual with activities of daily living.

(12) "Skilled nursing care," "personal care," "home care," "specialized care," "assisted living care," and other services shall be defined in relation to the level of skill required, the nature of the care, and the setting in which care must be delivered.

(13)(a) "Skilled nursing facility," "extended care facility," "convalescent nursing home," "personal care facility," "specialized care providers," "assisted living facility," "home care agency," and all other providers of services shall be defined in relation to the services and facilities required to be available and the licensure, certification, registration, or degree status of those providing or supervising the services.

(b) When the definition requires that the provider be appropriately licensed, certified, or registered, it shall also state what requirements a provider must meet in lieu of licensure, certification, or registration when the state in which the service is to be furnished does not require a provider of these services to be licensed, certified, or registered, or when the state licenses, certifies, or registers the provider of services under another name.

(14) "Toileting" means getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.

(15) "Transferring" means moving into or out of a bed, chair, or wheelchair.

R590-285-5. Renewability, Limitations, Exclusions, Termination, and Premium Provisions.

(1) The terms "guaranteed renewable" and "noncancellable" may not be used in an individual policy without further explanatory language in accordance with the disclosure requirements of Section R590-285-7.

(a) An individual policy may not contain a renewal provision other than "guaranteed renewable" or "noncancellable."

(b) The term "guaranteed renewable" may be used only when:

(i) an insured has the right to continue the policy in force by timely payment of premiums; and

(ii) an insurer does not have a unilateral right to make a change in a provision of the policy or rider while the insurance is in force, and cannot decline to renew, except that rates may be revised by the insurer on a class basis.

(c) The term "noncancellable" may be used only if an insured has the right to continue the policy in force by timely payment of premiums during which period the insurer does not have a right to unilaterally make a change in a provision of the policy or in the premium rate.

(d) The term "level premium" may be used only if an insurer may not change the premium.

(2)(a) A policy or certificate may not be delivered or issued for delivery in this state if the policy limits or excludes coverage by type of illness, treatment, medical condition, or accident, except as follows:

(i) alcoholism and drug addiction;

(ii) illness, treatment, or medical condition arising out of:

(A) aviation, only to a non-fare-paying passenger;

(B) participation in a felony, riot, or insurrection, when the insured is a voluntary participant;

(C) service in the armed forces or auxiliary units;

(D) suicide, attempted suicide, or intentionally self-inflicted injury; or

(E) war or act of war, whether declared or undeclared;

(iii) mental health condition, except for cognitive impairment;

(iv) preexisting condition or disease;

(v) service for which a benefit is payable under:

(A) employer's liability or occupational disease law;

(B) Medicare or other governmental program, except Medicaid;

(C) motor vehicle no-fault law; or

(D) state or federal workers' compensation;

(vi) service for which no charge is normally made in the absence of insurance; and

(vii) service provided by a member of the covered person's immediate family.

(b) An insurer may have an exclusion or limitation by provider type.

(c)(i) An insurer may not deny a claim because a service is provided in a state other than the state of policy issue under the following conditions:

(A) when the state other than the state of policy issue does not have the provider licensing, certification, or registration required in the policy, but the provider satisfies the policy requirements outlined for providers in lieu of licensure, certification, or registration; or

(B) when the state other than the state of policy issue licenses, certifies, or registers the provider under another name.

(ii) This subsection doe not prohibit territorial limitations outside of the United States.

(3)(a) Termination of limited long-term care insurance shall be without prejudice to any benefit payable for institutionalization if the institutionalization began while the limited long-term care insurance was in force and continues without interruption after termination.

(b) The extension of a benefit beyond the period the limited long-term care insurance was in force may be limited to the duration of the benefit period, if any, or to payment of the maximum benefit and may be subject to a policy waiting period, and all other applicable provisions of the policy.

(4) A group policy issued in this state shall include a provision for continuation of coverage or conversion of coverage.

(a)(i) A group policy that restricts benefits and services or contains incentives to use certain providers or facilities may provide continuation of coverage or conversion of coverage benefits that are substantially equivalent to the benefits of the existing group policy.

(ii) The commissioner shall make a determination as to the substantial equivalency of benefits, taking into consideration the differences between managed care and non-managed care plans, including provider system arrangements, service availability, benefit levels, and administrative complexity.

(b)(i) Written application for the converted policy shall be made and the first premium, if any, shall be paid as directed by the insurer within 60 days after the termination of coverage under the group policy.

(ii) The converted policy shall be issued effective on the day following the termination of coverage under the group policy and shall be renewable annually.

(c)(i) Unless the group policy from which conversion is made replaced previous group coverage, the premium for the converted policy shall be calculated based on the insured's age at inception of coverage under the group policy.

(ii) If the group policy from which conversion is made replaced previous group coverage, the premium for the converted policy shall be calculated based on the insured's age at inception of coverage under the group policy replaced.

(d) Continuation of coverage or issuance of a converted policy is mandatory, except when:

(i) termination of group coverage resulted from an individual's failure to make any required payment of premium or contribution when due; or

(ii) the terminating coverage is replaced within 31 days after termination by group coverage effective on the day following the termination of coverage:

(A) providing benefits identical to, or benefits determined by the commissioner to be substantially equivalent to or in excess of, those provided by the terminating coverage; and

(B) having premiums calculated in a manner consistent with the requirements of Subsection (4)(c).

(e)(i) Notwithstanding any other provision of this section, a converted policy issued to an individual who, at the time of the conversion, is covered by another policy that provides benefits on the basis of an incurred expense, may contain a provision that results in a

~~reduction of benefits payable if the benefits provided under the additional coverage, together with the full benefits provided by the converted policy, result in payment of more than 100% of incurred expenses.~~

~~(ii) The provision in Subsection (4)(e)(i) applies only if the converted policy provides for a premium decrease or refund that reflects the reduction in benefits payable.~~

~~(f) The converted policy may provide that the converted policy benefits, together with the benefits payable under the group policy from which conversion is made, not exceed what would have been payable had the individual's coverage under the group policy remained in force and in effect.~~

~~(g) Notwithstanding any other provision of this section, if an insured's eligibility for a group policy is based upon the insured's relationship to another insured, the insured is entitled to continuation of coverage under the group policy upon termination of the qualifying relationship by death or dissolution of marriage.~~

~~(5)(a) If a group policy is replaced by another group policy issued to the same policyholder, the succeeding insurer shall offer coverage to each person covered under the previous group policy on the date of termination.~~

~~(b) Coverage provided or offered to an individual and premiums charged under the new group policy may not:~~

~~(i) result in an exclusion for a preexisting condition that would have been covered under the group policy being replaced; and~~

~~(ii) vary or otherwise depend on the individual's health or disability status, claim experience, or use of limited long-term care services.~~

~~(6)(a) The premium charged to an insured may not increase due to either:~~

~~(i) the increasing age of the insured at age 66 or older; or~~

~~(ii) the duration the insured has been covered under the policy.~~

~~(b)(i) The purchase of additional coverage is not a premium rate increase.~~

~~(ii) For the calculation required under Section R590-285-22, the portion of the additional coverage premium shall be added to, and considered part of, the initial annual premium.~~

~~(c)(i) A reduction in benefits is not a premium change.~~

~~(ii) For the purposes of the calculation required under Section R590-285-22, the initial premium shall be based on the reduced benefits.~~

~~(7)(a) In the case of a group policy under Subsection 31A-22-2002(3), a requirement that a signature of an insured be obtained by a producer or insurer shall be satisfied if:~~

~~(i) consent is obtained by telephonic or electronic enrollment by the group policyholder or insurer;~~

~~(ii) verification of enrollment information is provided to the enrollee; and~~

~~(iii) telephonic or electronic enrollment provides necessary and reasonable safeguards to assure:~~

~~(A) accuracy, retention, and prompt retrieval of records; and~~

~~(B) the ongoing confidentiality of individually identifiable information and privileged information.~~

~~(b) An insurer shall make available, upon request of the commissioner, records that demonstrate the insurer's ability to confirm enrollment and coverage amounts.~~

~~R590-285-6. Unintentional Lapse, Notice, and Reinstatement.~~

~~(1)(a) An applicant may designate at least one person to receive the notice of lapse and termination, in addition to the applicant.~~

~~(i) Designation of an additional person does not constitute acceptance of any liability on the third party for services provided to the insured.~~

~~(ii) The form used for the written designation shall provide space clearly designated for listing at least one additional person, including each person's full name and home address.~~

~~(iii) A policy or certificate may not be issued until the insurer receives from the applicant:~~

~~(A) a written designation of at least one person, in addition to the applicant, to receive notice of lapse and termination of the policy or certificate for nonpayment of premium; or~~

~~(B) a written waiver dated and signed by the applicant electing not to designate an additional person to receive notice of lapse and termination.~~

~~(iv) If an applicant elects not to designate an additional person, the waiver shall state, "Protection against unintended lapse. I understand that I have the right to designate at least one person other than myself to receive notice of lapse or termination of this limited long-term care insurance policy for nonpayment of premium. I understand that notice will not be given until 30 days after a premium is due and unpaid. I elect NOT to designate a person to receive this notice."~~

~~(v) The insurer shall notify the insured of the right to change their written designation at least once every two years.~~

~~(b)(i) If a policyholder or certificate holder pays a premium through a payroll or pension deduction plan, the insurer shall meet the requirements of this subsection within 60 days after the policyholder or certificate holder is no longer on the payment plan.~~

~~(ii) The application or enrollment form shall clearly indicate the payment plan selected by the applicant.~~

~~(c)(i) A policy or certificate may not lapse or be terminated for nonpayment of premium unless the insurer, at least 30 days before the effective date of the lapse or termination, gives notice to the insured and each person designated under this Subsection (1), at the address provided by the insured for purposes of receiving notice of lapse or termination.~~

~~(ii) The notice in Subsection (1)(c)(i):~~

~~(A) shall be given by postage prepaid first-class United States mail;~~

~~(B) may not be given until 30 days after a premium is due and unpaid; and~~

~~(C) is considered given five days after the date of mailing.~~

(2) A policy or certificate shall include a provision providing for reinstatement of coverage in the event of lapse if the insurer is provided proof that the policyholder or certificate holder was cognitively impaired or had a loss of functional capacity before the grace period expired.

(a) The option in this Subsection (2) shall be available to the insured if requested within five months after termination and shall allow for the collection of past due premium, when appropriate.

(b) The standard of proof of cognitive impairment or loss of functional capacity may not be more stringent than the benefit eligibility criteria on cognitive impairment or the loss of functional capacity contained in the policy or certificate.

R590-285-7. Required Disclosure Provisions.

(1) An individual policy shall contain a renewability provision.

(a) The provision in this Subsection (1) shall:

(i) be appropriately captioned;

(ii) appear on the first page of the policy; and

(iii) clearly state that the coverage is guaranteed renewable or noncancellable.

(b) A policy or certificate, other than a policy or certificate where the insurer does not have the right to change the premium, shall include a statement that premium rates may change.

(2)(a) A rider or endorsement added to a policy after the date of issue or at reinstatement or renewal that reduces or eliminates a benefit or coverage in the policy shall require a signed acceptance by the insured, unless the insurer:

(i) is effectuating a request made in writing by the insured; or

(ii) is exercising a specifically reserved right under a policy.

(b) After the date of policy issue, any rider or endorsement that increases a benefit or coverage with a concomitant increase in premium during the policy term shall be agreed to in writing and signed by the insured, except if the increased benefit or coverage is required by law.

(c) When a separate additional premium is charged for a benefit provided in connection with a rider or an endorsement, the premium charge shall be set forth in the policy, rider, or endorsement.

(3) A policy providing payment of benefits based on a standard described as "usual and customary," "reasonable and customary," or similar language, shall include a definition of the term and an explanation of the term in the outline of coverage.

(4) If a policy or certificate contains a preexisting condition limitation, the limitation shall appear as a separate paragraph of the policy or certificate and be labeled as "Preexisting Condition Limitations."

(5) If a policy or certificate contains a limitation or condition for eligibility, the limitation, including any required number of days of confinement, shall appear in a separate paragraph of the policy or certificate and be labeled "Limitations or Conditions on Eligibility for Benefits."

(6) Activities of daily living and cognitive impairment shall be used to measure an insured's need for limited long-term care benefits and shall be described in a policy or certificate in a separate paragraph, including any additional benefit triggers, and be labeled "Eligibility for the Payment of Benefits."

(a) If the triggers differ for different benefits, an explanation of each trigger shall accompany each benefit description.

(b) If an attending physician or other specified person is required to certify a certain level of functional dependency to qualify for benefits, the requirements shall be specified.

R590-285-8. Required Disclosure of Rating Practices to Consumers.

(1) This section applies to:

(a) a policy or certificate issued in this state on or after July 1, 2021; and

(b) a certificate issued under a policy that was in force on July 1, 2021, that became effective on the policy anniversary following January 1, 2022.

(2)(a) Except as provided in Subsections (2)(b) and (2)(c), an insurer shall provide the information listed in this Subsection (2)(a) to the applicant at the time of application or enrollment.

(i) A statement that the policy may be subject to rate increases in the future.

(ii) An explanation of potential future premium rate revisions, and the policyholder's or certificate holder's options in the event of a premium rate revision.

(iii) The premium rate or rate schedule applicable to the applicant that is in effect until a request is made for an increase.

(iv) An explanation for applying premium rate or rate schedule adjustments that include:

(A) a description of when premium rate or rate schedule adjustments are effective, such as the next anniversary date or the next billing date; and

(B) the right to a revised premium rate or rate schedule as provided in Subsection (2)(a)(iii) if the premium rate or rate schedule is changed.

(v)(A) Information regarding each premium rate increase on the policy form or similar policy forms in all states over the past 10 years that, at a minimum, identifies:

(I) each policy form for which a premium rate has been increased;

(II) each calendar year the form was available for purchase; and

(III) the amount or percent of each increase expressed as a percentage of the premium rate before the increase, or expressed as a minimum and maximum percentage if the rate increase varies by rating characteristics.

(B) An insurer may provide additional explanatory information related to a rate increase.

~~(C) An insurer has the right to exclude from the disclosure a premium rate increase that only applies to blocks of business acquired from other nonaffiliated insurers or the policies acquired from another nonaffiliated insurer when increases occurred before the acquisition.~~

~~(D)(I) If an acquiring insurer files for a rate increase on a policy form acquired from a nonaffiliated insurer or a block of policy forms acquired from a nonaffiliated insurer, on or before the later of July 1, 2021, or the end of a 24-month period following the acquisition of the block or policies, the acquiring insurer may exclude that rate increase from the disclosure.~~

~~(II) The nonaffiliated insurer shall include the disclosure of that rate increase.~~

~~(E) If an acquiring insurer in Subsection (2)(a)(v)(D) files for a subsequent rate increase on the same policy form acquired from a nonaffiliated insurer or block of policy forms acquired from a nonaffiliated insurer referenced in Subsection (2)(a)(v)(D), the acquiring insurer shall make all required disclosures required by Subsection (2)(a)(v), including disclosure of the earlier rate increase referenced in Subsection (2)(a)(v)(D).~~

~~(b) If the method of application does not allow for delivery of the information in Subsection (2)(a) at the time of application or enrollment, an insurer shall provide the information to the applicant before or with the delivery of the policy or certificate.~~

~~(c) This Subsection (2) does not apply to a policy if the insurer may not increase the premium rate or rate schedule.~~

~~(3)(a) An applicant shall sign an acknowledgement at the time of application that the insurer made the disclosure required under Subsections (2)(b)(i) and (2)(b)(v), unless the method of application does not allow for signature at that time.~~

~~(b) If, due to the method of application, the applicant cannot sign an acknowledgement at the time of application, the applicant shall sign an acknowledgement no later than at the time of delivery of the policy or certificate.~~

~~(4) An insurer shall use a form substantially similar to Appendix A of the NAIC Limited Long-Term Care Insurance Model Regulation to comply with the requirements of Subsections (2) and (3).~~

~~(5)(a) An insurer shall provide notice of an upcoming premium rate schedule increase to all policyholders or certificate holders, if applicable, at least 45 days before the implementation of the premium rate schedule increase by the insurer.~~

~~(b) The notice shall include the information required by Subsection (2) when the rate increase is implemented.~~

~~R590-285-9. Initial Filing Requirements.~~

~~(1) An insurer shall file the following information before making a policy form available for sale:~~

~~(a) a copy of the disclosure documents required under Section R590-285-8;~~

~~(b) a complete rate schedule; and~~

~~(c) an actuarial memorandum that includes:~~

~~(i) a statement regarding the actuary's qualifications;~~

~~(ii) an explanation of the review performed by the actuary;~~

~~(iii) a complete description of all pricing assumptions, including sources and credibility of the data;~~

~~(iv) development of the anticipated lifetime loss ratio supported by an exhibit showing lifetime projection of earned premiums and incurred claims based upon the pricing assumptions;~~

~~(v) a statement that the premium rate schedule is expected to result in a lifetime loss ratio not less than 55%;~~

~~(vi) a statement that the policy design and coverage provided have been reviewed and considered;~~

~~(vii) a statement that the underwriting and claim adjudication processes have been reviewed and considered;~~

~~(viii) a sensitivity analysis of the anticipated lifetime loss ratio to the changes in the individual assumptions, including sensitivity to the mix of business;~~

~~(ix) a statement that the reserve requirements have been reviewed and considered;~~

~~(x) a description of the valuation assumptions with sufficient detail or sample calculation as to have a complete depiction of the reserve amounts to be held;~~

~~(xi)(A) a statement that the difference between the gross premium and the net valuation premium for renewal years is sufficient to cover expected renewal expenses; or~~

~~(B) if the statement in Subsection (1)(c)(xi)(A) cannot be made but the underlying gross premiums are expected to maintain a reasonably consistent relationship:~~

~~(A) a complete description of the situations where this does not occur; and~~

~~(B) an aggregate distribution of anticipated issues; and~~

~~(xii) an actuarial certification dated and signed by the qualified actuary that all information presented in the actuarial memorandum is accurate and complete.~~

~~(2) An insurer shall retain sufficient documentation from the initial pricing that a qualified actuary could recreate the initial rates.~~

~~(a) The documentation shall be sufficient to provide actual to expected analyses of:~~

~~(i) claims;~~

~~(ii) incidence rates;~~

~~(iii) persistency;~~

~~(iv) mix of business; and~~

~~(v) loss ratios at the same level of detail used in the initial pricing.~~

~~(b) If an insurer retains a consultant to price a policy form, the insurer shall require the consultant to provide the documentation to the insurer, rather than being retained solely by the consultant.~~

~~(c) If an insurer sells or cedes complete risk responsibility for a policy form, the insurer or cedant shall provide to the buyer or reinsurer the initial pricing documentation.~~

~~(d) An insurer that requests a future premium rate schedule increase but has not retained the initial pricing documentation is limited to a lifetime loss ratio not less than 80%.~~

~~(c) An insurer shall retain the initial pricing documentation until one year after the final policyholder is no longer eligible for benefits under the policy.~~

~~R590-285-10. Prohibition Against Post-Claims Underwriting.~~

~~(1) An application or enrollment form, except one that is guaranteed issue, shall contain clear and unambiguous questions designed to ascertain the health condition of the applicant.~~

~~(2)(a) If an application or enrollment form contains a question that asks whether the applicant has had medication prescribed by a physician, it shall also ask the applicant to list the prescribed medication.~~

~~(b) If the medications listed in the application or enrollment form were known by the insurer, or should have been known at the time of application or enrollment, to be directly related to a medical condition for which coverage would otherwise be denied, then the policy or certificate may not be rescinded for that condition.~~

~~(3)(a) Except for a policy or a certificate that is guaranteed issue:~~

~~(i) the following language shall be set out conspicuously and in close conjunction with the applicant's signature block on an application for a policy or a certificate: "Caution: If your answers on this application are incorrect or untrue, (insert name of insurer) has the right to deny benefits or rescind your policy."; and~~

~~(ii) the following language, or language substantially similar to the following, shall be set out conspicuously on the policy or certificate at the time of delivery: "Caution: The issuance of this limited long-term care insurance (insert either policy or certificate) is based upon your responses to the questions on your application. A copy of your (insert either application or enrollment form) (insert either is enclosed or was retained by you when you applied). If your answers are incorrect or untrue, the insurer has the right to deny benefits or rescind your policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your answers are incorrect, contact the company at this address: (insert address)."~~

~~(b) The insurer shall deliver to the insured a copy of the completed application or enrollment form no later than at the time of delivery of the policy or certificate unless it was retained by the insured at the time of application or enrollment.~~

~~R590-285-11. Minimum Standards for Home and Community Care Benefits in a Limited Long-Term Care Insurance Policy.~~

~~(1) If a policy or certificate provides benefits for home care or community care services, it may not limit or exclude benefits by:~~

~~(a) requiring that the insured would need care in a skilled nursing facility if home care services are not provided;~~

~~(b) requiring the insured to first or simultaneously receive nursing or therapeutic services, or both, in a home, community, or institutional setting before covering home care services;~~

~~(c) limiting eligible services to services provided by a registered nurse or a licensed practical nurse;~~

~~(d) requiring that a nurse or therapist provide covered services that can be provided by a home health aide or other licensed or certified home care worker acting within the scope of their licensure or certification;~~

~~(e) excluding coverage for personal care services provided by a home health aide;~~

~~(f) requiring that the provision of home care services be at a level of certification or licensure greater than that required for the eligible service;~~

~~(g) requiring that the insured have an acute condition before covering home care services;~~

~~(h) limiting benefits to services provided by a Medicare-certified agency or provider; or~~

~~(i) excluding coverage for adult day care services.~~

~~(2)(a) A policy or certificate, if it provides for home care or community care services, shall provide total home care or community care coverage that is a dollar amount equivalent to at least one-half of the coverage available for nursing home benefits under the policy or certificate, at the time covered home care or community care services are received.~~

~~(b) The requirement in Subsection (2)(a) does not apply to a policy or certificate issued to a resident of a continuing care retirement community.~~

~~(3) Home care coverage may be applied to non-home care benefits provided in the policy or certificate when determining maximum coverage under the terms of the policy or certificate.~~

~~R590-285-12. Requirement to Offer Inflation Protection.~~

~~(1)(a) An insurer may not offer a policy unless the insurer also offers to the policyholder, in addition to any other inflation protection, the option to purchase a policy that provides for benefit levels to increase with benefit maximums or reasonable durations that are meaningful to account for reasonably anticipated increases in the costs of limited long-term care services covered by the policy.~~

~~(b) An insurer shall offer to a policyholder, at the time of purchase, the option to purchase a policy with an inflation protection feature no less favorable than one of the following:~~

~~(i) increases benefit levels annually so that the increases are compounded annually at a rate not less than 3%;~~

~~(ii) guarantees the insured the right to periodically increase benefit levels without providing evidence of insurability or health status so long as the option for the previous period has not been declined and in an amount no less than the difference between the existing policy benefit and that benefit compounded annually at a rate of at least 3% for the period beginning with the purchase of the existing benefit and extending until the year in which the offer is made; or~~

~~(iii) covers a specified percentage of actual or reasonable charges and does not include a maximum specified indemnity amount or limit.~~

~~(2) If a policy is issued to a group, the insurer shall make the required offer to the group policyholder and to each proposed certificate holder.~~

~~(3)(a) An insurer shall include the following in or with the outline of coverage:~~

~~(i) a graphic comparison of the benefit levels over at least a 20-year period of a policy that increases benefits over the policy period with a policy that does not increase benefits; and~~

~~(ii) any expected premium increases or additional premiums to pay for automatic or optional benefit increases.~~

~~(b) An insurer may use a reasonable hypothetical, or a graphic demonstration, for the purposes of this disclosure.~~

~~(4) Inflation protection benefit increases under a policy that contains these benefits shall continue regardless of an insured's age, claim status, claim history, or the length of time the individual has been insured under the policy.~~

~~(5)(a) An offer of inflation protection that provides for automatic benefit increases shall include an offer of a premium that the insurer expects to remain constant.~~

~~(b) The offer in Subsection (5)(a) shall disclose in a conspicuous manner that the premium may change in the future unless the premium is guaranteed to remain constant.~~

~~(6)(a) An insurer shall include inflation protection in a policy unless the insurer obtains a rejection of inflation protection signed by the policyholder, either in the application or on a separate form.~~

~~(b) The rejection shall be considered a part of the application and shall state: "I have reviewed the outline of coverage and the graphs that compare the benefits and premiums of this policy with and without inflation protection. Specifically, I have reviewed Plans (insert plan name) and I reject inflation protection."~~

~~R590-285-13. Requirements for Application Forms and Replacement Coverage.~~

~~(1)(a) An application or enrollment form shall include questions to elicit information as to whether, as of the date of the application, the applicant:~~

~~(i) currently has:~~

~~(A) a limited long-term care insurance policy or certificate; or~~

~~(B) a long-term care insurance policy or certificate; and~~

~~(ii) whether the policy or certificate is intended to replace any other accident and health insurance policy or certificate currently in force.~~

~~(b) The questions in Subsection (1)(a) shall include:~~

~~(i) "Do you currently have limited long-term care insurance or long-term care insurance?";~~

~~(ii) "Did you have limited long-term care insurance or long-term care insurance in force during the last twelve (12) months?~~

~~If so, with which company?~~

~~If the policy lapsed, when did it lapse?";~~

~~(iii) "Are you covered by Medicaid?; and~~

~~(iv) "Do you intend to replace any of your medical or health insurance coverage with this policy or certificate?"~~

~~(c) A supplementary application signed by the applicant and producer may be used, except when the coverage is sold without a producer.~~

~~(d) For a replacement policy issued to a group, the questions may be modified to the extent necessary to elicit information about other health insurance or limited long-term care insurance other than the group policy being replaced, provided the certificate holders have been notified of the replacement.~~

~~(2) A producer shall list other accident and health insurance policies they sold to the applicant, identifying policies sold:~~

~~(a) that are still in force; and~~

~~(b) in the past five years that are no longer in force.~~

~~(3)(a)(i) An insurer using a direct response solicitation method shall deliver a notice regarding replacement of accident and health insurance, limited long-term care insurance, or long-term care insurance to the applicant when the policy or certificate is issued.~~

~~(ii)(A) If replacement is intended, the replacing insurer shall notify the existing insurer in writing of the proposed replacement identifying the insurer, the insured, and the policy number or address including zip code.~~

~~(B) The notice shall be made within five working days from the date the application is received by the insurer or the date the policy or certificate is issued, whichever is sooner.~~

~~(b)(i) An insurer using a solicitation method other than direct response shall, upon determining that a sale will involve a replacement, provide to the applicant, before issuance or delivery of the individual policy, a notice regarding replacement of accident and health insurance, limited long-term care insurance, or long-term care insurance.~~

~~(ii) A copy of the notice shall be provided to the applicant and an additional copy signed by the applicant shall be retained by the insurer.~~

~~(c) A replacement notice shall be provided in a manner substantially similar to the following NAIC Limited Long-Term Care Insurance Model Regulation form:~~

~~(i) "NOTICE TO APPLICANT REGARDING REPLACEMENT OF INDIVIDUAL ACCIDENT AND SICKNESS OR LIMITED LONG-TERM CARE INSURANCE OR LONG-TERM CARE INSURANCE"; or~~

~~(ii) "NOTICE TO APPLICANT REGARDING REPLACEMENT OF ACCIDENT AND SICKNESS OR LIMITED LONG-TERM CARE INSURANCE OR LONG-TERM CARE INSURANCE".~~

~~R590-285-14. Reporting Requirements.~~

~~(1)(a) An insurer shall maintain records of each producer's:~~

~~(i) amount of replacement sales as a percent of the producer's total annual sales; and~~

~~(ii) amount of lapses of policies sold by the producer as a percent of the producer's total annual sales.~~

~~(b) An insurer shall file with the commissioner annually by June 30, using a form substantially similar to Appendix B of the NAIC Limited Long-Term Care Model Regulation:~~
~~(i) the 10% of its producers with the greatest percentages of lapses and replacements as measured by Subsection (1)(a);~~
~~(ii) the number of lapsed policies as a percent of its total annual sales and as a percent of its total number of policies in force as of the end of the preceding calendar year; and~~
~~(iii) the number of replacement policies sold as a percent of its total annual sales and as a percent of its total number of policies in force as of the preceding calendar year.~~
~~(2) This subsection applies to an individual policy issued in this state on or after July 1, 2021.~~
~~(a)(i) Starting in the second year following the year in which an initial rate schedule is first used, an insurer shall file, by May 1 of each year, an actuarial certification prepared, dated, and signed by a qualified actuary that includes the following information:~~
~~(A) a statement of the sufficiency of the current premium rate schedule;~~
~~(B) for a rate schedule that is no longer marketed, a statement that the rate schedule:~~
~~(I) continues to be sufficient to cover anticipated costs under best estimate assumptions; or~~
~~(II) may no longer be sufficient; and~~
~~(C) a description of the review performed that led to the statement.~~
~~(ii) If a rate schedule is no longer sufficient under Subsection (2)(a)(i)(B)(II), an insurer shall file, within 60 days of the actuarial certification submission, a plan of action and time frame for the re-establishment of adequate margins for moderately adverse experience.~~
~~(b)(i) An actuarial memorandum dated and signed by a qualified actuary who prepares the information shall be prepared to support the actuarial certification and provide the following:~~
~~(A) a detailed explanation of the data sources and review performed by the actuary before making the statement;~~
~~(B) a complete description of experience assumptions and their relationship to the initial pricing assumptions;~~
~~(C) a description of the credibility of the experience data; and~~
~~(D) an explanation of the analysis and testing performed to determine the current presence of margins.~~
~~(ii) The insurer shall submit the actuarial memorandum at least once every three years with the actuarial certification under Subsection (2)(a).~~

~~R590-285-15. Premium Rate Schedule Increases.~~
~~(1) This section applies to any policy or certificate issued in this state on or after July 1, 2021.~~
~~(2) An insurer may not request a rate increase until the projected lifetime loss ratio, under best estimate assumptions, exceeds the anticipated lifetime loss ratio plus 2%.~~
~~(3) An insurer shall file with the commissioner a premium rate schedule increase before sending the notice to the policyholders and shall include:~~
~~(a) a revised rate schedule;~~
~~(b) an actuarial memorandum that includes;~~
~~(i) a statement regarding the actuary's qualifications;~~
~~(ii) an explanation of the review performed by the actuary;~~
~~(iii) a complete description of all pricing assumptions and any changes from the initial and any prior filing;~~
~~(iv) an exhibit showing policy count, actual incurred claims, and earned premiums by duration both on a state and nationwide basis, and any revised projections based on the revised pricing assumptions;~~
~~(v) an exhibit showing actual to expected loss ratios by duration;~~
~~(vi) a statement that the revised premium schedule is expected to result in a lifetime loss ratio not less than 55%;~~
~~(vii) a sensitivity analysis of the anticipated lifetime loss ratio to the changes in the individual assumptions, including any revised assumptions, including sensitivity to the mix of business;~~
~~(viii) a description of the valuation assumptions, including any revisions since the initial and any prior filing, with sufficient detail or sample calculation to have a complete depiction of the reserve amounts to be held; and~~
~~(ix) a statement that the difference between the gross premium and the net valuation premium for renewal years is sufficient to cover expected renewal expenses, or if such statement cannot be made, a complete description of the situation where this does not occur; and~~
~~(c) an actuarial certification dated and signed by the actuary that the information presented in the actuarial memorandum is accurate and complete.~~
~~(4) An insurer that is granted a premium rate schedule increase shall retain similar documentation related to the rate increase request as required in Subsection R590-285-9(2).~~

~~R590-285-16. Filing Requirements for Advertising.~~
~~(1) Upon request, an insurer shall file with the commissioner a copy of any limited long-term care insurance advertisement used in, or intended for use in, Utah.~~
~~(2) An advertisement shall be retained for at least three years from the date the advertisement was first used.~~

~~R590-285-17. Standards for Marketing.~~
~~(1) An insurer or other entity marketing limited long-term care insurance in this state, directly or through a producer, shall:~~
~~(a) establish marketing procedures and training requirements to ensure that:~~
~~(i) any marketing activities, including a comparison of policies, by its producers are fair and accurate; and~~
~~(ii) excessive insurance is not sold or issued;~~

(b) display prominently on the first page of the policy and outline of coverage, by type, stamp, or other appropriate means, the following: "Notice to buyer: This policy may not cover all of the costs associated with limited long-term care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all policy limitations.";

(c) provide to an applicant copies of the disclosure form under Subsection R590-285-8(4);

(d) make every reasonable effort to identify whether a prospective applicant already has accident and health insurance, limited long-term care insurance, or long-term care insurance including the types and amounts of any such insurance;

(e) establish auditable procedures for verifying compliance with this Subsection (1);

(f) use the terms "noncancellable" or "level premium" only when the policy or certificate conforms with Subsection R590-285-5(1), as applicable; and

(g) if included, provide an explanation of contingent benefit upon lapse provided under Section R590-285-22.

(2) In addition to the practices prohibited under Section 31A-23a-402, the following acts and practices are prohibited:

(a) cold lead advertising;

(b) high pressure tactics;

(c) misrepresentation; and

(d) twisting.

(3)(a) An insurer offering a policy to an association shall require the association to:

(i) educate its members concerning limited long-term care issues so the members can make informed decisions;

(ii) provide objective information regarding a policy or certificate endorsed or sold by the association to ensure the members receive a balanced and complete explanation of the features in the policy or certificate that is being endorsed or sold; and

(iii) disclose in each limited long-term care insurance solicitation:

(A) the specific nature and amount of the compensation arrangements, including all fees, commissions, administrative fees, and other forms of financial support, that the association receives from the endorsement or sale of the policy or certificate to its members; and

(B) a brief description of the process under which the policy and the insurer issuing the policy were selected.

(b) If an association and an insurer have interlocking directorates or trustee arrangements, the insurer shall require the association to disclose that fact to its members.

(c) An insurer shall require the board of directors of an association selling or endorsing a policy or certificate to review and approve the policy and the compensation arrangements made with the insurer.

(d) An insurer shall:

(i) actively monitor the marketing efforts of an association and a producer; and

(ii) review and approve all marketing materials or other insurance communications used to promote sales or marketing sent to members regarding a policy or certificate.

(e) An insurer may not issue a policy to an association or a certificate to an association policy, or continue to market a policy or certificate, unless the insurer certifies annually that the association complies with the requirements in this Subsection (3).

(f) An insurer's failure to comply with the filing and certification requirements of this section constitutes an unfair trade practice in violation of Section 31A-23a-402.

R590-285-18. Suitability.

(1) An insurer shall:

(a) develop and use suitability standards and procedures, including a suitability letter for an applicant, to determine whether the purchase or replacement of limited long-term care insurance is appropriate for the needs of the applicant;

(b) include in its suitability standards and procedure:

(i) consideration of the advantages and disadvantages of insurance to meet the needs of the applicant; and

(ii) discussion with the applicant how the benefits and costs of limited long-term care insurance compare with long-term care insurance;

(c) train its producers in its suitability standards and procedures; and

(d) maintain a copy of its suitability standards and procedures.

(2)(a) If an insurer determines that the applicant does not meet its financial suitability standards, or if the applicant declines to provide the information, the insurer may reject the application.

(b) If the applicant declines to provide financial information, the insurer may use another method to verify the applicant's intent.

(3) The insurer shall include either the applicant's signed suitability letter or a record of the alternative method of verification as part of the applicant's file.

R590-285-19. Prohibition Against Preexisting Conditions and Probationary Periods in a Replacement Policy or Certificate.

If a policy or certificate replaces another policy or certificate, the replacing insurer shall waive any time periods applicable to a preexisting condition or probationary period in the new policy for similar benefits to the extent that similar exclusions were satisfied under the original policy.

R590-285-20. Availability of New Services or Providers.

(1) This section applies to a policy issued on or after July 1, 2021.

(2)(a) An insurer shall notify a policyholder of the availability of a new policy series that provides coverage not previously available to the general public for new providers or new limited long-term care services.

(b) The insurer shall provide the notice within 12 months of the date the new policy series is made available in this state.

~~(3)(a) A notice is not required for:~~
~~(i) a policy issued before July 1, 2021; or~~
~~(ii) a policyholder or certificate holder who:~~
~~(A) is currently eligible for benefits;~~
~~(B) is within an elimination period or on a claim;~~
~~(C) previously had been in claim status; or~~
~~(D) is not eligible to apply for coverage due to issue age limitations under the new policy.~~
~~(b) The insurer may require that a policyholder meet each eligibility requirement, including underwriting and payment of the required premium, to add the new services or providers.~~
~~(4) The insurer shall make the new coverage available by:~~
~~(a) adding a rider to the existing policy and charging a separate premium for the new rider based on the insured's attained age;~~
~~(b) exchanging the existing policy or certificate for one with an issue age based on the present age of the insured by:~~
~~(i) recognizing past insured status by granting premium credits toward the premiums for the new policy or certificate; and~~
~~(ii) basing premium credits on premiums paid or reserves held for the prior policy or certificate;~~
~~(c) exchanging the existing policy or certificate for a new policy or certificate where:~~
~~(i) consideration for past insured status shall be recognized by setting the premium for the new policy or certificate at the issue age of the policy or certificate being exchanged; and~~
~~(ii) the cost for the new policy or certificate may recognize the difference in reserves between the new policy or certificate and the original policy or certificate; or~~
~~(d) an alternative program developed by the insurer that meets the intent of this section.~~
~~(5)(a) An insurer is not required to notify a policyholder of a new proprietary policy series created for use in a limited distribution channel.~~
~~(b) An insurer shall notify a policyholder who purchased a proprietary policy through a limited distribution channel of a new policy series that provides coverage for new providers or limited long-term care services not previously available to that limited distribution channel.~~
~~(6) A new policy issued pursuant to this section:~~
~~(a) is an exchange;~~
~~(b) is not a replacement; and~~
~~(c) is not subject to Section R590-285-13 or R590-285-19, or Subsection R590-285-14(1).~~
~~(7)(a) If the policy is offered through an employer, a labor organization, or an occupational, professional, or trade association, the required notification in Subsection (2) shall be made to the policyholder.~~
~~(b) If the policy is issued to a group under Section 31A-22-504, 31A-22-505, or 31A-22-507, or Subsection 31A-22-701(1)(b), the notification shall be made to each certificate holder.~~
~~(8)(a) This section does not prohibit an insurer from offering a policy, rider, certificate, or coverage change to any policyholder or certificate holder.~~
~~(b)(i) Upon request, a policyholder may apply for currently available coverage that includes the new services or providers.~~
~~(ii) The insurer may require that a policyholder meet each eligibility requirement, including underwriting and payment of the required premium, to add the new services or providers.~~
~~(9) This section does not apply to a life insurance policy or rider containing accelerated limited long-term care benefits.~~

~~R590-285-21. Right to Reduce Coverage and Lower Premiums.~~
~~(1)(a) A policy or certificate shall include a provision that allows the policyholder or certificate holder to reduce coverage and lower the policy or certificate premium in at least one of the following ways:~~
~~(i) reducing the maximum benefit; or~~
~~(ii) reducing the daily, weekly, or monthly benefit amount.~~
~~(b) An insurer may also offer another reduction option that is consistent with the policy or certificate design, or the insurer's administrative processes.~~
~~(c) If the reduction in coverage involves the reduction or elimination of an inflation protection provision, the insurer shall allow the policyholder to continue the benefit amount in effect at the time of the reduction.~~
~~(2) The provision in Subsection (1) shall include the process to request and implement a reduction in coverage.~~
~~(3) The premium for the reduced coverage shall:~~
~~(a) be based on the same age and underwriting class used to determine the premium for the coverage currently in force; and~~
~~(b) be consistent with the approved rate table.~~
~~(4) An insurer may limit a reduction in coverage to a plan or an option available for a policy form and to the benefits available after consideration of a claim paid or a claim that is payable.~~
~~(5) If a policy or certificate is about to lapse, an insurer shall provide a written notice to the policyholder or certificate holder of the policyholder's or certificate holder's right to reduce coverage and premiums under Subsection R590-285-6(1)(c).~~
~~(6) The requirements of Subsections (1) through (5) shall apply to a policy issued in this state on or after January 1, 2022.~~
~~(7)(a) A premium increase notice under Subsection R590-285-8(5) shall include:~~
~~(i) an offer to reduce policy benefits provided by the current coverage consistent with the requirements of this section; and~~
~~(ii) a disclosure stating that all options available to the policyholder may not be of equal value.~~
~~(b) The requirements of this Subsection (7) apply to any rate increase implemented in this state on or after January 1, 2022.~~

~~R590-285-22. Nonforfeiture Benefit and Contingent Benefit Upon Lapse Requirement.~~

~~(1)(a) A policy or certificate offered with a nonforfeiture benefit shall have coverage elements, eligibility, benefit triggers, and benefit length that are the same as coverage to be issued without nonforfeiture benefits.~~

~~(b) The nonforfeiture benefit included in the offer shall be the benefit described in Subsection (4) and be in writing, if the nonforfeiture benefit is not otherwise described in the outline of coverage or other materials given to the prospective policyholder.~~

~~(2) If a policy does not offer a nonforfeiture benefit, the policy shall include a contingent benefit upon lapse described in this section.~~

~~(3)(a) If a group policyholder elects to make a nonforfeiture benefit an option to the certificate holder, a certificate shall provide either the nonforfeiture benefit or the contingent benefit upon lapse.~~

~~(b)(i) A contingent benefit upon lapse shall be triggered every time an insurer increases the premium rates to a level that results in a cumulative increase of the annual premium equal to or exceeding 50% of the insured's initial annual premium.~~

~~(ii) Unless otherwise required, the insurer shall notify an insured at least 45 days before the due date of the premium reflecting the rate increase.~~

~~(c) On or before the effective date of a substantial premium increase described in Subsection (3)(b), an insurer shall:~~

~~(i) offer to reduce the policy benefits provided by the current coverage consistent with the requirements of Section R590-285-21 so required premium payments are not increased;~~

~~(ii) offer to convert the coverage to a paid-up status with a shortened benefit period in accordance with the terms of Subsection (4) at any time during the 45-day period in Subsection (3)(b); and~~

~~(iii) notify the policyholder or certificate holder that a default or lapse at any time during the 45-day period in Subsection (3)(b) shall be considered the election of the offer to convert under Subsection (3)(c)(ii).~~

~~(4) Benefits continued as a nonforfeiture benefit, including contingent benefits upon lapse, are described in this subsection.~~

~~(a) A nonforfeiture benefit shall be a shortened benefit period providing paid-up limited long-term care insurance after lapse.~~

~~(i) The same benefits, amounts, and frequency in effect at the time of lapse, but not increased thereafter, shall be payable for a qualifying claim.~~

~~(ii) The lifetime maximum dollars or days of benefits shall be determined under Subsection (4)(c).~~

~~(b) A standard nonforfeiture credit shall be equal to 100% of the sum of all premiums paid, including the premiums paid before a change in benefits.~~

~~(i) An insurer may offer an additional shortened benefit period option, if the benefits for each duration equal or exceed the standard nonforfeiture credit for that duration.~~

~~(ii) The calculation of the nonforfeiture credit is subject to Subsection (5).~~

~~(c) A nonforfeiture benefit begins no later than the end of the third year following the policy or certificate issue date.~~

~~(d) A contingent benefit upon lapse is effective during the first three years and thereafter.~~

~~(e) A nonforfeiture credit may be used for care and services that qualify for benefits under the policy or certificate, up to the policy or certificate limits.~~

~~(5) All benefits paid by an insurer while a policy or certificate is in premium paying status and in the paid-up status may not exceed the maximum benefits that would be payable if the policy or certificate had remained in premium paying status.~~

~~(6) To determine whether a contingent benefit upon lapse or nonforfeiture benefit provision is triggered under Subsection (3)(b), a replacing insurer that purchased or otherwise assumed a block or blocks of policies from another insurer shall calculate the percentage increase based on the initial annual premium paid by the insured when the policy was first purchased from the original insurer.~~

~~R590-285-23. Standards for a Benefit Trigger.~~

~~(1)(a) A policy shall condition the payment of benefits on a determination of the insured's:~~

~~(i) ability to perform activities of daily living; or~~

~~(ii) cognitive impairment.~~

~~(b) Eligibility for the payment of benefits may not be more restrictive than requiring either:~~

~~(i) a deficiency in the ability to perform not more than three of the activities of daily living; or~~

~~(ii) the presence of cognitive impairment.~~

~~(2)(a) Activities of daily living shall include at least:~~

~~(i) bathing;~~

~~(ii) continence;~~

~~(iii) dressing;~~

~~(iv) eating;~~

~~(v) toileting; and~~

~~(vi) transferring.~~

~~(b) An insurer may use additional activities of daily living to trigger a covered benefit if the terms are defined in the policy or certificate.~~

~~(3) An insurer may use additional provisions to determine when benefits are payable, but the provisions may not restrict, and are not in lieu of, the requirements under Subsections (1) and (2).~~

~~(4) For the purposes of this section, the determination of a deficiency may not be more restrictive than:~~

~~(a) requiring the hands-on assistance of another person to perform the prescribed activities of daily living; or~~

~~(b) if the deficiency is due to the presence of a cognitive impairment, needing supervision or verbal cueing by another person to protect the insured or others.~~

~~(5) An assessment of activities of daily living or cognitive impairment shall be performed by a licensed or certified professional, such as a physician, nurse, or social worker.~~

~~(6) A policy or certificate shall include a clear description of the process for appealing and resolving a benefit determination.~~

~~R590-285-24. Appealing an Insurer's Determination That the Benefit Trigger is Not Met.~~

~~(1) If an insurer determines that a benefit trigger is not met, it shall provide a clear, written notice to the insured and the insured's authorized representative, if applicable, of the following:~~

~~(a) the reason the insurer determined the insured's benefit trigger is not met;~~

~~(b) the insured's right to an internal appeal, including the right to submit new or additional information relating to the benefit trigger denial; and~~

~~(c) the insured's right, after exhaustion of the insurer's internal appeal process, to have the benefit trigger determination reviewed under an independent review process.~~

~~(2)(a) An insured or an insured's authorized representative may appeal the insurer's adverse benefit trigger determination by sending a written request to the insurer, along with any additional supporting information, within 180 days after the insured and the insured's authorized representative, if applicable, receives the adverse benefit trigger determination notice.~~

~~(b) An internal appeal shall be considered by an individual or group of individuals designated by the insurer, provided that the individual or individuals making the internal appeal decision may not be the same individual or group of individuals who made the initial adverse benefit trigger determination.~~

~~(c) An internal appeal shall be completed and written notice of the internal appeal decision shall be sent to the insured and the insured's authorized representative, if applicable, within 30 calendar days of the insurer's receipt of all information necessary to make a final determination.~~

~~(d) If an insurer's original determination is upheld after an internal appeal process has been exhausted, and new or additional information was not provided to the insurer, the insurer shall provide a written description of the insured's right to request an independent review of the adverse benefit trigger determination under Section R590-285-25 to the insured and the insured's authorized representative, if applicable.~~

~~(e) The written description of the insured's right to request an independent review shall include the following, or substantially equivalent, language: "We have determined that the benefit eligibility criteria ("benefit trigger") of your (insert either policy or certificate) has not been met. You may have the right to an independent review of our decision conducted by long-term care professionals who are not associated with us. Please send a written request for independent review to us at (insert address). You must inform us, in writing, of your election to have this decision reviewed within 180 days of receipt of this letter. We will choose an independent review organization for you and refer the request for independent review."~~

~~(f) If an insurer does not believe the adverse benefit trigger decision is eligible for an independent review, the insurer shall inform the insured and the insured's authorized representative, if applicable, in writing and include the reasons for its determination of independent review ineligibility.~~

~~(g) The appeal process is not a new service or provider under Section R590-285-20 and does not trigger the notice requirements of that section.~~

~~R590-285-25. Independent Review of an Adverse Benefit Trigger Determination.~~

~~(1)(a) An insured or an insured's authorized representative may request an independent review of an insurer's adverse benefit trigger determination after an internal appeal process under Subsection R590-285-24(2) is exhausted.~~

~~(b) An insured or an insured's authorized representative may make a written request for an independent review within 180 days after the insurer's written notice of the final internal appeal decision is received by the insured and the insured's authorized representative, if applicable.~~

~~(c) The insurer shall bear the cost of an independent review.~~

~~(2)(a) Within five business days of receiving a written request for an independent review, an insurer shall refer the request to an independent review organization.~~

~~(i) The insurer shall choose an independent review organization approved by the commissioner.~~

~~(ii) The insurer shall vary its selection of authorized independent review organization on a rotating basis.~~

~~(b) An insurer shall refer the request for independent review of an adverse benefit trigger determination to an independent review organization, subject to the following:~~

~~(i) the independent review organization shall be on a list of approved independent review organizations that satisfy the requirements of a qualified long-term care insurance independent review organization under this section;~~

~~(ii) the independent review organization may not have a conflict of interest with the insured, the insured's authorized representative, if applicable, or the insurer; and~~

~~(iii) the review is limited to the information or documentation provided to and considered by the insurer in making its determination, including any information or documentation considered as part of the internal appeal process.~~

~~(3) If the insured or the insured's authorized representative has new or additional information not previously provided to the insurer, whether submitted to the insurer or the independent review organization, the information shall first be considered in the insurer's internal review process under Subsection R590-285-24(2).~~

~~(a) While the new or additional information is being reviewed by the insurer, the independent review organization shall suspend its review and stay the time period for review until the insurer completes its review.~~

~~(b) The insurer shall complete its review of the new or additional information and provide written notice of its decision to the insured and the insured's authorized representative, if applicable, and the independent review organization within five business days of the insurer's receipt of the new or additional information.~~

~~(i) If the insurer maintains its denial after the review, the independent review organization shall continue its review and make its decision within the time period specified in this section.~~

~~(ii) If the insurer overturns its decision following its review of the new or additional information, the independent review request is considered withdrawn.~~

~~(4)(a) An insurer shall acknowledge, in writing, to the insured and the insured's authorized representative, if applicable, and the commissioner that the request for an independent review has been received, accepted, and forwarded to an independent review organization.~~

~~(b) The notice shall include the name and address of the independent review organization.~~

~~(5)(a) Within five business days of receipt of a request for an independent review, the independent review organization assigned shall notify the insured and the insured's authorized representative, if applicable, and the insurer, that it accepted the independent review request and identify the type of licensed health care professional assigned to the review.~~

~~(b) The assigned independent review organization shall include in the notice a statement that the insured or the insured's authorized representative may submit, in writing, to the independent review organization, within seven days following the date of receipt of the notice, additional information and supporting documentation that the independent review organization shall consider when conducting its review.~~

~~(6)(a) The independent review organization shall:~~

~~(i) review all information and documents provided to the independent review organization; and~~

~~(ii) provide copies of any documentation or information provided by the insured or the insured's authorized representative to the insurer for its review, if it is not part of the information or documentation submitted by the insurer to the independent review organization.~~

~~(b) The insurer shall review the information and provide its analysis of new information submitted under this Subsection (6).~~

~~(7)(a) During the independent review process, the insured or the insured's authorized representative may submit new or additional information not previously provided to the insurer that is pertinent to the benefit trigger denial.~~

~~(b) The insurer shall consider any new or additional information and affirm or overturn its benefit trigger determination.~~

~~(c) If the insurer affirms its benefit trigger determination, the insurer shall promptly provide the new or additional information to the independent review organization for its review, along with the insurer's analysis of the information.~~

~~(d) If the insurer overturns its benefit trigger determination:~~

~~(i) the insurer shall provide notice of its decision to the independent review organization, the insured, and the insured's authorized representative, if applicable; and~~

~~(ii) the independent review process shall immediately cease.~~

~~(8)(a) An independent review organization shall provide the insured and the insured's authorized representative, if applicable, and the insurer written notice of its decision within 30 days from receipt of the referral.~~

~~(b) If an independent review organization overturns the insurer's decision, it shall:~~

~~(i) establish the precise date within the specific time period under review that the benefit trigger is determined to have been met; and~~

~~(ii) specify the specific time period under review that the insurer declined eligibility, but during which the independent review organization determines the benefit trigger was met.~~

~~(c) The decision of the independent review organization regarding whether the insured met the benefit trigger is final and binding on the insurer.~~

~~(d) The independent review organization's determination shall be used solely to establish liability for benefit trigger decisions and is admissible in a proceeding to the extent that it establishes the eligibility of benefits payable.~~

~~(9) This section may not restrict the insured's right to submit a new request for a benefit trigger determination after the independent review decision, if the independent review organization upholds the insurer's decision.~~

~~(10) The commissioner shall maintain and periodically update a list of qualified independent review organizations.~~

~~(a) To qualify as an independent review organization for limited long-term care insurance, an independent review organization shall demonstrate to the satisfaction of the commissioner that it is unbiased and meets the following qualifications:~~

~~(i) have on staff, or contract with, a qualified and licensed health care professional in an appropriate field for determining an insured's functional or cognitive impairment to conduct the review;~~

~~(ii) the independent review organization or any of its licensed health care professionals may not, in any manner:~~

~~(A) be related to or affiliated with an entity that previously provided medical care to the insured;~~

~~(B) receive compensation of any type that is dependent on the outcome of the review; or~~

~~(C) use a licensed health care professional who is an employee of the insurer or related in any manner to the insured.~~

~~(b) An independent review organization shall provide to the commissioner:~~

~~(i) a description of the fees charged for an independent review of a limited long-term care insurance benefit trigger decision that are reasonable and customary for the type of limited long-term care insurance benefit trigger decision under review;~~

~~(ii) the name of the medical director or health care professional responsible for the supervision and oversight of the independent review process;~~

~~(iii) a description of the qualifications of each reviewer retained to conduct an independent review, including the reviewer's:~~

~~(A) current and past employment history;~~

~~(B) current and past practice affiliations; and~~

~~(C) past experience with decisions relating to:~~

~~(I) long-term care;~~

~~(II) functional capacity;~~

~~(III) dependency in activities of daily living; and~~
~~(IV) assessing cognitive impairment;~~
~~(iv) a description of the procedures used to ensure reviewers are:~~
~~(A) appropriately licensed, registered, or certified;~~
~~(B) trained in the principles, procedures, and standards of the independent review organization; and~~
~~(C) knowledgeable about the functional or cognitive impairments associated with the diagnosis and disease staging processes, including expected duration of such impairment;~~
~~(v) the number of reviewers retained by the independent review organization and a description of the areas of expertise for each reviewer, including the types of cases a reviewer is qualified to review;~~
~~(vi) a description of the policies and procedures employed to protect the confidentiality of protected health information, in accordance with federal and state law;~~
~~(vii) a description of the independent review organization's quality assurance program;~~
~~(viii) the names of all corporations and organizations owned or controlled by the independent review organization, or that own or control the organization, and the nature and extent of any such ownership or control; and~~
~~(ix) the names and resumes of all directors, officers, and executives.~~
~~(c) The commissioner shall accept another state's certification of an independent review organization if the state requires the independent review organization to meet qualifications that are substantially similar to the qualifications in this section.~~
~~(11) A certified independent review organization shall:~~
~~(a) maintain written documentation, in an easily accessible and retrievable form, for the year it received the information, plus three calendar years, establishing:~~
~~(i) the date it receives a request for independent review;~~
~~(ii) the date each review is conducted;~~
~~(iii) the resolution;~~
~~(iv) the date the resolution was communicated to the insurer and the insured; and~~
~~(v) the name and professional status of the reviewer conducting the review;~~
~~(b) document the measures taken to safeguard the confidentiality of the records and prevent unauthorized use and disclosures;~~
~~(c) report annually to the commissioner by June 1 for the previous calendar year, in the aggregate and for each limited long-term care insurer, the following:~~
~~(i) the total number of requests received for an independent review of limited long-term care benefit trigger decisions;~~
~~(ii) the total number of reviews conducted;~~
~~(iii) the resolution of the reviews;~~
~~(iv) the number of reviews withdrawn before review; and~~
~~(v) the percentage of reviews conducted within the prescribed time frame under Section R590-285-25; and~~
~~(d) report immediately to the commissioner any change in status that would cause the certified independent review organization to cease meeting any of the qualifications required of an independent review organization performing independent reviews of limited long-term care benefit trigger decisions.~~
~~(12) This section may not limit the ability of an insurer to assert a right the insurer has under a policy related to:~~
~~(a) an insured's misrepresentation;~~
~~(b) changes in the insured's benefit eligibility; or~~
~~(c) terms, conditions, and exclusions of the policy, other than failure to meet the benefit trigger.~~

~~R590-285-26. Outline of Coverage Standard Format.~~
~~(1)(a) The outline of coverage shall:~~
~~(i) be substantially similar to the standard format outline of coverage in Appendix D of the NAIC Limited Long-Term Care Insurance Model Regulation; and~~
~~(ii) be a free-standing document, using no smaller than 10-point font.~~
~~(b) The outline of coverage may not contain advertising material.~~
~~(2) Text that is capitalized or underscored in the standard format outline of coverage may be emphasized by another means that provides prominence equivalent to the capitalization or underscoring.~~
~~(3) The text and sequence of text of the standard format outline of coverage shall be used unless otherwise specifically indicated.~~

~~R590-285-27. Severability.~~
~~If any provision of this rule, Rule R590-285, or its application to any person or situation is held invalid, such invalidity does not affect any other provision or application of this rule that can be given effect without the invalid provision or application. The remainder of this rule shall be given effect without the invalid provision or application.~~

~~KEY: insurance, health, long-term care~~
~~Date of Last Change: October 22, 2024~~
~~Notice of Continuation: February 6, 2026~~
~~Authorizing, and Implemented or Interpreted Law: 31A-2-201(3)(a), 31A-22-2006~~]

NOTICE OF SUBSTANTIVE CHANGE		
TYPE OF FILING: New		
Rule or section number:	**R592-18**	**Filing ID: 57806**

Agency Information

1. Title catchline:	Insurance, Title and Escrow Commission	
Building:	Taylorsville State Office Building	
Street address:	4315 S 2700 W	
City, state:	Taylorsville, UT	
Mailing address:	PO Box 146901	
City, state and zip:	Salt Lake City, UT 84114-6901	
Contact persons:		
Name:	**Phone:**	**Email:**
Steve Gooch	801-957-9322	sgooch@utah.gov
Please address questions regarding information on this notice to the persons listed above.		

General Information

2. Rule or section catchline:

R592-18. Construction Disbursement Transactions

4. Purpose of the new rule or reason for the change:

This rule is created to clarify that holding construction money or money held for exchange under Section 1031, Internal Revenue Code, for a short time as a routine part of business is not a violation of Subsection 31A-23a-406(2)(h).

The realities of business mean that funds often do not leave an escrow account held by a title insurance producer on the same day a transaction closes. This rule is intended to recognize that reality, while also upholding the larger prohibition on holding construction money after the close of a transaction.

This rule was approved by the Title and Escrow Commission by a vote of 4 to 0 at its 02/09/2026 meeting.

5. Summary of the new rule or change:

This rule clarifies that a title insurance producer may not hold construction money or money held for exchange for more than two business days after the close of a real estate transaction.

Fiscal Information

6. Provide an estimate and written explanation of the aggregate anticipated cost or savings to:

A. State budget:

There is no anticipated cost or savings to the state budget.

Investigations related to holding funds will continue to be performed by Department of Insurance (Department) staff in the normal course of duties.

B. Local governments:

There is no anticipated cost or savings to local governments.

This rule governs the relationship between the Department and its licensees and does not apply to local governments in any way.

C. Small businesses ("small business" means a business employing 1-49 persons)**:**

There is no anticipated cost or savings to small businesses.

Insurance licensees are already prohibited from holding funds after a real estate transaction.

This rule does not apply or remove any new regulations.

D. Non-small businesses ("non-small business" means a business employing 50 or more persons)**:**

There is no anticipated cost or savings to non-small businesses.

Insurance licensees are already prohibited from holding funds after a real estate transaction.

This rule does not apply or remove any new regulations.

E. Persons other than small businesses, non-small businesses, state, or local government entities ("person" means any individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an ***agency***)**:**

There is no anticipated cost or savings to any other persons.

Insurance licensees are already prohibited from holding funds after a real estate transaction.

This rule does not apply or remove any new regulations.

F. Compliance costs for affected persons:

There are no compliance costs for any affected persons.

Insurance licensees are already prohibited from holding funds after a real estate transaction.

This rule does not apply or remove any new regulations.

G. Regulatory Impact Summary Table (This table includes only fiscal impacts the agency was able to measure. If the agency could not estimate an impact, it is excluded from this table but described in boxes A through F.)

Regulatory Impact Summary Table

Fiscal Cost	**FY2026**	**FY2027**	**FY2028**	**FY2029**	**FY2030**
State Budget	$0	$0	$0	$0	$0
Local Governments	$0	$0	$0	$0	$0
Small Businesses	$0	$0	$0	$0	$0
Non-Small Businesses	$0	$0	$0	$0	$0
Other Persons	$0	$0	$0	$0	$0
Total Fiscal Cost	**$0**	**$0**	**$0**	**$0**	**$0**
Fiscal Benefits	**FY2026**	**FY2027**	**FY2028**	**FY2029**	**FY2030**
State Budget	$0	$0	$0	$0	$0
Local Governments	$0	$0	$0	$0	$0
Small Businesses	$0	$0	$0	$0	$0
Non-Small Businesses	$0	$0	$0	$0	$0
Other Persons	$0	$0	$0	$0	$0
Total Fiscal Benefits	**$0**	**$0**	**$0**	**$0**	**$0**
Net Fiscal Benefits	**$0**	**$0**	**$0**	**$0**	**$0**

H. Department head comments on fiscal impact and approval of regulatory impact analysis:

The Commissioner of the Insurance Department, Jonathan T. Pike, has reviewed and approved this regulatory impact analysis.

Citation Information

7. Provide citations to the statutory authority for the rule. If there is also a federal requirement for the rule, provide a citation to that requirement:		
Subsection 31A-2-404(2)		

Public Notice Information

9. The public may submit written or oral comments to the agency identified in box 1.	
A. Comments will be accepted until:	04/14/2026

10. This rule change MAY become effective on:	04/21/2026
NOTE: The date above is the date the agency anticipates making the rule or its changes effective. It is NOT the effective date.	

Agency Authorization Information

Agency head or designee and title:	Steve Gooch, Public Information Officer	**Date:**	02/19/2026

R592. Insurance, Title and Escrow Commission.
R592-18. Construction Disbursement Transactions.
R592-18-1. Authority.
This rule is promulgated by the Title and Escrow Commission pursuant to Subsection 31A-2-404(2).

R592-18-2. Purpose and Scope.
(1) The purpose of this rule is to clarify and implement the statutory prohibition contained in Subsection 31A-23a-406(2)(h).
(2) This rule applies to:
(a) an individual title insurance producer;
(b) an agency title insurance producer; and
(c) any officer or employee of an agency title insurance producer.

R592-18-3. Definitions.
Terms used in this rule are defined in Sections 31A-1-301 and 31A-2-402.

R592-18-4. Holding Construction Money and Money Held for Exchange.
(1) This section applies to a transaction involving escrow funds for disbursement to a:
(a) borrower under a construction loan;
(b) general contractor;
(c) subcontractor; or
(d) supplier.
(2) For a transaction described in Subsection (1), an individual title insurance producer or agency title insurance producer may not hold escrow funds for:
(a) a disbursement occurring more than two business days after:
(i) the closing of a real estate transaction in which an owner's or lender's policy of title insurance is issued; or
(ii) the issuance of an endorsement on a lender's policy of title insurance; or
(b) an exchange under Section 1031, Internal Revenue Code, occurring more than two business days after the closing of a real estate transaction in which a policy of title insurance is issued.

R592-18-5. Effective Date.
The commissioner will begin enforcing this rule on the date it becomes effective.

R592-18-6. Severability.
If any provision of this rule, Rule R592-18, or its application to any person or situation is held invalid, such invalidity does not affect any other provision or application of this rule that can be given effect without the invalid provision or application. The remainder of this rule shall be given effect without the invalid provision or application.

KEY: insurance, title, escrow
Date of Last Change: 2026
Authorizing, and Implemented or Interpreted Law: 31A-2-404(2)

NOTICE OF SUBSTANTIVE CHANGE		
TYPE OF FILING: New		
Rule or section number:	**R653-16**	**Filing ID: 57808**

Agency Information

1. Title catchline:	Natural Resources, Water Resources	
Building:	Utah Department of Natural Resources Building	
Street address:	1594 W North Temple St, Suite 310	
City, state:	Salt Lake City, UT	
Mailing address:	PO Box 146201	
City, state and zip:	Salt Lake City, UT 84114-6201	
Contact persons:		
Name:	**Phone:**	**Email:**
Ashley Sampson	801-538-7235	asampson@utah.gov
Shalaine De Bernardi	801-652-1668	shalainedebernardi@utah.gov
Sarah Shechter	385-977-8919	sshechter@agutah.gov
Please address questions regarding information on this notice to the persons listed above.		

General Information

2. Rule or section catchline:	
R653-16. Water Infrastructure and Long-term Planning	
3. Are any changes in this filing because of state legislative action?	Changes are because of legislative action.
If yes, any bill number and session:	HB 280 (2024 General Session), HB 285 (2025 General Session)
4. Purpose of the new rule or reason for the change:	
Section 73-10g-603 requires the Water Development Coordinating Council (WDCC), through the Division of Water Resources, to make a rule governing how the WDCC should rank and prioritize water infrastructure projects for short-term, medium-term, and long-term planning purposes. Any entity seeking water infrastructure fund money to fund a water infrastructure project will have to submit their project for ranking and prioritization through this process.	
5. Summary of the new rule or change:	
This filing enacts a rule regarding ranking and prioritization of water infrastructure projects.	

Fiscal Information

6. Provide an estimate and written explanation of the aggregate anticipated cost or savings to:
A. State budget:
There is no impact on the state budget. HB 280, passed in the 2024 General Session, and HB 285, passed in the 2025 General Session, and this rule do not provide for any additional funding for water infrastructure projects. The funding available for water infrastructure projects is dependent on separate appropriations by the Utah Legislature.
B. Local governments:
This rule will not result in changes to costs or savings for local governments. Local governments may still submit a request for water infrastructure fund money to fund a water infrastructure project, which will now be subject to the ranking and prioritization process delineated by this rule.

C. Small businesses ("small business" means a business employing 1-49 persons)**:**

This rule will not result in changes to costs or savings for small businesses.

Eligible small businesses may still submit a request for water infrastructure fund money to fund a water infrastructure project, which will now be subject to the ranking and prioritization process delineated by this rule.

D. Non-small businesses ("non-small business" means a business employing 50 or more persons)**:**

This rule will not result in changes to costs or savings for non-small businesses.

Eligible non-small businesses may still submit a request for water infrastructure fund money to fund a water infrastructure project, which will now be subject to the ranking and prioritization process delineated by this rule.

E. Persons other than small businesses, non-small businesses, state, or local government entities ("person" means any individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an ***agency***)**:**

This rule will not result in changes to costs or savings for other eligible entities.

Other eligible entities may still submit a request for water infrastructure fund money to fund a water infrastructure project, which will now be subject to the ranking and prioritization process delineated by this rule.

F. Compliance costs for affected persons:

It should not cost an impacted entity anything to comply with this rule.

G. Regulatory Impact Summary Table (This table includes only fiscal impacts the agency was able to measure. If the agency could not estimate an impact, it is excluded from this table but described in boxes A through F.)

Regulatory Impact Summary Table

Fiscal Cost	**FY2026**	**FY2027**	**FY2028**	**FY2029**	**FY2030**
State Budget	$0	$0	$0	$0	$0
Local Governments	$0	$0	$0	$0	$0
Small Businesses	$0	$0	$0	$0	$0
Non-Small Businesses	$0	$0	$0	$0	$0
Other Persons	$0	$0	$0	$0	$0
Total Fiscal Cost	**$0**	**$0**	**$0**	**$0**	**$0**
Fiscal Benefits	**FY2026**	**FY2027**	**FY2028**	**FY2029**	**FY2030**
State Budget	$0	$0	$0	$0	$0
Local Governments	$0	$0	$0	$0	$0
Small Businesses	$0	$0	$0	$0	$0
Non-Small Businesses	$0	$0	$0	$0	$0
Other Persons	$0	$0	$0	$0	$0
Total Fiscal Benefits	**$0**	**$0**	**$0**	**$0**	**$0**
Net Fiscal Benefits	**$0**	**$0**	**$0**	**$0**	**$0**

H. Department head comments on fiscal impact and approval of regulatory impact analysis:

The Executive Director of the Department of Natural Resources, Joel Ferry, has reviewed and approved this regulatory impact analysis.

Citation Information

7. Provide citations to the statutory authority for the rule. If there is also a federal requirement for the rule, provide a citation to that requirement:

Section 73-10g-603	Section 73-10g-604	

Public Notice Information

9. The public may submit written or oral comments to the agency identified in box 1.	
A. Comments will be accepted until:	04/14/2026

10. This rule change MAY become effective on:	04/21/2026
NOTE: The date above is the date the agency anticipates making the rule or its changes effective. It is NOT the effective date.	

Agency Authorization Information

Agency head or designee and title:	Joel Williams, Director	**Date:**	03/11/2026

R653. Natural Resources, Water Resources.

R653-16. Water Infrastructure and Long-term Planning.

R653-16-1. Authority.

The procedures of this rule constitute the process for ranking and prioritizing water infrastructure projects that are or will be funded by water infrastructure fund money beginning with fiscal year 2027 pursuant to Section 73-10g-603.

R653-16-2. Definitions.

(1) Terms used in this rule are defined in Section 63G-3-102 and Section 73-10g-601.

(2) In addition:

(a) "Agency plan" means a water infrastructure plan adopted by a relevant agency.

(b) "Applicant priority" means the importance of a project to the applicant, based on their self ranking of projects submitted.

(c) "Critical issue" means the degree to which a project addresses a critical need, including protection of public health and safety or compliance with a state or federal water quality standard.

(d) "Emergency water infrastructure project" means a water infrastructure project that is necessary to prevent harm to human life, property, or the economy, or a project that is necessary to restore water service to a community.

(e) "Hardship" means the degree to which a project represents an economic hardship to the applicant.

(f) "Non-state funding" means funding not provided by the state.

(g) "Population benefitted" means the number of people that will benefit from completion of the project.

(h) "Portal" means the Utah Project Portal for the Unified Water Infrastructure Plan accessible at https://utahprojects.org/.

(i) "Relevant agency" means:

(i) The Division of Water Resources;

(ii) The Division of Drinking Water; and

(iii) The Division of Water Quality.

(j) Relevant agency plan or agency plan means a water infrastructure plan that describes and ranks needed water infrastructure projects under the jurisdiction of the relevant agency.

(k) "Retail water supplier" means the same as that term is defined in Section 19-4-102.

(l) "Secondary water" means the same as the term that is defined in Section 73-10-34.

(m) "Small water infrastructure project" means a water infrastructure project seeking funding of up to $300,000 or the maximum amount specified in the unified water infrastructure plan.

(n) "Sound design" means the degree to which a project has been developed and evaluated by its inclusion in a long-term plan and the degree to which a project has an accurate cost estimate.

(o) "State council" means the Water Development Coordinating Council created in Sections 73-10c-3 and 79-2-201.

(p) "Unified water infrastructure plan" means a plan adopted by the state council that describes water infrastructure projects needed to maintain the reliable supply of safe and clean water within the state, is consistent with the policies, goals, and recommendations of the state water plan, and is based primarily on agency plans submitted by the relevant agencies.

(q) "Water efficiency" means the degree to which a project decreases water demand.

(r) "Water infrastructure fund money" means money in:

(i) the Water Infrastructure Fund, created by Section 73-10g-107;

(ii) the Water Quality Security -- Utah Wastewater Loan Program Subaccount, created in Section 73-10c-5;

(iii) the Drinking Water Security -- Drinking Water Loan Program Subaccount, created in Section 73-10c-5;

(iv) the Water Resources Conservation and Development Fund, created in Section 73-10-24; or

(v) another fund or account administered by a relevant agency:

(A) unless use of the money is restricted by federal law; or

(B) except as provided in Section 73-10g-606.

(s) "Water infrastructure project" means:

(i) the following for the supply, control, measurement, treatment, distribution, storage, or transport of water:

(A) planning;

(B) design;

(C) construction;

(D) reconstruction;
(E) improvement;
(F) renovation;
(G) acquisition; or
(H) seismic upgrade; or
(ii) a project to engage in planning consistent with Title 73, Chapter 10g, Part 6, Planning and Prioritization.

R653-16-3. Purpose.

The purpose of this rule is to establish the state council's duties related to:
(1) Adoption of the unified water infrastructure plan;
(2) Establishment of a written prioritization process for water infrastructure projects; and
(3) Prioritization and determination of funding levels for water infrastructure projects.

R653-16-4. Water Infrastructure Project Application Process.

(1) An applicant wishing to apply for funding from water infrastructure fund money for a water infrastructure project shall submit its project through the portal.
(2) Each relevant agency will develop an agency plan that shall:
(a) Describe and rank the categories of water infrastructure projects assigned to the relevant agency by the state council;
(b) Include ranking justifications and descriptions about the project timeline;
(c) Organize projects into 10-year phases up to at least 20 years; and
(d) Be submitted annually to the state council.
(3) The relevant agency may invite the highest priority projects to apply for funding using existing agency processes.
(4) When an applicant has submitted a water infrastructure project via the portal, the relevant agency shall rank the project according to the criteria developed in the relevant agency's plan.

R653-16-5. Funding Eligibility Criteria.

(1) To be eligible to receive funding from water infrastructure fund money, an applicant shall:
(a) Engage in long-term planning consistent with Section 73-10g-602; and
(b) Comply with Section 73-10g-605.
(2) Eligible project categories are:
(a) Drinking water;
(b) Wastewater;
(c) Stormwater and flood control;
(d) Water reuse;
(e) Watershed protection;
(f) Secondary water;
(g) Dam and reservoir;
(h) Off-farm agriculture;
(i) Water supply development; and
(j) Hydropower.
(3) The Division of Drinking Water is assigned the following category of eligible projects: drinking water.
(4) The Division of Water Quality is assigned the following categories of eligible projects:
(a) Wastewater;
(b) Stormwater and flood control;
(c) Water reuse; and
(d) Watershed protection.
(5) The Division of Water Resources is assigned the following categories of eligible projects:
(a) Secondary water;
(b) Dam and reservoir;
(c) Off-farm agriculture;
(d) Water supply development; and
(e) Hydropower.
(6) A project that falls within a category listed in Subsection (2) is not subject to the written prioritization process if it:
(a) is an emergency water infrastructure project; or
(b) is a small water infrastructure project.

R653-16-6. Ranking and Prioritizing Water Infrastructure Projects.

(1) The state council shall rank and prioritize water infrastructure projects included in the agency plans after receiving the annual submission of the relevant agencies' agency plans.
(2) The state council shall consider the following criteria when ranking projects:
(a) Hardship;
(b) Critical Issue;

(c) Water Efficiency;
(d) Sound Design;
(e) Applicant Priority;
(f) Population benefitted; and
(g) Non-state funding.
(3) When considering hardship, water or sewer rates for any retail water supplier seeking water infrastructure fund money shall be greater than or equal to 1.5% of the MAGI; and
(4) Grant funding shall be limited to defined maximum percentages of the total project costs.
(5) The state council shall distribute annual funding between projects included in the agency plans with:
(a) The first 50% of available water infrastructure fund money awarded to prioritized projects by the state council allocated as follows:
(i) 40% to projects assigned to the Division of Drinking Water;
(ii) 30% to projects assigned to the Division of Water Quality; and
(iii) 30% to projects assigned to the Division of Water Resources; and
(b) The remaining 50% of available water infrastructure fund money awarded to prioritized projects at the discretion of the state council.

KEY: administrative law, water infrastructure, planning, ranking and prioritization
Date of Last Change: 2026
Authorizing, and Implemented or Interpreted Law: 73-10g-603; 73-10g-604

NOTICE OF SUBSTANTIVE CHANGE		
TYPE OF FILING: Amendment		
Rule or section number:	**R765-616**	**Filing ID: 57804**

Agency Information

1. Title catchline:	Higher Education (Utah Board of), Administration	
Building:	Utah Board of Higher Education Building, The Gateway	
Street address:	60 S 400 W	
City, state:	Salt Lake City, UT 84101	
Contact persons:		
Name:	**Phone:**	**Email:**
Hilary Renshaw	801-646-4784	Hilary.renshaw@ushe.edu
Alison Adams	801-646-4784	Alison.adams@ushe.edu
Geoffrey T. Landward	801-646-4784	Glandward@ushe.edu
Please address questions regarding information on this notice to the persons listed above.		

General Information

2. Rule or section catchline:	
R765-616. Adult Learner Grant Program	
3. Are any changes in this filing because of state legislative action?	Changes are because of legislative action.
If yes, any bill number and session:	SB 1001 (2025 Special Session)
4. Purpose of the new rule or reason for the change:	
This filing amends Rule R765-616 based on amendments passed by the Utah Board of Higher Education. Those revisions amend the Adult Learner Grant Program requirements to align with updates to Utah Law made by SB 1001 (2025 Special Session) and include other nonsubstantive changes for clarity.	
5. Summary of the new rule or change:	
The amendments to Rule R765-616 make minor changes to the rule's definitions, the provisions for grant eligibility under the Adult Learner Grant Program (the "Program"), and to the process for awarding grants under the Program.	

Fiscal Information

6. Provide an estimate and written explanation of the aggregate anticipated cost or savings to:

A. State budget:

The amendments to Rule R765-616 will not have any fiscal impact on the state budget.

There is no fiscal impact on the state budget because this rule provides procedures for administering the Adult Learner Grant Program (the "Program") and the changes made to the provisions of this rule do not create any cost to or any savings for the state budget.

The appropriations that fund the Program occur separately from the processes set forth in this rule.

B. Local governments:

The amendments to Rule R765-616 will not have any fiscal impact on local governments.

There is no fiscal impact on local governments because the rule provides procedures for administering the Adult Learner Grant Program (the "Program") and the changes made to the provisions of this rule do not create any cost to or any savings for local governments.

The appropriations that fund the Program occur separately from the processes set forth in this rule.

C. Small businesses ("small business" means a business employing 1-49 persons)**:**

The amendments to Rule R765-616 will not have any fiscal impact on small businesses.

There is no fiscal impact on small businesses because this rule provides procedures for administering the Adult Learner Grant Program (the "Program") and the changes made to the provisions of this rule do not create any cost to or any savings for small businesses.

The appropriations that fund the Program occur separately from the processes set forth in this rule.

D. Non-small businesses ("non-small business" means a business employing 50 or more persons)**:**

The amendments to Rule R765-616 will not have any fiscal impact on non-small businesses.

There is no fiscal impact on non-small businesses because this rule provides procedures for administering the Adult Learner Grant Program (the "Program") and the changes made to the provisions of this rule do not create any cost to or any savings for non-small businesses.

The appropriations that fund the Program occur separately from the processes set forth in this rule.

E. Persons other than small businesses, non-small businesses, state, or local government entities ("person" means any individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an ***agency***)**:**

The amendments to Rule R765-616 will not have any fiscal impact on persons other than small businesses, non-small businesses, state, or local government entities.

There is no fiscal impact on persons other than small businesses, non-small businesses, state, or local government entities because this rule provides procedures for administering the Adult Learner Grant Program (the "Program") and the changes made to the provisions of this rule do not create any cost to or any savings for persons other than small businesses, non-small businesses, state, or local government entities.

The appropriations that fund the Program occur separately from the processes set forth in this rule.

F. Compliance costs for affected persons:

The amendments to Rule R765-616 will not impose any compliance costs on affected persons.

There are no compliance costs because the rule provides procedures for administering the Adult Learner Grant Program (the "Program") and the changes made to the provisions of this rule do not create any such compliance costs.

G. Regulatory Impact Summary Table (This table includes only fiscal impacts the agency was able to measure. If the agency could not estimate an impact, it is excluded from this table but described in boxes A through F.)					
Regulatory Impact Summary Table					
Fiscal Cost	**FY2026**	**FY2027**	**FY2028**	**FY2029**	**FY2030**
State Budget	$0	$0	$0	$0	$0
Local Governments	$0	$0	$0	$0	$0
Small Businesses	$0	$0	$0	$0	$0
Non-Small Businesses	$0	$0	$0	$0	$0
Other Persons	$0	$0	$0	$0	$0
Total Fiscal Cost	**$0**	**$0**	**$0**	**$0**	**$0**
Fiscal Benefits	**FY2026**	**FY2027**	**FY2028**	**FY2029**	**FY2030**
State Budget	$0	$0	$0	$0	$0
Local Governments	$0	$0	$0	$0	$0
Small Businesses	$0	$0	$0	$0	$0
Non-Small Businesses	$0	$0	$0	$0	$0
Other Persons	$0	$0	$0	$0	$0
Total Fiscal Benefits	**$0**	**$0**	**$0**	**$0**	**$0**
Net Fiscal Benefits	**$0**	**$0**	**$0**	**$0**	**$0**
H. Department head comments on fiscal impact and approval of regulatory impact analysis:					
The Utah Commissioner of Higher Education, Geoffrey Landward, has reviewed and approved this regulatory impact analysis.					

Citation Information

7. Provide citations to the statutory authority for the rule. If there is also a federal requirement for the rule, provide a citation to that requirement:		
Subsection 53H-11-412(2)		

Public Notice Information

9. The public may submit written or oral comments to the agency identified in box 1.	
A. Comments will be accepted until:	04/14/2026

10. This rule change MAY become effective on:	04/21/2026
NOTE: The date above is the date the agency anticipates making the rule or its changes effective. It is NOT the effective date.	

Agency Authorization Information

Agency head or designee and title:	Alison Adams, Board Secretary and Designee	**Date:**	02/17/2026

R765. Higher Education (Utah Board of), Administration.
R765-616. Adult Learner Grant Program.
R765-616-1. Purpose.

To provide financial assistance for adult learners pursuing an online degree in a field of industry need.

R765-616-2. Authority.

Subs[~~S~~]ection 53H-11-412(2) authorizes this rule.

R765-616-3. Definitions.

(1) "Board" means the Utah Board of Higher Education.

(2)(a) "Cost of attendance" means the estimated costs associated with taking an online course, as established by an eligible institution in accordance with [~~b~~]Board policies.

(b) "Cost of attendance" includes tuition, costs payable to the eligible institution, and other direct educational expenses related to taking an online course.

(3) "Eligible institution" means an institution, as defined in Subsection R765-616-3(6),[~~this rule~~] that offers a postsecondary level course of instruction using digital technology.

(4) "Eligible s[~~S~~]tudent" means a student who meets the eligibility criteria established in Section R765-616-4.

(5) "Fiscal year" means the fiscal year of the state.

(6) "Institution" means an institution described in Section 53H-1-102 or a Utah private postsecondary educational institution that enters into an agreement with the Office of the Commissioner of Higher Education to participate in this grant program.

(7) "OCHE" means the Office of the Commissioner of Higher Education.

(8) "Online course" means a postsecondary level course of instruction offered by an eligible institution using digital technology.

(9) "Program" means a sequence of online courses that lead to a certificate or other recognized educational credential that:

(a) is made up of only online courses, meaning a student can complete the program through online course offerings; and

(b) prepares students for employment in four-star or five-star jobs as defined by the Department of Workforce Services.

(10) "Tuition" means tuition and fees at the rate charged for residents of the state.

R765-616-4. Grant Eligibility.

(1) To be eligible for a grant under this section, each student shall:

(a) be[~~-26 years or older~~] an independent student on the Free Application for Federal Student Aid (FAFSA);

(b) be enrolled in an online program at an eligible institution in a field designed to meet industry needs and leading to a degree, certificate, or other recognized educational credential;

(c) qualify for Utah resident student status as determined by Section 53H-11-202 and Board Policy R512;

(d) complete the Free Application for Federal Student Aid; and

(e) demonstrate financial need, in accordance with Subsection R765-616-6(2)(f).

(2) The [~~b~~]Board shall prioritize grant funding for each student who is:

(a) from a rural area of the state, as defined by the Utah Department of Health and Human Services, which includes all counties except Utah, Salt Lake, Davis, [~~&~~]and Weber;

(b) classified as low income; or

(c) pursuing education in [~~degree~~]postsecondary programs aligned to four- or five- star jobs as established by the Department of Workforce Services.

R765-616-5. Process for Allocating Grant Funding to Eligible Institutions.

The Office of the Commissioner of Higher Education shall allocate the funding based on the proportional number of graduates from eligible programs at participating institutions in the most recent year for which data is available on or before July 1 of each year.

R765-616-6. Process for Awarding Grants to Eligible Students.

(1) An eligible institution that receives grant funding shall be responsible for establishing a process to award grants along with other financial aid in alignment with this rule.

(2) When establishing a process for award grants, the institution shall:

(a) award grants on an annual basis and distribute grant money on a quarter or semester basis;

(b) award grants without regard to an applicant's race, creed, color, religion, sex, or ancestry;

(c) ensure the total sum of program grant, [~~and~~]financial aid from any source, and family or personal contribution do not exceed the cost of attendance for an eligible student at an eligible institution for a fiscal year;

(d) determine award amounts within the minimum and maximum award range as established annually by the [~~b~~]Board;[~~ and~~]

(e) ensure all funds received from the grant are applied toward the cost of attendance; and

(f) prioritize grants based on criteria in Subsection R765-616-4(2) and financial need using an eligible recipient's eligibility index from the FAFSA, which may include a maximum eligibility index number set by the eligible institution.

R765-616-7. [~~Process for Allocating Grant Funding to Eligible Institutions~~]Reporting.

(1) As specified by OCHE, each institution shall provide, as part of an annual institutional financial aid file submission by February 28 of each year, data pertaining to applications, awards, program enrollments, utilization, funding, and other scholarship information for the most recently completed fiscal year.

(2) For institutions that do not participate in the annual institutional financial aid file submission, data shall be submitted directly no later than [~~June 30~~]February 28 each year.

(3) OCHE may, at any time, request additional documentation or data related to the scholarship program and may review or formally audit an institution's documentation and compliance with this rule.

(4) The [~~b~~]Board shall annually report data and information collected under this section to the Higher Education Appropriations Subcommittee.

KEY: Utah Board of Higher Education, Adult Learner Grant Program, Student Financial Aid
Date of Last Change: [~~January 14, ~~]2026
Authorizing, and Implemented or Interpreted Law: 53H-1-102

NOTICE OF SUBSTANTIVE CHANGE		
TYPE OF FILING: Amendment		
Rule or section number:	**R765-628**	**Filing ID: 57805**

Agency Information

1. Title catchline:	Higher Education (Utah Board of), Administration	
Building:	Utah Board of Higher Education Building, The Gateway	
Street address:	60 S 400 W	
City, state:	Salt Lake City, UT 84101	
Contact persons:		
Name:	**Phone:**	**Email:**
Hilary Renshaw	801-646-4784	Hilary.renshaw@ushe.edu
Alison Adams	801-646-4784	Alison.adams@ushe.edu
Geoffrey T. Landward	801-646-4784	Glandward@ushe.edu
Please address questions regarding information on this notice to the persons listed above.		

General Information

2. Rule or section catchline:	
R765-628. WICHE Professional Student Exchange Program	
3. Are any changes in this filing because of state legislative action?	Changes are because of legislative action.
If yes, any bill number and session:	SB 1001 (2025 Special Session)

4. Purpose of the new rule or reason for the change:

This filing amends Rule R765-628 based on revisions passed by the Utah Board of Higher Education.

Those revisions require that the previous term "domicile" be replaced with the term "bona fide resident" to update the requirements for student eligibility for the Western Interstate Commission for Higher Education (WICHE) professional student exchange program and to clarify the required documentation to verify residency.

Other minor revisions are to rule provisions, and to statutory citations based on SB 1001 (2025 Special Session).

5. Summary of the new rule or change:

The amendments to Rule R765-628 update statutory citations based on SB 1001 (2025 Special Sessions).

The amendments also delete the definition of "Domicile" and replace it with the term "Bona fide resident," which defines individuals who are eligible for the WICHE Professional Student Exchange Program.

The other minor changes made in this rule are to ensure consistency with the new "bona fide resident" term.

Fiscal Information

6. Provide an estimate and written explanation of the aggregate anticipated cost or savings to:

A. State budget:

The amendments to Rule R765-628 will not have any fiscal impact on the state budget.

There is no fiscal impact on the state budget because this rule provides procedures for administering the WICHE Professional Student Exchange Program (the "Program") and the changes made to update the definitions of this rule do not create any cost to or any savings for the state budget.

B. Local governments:

The amendments to Rule R765-628 will not have any fiscal impact on local governments.

There is no fiscal impact on local governments because this rule provides procedures for administering the WICHE Professional Student Exchange Program (the "Program") and the changes made to update the definitions of this rule do not create any cost to or any savings for local governments.

C. Small businesses ("small business" means a business employing 1-49 persons)**:**

The amendments to Rule R765-628 will not have any fiscal impact on small businesses.

There is no fiscal impact on small businesses because this rule provides procedures for administering the WICHE Professional Student Exchange Program (the "Program") and the changes made to update the definitions of this rule do not create any cost to or any savings for small businesses.

D. Non-small businesses ("non-small business" means a business employing 50 or more persons)**:**

The amendments to Rule R765-628 will not have any fiscal impact on non-small businesses.

There is no fiscal impact on non-small businesses because the rule provides procedures for administering the WICHE Professional Student Exchange Program (the "Program") and the changes made to update the definitions of this rule do not create any cost to or any savings for non-small businesses.

E. Persons other than small businesses, non-small businesses, state, or local government entities ("person" means any individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an ***agency***)**:**

The amendments to Rule R765-628 will not have any fiscal impact on persons other than small businesses, non-small businesses, state, or local government entities.

There is no fiscal impact on persons other than small businesses, non-small businesses, state, or local government entities because this rule provides procedures for administering the WICHE Professional Student Exchange Program (the "Program") and the changes made to update the definitions of this rule do not create any cost to or any savings for persons other than small businesses, non-small businesses, state, or local government entities.

F. Compliance costs for affected persons:

The amendments to Rule R765-628 will not impost any compliance costs on affected persons.

There are no compliance costs because this rule provides procedures for administering the WICHE Professional Student Exchange Program (the "Program") and the changes made to update the definitions of this rule do not create any such compliance costs.

G. Regulatory Impact Summary Table (This table includes only fiscal impacts the agency was able to measure. If the agency could not estimate an impact, it is excluded from this table but described in boxes A through F.)

Regulatory Impact Summary Table					
Fiscal Cost	**FY2026**	**FY2027**	**FY2028**	**FY2029**	**FY2030**
State Budget	$0	$0	$0	$0	$0
Local Governments	$0	$0	$0	$0	$0
Small Businesses	$0	$0	$0	$0	$0
Non-Small Businesses	$0	$0	$0	$0	$0
Other Persons	$0	$0	$0	$0	$0
Total Fiscal Cost	**$0**	**$0**	**$0**	**$0**	**$0**
Fiscal Benefits	**FY2026**	**FY2027**	**FY2028**	**FY2029**	**FY2030**
State Budget	$0	$0	$0	$0	$0
Local Governments	$0	$0	$0	$0	$0
Small Businesses	$0	$0	$0	$0	$0
Non-Small Businesses	$0	$0	$0	$0	$0
Other Persons	$0	$0	$0	$0	$0

Total Fiscal Benefits	**$0**	**$0**	**$0**	**$0**	**$0**
Net Fiscal Benefits	**$0**	**$0**	**$0**	**$0**	**$0**
H. Department head comments on fiscal impact and approval of regulatory impact analysis:					
The Utah Commissioner of Higher Education, Geoffrey Landward, has reviewed and approved this regulatory impact analysis.					

Citation Information

7. Provide citations to the statutory authority for the rule. If there is also a federal requirement for the rule, provide a citation to that requirement:		
Section 53H-1-702		

Public Notice Information

9. The public may submit written or oral comments to the agency identified in box 1.	
A. Comments will be accepted until:	04/14/2026

10. This rule change MAY become effective on:	04/21/2026
NOTE: The date above is the date the agency anticipates making the rule or its changes effective. It is NOT the effective date.	

Agency Authorization Information

Agency head or designee and title:	Alison Adams, Board Secretary and Designee	**Date:**	02/17/2026

R765. Higher Education (Utah Board of), Administration.
R765-628. WICHE Professional Student Exchange Program.
R765-628-1. Purpose.

This rule outlines the application requirements and funding procedures for the WICHE Professional Student Exchange Program (PSEP).

R765-628-2. Authority.

Section [~~53B-4-101~~]53H-1-702 authorizes this rule.

R765-628-3. Definitions.

(1) "Certifying officer" means the designated Commissioner's [~~O~~]office employee who:

(a) promotes PSEP opportunities to Utah residents;

(b) processes certification applications for prospective students seeking to enroll through eligible PSEP programs; and

(c) serves as the office liaison with WICHE staff for the purposes of processing funds for each student and tracking the student's academic progress through graduation.

(2) "Commissioner's Office" means the Office of the Commissioner of Higher Education.

(3) "Bona fide resident" means, for purposes of PSEP eligibility, an applicant who is a resident of Utah and who has maintained residency within Utah for a consecutive period of at least five years before the time of application. The applicant may provide evidence of Utah residency including Utah voter registration, Utah vehicle registration, Utah driver's license or identification card, Utah state income tax return, Utah high school transcripts, Utah college transcripts, rental contract or mortgage documents and utility bills for five consecutive years before their application. Temporary absences from the state for education, religious service, humanitarian service, military service, or medical reasons, may not interrupt the continuity of the residency period for purposes of PSEP eligibility, provided that the individual maintains the intent to return to Utah as their permanent home and provides documentation to verify the applicant's continued connection to the state during their period of physical absence. The determination of whether a student qualifies as a bona fide resident for purposes of PSEP eligibility shall be based on the totality of circumstances.[~~"Domicile" means the student's residence for the purpose of determining resident student status, as determined by the student's:~~

~~(a) bodily presence;~~

~~(b) fixed permanent home and principal establishment to which, if absent, the student intends to return; and~~

~~(c) concurrent intent to voluntarily reside permanently in that location, and not for a special or temporary purpose.~~]

(4) "PSEP" means the WICHE Professional Student Exchange Program, which is a regional exchange program for students pursuing certain professional healthcare degrees at participating universities in other WICHE states and territories whereby the student pays reduced tuition because the student's home state pays a fee to the enrolling institution to reduce tuition costs.

(5) "Support fee" means the agreed upon award amount set for each eligible program and academic year, as negotiated between WICHE and the cooperating programs and approved biennially, in even years, by the WICHE Commission.

(6) "WICHE" means the Western Interstate Commission for Higher Education.

R765-628-4. Application.

(1) Each new applicant shall submit the following to the certifying officer by October 15th of the year before admission to an eligible professional program:

(a) a completed WICHE PSEP application for Utah as published by the Utah Board of Higher Education;

(b) a signed consent and waiver form;

(c) [~~undergraduate~~]college transcripts, undergraduate and graduate, if applicable; and

(d) additional documentation to verify [~~domicile~~]the applicant's status as a bona fide resident of Utah for five consecutive years before the time of application, as requested.

(2) The certifying officer shall give each applicant who is certified as meeting the residency requirement in Subsection R765-628-4(6) one of the following certification statuses:

(a) "Certified/Incoming" when the applicant submits the application by October [~~15th~~]15th and the applicant will be enrolling as a first-year student;

(b) "Alternate Certified/Enrolled" when the applicant submits the application by October [~~15th~~]15th and the applicant is enrolled in 2nd year or beyond of professional program;

(c) "Alternate Late Certified/Incoming" when the applicant submits the application after October [~~15~~]15th and the applicant will be enrolling as a first-year student; [~~and~~]or

(d) "Alternate Late Certified/Enrolled" when the applicant submits the application after October [~~15th~~]15th and the applicant is enrolled in 2nd year or beyond of professional program.

(3) Each applicant shall notify the certifying officer of any admission offers to cooperating programs.

(4) Each WICHE school shall notify WICHE's central office of any offers.

(5) WICHE and the certifying officer shall monitor the number of certified applicants and each applicant's admission offers.

(6) To be eligible for certification, a student shall have established [~~domicile in Utah for five full consecutive years~~]that they are a bona fide resident of Utah for five full consecutive years before the time of application.

(7) If a student does not receive funding and wishes to recertify for the following year, the student shall reapply and submit all required documentation for Utah certification.

R765-628-5. Funding Applicants.

(1) The number of new students funded in each approved field shall be determined by available funding.

(2) The certifying officer shall give priority for funding, before new applicants are considered, to each returning PSEP student who was awarded in prior academic years and who has remained in good academic standing.

(3) WICHE shall:

(a) track academic progress; and

(b) report concerns to the certifying officer.

(4)(a) If insufficient funding exists to award each new applicant with an admission offer, the certifying officer shall rank each new applicant, as follows:

(i) Certified/Incoming students shall be given first consideration;

(ii) then Alternate Certified/Enrolled students;

(iii) then Alternate Late Certified/Incoming[~~,~~]; and

(iv) lastly Alternate Late Certified/Enrolled students.

(b) If further ranking is required within the groups set forth in Subsection R765-628-4(2), the certifying officer shall rank each student by the following categories until all available funding is awarded:

(i) student institutional rankings for Utah applicants, provided to WICHE confidentially;

(ii) application submission date;

(iii) cumulative undergraduate GPA; and

(iv) length of [~~Utah residency~~]time that the student has been considered a bona fide resident.

(5) If offered funding, each student shall return the following documents no later than the deadline set by the certifying officer:

(a) a signed contract accepting the funding, agreeing to the terms of funding, and acknowledging intent to return to Utah to practice their profession upon completion of the program; and

(b) a copy of the student's final acceptance letter to an approved optometry or podiatry program.

(6) If the student fails to submit the required documentation by the established deadline, the student may forfeit the student's PSEP eligibility.

(7) Each student receiving military, federal, or private scholarships or full fellowships that cover tuition shall be ineligible to receive WICHE support.

(8) The certifying officer shall consider each case in which tuition is partially covered on an individual basis.

R765-628-6. Continued Eligibility.

(1) Upon certifying and awarding a student, the Utah Board of Higher Education shall continue to provide a support fee for that student through the normal duration of the program, as defined by WICHE with the standard program in optometry and podiatry being four years in duration, and subject to;

(a) the appropriation of necessary funds; and

(b) the student being in good academic standing, as defined by the attending institution.

(2) WICHE shall:

(a) monitor academic progress annually until each degree requirement has been met; and

(b) communicate any changes in status, such as leave of absence or academic probation, with the certifying officer.

(3) The Commissioner's [~~O~~]office may not support any student for duplicative coursework.

(4) The certifying officer may request documentation to verify continued enrollment, continuous Utah residency, intent to return to Utah post-graduation, or other pertinent information to remain eligible for funding.

R765-628-7. Leave of Absence.

(1) A student may request a leave of absence for unexpected or sudden circumstances that arise after the student enrolls in an eligible program.

(2) The student shall obtain an approved leave of absence from the student's enrolling program.

(3) Once institutional approval is obtained, the certifying officer may approve a leave of absence for purposes of PSEP for no more than one year at a time.

(4) The certifying officer and the enrolling program shall notify WICHE of the approved leave of absence.

(5) The certifying officer may reduce a student's funding upon return to enrollment if funding has been provided for incomplete or failed coursework.

(6) The certifying officer may require a student to reapply for PSEP funding upon return if the student's leave of absence extends for more than one year.

KEY: Utah Board of Higher Education, WICHE Professional Student Exchange Program, Student Financial Aid
Date of Last Change: [~~February 14, 2024~~]2026
Authorizing, and Implemented or Interpreted Law: [~~53B-4-101~~]53H-1-702

End of the Notices of Proposed Rules Section

FIVE-YEAR NOTICES OF REVIEW AND STATEMENTS OF CONTINUATION

Within five years of an administrative rule's original enactment or last five-year review, the agency is required to review the rule. This review is intended to 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 adminrules.utah.gov. The rule text may also be inspected at the agency or the Office of Administrative Rules. **REVIEWS** are effective upon filing.

REVIEWS are governed by Section 63G-3-305.

NOTICE OF FIVE-YEAR REVIEW AND STATEMENT OF CONTINUATION		
Rule number:	**R661-15**	**Filing ID: 51799**
Effective date:	**02/23/2026**	

Agency Information

1. Title catchline:	Navajo Trust Fund, Trustees	
Building:	Blanding Government Services Building	
Street address:	151 E 500 N	
City, state:	Blanding, UT 84511	
Contact persons:		
Name:	**Phone:**	**Email:**
Maury Bergman	435-678-1462	mbergman@utah.gov
Tony Dayish	435-678-1468	tdayish@utah.gov
Please address questions regarding information on this notice to the persons listed above.		

General Information

2. Rule catchline:	
R661-15. Indemnification	
3. Statutory provisions that authorize or require this rule and an explanation of those particular statutory provisions:	
Subsection 51-10-205(4)	The Trust Administrator shall make rules in accordance with Subsection (6) that establish policies and criteria for expenditures of fund money.
4. A summary of written comments received during and since the last five-year review of this rule from interested persons supporting or opposing this rule:	
No comments have been received since the last five-year review of this rule from interested persons.	

5. A reasoned justification for continuation of this rule, including reasons why the agency disagrees with comments in opposition to this rule, if any:
This rule is necessary because it protects the Utah Navajo Trust Fund and all other relevant associations from all recipients of the fund, save harmless or to agree not to hold against any loss, damages injury, liability, suits, etc. Therefore, this rule should be continued.

Agency Authorization Information

Agency head or designee and title:	Tony Dayish, Administrator	**Date:**	02/23/2026

NOTICE OF FIVE-YEAR REVIEW AND STATEMENT OF CONTINUATION		
Rule number:	**R661-16**	**Filing ID: 51800**
Effective date:	**02/23/2026**	

Agency Information

1. Title catchline:	Navajo Trust Fund, Trustees	
Building:	Blanding Government Services Building	
Street address:	151 E 500 N	
City, state:	Blanding, UT 84511	
Contact persons:		
Name:	**Phone:**	**Email:**
Maury Bergman	435-678-1462	mbergman@utah.gov
Tony Dayish	435-678-1468	tdayish@utah.gov
Please address questions regarding information on this notice to the persons listed above.		

General Information

2. Rule catchline:	
R661-16. Heath Care Systems Improvement Program	
3. Statutory provisions that authorize or require this rule and an explanation of those particular statutory provisions:	
Subsection 51-10-205(4)	The Trust Administrator shall make rules in accordance with Subsection (6) that establish policies and criteria for expenditures of fund money.
4. A summary of written comments received during and since the last five-year review of this rule from interested persons supporting or opposing this rule:	
No comments have been received since the last five-year review of this rule from interested persons.	
5. A reasoned justification for continuation of this rule, including reasons why the agency disagrees with comments in opposition to this rule, if any:	
This rule is necessary because it allows the Utah Navajo Trust Fund to improve health care systems in the Utah Navajo communities. Specifically physical facility improvements and long-term equipment needs. Therefore, this rule should be continued.	

Agency Authorization Information

Agency head or designee and title:	Tony Dayish, Administrator	**Date:**	02/23/2026

NOTICE OF FIVE-YEAR REVIEW AND STATEMENT OF CONTINUATION		
Rule number:	**R661-17**	**Filing ID: 51803**
Effective date:	**02/23/2026**	

Agency Information

1. Title catchline:	Navajo Trust Fund, Trustees	
Building:	Blanding Government Services Building	
Street address:	151 E 500 N	
City, state:	Blanding, UT 84511	
Contact persons:		
Name:	**Phone:**	**Email:**
Maury Bergman	435-678-1462	mbergman@utah.gov
Tony Dayish	435-678-1468	tdayish@utah.gov
Please address questions regarding information on this notice to the persons listed above.		

General Information

2. Rule catchline:
R661-17. Office Equipment Purchase Program
3. Statutory provisions that authorize or require this rule and an explanation of those particular statutory provisions:

Subsection 51-10-205(4)	The Trust Administrator shall make rules in accordance with Subsection (6) that establish policies and criteria for expenditures of fund money.

4. A summary of written comments received during and since the last five-year review of this rule from interested persons supporting or opposing this rule:
No comments have been received since the last five-year review of this rule from interested persons.
5. A reasoned justification for continuation of this rule, including reasons why the agency disagrees with comments in opposition to this rule, if any:
This rule is necessary because it allows the Utah Navajo Trust Fund to provide funding for the Utah Navajo Chapters to purchase office equipment and software. Therefore, this rule should be continued.

Agency Authorization Information

Agency head or designee and title:	Tony Dayish, Administrator	**Date:**	02/23/2026

NOTICE OF FIVE-YEAR REVIEW AND STATEMENT OF CONTINUATION		
Rule number:	**R661-18**	**Filing ID: 51807**
Effective date:	**02/23/2026**	

Agency Information

1. Title catchline:	Navajo Trust Fund, Trustees
Building:	Blanding Government Services Building
Street address:	151 E 500 N
City, state:	Blanding, UT 84511

Contact persons:		
Name:	**Phone:**	**Email:**
Maury Bergman	435-678-1462	mbergman@utah.gov
Tony Dayish	435-678-1468	tdayish@utah.gov
Please address questions regarding information on this notice to the persons listed above.		

General Information

2. Rule catchline:	
R661-18. Outstanding Senior Award Program	
3. Statutory provisions that authorize or require this rule and an explanation of those particular statutory provisions:	
Subsection 51-10-205(4)	The Trust Administrator shall make rules in accordance with Subsection (6) that establish policies and criteria for expenditures of fund money.
4. A summary of written comments received during and since the last five-year review of this rule from interested persons supporting or opposing this rule:	
No comments have been received since the last five-year review of this rule from interested persons.	
5. A reasoned justification for continuation of this rule, including reasons why the agency disagrees with comments in opposition to this rule, if any:	
This rule is necessary because it allows the Utah Navajo Trust Fund to identifying and acknowledging excellence exhibited by eligible Navajo high school seniors. Therefore, this rule should be continued.	

Agency Authorization Information

Agency head or designee and title:	Tony Dayish, Administrator	**Date:**	02/23/2026

NOTICE OF FIVE-YEAR REVIEW AND STATEMENT OF CONTINUATION		
Rule number:	**R746-409**	**Filing ID: 56505**
Effective date:	**02/18/2026**	

Agency Information

1. Title catchline:	Public Service Commission, Administration	
Building:	Heber M. Wells Building	
Street address:	160 E 300 S, 4th Floor	
City, state:	Salt Lake City, UT	
Mailing address:	PO Box 144558	
City, state and zip:	Salt Lake City, UT 84114-4558	
Contact persons:		
Name:	**Phone:**	**Email:**
John Delaney	801-530-6724	jdelaney@utah.gov
Please address questions regarding information on this notice to the persons listed above.		

General Information

2. Rule catchline:
R746-409. Pipeline Safety

3. Statutory provisions that authorize or require this rule and an explanation of those particular statutory provisions:	
Section 54-13-2	Section 54-13-2 requires the Public Service Commission (PSC) to establish safety standards and practices for intrastate pipeline transportation and to make and enforce rules that federal law requires, specifically rules required under the Natural Gas Pipeline Safety Act (NGPS Act) (codified at 49 U.S.C. § 60101, et seq.). Accordingly, the rule adopts pertinent provisions of the Code of Federal Regulations and provides for mechanisms to enforce those federal safety standards.
Section 54-13-3	Section 54-13-3 requires the PSC to adopt and enforce rules, pursuant to Section 54-13-2, including rules which (1) incorporate safety standards under the NGPS Act and (2) require persons engaged in intrastate pipeline transmission to, among other things, maintain records, submit reports to the PSC that enable the PSC to determine whether such person is in compliance with Chapter 13 and the rules adopted pursuant to Chapter 13, and maintain a plan for inspection and maintenance of each pipeline facility that is available to the PSC upon request.
4. A summary of written comments received during and since the last five-year review of this rule from interested persons supporting or opposing this rule:	
The PSC has received no comments since the last five-year review of this rule in 2021.	
5. A reasoned justification for continuation of this rule, including reasons why the agency disagrees with comments in opposition to this rule, if any:	
The justification for this rule is that it is expressly required pursuant to Sections 54-13-2 and 54-13-3, and pertinent provisions of federal law. Therefore, this rule should be continued.	

Agency Authorization Information

Agency head or designee and title:	Jerry D. Fenn, PSC Chair	**Date:**	02/18/2026

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 Office 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.

Commerce
Professional Licensing
No. 57754 (Amendment) R156-47b: Massage Therapy Practice Act Rule
Published: 01/15/2026
Effective: 02/24/2026

Education
Administration
No. 57761 (Amendment) R277-304: Teacher Preparation Programs
Published: 02/01/2026
Effective: 03/10/2026

No. 57762 (Amendment) R277-609: Standards for LEA Discipline Policy
Published: 02/01/2026
Effective: 03/10/2026

No. 57763 (Amendment) R277-709: Education Programs Serving Youth in Care
Published: 02/01/2026
Effective: 03/10/2026

No. 57764 (Amendment) R277-726: Statewide Online Education Program
Published: 02/01/2026
Effective: 03/10/2026

Health and Human Services
Population Health, Health Promotion and Prevention
No. 57700 (Repeal and Reenact) R384-200: Cancer Control Program
Published: 12/15/2025
Effective: 02/17/2026

No. 57658 (New Rule) R384-900: Special Measures for the Operation of Syringe Exchange Programs
Published: 12/01/2025
Effective: 02/25/2026

Population Health, Environmental Epidemiology
No. 57659 (Repeal) R386-900: Special Measures for the Operation of Syringe Exchange Programs
Published: 12/01/2025
Effective: 02/25/2026

Data, Systems and Evaluation, Vital Records and Statistics
No. 57703 (Amendment) R436-3: Amendments and Corrections to Vital Records
Published: 01/01/2026
Effective: 02/17/2026

Substance Use and Mental Health
No. 57698 (Amendment) R523-16: Certification of Essential Treatment Examiners and Case Managers
Published: 12/15/2025
Effective: 02/17/2026

Insurance
Administration
No. 57607 (New Rule) R590-291: Use of Fire Hazard Data in Rating and Underwriting
Published: 11/15/2025
Effective: 02/18/2026

No. 57607 (Change in Proposed Rule) R590-291: Use of Fire Hazard Data in Rating and Underwriting
Published: 01/15/2026
Effective: 02/18/2026

Natural Resources
Forestry, Fire and State Lands
No. 57743 (New Rule) R652-126: Wildland Urban Interface Property
Published: 01/15/2026
Effective: 02/24/2026

Wildlife Resources
No. 57766 (Amendment) R657-64: Predator Control Incentives
Published: 02/01/2026
Effective: 03/11/2026

No. 57767 (New Rule) R657-74: Cooperative Agreements for Big Game or Turkey
Published: 02/01/2026
Effective: 03/11/2026

End of the Notices of Rule Effective Dates Section