

---

# Wisconsin Legislative Council

## STUDY COMMITTEE MEMO

---



**Memo No. 4**

**TO:** MEMBERS OF THE STUDY COMMITTEE ON THE USE OF ARTIFICIAL INTELLIGENCE  
IN HEALTH CARE

**FROM:** Margit Kelley, Principal Attorney

**RE:** Preliminary Options for Discussion Relating to Health Care Practice and Insurance

**DATE:** September 25, 2026

At the study committee's meeting on September 10, 2026, Chair Cabral-Guevara asked members to submit their priorities for developing legislation or further exploration to Legislative Council staff. During the workshop planned for October 1, 2026, study committee members will have an opportunity to engage in a discussion of these priorities.

This memo provides a brief background on occupational licensing laws; provides preliminary options for members' priorities relating to health care practice and insurance, as submitted to Legislative Council staff; and reflects related issues raised by presenters. This memo is intended to provide a starting point for possible topics the committee may wish to more closely review and consider in preliminary bill drafts.

## BACKGROUND ON OCCUPATIONAL LICENSING LAWS

### Purpose of Licensure

Wisconsin regulates occupational licenses, certificates, permits, and registrations that are issued to individuals and certain business entities. According to the Wisconsin Supreme Court, the state's authority to license and regulate various occupations is "founded in the police power of the state to protect the public welfare and to safeguard the life, health and property of its citizens." Furthermore, the Court has stated that the purpose of occupational licensing is not to benefit licensed persons. Instead, when a license is issued, "the state assures the public of the competence of that person." [[\*Strigenz v. Dep't of Reg. & Licensing Dentistry Examining Bd.\*](#), 103 Wis. 2d 281, 287 (1981).]

### Unauthorized Practice

For the purpose of protecting public health, safety, and welfare, the Department of Safety and Professional Services (DSPS) is authorized to investigate whether a person has engaged in a practice or used a title without a required credential. DSPS may issue a special order enjoining the person from continuation of the practice or continuation of the use of the title, or seek a temporary restraining order or injunction from a circuit court. A violation of an order may be subject to civil or criminal penalties. [s. [440.21](#), Stats.; [ch. SPS 3](#), Wis. Adm. Code.]

## **Unprofessional Conduct**

When a person is licensed, standards of practice are generally enforced through professional discipline against a licensee who engages in misconduct. The conduct for which a licensee may be disciplined varies by profession, but can include negligent or incompetent practice, dishonesty or fraud, breach of client duties, or violations of other laws that relate to a profession. [s. [SPS 2.035](#), Wis. Adm. Code; Memorandum from Erin Kennon, Legislative Liaison, DSPS; Tom Ryan, Executive Director, Wisconsin Medical Examining Board; and Dr. Gregory Schmeling, Chair, Wisconsin Medical Examining Board, to the Legislative Council Study Committee on the Use of Artificial Intelligence in Health Care, “[Role of Wisconsin Department of Safety and Professional Services \(DSPS\) and the Wisconsin Medical Examining Board \(MEB\) in Regulating Artificial Intelligence Use in the Practice of Medicine](#)” (Sept. 3, 2026).]

## **Location of Services**

Unless specifically authorized for the interstate practice of a profession, a licensed health care practitioner is required to be credentialed in the state in which the patient is receiving services.

## **PRACTICE OF HEALTH CARE**

### **Unauthorized Practice of Health Care by Companion Chatbots or Other Artificial Intelligence Tools**

Eleven committee members expressed interest in addressing the unauthorized practice of health care by artificial intelligence (AI) tools, including issues related to companion chatbots. [Chair Cabral-Guevara; Vice Chair Neylon; Senator Keyeski; Representative Bare; and Public Members Anderson, Blair, Harris, Liao, Mattson, Pawola, and Skold.]

#### **Items for Consideration**

Possible legislation could address any of the following:

- Prohibiting an AI tool from being licensed as a health care practitioner.
- Prohibiting a companion chatbot from identifying itself as, or implying that it is, a credentialed health care practitioner.
- Prohibiting an AI tool from engaging in a practice that requires a health care practitioner credential without the authorization or supervision of a credentialed health care practitioner.
- Requiring a companion chatbot to disclose to all users that the chatbot is AI and is not human. Notice could be required in one or more of the following methods:
  - Via a static written form that is visible throughout an interaction with a companion chatbot.
  - Via a conspicuous initial notification.
  - Via a reminder at periodic intervals during continuous use of a companion chatbot.
- Requiring a companion chatbot to have a suicide and self-harm protocol that prevents the chatbot from producing suicidal ideation, suicide, or self-harm content to a user.
- Requiring a companion chatbot to refer a user to crisis service providers if the user expresses suicidal ideation or a desire to self-harm.

- Prohibiting a companion chatbot from encouraging a user to engage in self-harm, suicidal ideation, physical violence, disordered eating, or the unlawful consumption of alcohol or drugs.
- Requiring a companion chatbot to have additional controls when interacting with a minor, which could include the following:
  - Programmed parental control tools.
  - Periodic reminders to acknowledge that the chatbot is not a human and to suggest that the user disengage from the chatbot for a period of time.
- Authorizing the Departments of Justice and Agriculture, Trade and Consumer Protection to enforce any provisions that are enacted regarding the unauthorized practice of health care by AI.

### **Examples of Legislation Regarding the Unauthorized Practice of Health Care by Companion Chatbots**

A number of states, including California, Connecticut, Delaware, Tennessee, and Utah, have legislation regarding the unauthorized practice of health care by companion chatbots and other AI tools. The American Psychological Association (APA) is also working on finalizing a piece of model legislation that would regulate the unauthorized practice of health care by companion chatbots and other AI tools.

#### ***California***

California law requires the following:

(a) If a reasonable person interacting with a companion chatbot would be misled to believe that the person is interacting with a human, an operator shall issue a clear and conspicuous notification indicating that the companion chatbot is artificially generated and not human. (b) (1) An operator shall prevent a companion chatbot on its companion chatbot platform from engaging with users unless the operator maintains a protocol for preventing the production of suicidal ideation, suicide, or self-harm content to the user, including, but not limited to, by providing a notification to the user that refers the user to crisis service providers, including a suicide hotline or crisis text line, if the user expresses suicidal ideation, suicide, or self-harm. (2) The operator shall publish details on the protocol required by this subdivision on the operator's internet website.

[Cal. Bus. & Prof. Code s. [22602](#).]

#### ***Connecticut***

2026 Connecticut Substitute Senate Bill 5 requires a companion chatbot operator to meet a number of conditions, including the use of methods to detect a risk of suicide, self-harm, or imminent physical violence; the prohibition of output that encourages such actions; the referral of a user to crisis service resources; and the prohibition and prevention of a chatbot from claiming it is a human being. [[2026 Connecticut Substitute Senate Bill 5](#) (enacted, eff. Oct. 1, 2026).]

Furthermore, 2026 Connecticut Substitute Senate Bill 5 requires the following:

(b) If an artificial intelligence companion would cause a reasonable individual who uses the artificial intelligence companion to believe that such individual is interacting with another human being and not an artificial intelligence companion, the operator of such artificial intelligence companion shall

provide a clear and conspicuous notice to a user disclosing that the user is communicating with an artificial intelligence companion. The operator shall provide such notice to the user (1) in a static written form that is visible throughout the entire interaction between such user and the artificial intelligence companion, or (2) in an audible or written form (A) at the beginning of the first interaction between such user and the artificial intelligence companion during any twenty-four-hour period, and (B) ... (ii) if such user is eighteen years of age or older, at least once during each three-hour-period of continuous artificial intelligence companion interaction.

[[2026 Connecticut Substitute Senate Bill 5](#) (enacted, eff. Oct. 1, 2026).]

### ***Delaware***

2026 Delaware House Bill 191 does not allow nonhuman entities to be licensed practitioners or use titles used by licensed practitioners. In particular, the bill specifies that a “nonhuman entity, including an agent powered by artificial intelligence, may not be licensed in,” and may not use the titles or abbreviations for, nursing professions, the practice of medicine, and physician assistants. [[2026 Delaware House Bill 191](#) (enacted, eff. Apr. 23, 2026).]

### ***Tennessee***

2026 Tennessee Senate Bill 1580 restricts a developer or deployer of an AI tool from representing or advertising an AI tool as a mental health professional:

(a) A person who develops or deploys an artificial intelligence system shall not advertise or represent to the public that such system is or is able to act as a qualified mental health professional.

[[2026 Tennessee Senate Bill 1580](#) (enacted, eff. July 1, 2026).]

### ***Utah***

Utah law requires the following:

(1) A supplier of a mental health chatbot shall cause the mental health chatbot to clearly and conspicuously disclose to a Utah user that the mental health chatbot is an artificial intelligence technology and not a human. (2) The disclosure described in Subsection (1) shall be made: (a) before the Utah user may access the features of the mental health chatbot; (b) at the beginning of any interaction with the Utah user if the Utah user has not accessed the mental health chatbot within the previous seven days; and (c) any time a Utah user asks or otherwise prompts the mental health chatbot about whether artificial intelligence is being used.

[Utah Code Ann. s. [13-72a-203](#).]

## **APA**

The APA is currently constructing model legislation to prohibit a chatbot from implying that it is a licensed practitioner or falsely indicating that its output has been verified by a human. The draft of the model legislation requires the following:

A [developer or deployer] of an AI chatbot may not provide the generation of output from an AI chatbot, or disseminate marketing or advertising materials, that, from the perspective of a reasonable user—(A) indicate or imply possession of an appropriate professional license to provide a mental or behavioral health service without, at that time, the possession of such license; and (B) falsely indicate or imply that the output is provided or verified by a human in possession of an appropriate license to provide a mental or behavioral health service.

[Presentation, “[Use of AI In Mental Health Care](#),” by Dr. C. Vaile Wright, Senior Director for Health Care Innovation, APA (Sept. 10, 2026).]

## **Examples of Legislation Regarding Minors’ Use of Companion Chatbots and Other AI Tools**

### ***Wisconsin***

Companion bills [2025 Wisconsin Senate Bill 939](#) and [2025 Wisconsin Assembly Bill 965](#) prohibit a companion chatbot operator from making a companion chatbot available to a child unless it incorporates safety measures to prevent certain types of communication. Under the bills, an operator may make a statutorily-defined “companion chatbot” available to an individual that the operator reasonably determines is a child only if the companion chatbot incorporates safety measures to prevent all of the following:

- Encouraging a child to engage in self-harm, suicidal ideation, violence, consumption of drugs or alcohol, or disordered eating.
- Offering mental health services to a child or discouraging a child from seeking help from a qualified professional or appropriate adult.
- Encouraging a child to harm others or to participate in illegal activity, including the creation of child sexual abuse materials.
- Depicting or describing sexually explicit conduct to a child or soliciting depictions or descriptions of sexually explicit conduct from a child.
- Prioritizing validation of a child’s beliefs, preferences, or desires over factual accuracy or a child’s safety.

### ***California***

California law requires the following:

(c) An operator shall, for a user that the operator knows is a minor, do all of the following: (1) Disclose to the user that the user is interacting with artificial intelligence. (2) Provide by default a clear and conspicuous notification to the user at least every three hours for continuing companion chatbot interactions that reminds the user to take a break and that the companion chatbot is artificially generated and not human. (3) Institute reasonable measures to

prevent its companion chatbot from producing visual material of sexually explicit conduct or directly stating that the minor should engage in sexually explicit conduct.

[Cal. Bus. & Prof. Code s. [22602](#).]

### ***Connecticut***

2026 Connecticut Substitute Senate Bill 5 requires a minor user of an AI companion chatbot be notified at least once per hour that they are interacting with AI and not a human being:

(B) (i) if such user is younger than eighteen years of age, [provide the prescribed notice] at least once hourly during any continuous artificial intelligence companion interaction.

[[2026 Connecticut Substitute Senate Bill 5](#) (enacted, eff. Oct. 1, 2026).]

## **Disclosure of the Use of AI Tools by a Health Care Practitioner**

Two committee members expressed interest in requiring health care practitioners to disclose certain uses of AI tools to patients. [Representative Bare and Public Member Anderson.] Two committee members questioned the necessity or value of requiring disclosure. [Public Members Blair and Skold.]

### **Items for Consideration**

Possible legislation could address any of the following:

- Requiring a health care practitioner to provide notice of the use of AI. Possible conditions could include any of the following:
  - Requiring a health care practitioner to provide notice when using one or more of the following types of AI tools:
    - An ambient listening tool.
    - An automated decision-making technology (ADMT).
    - An augmented decision-making tool that assists a practitioner in the diagnosis and treatment of patients.
  - Requiring a health care practitioner to provide notice when the practitioner uses an AI tool in one or more of the following circumstances:
    - During face-to-face contact during an in-person or virtual encounter.
    - During diagnosis and treatment.
    - During patient communication.
  - Requiring a health care practitioner to provide notice of the use of AI in one or more of the following manners:
    - Via verbal communication.
    - Via written communication.
    - Via a conspicuous posting.
    - Via a notice at intake.
    - Via a notice at the time of service.

- Requiring a health care practitioner to obtain documented patient consent to the use of AI tools.
- Creating exceptions to AI disclosure requirements for emergency care or for other reasons documented in the patient's medical record (such as patient distress or a reasonable belief in harm to the patient's treatment progress).
- Specifying that a health care practitioner may use an AI-enabled ambient scribe without providing notice to a patient (but may provide notice as determined by the practitioner or organization). Possible conditions could include any of the following:
  - Requiring a health care practitioner or organization to have a governance policy that is used in choosing and monitoring an ambient scribe product.
  - Requiring a health care practitioner or organization to have an identified minimum or maximum retention period for a recording produced by an ambient scribe product, as established by either of the following:
    - By law.
    - By a governance policy.

### **Examples of Legislation From Other States Regarding the Disclosure of the Use of AI Tools by a Health Care Practitioner**

#### ***Colorado***

Colorado law requires the following:

(1) Prior to a deployer using a covered ADMT to materially influence a consequential decision, the deployer shall provide a clear and conspicuous notice to a consumer that the deployer used or will use a covered ADMT in a consequential decision affecting the consumer and instructions regarding how the consumer may obtain the additional information described in this section. (2) A deployer complies with subsection (1) of this section by maintaining a prominent public notice .... (3) If a deployer uses a covered ADMT to materially influence a consequential decision that results in an adverse outcome for a consumer, the deployer shall provide within thirty days [a plain language description of the decision and the ADMT role, instructions for requesting further information, and an explanation of consumer rights under the law].

[[2026 Colorado Senate Bill 26-189](#) (enacted, eff. Jan. 1, 2027).]

#### ***Louisiana***

2026 Louisiana House Bill No. 475 requires the following:

A healthcare professional licensed by this Title shall verbally disclose the use of any recording device, software, or service to a patient before any part of an appointment or treatment to be transcribed by artificial intelligence.

[[2026 Louisiana House Bill No. 475](#) (enacted, eff. Aug. 1, 2026).]

## ***Texas***

The Texas Business and Commerce Code chapter on artificial intelligence protections requires the following:

If an artificial intelligence system is used in relation to health care service or treatment, the provider of the service or treatment shall provide the disclosure under Subsection (b) to the recipient of the service or treatment or the recipient's personal representative not later than the date the service or treatment is first provided, except in the case of emergency, in which case the provider shall provide the required disclosure as soon as reasonably possible.

[Tex. Bus. & Com. Code Ann. s. [552.051 \(f\)](#).]

Similarly, the Texas Health and Safety Code chapter on electronic health records requires the following:

A health care practitioner who uses artificial intelligence for diagnostic purposes as described by Subsection (a) must disclose the practitioner's use of that technology to the practitioner's patients.

[Tex. Health & Safety Code Ann. s. [183.005 \(b\)](#).]

## **Professional Education**

Three committee members expressed interest in promoting education regarding the use of AI tools in professional practice. [Public Members Anderson, Hoffert, and Pawola.]

### **Items for Consideration**

For professions that require continuing education, legislation could encourage or require a portion of a health care practitioner's continuing education to address the use of AI tools in health care. Possible legislation could address any of the following:

- A specific minimum number of hours on the topic.
- Minimum hours to be established by an applicable profession's credentialing board.
- Identification of subject matter or skills development that must be addressed.
- Further development of the required subject matters to be established by an applicable profession's credentialing board, in a board's discretion.

### **Examples of Continuing Education Requirements for Health Care Practitioners Relating to AI**

It does not appear that any state currently requires a health care practitioner to obtain continuing education on the use of AI tools in health care. However, support and comparisons have been established by various organizations.

#### ***The Federation of State Medical Boards***

The Federation of State Medical Boards (FSMB) issued recommendations for best practices for state medical boards in governing the use of AI tools in clinical care. The recommendations state that as part of a physician's duty to maintain requisite skill and knowledge to provide safe and effective health care, a physician should "[r]egularly engage in accredited continuing medical education programs designed

to improve competence in understanding the application, benefits, and risks of AI and its implications on patient care.” [FSMB, [Navigating the Responsible and Ethical Incorporation of Artificial Intelligence into Clinical Practice](#) (April 2024).]

### ***The American Medical Association***

The American Medical Association (AMA) has developed the following seven continuing medical education modules: (1) Introduction to Artificial Intelligence (AI) in Health Care; (2) AI in Health Care: Methodologies; (3) The Use of AI in Diagnosis; (4) AI for Prognostication and Treatment; (5) Practical Applications of AI in the Health System; (6) Navigating Ethical and Legal Considerations of AI in Health Care; and (7) AI and Precision Health. [AMA, [AMA ChangeMedEd® Artificial Intelligence in Health Care Series](#), AMA Ed Hub (last visited Sept. 17, 2026).]

### ***Wisconsin Examining Boards***

Enacted as part of the “HOPE agenda,” Wisconsin permits the Medical, Podiatry, Nursing, Physician Assistant, Optometry, and Dentistry boards to issue guidelines regarding best practices in prescribing controlled substances and requires the boards to prepare an annual report on certain efforts to address opioid abuse, including whether the applicable board has required or otherwise encouraged continuing education relating to prescribing controlled substances. For example, a physician is required to complete at least 30 hours of continuing medical education programs biennially, and, by rule, the Medical Examining Board requires at least two of the 30 hours to relate to prescribing opioids and other controlled substances. [s. [440.035 \(2m\) \(b\)](#) and [\(c\) 1. a.](#), Stats.; s. Med [13.02 \(1\)](#) and [\(1x\)](#), Wis. Adm. Code.]

## **HEALTH INSURANCE PRACTICES**

Seven committee members expressed interest in exploring issues regarding the use of AI in health insurance practices, including issues related to prior authorization determinations, disclosures, and general governance. For general governance, see Legislative Council, [Preliminary Options for Discussion Relating to Governance Standards](#), Memo No. 5 (Sept. 25, 2026). [Chair Cabral-Guevara; Representative Bare; and Public Members Anderson, Blair, Liao, Nevermann, and Pawola.]

### **Items for Consideration**

Possible legislation could address any of the following:

- Requiring a health care insurer to provide notice to a consumer of the insurer’s use of AI. Possible conditions could include any of the following:
  - Requiring a health care insurer to provide notice when an AI tool is used in one or more of the following circumstances:
    - Utilization management.
    - An adverse determination on a prior authorization request.
    - To downcode a claim.
  - Requiring a health care insurer to provide notice when using one or more of the following types of AI tools:
    - An ADMT.
    - An augmented decision-making tool.

- Requiring a health care insurer to provide notice of the use of AI in one or more of the following manners:
  - Via verbal communication.
  - Via written communication.
  - Via a conspicuous posting.
- Prohibiting a health care insurer from denying a prior authorization request or a coverage claim without meaningful human review and approval of the denial.
- Requiring a health care insurer to annually report the rate of the health care insurer's use of AI tools in utilization management and prior authorizations to the Office of the Commissioner of Insurance. Reporting requirements could include the following items:
  - The rate of the adoption of AI tools for utilization management and prior authorizations.
  - Whether or not an AI tool is used to make an adverse determination in utilization management and prior authorizations.
  - The rates of denial, reasons for denial, rates of appeal, and rates of errors and reversals of adverse decisions made by an AI tool, if a health care insurer uses AI tools for adverse determinations.

## **Examples of Legislation Regarding Insurance Disclosures to Consumers**

### **Wisconsin**

Companion bills [2025 Wisconsin Senate Bill 1097](#) and [2025 Wisconsin Assembly Bill 1128](#), in part, require the following:

(d) If an insurer uses artificial intelligence or algorithmic decision-making in processing a claim for a [health] insurance policy, the insurer must notify the insured in writing of that fact. The notice shall include all of the following: 1. A disclosure that artificial intelligence or algorithmic decision-making was used at any stage in reviewing the claim, even if a human later reviewed the outcome. 2. A detailed explanation of how the artificial intelligence or algorithmic decision-making reached its decision, including any factors the artificial intelligence or algorithmic decision-making weighed.

### **Utah**

Utah law requires the following:

(2) In addition to the requirements described in Section 31A-22-613.5, an insurer shall post on the insurer's website in a conspicuous location accessible by the general public: ... (d) a notice that the insurer uses artificial intelligence in the insurer's processes for reviewing an authorization request, if applicable. (3) An insurer shall disclose to the department, to each health care provider in the insurer's network, and to each enrollee if the insurer uses artificial intelligence in the insurer's processes for reviewing an authorization request.

[Utah Code Ann. s. [31A-22-650](#).]

## **Examples of Legislation Regarding Insurance Reports to Regulators**

### **Colorado**

2026 Colorado House Bill 26-1139 requires the following:

(4) [A carrier, pharmacy benefit manager, utilization review organization, or managed care organization] shall provide written disclosures to the Division, the Department of Human Services, or the Department of Health Care Policy and Financing, as applicable, that identify: (a) the utilization review functions for which the artificial intelligence system will be used; (b) the points in the utilization review process when the artificial intelligence system is used; (c) the human oversight process, including the qualifications of the review and whether a human must approve an adverse determination; and (d) the process for maintaining audit information sufficient to demonstrate compliance with subsection (3) of this section.

[[2026 Colorado House Bill 26-1139 \(enacted, eff. Jan. 1, 2027\).](#)]

### **Washington**

Washington law requires the following:

(1) By October 1, 2026, and annually thereafter, [a carrier] shall report to the commissioner the following aggregated and deidentified data related to the carrier's prior authorization practices and experiences for the prior plan year: (a) the total number of prior authorization requests, approvals, and denials.... carriers must also indicate: (i) the percentage of total denials that were aided by artificial intelligence.

[Wash. Rev. Code s. [48.43.0161](#).]

## **Examples of Legislation Regarding Human Review of Insurance Denials**

### **Wisconsin**

Companion bills [2025 Wisconsin Senate Bill 1066](#) and [2025 Wisconsin Assembly Bill 1109](#) specify the following:

A [health insurance policy or governmental self-insured health plan] may not use artificial intelligence to deny a prior authorization for medical necessity or experimental status. An appropriate licensed health care provider who is an individual shall review a prior authorization that involves medical necessity or experimental status before the [health] insurance policy or self-insured health plan may deny the prior authorization.

### **Alabama**

Alabama law requires the following:

(3) In addition to the requirements listed in subdivisions (1) and (2), a determination to deny, delay, or modify a request for prior authorization based on medical necessity shall always be made by a licensed physician or other health care professional who is competent to evaluate any

recommendation or conclusion of artificial intelligence in light of the specific clinical issues involved in the health care service requested which are unique to the enrollee's circumstances or as recommended by the treating health care provider.

[Ala. Code s. [27-1-17.2](#).]

## **Colorado**

2026 Colorado House Bill 26-1139 requires the following:

(b) A carrier's denial of coverage based in whole or in part on medical necessity shall not be issued solely on the output of an artificial intelligence system without human review and approval of the denial by a licensed clinician, licensed physician, or other regulated professional that is competent to evaluate the specific clinical issues involved in the health-care services requested by the provider and a review of the health benefit plan's terms of coverage for the health-care service.

[[2026 Colorado House Bill 26-1139](#) (enacted, eff. Jan. 1, 2027).]

## **Texas**

Texas law requires the following:

(a) A utilization review agent may not use an automated decision system to make, wholly or partly, an adverse determination. (b) The commissioner may audit and inspect at any time a utilization review agent's use of an automated decision system for utilization review. (c) This section does not prohibit the use of an algorithm, artificial intelligence system, or automated decision system for administrative support or fraud-detection functions.

[Tex. Ins. Code Ann. s. [4201.156](#).]

## **Utah**

Utah law requires the following:

(e) An insurer shall ensure that an adverse preauthorization determination regarding clinical or medical necessity is made by an individual who: (i) (A) has knowledge of the medical condition or disease of the enrollee for whom the authorization is requested; or (B) consults with a specialist who has knowledge of the medical condition or disease of the enrollee for whom the authorization is requested regarding the request before making the determination; (ii) except as provided in Subsection (6)(e)(i)(B), exercises independent medical judgment; and (iii) does not rely solely on recommendations from any other source.

[Utah Code Ann. s. [31A-22-650](#).]

MSK:kp