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Preterm Birth Amendments

2026 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Lisa Shepherd

Senate Sponsor:

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LONG TITLE

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General Description:

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This bill addresses preterm birth policies.

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Highlighted Provisions:

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This bill:

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▸ requires facilities that provide birthing services to:

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- develop and publish policies regarding preterm birth;

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- inform parents about the facility's capability to provide lifesaving care for a premature

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infant; and

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- report to the Department of Health and Human Services regarding preterm births;

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▸ requires a provider to consult with a neonatologist in certain circumstances relating to risk

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of preterm delivery;

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▸ prohibits the denial of lifesaving care to an infant based solely on the gestational age of

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the infant;

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▸ requires the Department of Health and Human Services to produce an annual report

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regarding preterm birth in the state;

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▸ requires prenatal health care providers to discuss certain things with a pregnant patient

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before approximately 20 weeks gestation;

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▸ addresses the rights of a patient during preterm birth; and

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▸ defines terms.

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Money Appropriated in this Bill:

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None

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Other Special Clauses:

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None

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Utah Code Sections Affected:

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ENACTS:

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26B-2-244, Utah Code Annotated 1953

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58-88-301, Utah Code Annotated 1953

31 **58-88-302**, Utah Code Annotated 1953

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33 *Be it enacted by the Legislature of the state of Utah:*

34 Section 1. Section **26B-2-244** is enacted to read:

35 **26B-2-244 . Preterm birth at a health care facility.**

36 (1)(a) As used in this section, "preterm birth" means a birth that occurs before 36 weeks
37 of gestation.

38 (b) "Preterm birth" includes:

39 (i) "extremely preterm birth" or "perivable birth" which mean a birth that occurs
40 before 25 weeks;

41 (ii) "late preterm birth" which means a birth that occurs between 34 and 36 weeks;

42 (iii) "moderately preterm birth" which means a birth that occurs between 32 and 34
43 weeks; and

44 (iv) "very preterm birth" which means a birth that occurs between 25 and 32 weeks.

45 (2) A health care facility that provides birthing services shall develop policies regarding
46 preterm birth, including:

47 (a) types of lifesaving care that the facility is able and willing to provide for each type of
48 preterm birth; and

49 (b) transferring a patient to a different health care facility that can provide treatment at a
50 lower gestational age.

51 (3) A health care facility that provides birthing services shall publish the policies described
52 in Subsection (2) in a conspicuous place on the health care facility's website.

53 (4) A health care facility that provides birthing services may not deny an infant lifesaving
54 care based solely on the gestational age of the infant at birth.

55 (5) A health care facility shall, as soon as reasonably possible, inform an individual at risk
56 for preterm birth of the health care facility's:

57 (a) current capacity to treat each type of preterm birth;

58 (b) plan to transport the individual if appropriate; and

59 (c) policies described in Subsection (2).

60 (6) A parent that is experiencing or expected to imminently experience preterm birth has a
61 right to:

62 (a) be informed in a timely manner of the health care facility's capabilities to provide
63 lifesaving care for a preterm infant;

64 (b) request a transfer to a different health care facility that cares for infants at younger

99 **58-88-302 . Prenatal care.**

100 (1) No later than approximately 20 weeks of gestation, a prenatal health care provider shall
101 discuss the following with a pregnant individual:

102 (a) the signs and risks of preterm labor;

103 (b) the difference in treatment capabilities and outcomes for different levels of neonatal
104 intensive care units in the area;

105 (c) a plan for where the pregnant individual should go for medical care if the individual
106 may be experiencing specific problems with the individual's pregnancy:

107 (i) before 25 weeks gestation;

108 (ii) between 25 and 31 weeks gestation;

109 (iii) between 32 and 36 weeks gestation; and

110 (iv) at more than 36 weeks gestation;

111 (d) the ability for the prenatal health care provider and pregnant individual to consult
112 with a neonatologist prior to labor or birth; and

113 (e) the patient's rights described in Subsection 26B-2-244(6).

114 (2) If an individual is anticipated to have an expected preterm birth, the individual's prenatal
115 health care provider shall recommend that the individual receive a neonatology
116 consultation prior to birth.

117 Section 4. **Effective Date.**

118 This bill takes effect on May 6, 2026.