

Copic 2026 Legislative Recap: What Passed, What Changed, What's Next

Top Takeaways from the 2026 Session

A quick look at the biggest changes for your practice. Read on for the full bill-by-bill breakdown.

- **Medical liability remained focused on tort reform refinements.** Utah did not broadly reopen last year's tort reform package, but SJR 6 amended court rules related to medical malpractice trials and restricted when evidence of past medical expenses and medical equipment costs may be introduced.
- **Scope-of-practice and licensure changes may affect day-to-day workflows.** SB 31 expands what physical therapists and acupuncturists may order and reduces required physician-collaboration hours for physician assistants, while SB 150 creates a more formal state review process for proposed scope-of-practice changes.
- **Clinicians involved in guardianship evaluations should prepare for new requirements.** Beginning January 1, 2027, SB 161 changes qualifications and expectations for court-appointed clinicians, including the use of evidence-based screening tools and limits on incorporating opinions from the person seeking guardianship.
- **Gender-related care for minors now carries clearer statutory limits and liability implications.** HB 174 sets conditions and timelines for hormonal transgender treatment for minor patients, and violations may be treated as unprofessional conduct.
- **Healthcare employers should revisit restrictive covenant language.** HB 270 voids certain non-compete agreements involving healthcare professionals and also affects non-solicitation agreements, creating potential financial exposure for employers that attempt to enforce unenforceable agreements.
- **Looking ahead to 2027:** Expect continued attention on scope-of-practice review, implementation of guardianship evaluation changes, and the practical effects of Utah's recent tort reform and healthcare employment updates.



Have questions?

Contact Copic's Director of Public Affairs, Sarah Meirose, at smeirose@copic.com.

About This Report

Copic developed this **2026 Legislative Recap Report** to help you understand the healthcare-related changes that came out of the 2026 legislative session and what actions, if any, you and your practice should consider.

It's part of our dedicated, year-round legislative advocacy efforts, focused on protecting access to quality care, preserving the physician-patient relationship, and maintaining your ability to review, deliver and improve care.

This year, we tracked 643 bills across our key markets and worked directly with legislators and partners to shape healthcare policy. Across our markets, the 2026 legislative session taught us that **healthcare policy is inseparable from state budget issues**. Even bills that aren't explicitly about healthcare delivery are shaped by fiscal pressure, a dynamic likely to continue into 2027.

The information provided herein does not, and is not intended to constitute legal, medical, or other professional advice; instead, this information is for general informational purposes only. The specifics of each state's laws and the specifics of each circumstance may impact its accuracy and applicability, therefore, the information should not be relied upon for medical, legal, or financial decisions and you should consult an appropriate professional for specific advice that pertains to your situation.

What Did We Learn from the 2026 Utah Legislative Session?

We tracked 54 bills in Utah during the 45-day regular session. Most legislators were not looking to reopen tort reform after the passage of last year's bill, HB 503. However, Senate Joint Resolution 6, which further refined changes made by last year's bill, passed. We did see a bill that sought to make changes to the collateral source rule, a legal principle stating that a defendant cannot reduce the money they owe an injured person just because the injured person's bills were paid by insurance or another outside source, as well. That bill, SB 211, failed to pass the legislature this session.



The Full Breakdown

Explore details of key bills in this section, including who's impacted, what changed, and what to consider.

AREA: TORT REFORM

Bill Title: Joint Resolution Amending Court Rules Regarding Medical Malpractice

Bill number: [SJR 6](#)

Who this impacts: Healthcare clinicians and legal

Summary

This resolution completely amended Rule 42 of the Utah Rules of Civil Procedure, which addresses consolidation of trials, separate trials, and venue of trials. The amendments include restrictions on the introduction of evidence of past medical expenses and medical equipment costs. This resolution and last year's tort reform legislation (HB 503) are good for healthcare clinicians in that they seek to control the severity of damage awards in medical malpractice trials.

Considerations

This resolution went into effect on March 6, 2026

For Legal

- **Be aware that this resolution clarifies that in the case of a medical liability action against a healthcare clinician, there are restrictions to the introduction of evidence.** The factfinder may not prejudice a defendant by knowing or considering evidence of the claimant's alleged losses for past medical expenses or the past cost of medical equipment before: (1) liability for the alleged losses has been established; and (2) any claim or award of noneconomic damages, if any, for the alleged losses has been fully adjudicated or entered.

AREA: LICENSURE AND SCOPE OF PRACTICE

Bill Title: Office of Professional Licensure Amendments

Bill number: [SB 31](#)

Who this impacts: Physical therapists, advanced practice registered nurses, certified registered nursing assistants, athletic trainers, occupational therapists, physician assistants, and acupuncturists.

Summary

This new law expands the scope of practice for physical therapists (PTs), by allowing them to order additional lab tests and imaging, provided that the PT designates a physician to receive results of the imaging. The new legislation also reduces the number of hours that a physician assistant (PA) is required to practice under a physician collaborative agreement before the PA can practice independently.



Considerations

This bill went into effect on May 6, 2026

For collaborating physicians

- **Physician assistants are now required to complete 8,500 hours of post-graduate clinical experience, not 10,000.** If the PA is practicing within mental healthcare, the PA is required to engage with a physician in a collaborative agreement for 4,000 hours. For all other specialties, the PA is required to enter into a collaborative agreement for 4,000 hours with a physician or licensed PA with more than 8,500 hours of practice.

For clinicians reviewing test results

- **Be sure to communicate any recommendations related to imaging to non-physician providers.** This legislation allows PTs and acupuncturists to order medical imaging (for PTs) and diagnostic lab testing (for PTs and acupuncturists). If the reviewing physician determines that the care needed by the patient requires physician attention, recommendations should be made clearly to the referring PT or acupuncturist, especially if the physician receiving the referral does not assume the care of the patient.

AREA: LICENSURE AND SCOPE OF PRACTICE

Bill Title: Healthcare Providers Scope of Practice Amendments

Bill number: [SB 150](#)

Who this impacts: Healthcare clinicians



Summary

The legislation aims to prevent medical boards from unilaterally changing licensing regulations without formal state-level review. The new law establishes a systematic framework for reviewing and evaluating proposals to change or expand the scope of practice for regulated healthcare professions. It establishes a process for conducting scope of practice reviews, which can be initiated by legislators or representatives of entities employing healthcare practitioners. The intent of the law is to account for new innovations in technology within medicine. These changes are intended to enhance healthcare access, improve health outcomes, and reduce costs through innovative practices.



Considerations

This bill went into effect on May 6, 2026

For Clinicians

- **Understand the new structure for scope of practice reviews.** The Office of Professional Licensure Review is required to systemically assess proposed expansions or changes. The new law also defines the application process, by providing clear guidelines for how an individual or organization can request a licensing review.
- **Specialized advisory committees are mandated, including approved individuals from the specialty areas being considered.**
- **Legislative oversight of scope remains in place.** The Office of Professional Licensure Review is required to present reports to the Business and Labor Committee for recommendations before final rules are established.

AREA: GUARDIANSHIP

Bill Title: Evaluations in Guardianship Amendments

Bill number: [SB 161](#)

Who this impacts: Healthcare clinicians and legal/compliance.



Summary

Key changes in this new law include the clarification that a person's rights under the Health Insurance Portability and Accountability Act (HIPAA) remain intact during guardianship proceedings. Additionally, the qualifications for clinicians appointed by the court to assess alleged incapacitated individuals have been amended.



Considerations:

This bill will go into effect January 1, 2027

For Legal

- **The court may appoint a healthcare clinician who is qualified by training, education and experience to examine the incapacitated patient.** This legislation amends existing law to require the examining clinician to use evidence-based screening tools in their assessment. Further, court-appointed healthcare clinicians' reports must be filed with the court.
- **Be aware of the process set forth by this legislation.** The law states that the healthcare clinician may not interview the person seeking guardianship of the incapacitated individual or incorporate that person's opinion in their healthcare assessment.

AREA: HEALTHCARE ACCESS

Bill Title: Sex Characteristic Change Treatment Amendments

Bill number: [HB 174](#)

Who this impacts: Clinicians providing gender-related healthcare.



Summary

This bill establishes that healthcare clinicians are prohibited from administering hormonal treatments unless certain conditions are met. Specifically, minors who have not received treatment prior to the bill's effective date cannot begin such treatments unless a treatment plan for discontinuation is initiated within six months. For minors aged 17 and older who have been receiving treatment for at least two years, or who will turn 18 within six months of the bill's effective date, treatment may continue without a formal treatment plan if parental consent is obtained.



Considerations

This bill went into effect on May 6, 2026

For Clinicians

- **Be in the know of the conditions of when hormonal treatments may be used.** As defined by the bill, "hormonal transgender treatment" does not include hormone treatment for conditions like precocious puberty, endometriosis, or a disorder of sexual development. A "disorder of sexual development" includes conditions where an individual is born with ambiguous external biological sex characteristics, abnormal sex chromosome structure or similar medical conditions.
- **Timelines matter.** Under the law, a healthcare clinician may not provide a hormonal transgender treatment to a patient who is a minor (under age 18) and is not diagnosed with gender dysphoria before January 28, 2023. Beginning on January 28, 2027, a clinician may not provide a hormonal transgender treatment to a patient who is a minor if the patient would be younger than 16 years old as of the effective date of this bill (March 18, 2026); or has not received cross-sex hormones as of March 18, 2026. Further, a clinician who provides hormonal transgender treatment to a minor for the purpose of discontinuing treatment before January 28, 2027, may provide the treatment without obtaining a transgender treatment certification.

**Medical liability coverage considerations**

A violation of this law is deemed unprofessional conduct. Healthcare clinicians who currently provide hormonal transgender treatment to minor patients face potential board discipline. Most medical professional liability policies contain exclusions related to unlawful acts.

AREA: NON-COMPETE AGREEMENTS

Bill Title: Healthcare Worker Post-Employment Amendments

Bill number: [HB 270](#)

Who this impacts: Healthcare clinicians and healthcare employers

**Summary**

This bill is aimed specifically at non-compete agreements involving healthcare clinicians and would void non-compete agreements between a healthcare professional and employer.

**Considerations**

This bill went into effect on May 6, 2026

For healthcare employers

- **This legislation voids non-compete agreements that seek to limit a clinician's work for a restricted period of time or within a specific geographic area.**
- **In addition to non-compete agreements, this legislation also voids non-solicitation agreements after May 6, 2026.** Clinicians are able to inform patients of their current place of employment and their future place of employment.
- **This legislation applies to more than just physicians.** This legislation applies to APRNs, CRNAs without prescriptive authority, LPNs, RNs, PAs, mental health providers, dentists, and a broader list of healthcare professions.