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PHARMACY BENEFIT AMENDMENTS

2020 GENERAL SESSION



with at least 30 days notice;

26	 denying or reducing a reimbursement to a pharmacy or a pharmacist after the
27	adjudication of a claim unless an investigation or audit proves certain behavior;
28	 reimbursing a pharmacy less than a pharmacy benefit manager affiliate in the
29	same network;
30	 engaging in certain actions related to a pharmacy that mails or delivers a
31	prescription drug to an enrollee;
32	 requiring that a prescription be filled or refilled by an out-of-state mail service
33	pharmacy; and
34	 contracting with a health insurer in certain instances unless the pharmacy benefit
35	manager agrees to regularly report to the insurer detailed, claim-level
36	information regarding pharmaceutical manufacturer rebates received by the
37	pharmacy benefit manager in connection with the contract;
38	 requires manufacturers and insurers to report certain information on the cost of
39	prescription drugs to the Insurance Department;
40	 requires the Insurance Department to publish prescription drug information reported
41	to the department;
42	 requires the Insurance Department to make rules, as necessary, to promote
43	comparability of information reported to the department; and
44	 makes certain records a protected record under the Government Records Access and
45	Management Act.
46	Money Appropriated in this Bill:
47	None
48	Other Special Clauses:
49	None
50	Utah Code Sections Affected:
51	AMENDS:
52	31A-46-101, as enacted by Laws of Utah 2019, Chapter 241
53	31A-46-102, as enacted by Laws of Utah 2019, Chapter 241
54	31A-46-301, as enacted by Laws of Utah 2019, Chapter 241
55	31A-46-302, as renumbered and amended by Laws of Utah 2019, Chapter 241
56	31A-46-303, as renumbered and amended by Laws of Utah 2019, Chapter 241

	31A-46-304, as enacted by Laws of Utah 2019, Chapter 241
	63G-2-305, as last amended by Laws of Utah 2019, Chapters 128, 193, 244, and 277
ENAC	ΓS:
	31A-46-305 , Utah Code Annotated 1953
	31A-46-306 , Utah Code Annotated 1953
	31A-46-307 , Utah Code Annotated 1953
	31A-47-101 , Utah Code Annotated 1953
	31A-47-102 , Utah Code Annotated 1953
	31A-47-103 , Utah Code Annotated 1953
Be it en	acted by the Legislature of the state of Utah:
	Section 1. Section 31A-46-101 is amended to read:
	CHAPTER 46. PHARMACY BENEFITS ACT
	31A-46-101. Title.
	This chapter is known as [the] "Pharmacy [Benefit Manager Licensing Act] Benefits
Act."	
	Section 2. Section 31A-46-102 is amended to read:
	31A-46-102. Definitions.
	As used in this chapter:
	(1) "Administrative fee" means any payment, other than a rebate, that a pharmaceutical
manufa	cturer makes directly or indirectly to a pharmacy benefit manager.
	(2) "Contracting insurer" means an insurer [as defined in Section 31A-22-636] with
whom a	a pharmacy benefit manager contracts to provide a pharmacy benefit management
service.	
	(3) "Dispense" means the same as that term is defined in Section 58-17b-102.
	(4) "Drug" means the same as that term is defined in Section 58-17b-102.
	(5) "Insurer" means the same as that term is defined in Section 31A-22-636.
	(6) "Patient counseling" means the same as that term is defined in Section 58-17b-102.
	(7) "Pharmaceutical facility" means the same as that term is defined in Section
<u>58-17b-</u>	<u>-102.</u>
	(8) "Pharmaceutical manufacturer" means a pharmaceutical facility that manufactures

88	prescription drugs.
89	[(3)] (9) "Pharmacist" means the same as that term is defined in Section 58-17b-102.
90	[(4)] (10) "Pharmacy" means the same as that term is defined in Section 58-17b-102.
91	[(5)] (11) "Pharmacy benefits management service" means any of the following
92	services provided to a health benefit plan, or to a participant of a health benefit plan:
93	(a) negotiating the amount to be paid by a health benefit plan for a prescription drug; or
94	(b) administering or managing a prescription drug benefit provided by the health
95	benefit plan for the benefit of a participant of the health benefit plan, including administering
96	or managing:
97	(i) [a] mail service pharmacy;
98	(ii) a specialty pharmacy;
99	(iii) claims processing;
100	(iv) payment of a claim;
101	(v) retail network management;
102	(vi) clinical formulary development;
103	(vii) clinical formulary management services;
104	(viii) rebate contracting;
105	(ix) rebate administration;
106	(x) a participant compliance program;
107	(xi) a therapeutic intervention program;
108	(xii) a disease management program; or
109	(xiii) a service that is similar to, or related to, a service described in Subsection $[(5)]$
110	(11)(a) or $[(5)]$ $(11)(b)(i)$ through (xii).
111	[(6)] (12) "Pharmacy benefit manager" means a person licensed under this chapter to
112	provide a pharmacy benefits management service.
113	[(7)] (13) "Pharmacy service" means a product, good, or service provided to an
114	individual by a pharmacy or pharmacist.
115	(14) "Prescription device" means the same as that term is defined in Section
116	<u>58-17b-102.</u>
117	(15) "Prescription drug" means the same as that term is defined in Section 58-17b-102.
118	[(8)] <u>(16)</u> (a) "Rebate" means a refund, discount, or other price concession that is paid

119	by a pharmaceutical manufacturer to a pharmacy benefit manager based on a prescription
120	drug's utilization or effectiveness.
121	(b) "Rebate" does not include an administrative fee.
122	(17) "Retail pharmacy" means the same as that term is defined in Section 58-17b-102.
123	(18) "Wholesale acquisition cost" means the same as that term is defined in 42 U.S.C.
124	Sec. 1395w-3a.
125	Section 3. Section 31A-46-301 is amended to read:
126	31A-46-301. Reporting requirements.
127	(1) Before April 1 of each year, a pharmacy benefit manager operating in the state shall
128	report to the department, for the previous calendar year:
129	(a) any insurer, pharmacy, or pharmacist in the state with which the pharmacy benefit
130	manager had a contract;
131	(b) the total value, in the aggregate, of all rebates and administrative fees that are
132	attributable to enrollees of a contracting insurer; and
133	(c) if applicable, the percentage of aggregate rebates that the pharmacy benefit manager
134	retained under the pharmacy benefit manager's agreement to provide pharmacy benefits
135	management services to a contracting insurer.
136	(2) Records submitted to the commissioner under Subsections (1)(b) and (c) are a
137	protected record under Title 63G, Chapter 2, Government Records Access and Management
138	Act.
139	(3) (a) The department shall publish the information provided by a pharmacy benefit
140	manager under [Subsection] Subsections (1)(b) and (1)(c) in the annual report described in
141	Section 31A-2-201.2.
142	(b) The department may not publish information submitted under Subsection (1)(b) or
143	(c) in a manner that:
144	(i) makes a [specific submission from a contracting insurer or] pharmacy benefit
145	manager or contracting insurer identifiable; or
146	(ii) is likely to disclose information that is a trade secret as defined in Section 13-24-2.
147	(c) At least 30 days before the day on which the department publishes the data, the
148	department shall provide a pharmacy benefit manager that submitted data under Subsection
149	(1)(b) or (c) with:

130	(1) a general description of the data that will be published by the department;
151	(ii) an opportunity to submit to the department, within a reasonable period of time and
152	in a manner established by the department by rule made in accordance with Title 63G, Chapter
153	3, Utah Administrative Rulemaking Act:
154	(A) any correction of errors, with supporting evidence and comments; and
155	(B) information that demonstrates that the publication of the data will violate
156	Subsection (3)(b), with supporting evidence and comments.
157	Section 4. Section 31A-46-302 is amended to read:
158	31A-46-302. Direct or indirect remuneration by pharmacy benefit managers
159	Pharmacist disclosures Limit on customer payment for prescription drugs and
160	prescription devices 30-day notice required to reduce total compensation.
161	(1) As used in this section:
162	(a) "Allowable claim amount" means the amount paid by an insurer under the
163	customer's health benefit plan.
164	(b) "Cost share" means the amount paid by an insured customer under the customer's
165	health benefit plan.
166	(c) "Direct or indirect remuneration" means any adjustment in the total compensation:
167	(i) received by a pharmacy from a pharmacy benefit manager for the sale of a drug,
168	device, or other product or service; and
169	(ii) that is determined after the sale of the product or service.
170	(d) "Health benefit plan" means the same as that term is defined in Section 31A-1-301.
171	(e) "Pharmacy reimbursement" means the amount paid to a pharmacy by a pharmacy
172	benefit manager for a dispensed prescription drug or prescription device.
173	(f) "Pharmacy services administration organization" means an entity that contracts with
174	a pharmacy to assist with third-party payer interactions and administrative services related to
175	third-party payer interactions, including:
176	(i) contracting with a pharmacy benefit manager on behalf of the pharmacy; and
177	(ii) managing a pharmacy's claims payments from third-party payers.
178	(g) "Pharmacy service entity" means:
179	(i) a pharmacy services administration organization; or
180	(ii) a pharmacy benefit manager.

181	(h) (i) "Reimbursement report" means a report on the adjustment in total compensation
182	for a claim.
183	(ii) "Reimbursement report" does not include a report on adjustments made pursuant to
184	a pharmacy audit or reprocessing.
185	(i) "Sale" means a prescription drug or prescription device claim covered by a health
186	benefit plan.
187	(2) If a pharmacy service entity engages in direct or indirect remuneration with a
188	pharmacy, the pharmacy service entity shall make a reimbursement report available to the
189	pharmacy upon the pharmacy's request.
190	(3) For the reimbursement report described in Subsection (2), the pharmacy service
191	entity shall:
192	(a) include the adjusted compensation amount related to a claim and the reason for the
193	adjusted compensation; and
194	(b) provide the reimbursement report:
195	(i) in accordance with the contract between the pharmacy and the pharmacy service
196	entity;
197	(ii) in an electronic format that is easily accessible; and
198	(iii) within 120 days after the day on which the pharmacy benefit manager receives a
199	report of a sale of a product or service by the pharmacy.
200	(4) A pharmacy service entity shall, upon a pharmacy's request, provide the pharmacy
201	with:
202	(a) the reasons for any adjustments contained in a reimbursement report; and
203	(b) an explanation of the reasons provided in Subsection (4)(a).
204	(5) (a) A pharmacy benefit manager may not prohibit or penalize the disclosure by a
205	pharmacist of:
206	(i) an insured customer's cost share for a covered prescription drug or prescription
207	device;
208	(ii) the availability of any therapeutically equivalent alternative medications or devices;
209	or
210	(iii) alternative methods of paying for the prescription medication or prescription
211	device, including paying the cash price, that are less expensive than the cost share of the

212	prescription drug.
213	(b) Penalties that are prohibited under Subsection (5)(a) include increased utilization
214	review, reduced payments, and other financial disincentives.
215	(6) A pharmacy benefit manager may not require an insured customer to pay, for a
216	covered prescription drug or prescription device, more than the lesser of:
217	(a) the applicable cost share of the prescription drug or prescription device being
218	dispensed;
219	(b) the applicable allowable claim amount of the prescription drug or prescription
220	device being dispensed;
221	(c) the applicable pharmacy reimbursement of the prescription drug or prescription
222	device being dispensed; or
223	(d) the retail price of the <u>prescription</u> drug <u>or prescription device</u> without prescription
224	drug coverage.
225	(7) For a contract entered into or renewed on or after May 12, 2020, a pharmacy benefit
226	manager may not engage in direct or indirect remuneration that results in a reduction in total
227	compensation received by a pharmacy from the pharmacy benefit manager for the sale of a
228	drug, device, or other product or service unless the pharmacy benefit manager provides the
229	pharmacy with at least 30 days notice of the direct or indirect remuneration.
230	Section 5. Section 31A-46-303 is amended to read:
231	31A-46-303. Insurer and pharmacy benefit management services Registration
232	Maximum allowable cost Audit restrictions.
233	(1) As used in this section:
234	(a) "Maximum allowable cost" means:
235	(i) a maximum reimbursement amount for a group of pharmaceutically and
236	therapeutically equivalent drugs; or
237	(ii) any similar reimbursement amount that is used by a pharmacy benefit manager to
238	reimburse pharmacies for multiple source drugs.
239	(b) "Obsolete" means a product that may be listed in national drug pricing compendia
240	but is no longer available to be dispensed based on the expiration date of the last lot
241	manufactured.
242	(c) "Pharmacy benefit manager" means a person or entity that provides pharmacy

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- benefit management services as defined in Section 49-20-502 on behalf of an insurer [as defined in Subsection 31A-22-636(1)].
 - (2) An insurer and an insurer's pharmacy benefit manager is subject to the pharmacy audit provisions of Section 58-17b-622.
 - (3) A pharmacy benefit manager shall not use maximum allowable cost as a basis for reimbursement to a pharmacy unless:
 - (a) the drug is listed as "A" or "B" rated in the most recent version of the United States Food and Drug Administration's approved drug products with therapeutic equivalent evaluations, also known as the "Orange Book," or has an "NR" or "NA" rating or similar rating by a nationally recognized reference; and
 - (b) the drug is:
- 254 (i) generally available for purchase in this state from a national or regional wholesaler; 255 and
 - (ii) not obsolete.
 - (4) The maximum allowable cost may be determined using comparable and current data on drug prices obtained from multiple nationally recognized, comprehensive data sources, including wholesalers, drug file vendors, and pharmaceutical manufacturers for drugs that are available for purchase by pharmacies in the state.
 - (5) For every drug for which the pharmacy benefit manager uses maximum allowable cost to reimburse a contracted pharmacy, the pharmacy benefit manager shall:
 - (a) include in the contract with the pharmacy information identifying the national drug pricing compendia and other data sources used to obtain the drug price data;
 - (b) review and make necessary adjustments to the maximum allowable cost, using the most recent data sources identified in Subsection (5)(a), at least once per week;
 - (c) provide a process for the contracted pharmacy to appeal the maximum allowable cost in accordance with Subsection (6); and
 - (d) include in each contract with a contracted pharmacy a process to obtain an update to the pharmacy product pricing files used to reimburse the pharmacy in a format that is readily available and accessible.
 - (6) (a) The right to appeal in Subsection (5)(c) shall be:
 - (i) limited to 21 days following the initial claim adjudication; and

- 274 (ii) investigated and resolved by the pharmacy benefit manager within 14 business 275 days. 276 (b) If an appeal is denied, the pharmacy benefit manager shall provide the contracted 277 pharmacy with the reason for the denial and the identification of the national drug code of the 278 drug that may be purchased by the pharmacy at a price at or below the price determined by the 279 pharmacy benefit manager. 280 (7) The contract with each pharmacy shall contain a dispute resolution mechanism in 281 the event either party breaches the terms or conditions of the contract. 282 (8) This section does not apply to a pharmacy benefit manager when the pharmacy 283 benefit manager is providing pharmacy benefit management services on behalf of the state 284 Medicaid program. 285 Section 6. Section **31A-46-304** is amended to read: 286 31A-46-304. Claims practices. 287 (1) A pharmacy benefit manager shall permit a pharmacy to collect the amount of a 288 customer's cost share from any source. 289 (2) A pharmacy benefit manager may not deny or reduce a reimbursement to a 290 pharmacy or a pharmacist after the adjudication of the claim, unless: 291 (a) the pharmacy or pharmacist submitted the original claim fraudulently: 292 (b) the original reimbursement was incorrect because: 293 (i) the pharmacy or pharmacist had already been paid for the pharmacy service; or 294 (ii) an unintentional error resulted in an incorrect reimbursement; or 295 (c) the pharmacy service was not rendered by the pharmacy or pharmacist. 296 (3) Subsection (2) does not apply if: 297 (a) [an investigative audit] any form of an investigation or audit of pharmacy records 298 for fraud, waste, abuse, or other intentional misrepresentation [indicates] proves that the 299 pharmacy or pharmacist engaged in criminal wrongdoing, fraud, or other intentional 300 misrepresentation; or 301 (b) the reimbursement is reduced as the result of the reconciliation of a reimbursement
 - reimbursement for a specific drug may be increased or decreased; and

amount under a performance contract if:

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(i) the performance contract lays out clear performance standards under which the

305	(ii) the agreement between the pharmacy benefit manager and the pharmacy or
306	pharmacist explicitly states, in a separate document that is signed by the pharmacy benefit
307	manager and the pharmacy or pharmacist, that the provisions of Subsection (2) do not apply.
308	Section 7. Section 31A-46-305 is enacted to read:
309	31A-46-305. Pharmacy reimbursement.
310	A pharmacy benefit manager shall reimburse a pharmacy an amount no less than the
311	amount that the pharmacy benefit manager reimburses an affiliate of the pharmacy benefit
312	manager in the same network for providing the same or equivalent service.
313	Section 8. Section 31A-46-306 is enacted to read:
314	31A-46-306. Mailing or delivering prescription drugs Out-of-state mail service.
315	(1) A pharmacy benefit manager or an insurer may not, directly or indirectly:
316	(a) prohibit an in-network retail pharmacy from:
317	(i) mailing or delivering a prescription drug to an enrollee as a service of the
318	in-network retail pharmacy;
319	(ii) charging a shipping or handling fee to an enrollee who requests that the in-network
320	retail pharmacy mail or deliver a prescription drug to the enrollee; or
321	(iii) offering the services described in Subsection (1)(a)(i) to an enrollee; or
322	(b) charge an enrollee who uses an in-network retail pharmacy that offers to mail or
323	deliver a prescription drug to an enrollee a fee or copayment that is higher than the fee or
324	copayment the enrollee would pay if the enrollee used an in-network retail pharmacy that does
325	not offer to mail or deliver a prescription drug to an enrollee.
326	(2) (a) A pharmacy benefit manager may not require that a prescription be filled or
327	refilled by an out-of-state mail service pharmacy.
328	(b) Subsection (2)(a) does not apply to a drug that:
329	(i) is subject to restricted distribution by the United States Food and Drug
330	Administration; or
331	(ii) requires special handling, provider coordination, or patient education that cannot be
332	provided by a retail pharmacy.
333	Section 9. Section 31A-46-307 is enacted to read:
334	31A-46-307. Pharmacy benefit manager reporting.
335	(1) A pharmacy benefit manager may not enter into or renew a contract with an insurer

on or after January 1, 2021, to administer or manage redate contracting or redate administration
unless the pharmacy benefit manager agrees to regularly report to the insurer information
regarding pharmaceutical manufacturer rebates received by the pharmacy benefit manager
under the contract.
(2) The quality and type of information required under Subsection (1) shall be detailed,
claims level information unless the pharmacy benefit manager and insurer agree to waive this
requirement in a separate written agreement.
Section 10. Section 31A-47-101 is enacted to read:
CHAPTER 47. PRESCRIPTION DRUG PRICE TRANSPARENCY ACT
31A-47-101. Title.
This chapter is known as "Prescription Drug Price Transparency Act."
Section 11. Section 31A-47-102 is enacted to read:
31A-47-102. Definitions.
As used in this chapter:
(1) "Drug" means a prescription drug, as defined in Section 58-17b-102.
(2) "Insurer" means the same as that term is defined in Section 31A-22-634.
(3) "Manufacturer" means a person that is engaged in the manufacturing of a drug that
is available for purchase by residents of the state.
(4) "Rebate" means the same as that term is defined in Section 31A-46-102.
(5) "Wholesale acquisition cost" means the same as that term is defined in 42 U.S.C.
Sec. 1395w-3a.
Section 12. Section 31A-47-103 is enacted to read:
31A-47-103. Manufacturer reports Insurer report Publication by department.
(1) (a) A manufacturer of a drug shall report to the department the information
described in Subsection (1)(b) no more than 30 days after the day on which an increase to the
wholesale acquisition cost of the drug results in an increase to the wholesale acquisition cost of
the drug of:
(i) $\hat{H} \rightarrow [25\%] 20\%$ $\leftarrow \hat{H}$ or more over the preceding $\hat{H} \rightarrow [\frac{\text{three}}{\text{two}}] \text{ two}$ $\leftarrow \hat{H}$ years; or
(ii) $\hat{H} \rightarrow [\underline{10\%}] \underline{12\%} \leftarrow \hat{H}$ or more over the preceding 12 months.
(b) The manufacturer shall report:
(i) (A) the name of the drug;

307	(B) the dosage form of the drug, and
368	(C) the strength of the drug;
369	(ii) whether the drug is a brand name drug or a generic drug;
370	(iii) the effective date of the increase in the wholesale acquisition cost of the drug;
371	(iv) a written description, suitable for public release, of the factors that led to the
372	increase in the wholesale acquisition cost of the drug and the significance of each factor;
373	(v) the manufacturer's aggregate company-wide research and development costs for the
374	most recent year for which final audit data is available;
375	(vi) the name of each of the manufacturer's drugs approved by the United States Food
376	and Drug Administration during the preceding three calendar years; and
377	(vii) the names of drugs manufactured by the manufacturer that lost patent exclusivity
378	in the United States during the preceding three calendar years.
379	(c) Subsection (1)(a) applies only to a drug with a wholesale acquisition cost of at least
380	\$100 for a 30-day supply before the effective date of the increase in the wholesale acquisition
381	cost of the drug.
382	(d) A manufacturer's obligations under this Subsection (1) is fully satisfied by
383	submission of information and data that a manufacturer includes in the manufacturer's annual
384	consolidated report on Securities and Exchange Commission Form 10-K or any other public
385	disclosure.
386	(e) The department shall consult with representatives of manufacturers to establish a
387	single, standardized format for reporting information under this section that minimizes the
388	administrative burden of reporting for manufacturers and the state.
389	(f) Information provided to the department under Subsection (1)(b) may not be released
390	in a manner that:
391	(i) would allow for the identification of an individual drug, therapeutic class of drugs,
392	or manufacturer; or
393	(ii) is likely to compromise the financial, competitive, or proprietary nature of the
394	information.
395	(2) Before April 1 of each year, an insurer shall report to the department in aggregate
396	the following information for the preceding plan year for health benefit plans offered by the
397	<u>insurer:</u>

398	(a) for the 25 drugs for which spending by the insurer was the greatest, after adjusting
399	for rebates:
400	(i) the name of the drug;
401	(ii) the dosage form of the drug; and
402	(iii) the strength of the drug;
403	(b) the percentage increase over the previous year in net spending for all drugs, after
404	adjusting for rebates;
405	(c) the percentage of the increase in premiums over the previous year attributable to all
406	drugs;
407	(d) the percentage of specialty drugs with utilization management requirements; and
408	(e) the effect of specialty drug utilization management on premiums.
409	(3) The department shall publish on the department's website:
410	(a) no later than 60 days after receiving the information, information reported to the
411	department under Subsection (1); and
412	(b) no later than June 1 of each year, information reported to the department under
413	Subsection (2).
414	(4) The department shall make rules, as necessary, in accordance with Title 63G,
415	Chapter 3, Utah Administrative Rulemaking Act, to promote comparability of information
416	reported to the department under this chapter.
417	Section 13. Section 63G-2-305 is amended to read:
418	63G-2-305. Protected records.
419	The following records are protected if properly classified by a governmental entity:
420	(1) trade secrets as defined in Section 13-24-2 if the person submitting the trade secret
421	has provided the governmental entity with the information specified in Section 63G-2-309;
422	(2) commercial information or nonindividual financial information obtained from a
423	person if:
424	(a) disclosure of the information could reasonably be expected to result in unfair
425	competitive injury to the person submitting the information or would impair the ability of the
426	governmental entity to obtain necessary information in the future;
427	(b) the person submitting the information has a greater interest in prohibiting access
428	than the public in obtaining access; and

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429	(c) the person submitting the information has provided the governmental entity with
430	the information specified in Section 63G-2-309;
431	(3) commercial or financial information acquired or prepared by a governmental entity
432	to the extent that disclosure would lead to financial speculations in currencies, securities, or
433	commodities that will interfere with a planned transaction by the governmental entity or cause
434	substantial financial injury to the governmental entity or state economy;
435	(4) records, the disclosure of which could cause commercial injury to, or confer a
436	competitive advantage upon a potential or actual competitor of, a commercial project entity as
437	defined in Subsection 11-13-103(4);
438	(5) test questions and answers to be used in future license, certification, registration,
439	employment, or academic examinations;
440	(6) records, the disclosure of which would impair governmental procurement
441	proceedings or give an unfair advantage to any person proposing to enter into a contract or
442	agreement with a governmental entity, except, subject to Subsections (1) and (2), that this
443	Subsection (6) does not restrict the right of a person to have access to, after the contract or
444	grant has been awarded and signed by all parties:
445	(a) a bid, proposal, application, or other information submitted to or by a governmental
446	entity in response to:
117	(i) an invitation for hide

- 447 (i) an invitation for bids;
 - (ii) a request for proposals;
 - (iii) a request for quotes;
- 450 (iv) a grant; or
- 451 (v) other similar document; or
 - (b) an unsolicited proposal, as defined in Section 63G-6a-712;
 - (7) information submitted to or by a governmental entity in response to a request for information, except, subject to Subsections (1) and (2), that this Subsection (7) does not restrict the right of a person to have access to the information, after:
 - (a) a contract directly relating to the subject of the request for information has been awarded and signed by all parties; or
 - (b) (i) a final determination is made not to enter into a contract that relates to the subject of the request for information; and

- 460 (ii) at least two years have passed after the day on which the request for information is 461 issued;
 - (8) records that would identify real property or the appraisal or estimated value of real or personal property, including intellectual property, under consideration for public acquisition before any rights to the property are acquired unless:
 - (a) public interest in obtaining access to the information is greater than or equal to the governmental entity's need to acquire the property on the best terms possible;
 - (b) the information has already been disclosed to persons not employed by or under a duty of confidentiality to the entity;
 - (c) in the case of records that would identify property, potential sellers of the described property have already learned of the governmental entity's plans to acquire the property;
 - (d) in the case of records that would identify the appraisal or estimated value of property, the potential sellers have already learned of the governmental entity's estimated value of the property; or
 - (e) the property under consideration for public acquisition is a single family residence and the governmental entity seeking to acquire the property has initiated negotiations to acquire the property as required under Section 78B-6-505;
 - (9) records prepared in contemplation of sale, exchange, lease, rental, or other compensated transaction of real or personal property including intellectual property, which, if disclosed prior to completion of the transaction, would reveal the appraisal or estimated value of the subject property, unless:
 - (a) the public interest in access is greater than or equal to the interests in restricting access, including the governmental entity's interest in maximizing the financial benefit of the transaction; or
 - (b) when prepared by or on behalf of a governmental entity, appraisals or estimates of the value of the subject property have already been disclosed to persons not employed by or under a duty of confidentiality to the entity;
 - (10) records created or maintained for civil, criminal, or administrative enforcement purposes or audit purposes, or for discipline, licensing, certification, or registration purposes, if release of the records:
 - (a) reasonably could be expected to interfere with investigations undertaken for

491 enforcement, discipline, licensing, certification, or registration purposes;

- (b) reasonably could be expected to interfere with audits, disciplinary, or enforcement proceedings;
- (c) would create a danger of depriving a person of a right to a fair trial or impartial hearing;
- (d) reasonably could be expected to disclose the identity of a source who is not generally known outside of government and, in the case of a record compiled in the course of an investigation, disclose information furnished by a source not generally known outside of government if disclosure would compromise the source; or
- (e) reasonably could be expected to disclose investigative or audit techniques, procedures, policies, or orders not generally known outside of government if disclosure would interfere with enforcement or audit efforts;
- (11) records the disclosure of which would jeopardize the life or safety of an individual;
- (12) records the disclosure of which would jeopardize the security of governmental property, governmental programs, or governmental recordkeeping systems from damage, theft, or other appropriation or use contrary to law or public policy;
- (13) records that, if disclosed, would jeopardize the security or safety of a correctional facility, or records relating to incarceration, treatment, probation, or parole, that would interfere with the control and supervision of an offender's incarceration, treatment, probation, or parole;
- (14) records that, if disclosed, would reveal recommendations made to the Board of Pardons and Parole by an employee of or contractor for the Department of Corrections, the Board of Pardons and Parole, or the Department of Human Services that are based on the employee's or contractor's supervision, diagnosis, or treatment of any person within the board's jurisdiction;
- (15) records and audit workpapers that identify audit, collection, and operational procedures and methods used by the State Tax Commission, if disclosure would interfere with audits or collections;
- (16) records of a governmental audit agency relating to an ongoing or planned audit until the final audit is released;
- (17) records that are subject to the attorney client privilege;

522	(18) records prepared for or by an attorney, consultant, surety, indemnitor, insurer,
523	employee, or agent of a governmental entity for, or in anticipation of, litigation or a judicial,
524	quasi-judicial, or administrative proceeding;
525	(19) (a) (i) personal files of a state legislator, including personal correspondence to or
526	from a member of the Legislature; and
527	(ii) notwithstanding Subsection (19)(a)(i), correspondence that gives notice of
528	legislative action or policy may not be classified as protected under this section; and
529	(b) (i) an internal communication that is part of the deliberative process in connection
530	with the preparation of legislation between:
531	(A) members of a legislative body;
532	(B) a member of a legislative body and a member of the legislative body's staff; or
533	(C) members of a legislative body's staff; and
534	(ii) notwithstanding Subsection (19)(b)(i), a communication that gives notice of
535	legislative action or policy may not be classified as protected under this section;
536	(20) (a) records in the custody or control of the Office of Legislative Research and
537	General Counsel, that, if disclosed, would reveal a particular legislator's contemplated
538	legislation or contemplated course of action before the legislator has elected to support the
539	legislation or course of action, or made the legislation or course of action public; and
540	(b) notwithstanding Subsection (20)(a), the form to request legislation submitted to the
541	Office of Legislative Research and General Counsel is a public document unless a legislator
542	asks that the records requesting the legislation be maintained as protected records until such
543	time as the legislator elects to make the legislation or course of action public;
544	(21) research requests from legislators to the Office of Legislative Research and
545	General Counsel or the Office of the Legislative Fiscal Analyst and research findings prepared
546	in response to these requests;
547	(22) drafts, unless otherwise classified as public;
548	(23) records concerning a governmental entity's strategy about:
549	(a) collective bargaining; or
550	(b) imminent or pending litigation;
551	(24) records of investigations of loss occurrences and analyses of loss occurrences that
552	may be covered by the Risk Management Fund, the Employers' Reinsurance Fund, the

- Uninsured Employers' Fund, or similar divisions in other governmental entities;
 - (25) records, other than personnel evaluations, that contain a personal recommendation concerning an individual if disclosure would constitute a clearly unwarranted invasion of personal privacy, or disclosure is not in the public interest;
 - (26) records that reveal the location of historic, prehistoric, paleontological, or biological resources that if known would jeopardize the security of those resources or of valuable historic, scientific, educational, or cultural information;
 - (27) records of independent state agencies if the disclosure of the records would conflict with the fiduciary obligations of the agency;
 - (28) records of an institution within the state system of higher education defined in Section 53B-1-102 regarding tenure evaluations, appointments, applications for admissions, retention decisions, and promotions, which could be properly discussed in a meeting closed in accordance with Title 52, Chapter 4, Open and Public Meetings Act, provided that records of the final decisions about tenure, appointments, retention, promotions, or those students admitted, may not be classified as protected under this section;
 - (29) records of the governor's office, including budget recommendations, legislative proposals, and policy statements, that if disclosed would reveal the governor's contemplated policies or contemplated courses of action before the governor has implemented or rejected those policies or courses of action or made them public;
 - (30) records of the Office of the Legislative Fiscal Analyst relating to budget analysis, revenue estimates, and fiscal notes of proposed legislation before issuance of the final recommendations in these areas;
 - (31) records provided by the United States or by a government entity outside the state that are given to the governmental entity with a requirement that they be managed as protected records if the providing entity certifies that the record would not be subject to public disclosure if retained by it;
 - (32) transcripts, minutes, recordings, or reports of the closed portion of a meeting of a public body except as provided in Section 52-4-206;
 - (33) records that would reveal the contents of settlement negotiations but not including final settlements or empirical data to the extent that they are not otherwise exempt from disclosure;

- (34) memoranda prepared by staff and used in the decision-making process by an administrative law judge, a member of the Board of Pardons and Parole, or a member of any other body charged by law with performing a quasi-judicial function;
- (35) records that would reveal negotiations regarding assistance or incentives offered by or requested from a governmental entity for the purpose of encouraging a person to expand or locate a business in Utah, but only if disclosure would result in actual economic harm to the person or place the governmental entity at a competitive disadvantage, but this section may not be used to restrict access to a record evidencing a final contract;
- (36) materials to which access must be limited for purposes of securing or maintaining the governmental entity's proprietary protection of intellectual property rights including patents, copyrights, and trade secrets;
- (37) the name of a donor or a prospective donor to a governmental entity, including an institution within the state system of higher education defined in Section 53B-1-102, and other information concerning the donation that could reasonably be expected to reveal the identity of the donor, provided that:
 - (a) the donor requests anonymity in writing;
- (b) any terms, conditions, restrictions, or privileges relating to the donation may not be classified protected by the governmental entity under this Subsection (37); and
- (c) except for an institution within the state system of higher education defined in Section 53B-1-102, the governmental unit to which the donation is made is primarily engaged in educational, charitable, or artistic endeavors, and has no regulatory or legislative authority over the donor, a member of the donor's immediate family, or any entity owned or controlled by the donor or the donor's immediate family;
- (38) accident reports, except as provided in Sections 41-6a-404, 41-12a-202, and 73-18-13;
- 609 (39) a notification of workers' compensation insurance coverage described in Section 610 34A-2-205;
 - (40) (a) the following records of an institution within the state system of higher education defined in Section 53B-1-102, which have been developed, discovered, disclosed to, or received by or on behalf of faculty, staff, employees, or students of the institution:
 - (i) unpublished lecture notes;

615	(ii) unpublished notes, data, and information:
616	(A) relating to research; and
617	(B) of:
618	(I) the institution within the state system of higher education defined in Section
619	53B-1-102; or
620	(II) a sponsor of sponsored research;
621	(iii) unpublished manuscripts;
622	(iv) creative works in process;
623	(v) scholarly correspondence; and
624	(vi) confidential information contained in research proposals;
625	(b) Subsection (40)(a) may not be construed to prohibit disclosure of public
626	information required pursuant to Subsection 53B-16-302(2)(a) or (b); and
627	(c) Subsection (40)(a) may not be construed to affect the ownership of a record;
628	(41) (a) records in the custody or control of the Office of Legislative Auditor General
629	that would reveal the name of a particular legislator who requests a legislative audit prior to the
630	date that audit is completed and made public; and
631	(b) notwithstanding Subsection (41)(a), a request for a legislative audit submitted to the
632	Office of the Legislative Auditor General is a public document unless the legislator asks that
633	the records in the custody or control of the Office of Legislative Auditor General that would
634	reveal the name of a particular legislator who requests a legislative audit be maintained as
635	protected records until the audit is completed and made public;
636	(42) records that provide detail as to the location of an explosive, including a map or
637	other document that indicates the location of:
638	(a) a production facility; or
639	(b) a magazine;
640	(43) information:
641	(a) contained in the statewide database of the Division of Aging and Adult Services
642	created by Section 62A-3-311.1; or
643	(b) received or maintained in relation to the Identity Theft Reporting Information
644	System (IRIS) established under Section 67-5-22;
645	(44) information contained in the Management Information System and Licensing

personal mobile phone number, if:

646	Information System described in Title 62A, Chapter 4a, Child and Family Services;
647	(45) information regarding National Guard operations or activities in support of the
648	National Guard's federal mission;
649	(46) records provided by any pawn or secondhand business to a law enforcement
650	agency or to the central database in compliance with Title 13, Chapter 32a, Pawnshop and
651	Secondhand Merchandise Transaction Information Act;
652	(47) information regarding food security, risk, and vulnerability assessments performed
653	by the Department of Agriculture and Food;
654	(48) except to the extent that the record is exempt from this chapter pursuant to Section
655	63G-2-106, records related to an emergency plan or program, a copy of which is provided to or
656	prepared or maintained by the Division of Emergency Management, and the disclosure of
657	which would jeopardize:
658	(a) the safety of the general public; or
659	(b) the security of:
660	(i) governmental property;
661	(ii) governmental programs; or
662	(iii) the property of a private person who provides the Division of Emergency
663	Management information;
664	(49) records of the Department of Agriculture and Food that provides for the
665	identification, tracing, or control of livestock diseases, including any program established under
666	Title 4, Chapter 24, Utah Livestock Brand and Anti-Theft Act, or Title 4, Chapter 31, Control
667	of Animal Disease;
668	(50) as provided in Section 26-39-501:
669	(a) information or records held by the Department of Health related to a complaint
670	regarding a child care program or residential child care which the department is unable to
671	substantiate; and
672	(b) information or records related to a complaint received by the Department of Health
673	from an anonymous complainant regarding a child care program or residential child care;
674	(51) unless otherwise classified as public under Section 63G-2-301 and except as
675	provided under Section 41-1a-116, an individual's home address, home telephone number, or

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677	(a) the individual is required to provide the information in order to comply with a law,
678	ordinance, rule, or order of a government entity; and
679	(b) the subject of the record has a reasonable expectation that this information will be

- (b) the subject of the record has a reasonable expectation that this information will be kept confidential due to:
 - (i) the nature of the law, ordinance, rule, or order; and
 - (ii) the individual complying with the law, ordinance, rule, or order;
- 683 (52) the portion of the following documents that contains a candidate's residential or 684 mailing address, if the candidate provides to the filing officer another address or phone number 685 where the candidate may be contacted:
- (a) a declaration of candidacy, a nomination petition, or a certificate of nomination, described in Section 20A-9-201, 20A-9-202, 20A-9-203, 20A-9-404, 20A-9-405, 20A-9-408, 20A-9-408.5, 20A-9-502, or 20A-9-601;
- (b) an affidavit of impecuniosity, described in Section 20A-9-201; or
- 690 (c) a notice of intent to gather signatures for candidacy, described in Section 691 20A-9-408;
 - (53) the name, home address, work addresses, and telephone numbers of an individual that is engaged in, or that provides goods or services for, medical or scientific research that is:
 - (a) conducted within the state system of higher education, as defined in Section 53B-1-102; and
 - (b) conducted using animals;
 - (54) in accordance with Section 78A-12-203, any record of the Judicial Performance Evaluation Commission concerning an individual commissioner's vote on whether or not to recommend that the voters retain a judge including information disclosed under Subsection 78A-12-203(5)(e);
- (55) information collected and a report prepared by the Judicial Performance
 Evaluation Commission concerning a judge, unless Section 20A-7-702 or Title 78A, Chapter
 Judicial Performance Evaluation Commission Act, requires disclosure of, or makes public,
 the information or report;
- 705 (56) records contained in the Management Information System created in Section 706 62A-4a-1003;
 - (57) records provided or received by the Public Lands Policy Coordinating Office in

- furtherance of any contract or other agreement made in accordance with Section 63J-4-603;
- 709 (58) information requested by and provided to the 911 Division under Section 710 63H-7a-302;
 - (59) in accordance with Section 73-10-33:
 - (a) a management plan for a water conveyance facility in the possession of the Division of Water Resources or the Board of Water Resources; or
 - (b) an outline of an emergency response plan in possession of the state or a county or municipality;
 - (60) the following records in the custody or control of the Office of Inspector General of Medicaid Services, created in Section 63A-13-201:
 - (a) records that would disclose information relating to allegations of personal misconduct, gross mismanagement, or illegal activity of a person if the information or allegation cannot be corroborated by the Office of Inspector General of Medicaid Services through other documents or evidence, and the records relating to the allegation are not relied upon by the Office of Inspector General of Medicaid Services in preparing a final investigation report or final audit report;
 - (b) records and audit workpapers to the extent they would disclose the identity of a person who, during the course of an investigation or audit, communicated the existence of any Medicaid fraud, waste, or abuse, or a violation or suspected violation of a law, rule, or regulation adopted under the laws of this state, a political subdivision of the state, or any recognized entity of the United States, if the information was disclosed on the condition that the identity of the person be protected;
 - (c) before the time that an investigation or audit is completed and the final investigation or final audit report is released, records or drafts circulated to a person who is not an employee or head of a governmental entity for the person's response or information;
 - (d) records that would disclose an outline or part of any investigation, audit survey plan, or audit program; or
 - (e) requests for an investigation or audit, if disclosure would risk circumvention of an investigation or audit;
 - (61) records that reveal methods used by the Office of Inspector General of Medicaid Services, the fraud unit, or the Department of Health, to discover Medicaid fraud, waste, or

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(68) an audio recording that is:

739	abuse;
740	(62) information provided to the Department of Health or the Division of Occupational
741	and Professional Licensing under Subsection 58-68-304(3) or (4);
742	(63) a record described in Section 63G-12-210;
743	(64) captured plate data that is obtained through an automatic license plate reader
744	system used by a governmental entity as authorized in Section 41-6a-2003;
745	(65) any record in the custody of the Utah Office for Victims of Crime relating to a
746	victim, including:
747	(a) a victim's application or request for benefits;
748	(b) a victim's receipt or denial of benefits; and
749	(c) any administrative notes or records made or created for the purpose of, or used to,
750	evaluate or communicate a victim's eligibility for or denial of benefits from the Crime Victim
751	Reparations Fund;
752	(66) an audio or video recording created by a body-worn camera, as that term is
753	defined in Section 77-7a-103, that records sound or images inside a hospital or health care
754	facility as those terms are defined in Section 78B-3-403, inside a clinic of a health care
755	provider, as that term is defined in Section 78B-3-403, or inside a human service program as
756	that term is defined in Section 62A-2-101, except for recordings that:
757	(a) depict the commission of an alleged crime;
758	(b) record any encounter between a law enforcement officer and a person that results in
759	death or bodily injury, or includes an instance when an officer fires a weapon;
760	(c) record any encounter that is the subject of a complaint or a legal proceeding against
761	a law enforcement officer or law enforcement agency;
762	(d) contain an officer involved critical incident as defined in Subsection
763	76-2-408(1)(d); or
764	(e) have been requested for reclassification as a public record by a subject or
765	authorized agent of a subject featured in the recording;
766	(67) a record pertaining to the search process for a president of an institution of higher
767	education described in Section 53B-2-102, except for application materials for a publicly
768	announced finalist; and

involving an amusement ride[-]; and

31A-47-103(1)(b).

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770 (a) produced by an audio recording device that is used in conjunction with a device or 771 piece of equipment designed or intended for resuscitating an individual or for treating an 772 individual with a life-threatening condition; 773 (b) produced during an emergency event when an individual employed to provide law 774 enforcement, fire protection, paramedic, emergency medical, or other first responder service: 775 (i) is responding to an individual needing resuscitation or with a life-threatening 776 condition; and 777 (ii) uses a device or piece of equipment designed or intended for resuscitating an 778 individual or for treating an individual with a life-threatening condition; and 779 (c) intended and used for purposes of training emergency responders how to improve 780 their response to an emergency situation; 781 (69) records submitted by or prepared in relation to an applicant seeking a 782 recommendation by the Research and General Counsel Subcommittee, the Budget 783 Subcommittee, or the Audit Subcommittee, established under Section 36-12-8, for an 784 employment position with the Legislature; 785 (70) work papers as defined in Section 31A-2-204; 786 (71) a record made available to Adult Protective Services or a law enforcement agency 787 under Section 61-1-206: 788 (72) a record submitted to the Insurance Department in accordance with Section 789 31A-37-201; and 790 (73) a record described in Section 31A-37-503. 791 (74) any record created by the Division of Occupational and Professional Licensing as 792 a result of Subsection 58-37f-304(5) or 58-37f-702(2)(a)(ii); [and]

(75) a record described in Section 72-16-306 that relates to the reporting of an injury

(76) a record submitted to the Insurance Department under Subsection