

2026 Utah Legislative Update


Utah Nurse Practitioners
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Objectives

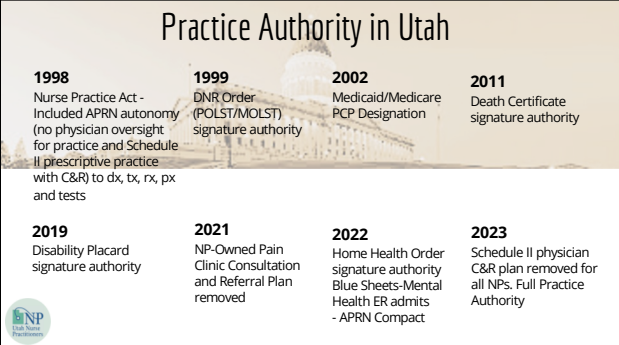
1. Discuss and identify current nurse practitioner practice authority in Utah with a focus on current practice and policy issues.
2. Examine Utah's recent legislation regarding state APRN practice and its anticipated impact on healthcare-related services in the coming year.
3. Define and implement executable actions that nurse practitioners can take at the local, state, and national levels for patient advocacy, business stability, and legislative movement.



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Practice Authority in Utah

<p>1998 Nurse Practice Act - Included APRN autonomy (no physician oversight for practice and Schedule II prescriptive practice with C&R) to dx, tx, rx, px and tests</p>	<p>1999 DNR Order (POLST/MOLST) signature authority</p>	<p>2002 Medicaid/Medicare PCP Designation</p>	<p>2011 Death Certificate signature authority</p>
<p>2019 Disability Placard signature authority</p>	<p>2021 NP-Owned Pain Clinic Consultation and Referral Plan removed</p>	<p>2022 Home Health Order signature authority Blue Sheets-Mental Health ER admits - APRN Compact</p>	<p>2023 Schedule II physician C&R plan removed for all NPs. Full Practice Authority</p>



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Priority Issue 2026: Pre-education Requirements

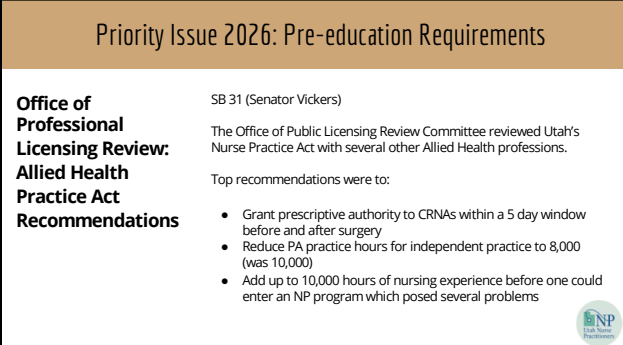
Office of Professional Licensing Review: Allied Health Practice Act Recommendations

SB 31 (Senator Vickers)

The Office of Public Licensing Review Committee reviewed Utah's Nurse Practice Act with several other Allied Health professions.

Top recommendations were to:

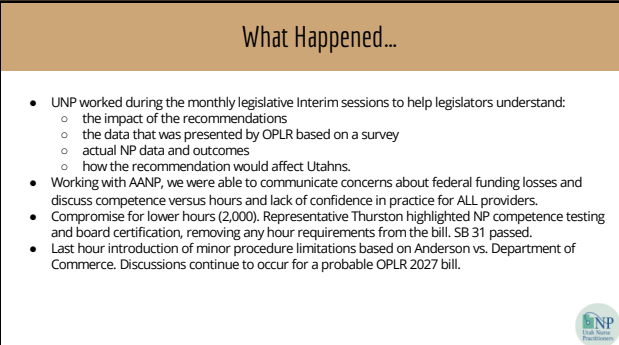
- Grant prescriptive authority to CRNAs within a 5 day window before and after surgery
- Reduce PA practice hours for independent practice to 8,000 (was 10,000)
- Add up to 10,000 hours of nursing experience before one could enter an NP program which posed several problems



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What Happened...

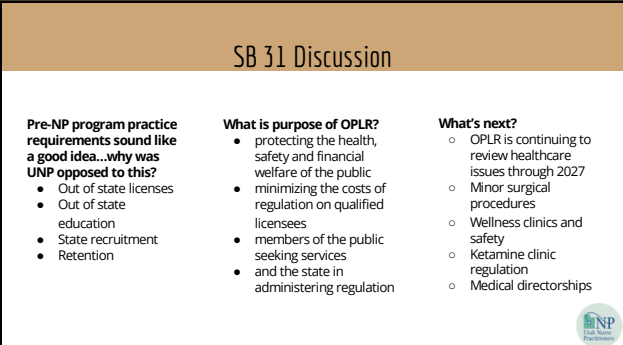
- UNP worked during the monthly legislative Interim sessions to help legislators understand:
 - the impact of the recommendations
 - the data that was presented by OPLR based on a survey
 - actual NP data and outcomes
 - how the recommendation would affect Utahns.
- Working with AANP, we were able to communicate concerns about federal funding losses and discuss competence versus hours and lack of confidence in practice for ALL providers.
- Compromise for lower hours (2,000). Representative Thurston highlighted NP competence testing and board certification, removing any hour requirements from the bill. SB 31 passed.
- Last hour introduction of minor procedure limitations based on Anderson vs. Department of Commerce. Discussions continue to occur for a probable OPLR 2027 bill.



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SB 31 Discussion


<p>Pre-NP program practice requirements sound like a good idea...why was UNP opposed to this?</p> <ul style="list-style-type: none"> • Out of state licenses • Out of state education • State recruitment • Retention 	<p>What is purpose of OPLR?</p> <ul style="list-style-type: none"> • protecting the health, safety and financial welfare of the public • minimizing the costs of regulation on qualified licensees • members of the public seeking services • and the state in administering regulation 	<p>What's next?</p> <ul style="list-style-type: none"> ○ OPLR is continuing to review healthcare issues through 2027 ○ Minor surgical procedures ○ Wellness clinics and safety ○ Ketamine clinic regulation ○ Medical directorships
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Top issues 2026: Administrative Oversight


Healthcare Worker Post-Employment (Non-compete Ban)	HB 270 (HALL): Makes non-compete and non-solicitation agreements void. More legislation to come. Exceptions for sale of a business or certain severance agreements.
Healthcare Providers Scope (OPLR reviews)	SB 150 Healthcare Providers Scope of Practice Amendments (VICKERS) complaints can result in a review of scope of practice for the entire profession affecting all healthcare providers. OPLR can make recommendations of how healthcare providers incorporate an innovation into practice (examples: AI, digital communications, mRNA, etc).
Court Rules	SJR 6 requires medical malpractice and liability cases be separate actions. HB 503 prohibits plaintiffs from provider assessed unless he/she did not maintain at least \$1 million in insurance or engaged in willful/malicious misconduct.
Department of Wildlife Resources	NPs can now sign for a Disabled Person Fishing License!



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Top issues 2026: Insurance


Hormonal Transgender Tx	SB 16 bars healthcare providers from offering hormonal transgender treatments as of Jan 28, 2027. Until then, no treatment for minors under age 16.
Medicaid Rates	Legislation was passed to ensure patient care access and regulate Medicaid expansion. Eligibility requirements changed federally.
Behavioral Health Directories	HB 71 allows patients to access out of network mental health services in in-network options not available in timely manner.
Prior Authorizations	SB 319 requires insurances to honor prior-auths for at least 12 mo (chronic conditions) for outpatient services. SB 274 requires insurers to provide 30 days' notice on their website before changing pre-auth requirements.



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Top issues 2025: Business


Specialized Products Amendments (Kratom)	SB 101 (VICKERS) assesses tax on Kratom, redesignates Kratom as Schedule I, and makes certain actions a felony.
Medical Cannabis Updates	Medical Cannabis law updates: <ul style="list-style-type: none"> • State duties moving to Utah Department of Agriculture and Food (from DHHS) • Patient voucher program for Medicare and Medicaid patients to be implemented • Label regulation for physiological effects is now required • Provider recommendations will be updated 7/1/26 • Federal law made cannabis Schedule III. Utah criminal penalties for aberrant use or behaviors will remain in place • Recommendation can be given via telehealth visit • 2026 survey indicated 77% of Utahns are in favor of the program
Healthcare Resolution (Hormone treatment)	HCR 10: recognizes that hormone replacement therapy is a safe and effective treatment for menopausal symptoms, and directs the Public Employees' Benefit and Insurance Program to provide hormone replacement therapy for menopausal symptoms.



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Top issues 2025 OTHER

Preceptor Tax Credit	Rep Logan Monson sponsored legislation for a preceptor tax credit. This failed but there are plans to run a similar bill next year.
Hospital Workplace Violence Reporting Requirements	HB 380 requires hospitals to track and report instances of workplace violence; and extends the repeal date for criminal enhancements for certain crimes against an employee of a health facility.
Health Care Patient Reporting to DOPL	Requires health care providers that receive a disclosure (from a patient) of potential unprofessional or unlawful conduct to provide information about how to report the concern to DOPL.
Rural Health Transformation	Funding opportunities for one of 8 categories of the RHTP is now underway. Google Utah RHTP Funding Opportunities for more information



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Physician-centric Language


- Bill language using the term physician excludes NPs from practice tasks
- Continues to support AMA's marketing of "real doctors" versus NPs
- Promulgates role confusion to healthcare systems, legislators, patients
- Creates obstacles for future legislation
- Costly and time-consuming to change

Ask your legislators to use provider-neutral language in the bills and recommend changing terminology in other session bills.

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The Legislative Process

The Bill Bill Development	The Vote The Floor	The Signature Wrapping UP
<ul style="list-style-type: none"> • UNP identifies and researches practice-related issues (compare to other state's laws). • We develop the language and find a Rep or Senator to run it (opens a "bill file"). • They send the language to the legislative drafters for official language and legal review. 	<ul style="list-style-type: none"> • The bill is assigned a number. • The bill goes to a Standing Committee for acceptance. • The bill goes to "The Floor" in the House of the sponsoring legislator (Senate or the House of Representatives). • The bill advances to the other House committee. • The bill goes to a final floor vote. 	<ul style="list-style-type: none"> • Once the bill is passed, it goes to the Speaker to be filed. • The Governor receives the bill and signs it if they agree. • The bill becomes official Code in the State of Utah within 60 days of signature. • The Rules Committee finalizes details of the new Code



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Talking To Your Legislator



MEET IN PERSON

Town Hall
 Invite to your clinic to follow for a few hours
 Go to the Capitol during the legislative session

WRITE A LETTER


Pen & Paper (attention grabber!)
 Personalized emails (more than 1)

MAKE A CALL

Call your legislator. If you reach their staffer, leave a message about the issue and what you want them to do about it.

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Talking To Your Legislator



PRO TIPS

It takes only 3 communication efforts from constituents for a legislator to pay attention

Do Some Quick Research
 Go to your legislator's website at le.utah.gov to learn about their personal background and positions.

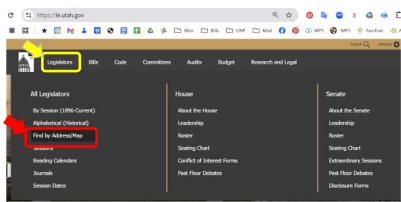
- Sign up for their emails
- Find something you have in common

- ★ Be brief and concise
- ★ Introduce yourself as their constituent and as a Nurse Practitioner
- ★ Be prepared to explain what a NP is and does
- ★ Be courteous! Thank them for their work in the past.

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Who is my legislator in Utah?

Google "find my legislator" or le.utah.gov
 Hover on the "Legislators" tab and go down to "Find by Address/Map" and enter your address.





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Your Membership Matters!

Call a lifeline (mentor), call a friend, call your legislators

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UNP Legislative Team 2024-25

Collaboration with UNA, UAPA, UACCC, AANP, APNA

<p>Dr. Melissa Hinton</p> <p>Dr. Donner Schweitzer</p> <p>Elisa Edwards, APRN</p> <p>Lee Moss, APRN</p> <p>Wendy Rusin, APRN</p>	<p>Dr. Jen Clifton</p> <p>Dr. Beth Luthy</p> <p>Dr. Julie Balk</p> <p>Dr. Ellen Rivers</p> <p>Foxley & Pignanelli Lobbyists</p>
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