

1                   **REPEAL OF HEALTH AND HUMAN SERVICES REPORTS**  
2   **AND PROGRAMS**

3   2016 GENERAL SESSION

4   STATE OF UTAH

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6   **LONG TITLE**

7   **General Description:**

8           This bill repeals Utah Code provisions requiring reports, primarily to various entities of  
9           the Utah Legislature, on health and human services issues, and repeals other statutory  
10          requirements.

11 **Highlighted Provisions:**

12          This bill:

- 13           ▶ repeals and amends provisions requiring reports, primarily to various entities of the  
14           Utah Legislature, on health and human services issues, including expired reporting  
15           provisions;
- 16           ▶ repeals an expired provision for the Department of Health to study and implement a  
17           patient-centered medical home demonstration project;
- 18           ▶ repeals a provision for the Health and Human Services Interim Committee to study  
19           whether statewide practice standards should be implemented to assist the Child  
20           Welfare Parental Defense Program to provide legal services to indigent parents  
21           whose children are in the custody of the Division of Child and Family Services; and  
22           ▶ makes technical changes.

23 **Money Appropriated in this Bill:**

24          None

25 **Other Special Clauses:**

26          None

27 **Utah Code Sections Affected:**

28 AMENDS:

29          **26-8a-105**, as last amended by Laws of Utah 2015, Chapter 167

30          **26-18-2.4**, as last amended by Laws of Utah 2012, Chapters 242 and 343

31          **26-18-3**, as last amended by Laws of Utah 2013, Chapter 167

- 32           **26-18-405**, as enacted by Laws of Utah 2011, Chapter 211  
 33           **26-50-202**, as last amended by Laws of Utah 2012, Chapter 242  
 34           **26-52-202**, as last amended by Laws of Utah 2014, Chapter 302  
 35           **59-14-204**, as last amended by Laws of Utah 2012, Chapter 341  
 36           **62A-1-119**, as last amended by Laws of Utah 2013, Chapter 400  
 37           **62A-4a-401**, as last amended by Laws of Utah 2013, Chapter 171  
 38           **62A-15-1101**, as last amended by Laws of Utah 2015, Chapter 85  
 39           **63M-7-305**, as last amended by Laws of Utah 2011, Chapter 51

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

42           Section 1. Section **26-8a-105** is amended to read:

43           **26-8a-105. Department powers.**

44           The department shall:

- 45           (1) coordinate the emergency medical services within the state;  
 46           (2) administer this chapter and the rules established pursuant to it;  
 47           (3) establish a voluntary task force representing a diversity of emergency medical  
 48 service providers to advise the department and the committee on rules;  
 49           (4) establish an emergency medical service personnel peer review board to advise the  
 50 department concerning discipline of emergency medical service personnel under this chapter;  
 51 and  
 52           (5) adopt rules in accordance with Title 63G, Chapter 3, Utah Administrative  
 53 Rulemaking Act, to:  
 54           (a) license ambulance providers and paramedic providers;  
 55           (b) permit ambulances and emergency medical response vehicles, including approving  
 56 an emergency vehicle operator's course in accordance with Section 26-8a-304;  
 57           (c) establish:  
 58           (i) the qualifications for membership of the peer review board created by this section;  
 59           (ii) a process for placing restrictions on a certification while an investigation is  
 60 pending;  
 61           (iii) the process for the investigation and recommendation by the peer review board;  
 62 and

63 (iv) the process for determining the status of a license or certification while a peer  
64 review board investigation is pending;

65 (d) establish application, submission, and procedural requirements for licenses,  
66 designations, certificates, and permits; and

67 (e) establish and implement the programs, plans, and responsibilities as specified in  
68 other sections of this chapter[; and].

69 [~~(6) report to the Legislature's Health and Human Services Interim Committee on or~~  
70 ~~before July 15, 2015, regarding rules developed under Subsection (5)(c).]~~

71 Section 2. Section **26-18-2.4** is amended to read:

72 **26-18-2.4. Medicaid drug program -- Preferred drug list.**

73 (1) A Medicaid drug program developed by the department under Subsection  
74 26-18-2.3(2)(f):

75 (a) shall, notwithstanding Subsection 26-18-2.3(1)(b), be based on clinical and  
76 cost-related factors which include medical necessity as determined by a provider in accordance  
77 with administrative rules established by the Drug Utilization Review Board;

78 (b) may include therapeutic categories of drugs that may be exempted from the drug  
79 program;

80 (c) may include placing some drugs, except the drugs described in Subsection (2), on a  
81 preferred drug list to the extent determined appropriate by the department;

82 (d) notwithstanding the requirements of Part 2, Drug Utilization Review Board, shall  
83 immediately implement the prior authorization requirements for a nonpreferred drug that is in  
84 the same therapeutic class as a drug that is:

85 (i) on the preferred drug list on the date that this act takes effect; or

86 (ii) added to the preferred drug list after this act takes effect; and

87 (e) except as prohibited by Subsections 58-17b-606(4) and (5), shall establish the prior  
88 authorization requirements established under Subsections (1)(c) and (d) which shall permit a  
89 health care provider or the health care provider's agent to obtain a prior authorization override  
90 of the preferred drug list through the department's pharmacy prior authorization review process,  
91 and which shall:

92 (i) provide either telephone or fax approval or denial of the request within 24 hours of  
93 the receipt of a request that is submitted during normal business hours of Monday through

94 Friday from 8 a.m. to 5 p.m.;

95 (ii) provide for the dispensing of a limited supply of a requested drug as determined  
96 appropriate by the department in an emergency situation, if the request for an override is  
97 received outside of the department's normal business hours; and

98 (iii) require the health care provider to provide the department with documentation of  
99 the medical need for the preferred drug list override in accordance with criteria established by  
100 the department in consultation with the Pharmacy and Therapeutics Committee.

101 (2) (a) For purposes of this Subsection (2):

102 (i) "Immunosuppressive drug":

103 (A) means a drug that is used in immunosuppressive therapy to inhibit or prevent  
104 activity of the immune system to aid the body in preventing the rejection of transplanted organs  
105 and tissue; and

106 (B) does not include drugs used for the treatment of autoimmune disease or diseases  
107 that are most likely of autoimmune origin.

108 (ii) "Psychotropic drug" means the following classes of drugs: atypical anti-psychotic,  
109 anti-depressants, anti-convulsant/mood stabilizer, anti-anxiety, attention deficit hyperactivity  
110 disorder stimulants, or sedative/hypnotics.

111 (iii) "Stabilized" means a health care provider has documented in the patient's medical  
112 chart that a patient has achieved a stable or steadfast medical state within the past 90 days using  
113 a particular psychotropic drug.

114 (b) A preferred drug list developed under the provisions of this section may not  
115 include:

116 (i) except as provided in Subsection (2)(e), a psychotropic or anti-psychotic drug; or

117 (ii) an immunosuppressive drug.

118 (c) The state Medicaid program shall reimburse for a prescription for an  
119 immunosuppressive drug as written by the health care provider for a patient who has undergone  
120 an organ transplant. For purposes of Subsection 58-17b-606(4), and with respect to patients  
121 who have undergone an organ transplant, the prescription for a particular immunosuppressive  
122 drug as written by a health care provider meets the criteria of demonstrating to the Department  
123 of Health a medical necessity for dispensing the prescribed immunosuppressive drug.

124 (d) Notwithstanding the requirements of Part 2, Drug Utilization Review Board, the

125 state Medicaid drug program may not require the use of step therapy for immunosuppressive  
126 drugs without the written or oral consent of the health care provider and the patient.

127 (e) The department may include a sedative hypnotic on a preferred drug list in  
128 accordance with Subsection (2)(f).

129 (f) The department shall grant a prior authorization for a sedative hypnotic that is not  
130 on the preferred drug list under Subsection (2)(e), if the health care provider has documentation  
131 related to one of the following conditions for the Medicaid client:

132 (i) a trial and failure of at least one preferred agent in the drug class, including the  
133 name of the preferred drug that was tried, the length of therapy, and the reason for the  
134 discontinuation;

135 (ii) detailed evidence of a potential drug interaction between current medication and  
136 the preferred drug;

137 (iii) detailed evidence of a condition or contraindication that prevents the use of the  
138 preferred drug;

139 (iv) objective clinical evidence that a patient is at high risk of adverse events due to a  
140 therapeutic interchange with a preferred drug;

141 (v) the patient is a new or previous Medicaid client with an existing diagnosis  
142 previously stabilized with a nonpreferred drug; or

143 (vi) other valid reasons as determined by the department.

144 (g) A prior authorization granted under Subsection (2)(f) is valid for one year from the  
145 date the department grants the prior authorization and shall be renewed in accordance with  
146 Subsection (2)(f).

147 ~~[(3) The department shall report to the Health and Human Services Interim Committee~~  
148 ~~and to the Social Services Appropriations Subcommittee prior to November 1, 2013, regarding~~  
149 ~~the savings to the Medicaid program resulting from the use of the preferred drug list permitted~~  
150 ~~by Subsection (1).]~~

151 Section 3. Section **26-18-3** is amended to read:

152 **26-18-3. Administration of Medicaid program by department -- Reporting to the**  
153 **Legislature -- Disciplinary measures and sanctions -- Funds collected -- Eligibility**  
154 **standards -- Internal audits -- Studies -- Health opportunity accounts.**

155 (1) The department shall be the single state agency responsible for the administration

156 of the Medicaid program in connection with the United States Department of Health and  
157 Human Services pursuant to Title XIX of the Social Security Act.

158 (2) (a) The department shall implement the Medicaid program through administrative  
159 rules in conformity with this chapter, Title 63G, Chapter 3, Utah Administrative Rulemaking  
160 Act, the requirements of Title XIX, and applicable federal regulations.

161 (b) The rules adopted under Subsection (2)(a) shall include, in addition to other rules  
162 necessary to implement the program:

163 (i) the standards used by the department for determining eligibility for Medicaid  
164 services;

165 (ii) the services and benefits to be covered by the Medicaid program;

166 (iii) reimbursement methodologies for providers under the Medicaid program; and

167 (iv) a requirement that:

168 (A) a person receiving Medicaid services shall participate in the electronic exchange of  
169 clinical health records established in accordance with Section 26-1-37 unless the individual  
170 opts out of participation;

171 (B) prior to enrollment in the electronic exchange of clinical health records the enrollee  
172 shall receive notice of enrollment in the electronic exchange of clinical health records and the  
173 right to opt out of participation at any time; and

174 (C) beginning July 1, 2012, when the program sends enrollment or renewal information  
175 to the enrollee and when the enrollee logs onto the program's website, the enrollee shall receive  
176 notice of the right to opt out of the electronic exchange of clinical health records.

177 (3) (a) The department shall, in accordance with Subsection (3)(b), report to the Social  
178 Services Appropriations Subcommittee when the department:

179 (i) implements a change in the Medicaid State Plan;

180 (ii) initiates a new Medicaid waiver;

181 (iii) initiates an amendment to an existing Medicaid waiver;

182 (iv) applies for an extension of an application for a waiver or an existing Medicaid  
183 waiver; or

184 (v) initiates a rate change that requires public notice under state or federal law.

185 (b) The report required by Subsection (3)(a) shall:

186 (i) be submitted to the Social Services Appropriations Subcommittee prior to the

187 department implementing the proposed change; and

188 (ii) include:

189 (A) a description of the department's current practice or policy that the department is

190 proposing to change;

191 (B) an explanation of why the department is proposing the change;

192 (C) the proposed change in services or reimbursement, including a description of the

193 effect of the change;

194 (D) the effect of an increase or decrease in services or benefits on individuals and

195 families;

196 (E) the degree to which any proposed cut may result in cost-shifting to more expensive

197 services in health or human service programs; and

198 (F) the fiscal impact of the proposed change, including:

199 (I) the effect of the proposed change on current or future appropriations from the

200 Legislature to the department;

201 (II) the effect the proposed change may have on federal matching dollars received by

202 the state Medicaid program;

203 (III) any cost shifting or cost savings within the department's budget that may result

204 from the proposed change; and

205 (IV) identification of the funds that will be used for the proposed change, including any

206 transfer of funds within the department's budget.

207 (4) Any rules adopted by the department under Subsection (2) are subject to review and

208 reauthorization by the Legislature in accordance with Section 63G-3-502.

209 (5) The department may, in its discretion, contract with the Department of Human

210 Services or other qualified agencies for services in connection with the administration of the

211 Medicaid program, including:

212 (a) the determination of the eligibility of individuals for the program;

213 (b) recovery of overpayments; and

214 (c) consistent with Section 26-20-13, and to the extent permitted by law and quality

215 control services, enforcement of fraud and abuse laws.

216 (6) The department shall provide, by rule, disciplinary measures and sanctions for

217 Medicaid providers who fail to comply with the rules and procedures of the program, provided

218 that sanctions imposed administratively may not extend beyond:

219 (a) termination from the program;

220 (b) recovery of claim reimbursements incorrectly paid; and

221 (c) those specified in Section 1919 of Title XIX of the federal Social Security Act.

222 (7) Funds collected as a result of a sanction imposed under Section 1919 of Title XIX  
223 of the federal Social Security Act shall be deposited in the General Fund as dedicated credits to  
224 be used by the division in accordance with the requirements of Section 1919 of Title XIX of  
225 the federal Social Security Act.

226 (8) (a) In determining whether an applicant or recipient is eligible for a service or  
227 benefit under this part or Chapter 40, Utah Children's Health Insurance Act, the department  
228 shall, if Subsection (8)(b) is satisfied, exclude from consideration one passenger vehicle  
229 designated by the applicant or recipient.

230 (b) Before Subsection (8)(a) may be applied:

231 (i) the federal government shall:

232 (A) determine that Subsection (8)(a) may be implemented within the state's existing  
233 public assistance-related waivers as of January 1, 1999;

234 (B) extend a waiver to the state permitting the implementation of Subsection (8)(a); or

235 (C) determine that the state's waivers that permit dual eligibility determinations for  
236 cash assistance and Medicaid are no longer valid; and

237 (ii) the department shall determine that Subsection (8)(a) can be implemented within  
238 existing funding.

239 (9) (a) For purposes of this Subsection (9):

240 (i) "aged, blind, or has a disability" means an aged, blind, or disabled individual, as  
241 defined in 42 U.S.C. 1382c(a)(1); and

242 (ii) "spend down" means an amount of income in excess of the allowable income  
243 standard that shall be paid in cash to the department or incurred through the medical services  
244 not paid by Medicaid.

245 (b) In determining whether an applicant or recipient who is aged, blind, or has a  
246 disability is eligible for a service or benefit under this chapter, the department shall use 100%  
247 of the federal poverty level as:

248 (i) the allowable income standard for eligibility for services or benefits; and

249 (ii) the allowable income standard for eligibility as a result of spend down.

250 (10) The department shall conduct internal audits of the Medicaid program.

251 (11) In order to determine the feasibility of contracting for direct Medicaid providers  
 252 for primary care services, the department shall~~[(a)]~~ issue a request for information for direct  
 253 contracting for primary services that shall provide that a provider shall exclusively serve all  
 254 Medicaid clients:

255 ~~[(i)]~~ (a) in a geographic area;

256 ~~[(ii)]~~ (b) for a defined range of primary care services; and

257 ~~[(iii)]~~ (c) for a predetermined total contracted amount~~[-and]~~.

258 ~~[(b) by February 1, 2011, report to the Social Services Appropriations Subcommittee~~  
 259 ~~on the response to the request for information under Subsection (11)(a).]~~

260 ~~[(12)(a) By December 31, 2010, the department shall:]~~

261 ~~[(i) determine the feasibility of implementing a three year patient-centered medical~~  
 262 ~~home demonstration project in an area of the state using existing budget funds; and]~~

263 ~~[(ii) report the department's findings and recommendations under Subsection (12)(a)(i)~~  
 264 ~~to the Social Services Appropriations Subcommittee.]~~

265 ~~[(b) If the department determines that the medical home demonstration project~~  
 266 ~~described in Subsection (12)(a) is feasible, and the Social Services Appropriations~~  
 267 ~~Subcommittee recommends that the demonstration project be implemented, the department~~  
 268 ~~shall:]~~

269 ~~[(i) implement the demonstration project; and]~~

270 ~~[(ii) by December 1, 2012, make recommendations to the Social Services~~  
 271 ~~Appropriations Subcommittee regarding the:]~~

272 ~~[(A) continuation of the demonstration project;]~~

273 ~~[(B) expansion of the demonstration project to other areas of the state; and]~~

274 ~~[(C) cost savings incurred by the implementation of the demonstration project.]~~

275 ~~[(13)]~~ (11) (a) The department may apply for and, if approved, implement a  
 276 demonstration program for health opportunity accounts, as provided for in 42 U.S.C. Sec.  
 277 1396u-8.

278 (b) A health opportunity account established under Subsection ~~[(13)]~~ (11)(a) shall be  
 279 an alternative to the existing benefits received by an individual eligible to receive Medicaid

280 under this chapter.

281 (c) Subsection [~~(13)~~] (11)(a) is not intended to expand the coverage of the Medicaid  
282 program.

283 Section 4. Section **26-18-405** is amended to read:

284 **26-18-405. Waivers to maximize replacement of fee-for-service delivery model.**

285 (1) The department shall develop a proposal to amend the state plan for the Medicaid  
286 program in a way that maximizes replacement of the fee-for-service delivery model with one or  
287 more risk-based delivery models.

288 (2) The proposal shall:

289 (a) restructure the program's provider payment provisions to reward health care  
290 providers for delivering the most appropriate services at the lowest cost and in ways that,  
291 compared to services delivered before implementation of the proposal, maintain or improve  
292 recipient health status;

293 (b) restructure the program's cost sharing provisions and other incentives to reward  
294 recipients for personal efforts to:

295 (i) maintain or improve their health status; and

296 (ii) use providers that deliver the most appropriate services at the lowest cost;

297 (c) identify the evidence-based practices and measures, risk adjustment methodologies,  
298 payment systems, funding sources, and other mechanisms necessary to reward providers for  
299 delivering the most appropriate services at the lowest cost, including mechanisms that:

300 (i) pay providers for packages of services delivered over entire episodes of illness  
301 rather than for individual services delivered during each patient encounter; and

302 (ii) reward providers for delivering services that make the most positive contribution to  
303 a recipient's health status;

304 (d) limit total annual per-patient-per-month expenditures for services delivered through  
305 fee-for-service arrangements to total annual per-patient-per-month expenditures for services  
306 delivered through risk-based arrangements covering similar recipient populations and services;  
307 and

308 (e) limit the rate of growth in per-patient-per-month General Fund expenditures for the  
309 program to the rate of growth in General Fund expenditures for all other programs, when the  
310 rate of growth in the General Fund expenditures for all other programs is greater than zero.

311 (3) To the extent possible, the department shall develop the proposal with the input of  
312 stakeholder groups representing those who will be affected by the proposal.

313 ~~[(4) No later than June 1, 2011, the department shall submit a written report on the~~  
314 ~~development of the proposal to the Legislature's Executive Appropriations Committee, Social~~  
315 ~~Services Appropriations Subcommittee, and Health and Human Services Interim Committee.]~~

316 [(5)] (4) No later than July 1, 2011, the department shall submit to the Centers for  
317 Medicare and Medicaid Services within the United States Department of Health and Human  
318 Services a request for waivers from federal statutory and regulatory law necessary to implement  
319 the proposal.

320 [(6)] (5) After the request for waivers has been made, and prior to its implementation,  
321 the department shall report to the Legislature in accordance with Section 26-18-3 on any  
322 modifications to the request proposed by the department or made by the Centers for Medicare  
323 and Medicaid Services.

324 [(7)] (6) The department shall implement the proposal in the fiscal year that follows the  
325 fiscal year in which the United States Secretary of Health and Human Services approves the  
326 request for waivers.

327 Section 5. Section **26-50-202** is amended to read:

328 **26-50-202. Traumatic Brain Injury Advisory Committee -- Membership -- Time**  
329 **limit.**

330 (1) On or after July 1 of each year, the executive director may create a Traumatic Brain  
331 Injury Advisory Committee of not more than nine members.

332 (2) The committee shall be composed of members of the community who are familiar  
333 with traumatic brain injury, its causes, diagnosis, treatment, rehabilitation, and support  
334 services, including:

335 (a) persons with a traumatic brain injury;

336 (b) family members of a person with a traumatic brain injury;

337 (c) representatives of an association which advocates for persons with traumatic brain  
338 injuries;

339 (d) specialists in a profession that works with brain injury patients; and

340 (e) department representatives.

341 (3) The department shall provide staff support to the committee.

342 (4) (a) If a vacancy occurs in the committee membership for any reason, a replacement  
343 may be appointed for the unexpired term.

344 (b) The committee shall elect a chairperson from the membership.

345 (c) A majority of the committee constitutes a quorum at any meeting, and, if a quorum  
346 exists, the action of the majority of members present shall be the action of the committee.

347 (d) The committee may adopt bylaws governing the committee's activities.

348 (e) A committee member may be removed by the executive director:

349 (i) if the member is unable or unwilling to carry out the member's assigned  
350 responsibilities; or

351 (ii) for good cause.

352 (5) The committee shall comply with the procedures and requirements of:

353 (a) Title 52, Chapter 4, Open and Public Meetings Act; and

354 (b) Title 63G, Chapter 2, Government Records Access and Management Act.

355 (6) A member may not receive compensation or benefits for the member's service, but,  
356 at the executive director's discretion, may receive per diem and travel expenses in accordance  
357 with:

358 (a) Section 63A-3-106;

359 (b) Section 63A-3-107; and

360 (c) rules made by the Division of Finance pursuant to Sections 63A-3-106 and  
361 63A-3-107.

362 (7) Not later than November 30 of each year the committee shall provide a written  
363 report summarizing the activities of the committee to:

364 (a) the executive director of the department; and

365 [~~(b) the Health and Human Services Interim Committee; and~~]

366 [~~(c)~~] (b) the Social Services Appropriations Subcommittee.

367 (8) The committee shall cease to exist on December 31 of each year, unless the  
368 executive director determines it necessary to continue.

369 Section 6. Section **26-52-202** is amended to read:

370 **26-52-202. Autism Treatment Account Advisory Committee -- Membership --**

371 **Time limit.**

372 (1) (a) There is created an Autism Treatment Account Advisory Committee consisting

373 of six members appointed by the governor to two-year terms of office as follows:

374 (i) one individual holding a doctorate degree who has experience in treating persons  
375 with an autism spectrum disorder;

376 (ii) one board certified behavior analyst;

377 (iii) one physician licensed under Title 58, Chapter 67, Utah Medical Practice Act, or  
378 Title 58, Chapter 68, Utah Osteopathic Medical Practice Act, who has completed a residency  
379 program in pediatrics;

380 (iv) one employee of the Department of Health; and

381 (v) two individuals who are familiar with autism spectrum disorders and their effects,  
382 diagnosis, treatment, rehabilitation, and support needs, including:

383 (A) family members of a person with an autism spectrum disorder;

384 (B) representatives of an association which advocates for persons with an autism  
385 spectrum disorder; and

386 (C) specialists or professionals who work with persons with autism spectrum disorders.

387 (b) Notwithstanding the requirements of Subsection (1)(a), the governor shall, at the  
388 time of appointment or reappointment, adjust the length of terms to ensure that the terms of  
389 committee members are staggered so that approximately half of the committee is appointed  
390 every year.

391 (c) If a vacancy occurs in the committee membership for any reason, the governor may  
392 appoint a replacement for the unexpired term.

393 (2) The department shall provide staff support to the committee.

394 (3) (a) The committee shall elect a chair from the membership on an annual basis.

395 (b) A majority of the committee constitutes a quorum at any meeting, and, if a quorum  
396 exists, the action of the majority of members present shall be the action of the committee.

397 (c) The executive director may remove a committee member:

398 (i) if the member is unable or unwilling to carry out the member's assigned  
399 responsibilities; or

400 (ii) for good cause.

401 (4) The committee shall, in accordance with Title 63G, Chapter 3, Utah Administrative  
402 Rulemaking Act, make rules governing the committee's activities that comply with the  
403 requirements of this title, including rules that:

404 (a) establish criteria and procedures for selecting qualified children to participate in the  
405 program;

406 (b) establish the services, providers, and treatments to include in the program, and the  
407 qualifications, criteria, and procedures for evaluating the providers and treatments; and

408 (c) address and avoid conflicts of interest that may arise in relation to the committee  
409 and its duties.

410 (5) As part of its duties under Subsection 26-52-201(5), the committee shall, at  
411 minimum:

412 (a) offer applied behavior analysis provided by or supervised by a board certified  
413 behavior analyst or a licensed psychologist with equivalent university training and supervised  
414 experience;

415 (b) collaborate with existing telehealth networks to reach children in rural and  
416 under-served areas of the state; and

417 (c) engage family members in the treatment process.

418 (6) The committee shall meet as necessary to carry out its duties and shall meet upon a  
419 call of the committee chair or a call of a majority of the committee members.

420 (7) The committee shall comply with the procedures and requirements of:

421 (a) Title 52, Chapter 4, Open and Public Meetings Act; and

422 (b) Title 63G, Chapter 2, Government Records Access and Management Act.

423 (8) Committee members may not receive compensation or per diem allowance for their  
424 services.

425 (9) Not later than November 30 of each year, the committee shall provide a written  
426 report summarizing the activities of the committee to~~[-(a)]~~ the executive director of the  
427 department~~[-]~~.

428 ~~[(b) the Legislature's Health and Human Services Interim Committee; and]~~

429 ~~[(c) the Legislature's Social Services Appropriations Subcommittee.]~~

430 (10) The report under Subsection (9) shall include:

431 (a) the number of children diagnosed with autism spectrum disorder who are receiving  
432 services under this chapter;

433 (b) the types of services provided to qualified children under this chapter; and

434 (c) results of any evaluations on the effectiveness of treatments and services provided

435 under this chapter.

436 Section 7. Section **59-14-204** is amended to read:

437 **59-14-204. Tax basis -- Rate -- Future increase -- Cigarette Tax Restricted**  
438 **Account -- Appropriation and expenditure of revenues.**

439 (1) Except for cigarettes described under Subsection 59-14-210(3), there is levied a tax  
440 upon the sale, use, storage, or distribution of cigarettes in the state.

441 (2) The rates of the tax levied under Subsection (1) are, beginning on July 1, 2010:

442 (a) 8.5 cents on each cigarette, for all cigarettes weighing not more than three pounds  
443 per thousand cigarettes; and

444 (b) 9.963 cents on each cigarette, for all cigarettes weighing in excess of three pounds  
445 per thousand cigarettes.

446 (3) Except as otherwise provided under this chapter, the tax levied under Subsection  
447 (1) shall be paid by any person who is the manufacturer, jobber, importer, distributor,  
448 wholesaler, retailer, user, or consumer.

449 (4) The tax rates specified in this section shall be increased by the commission by the  
450 same amount as any future reduction in the federal excise tax on cigarettes.

451 (5) (a) There is created within the General Fund a restricted account known as the  
452 "Cigarette Tax Restricted Account."

453 (b) The Cigarette Tax Restricted Account consists of:

454 (i) the first \$7,950,000 of the revenues collected from a tax under this section; and

455 (ii) any other appropriations the Legislature makes to the Cigarette Tax Restricted  
456 Account.

457 (c) For each fiscal year beginning with fiscal year 2011-12 and subject to appropriation  
458 by the Legislature, the Division of Finance shall distribute money from the Cigarette Tax  
459 Restricted Account as follows:

460 (i) \$250,000 to the Department of Health to be expended for a tobacco prevention and  
461 control media campaign targeted towards children;

462 (ii) \$2,900,000 to the Department of Health to be expended for tobacco prevention,  
463 reduction, cessation, and control programs;

464 (iii) \$2,000,000 to the University of Utah Health Sciences Center for the Huntsman  
465 Cancer Institute to be expended for cancer research; and

466 (iv) \$2,800,000 to the University of Utah Health Sciences Center to be expended for  
467 medical education at the University of Utah School of Medicine.

468 (d) In determining how to appropriate revenue deposited into the Cigarette Tax  
469 Restricted Account that is not otherwise appropriated under Subsection (5)(c), the Legislature  
470 shall give particular consideration to enhancing Medicaid provider reimbursement rates and  
471 medical coverage for the uninsured.

472 ~~[(e) Any program or entity that receives funding under Subsection (5)(c) shall provide~~  
473 ~~an annual report to the Health and Human Services Interim Committee no later than September~~  
474 ~~1 of each year. The report shall include:]~~

475 ~~[(i) the amount funded;]~~

476 ~~[(ii) the amount expended;]~~

477 ~~[(iii) a description of the effectiveness of the program; and]~~

478 ~~[(iv) if the program is a tobacco cessation program, the report required in Section~~  
479 ~~51-9-203;]~~

480 Section 8. Section **62A-1-119** is amended to read:

481 **62A-1-119. Respite Care Assistance Fund -- Use of money -- Restrictions --**  
482 **Annual report.**

483 (1) There is created an expendable special revenue fund known as the Respite Care  
484 Assistance Fund.

485 (2) The fund shall consist of:

486 (a) gifts, grants, devises, donations, and bequests of real property, personal property, or  
487 services, from any source, made to the fund; and

488 (b) any additional amounts as appropriated by the Legislature.

489 (3) The fund shall be administered by the director of the Utah Developmental  
490 Disabilities Council.

491 (4) The fund money shall be used for the following activities:

492 (a) to support a respite care information and referral system;

493 (b) to educate and train caregivers and respite care providers; and

494 (c) to provide grants to caregivers.

495 (5) An individual who receives services paid for from the fund shall:

496 (a) be a resident of Utah; and

497 (b) be a primary care giver for:

498 (i) an aging individual; or

499 (ii) an individual with a cognitive, mental, or physical disability.

500 (6) The fund money may not be used for:

501 (a) administrative expenses that are normally provided for by legislative appropriation;

502 or

503 (b) direct services or support mechanisms that are available from or provided by

504 another government or private agency.

505 (7) All interest and other earnings derived from the fund money shall be deposited into  
506 the fund.

507 (8) The state treasurer shall invest the money in the fund under Title 51, Chapter 7,  
508 State Money Management Act.

509 ~~[(9) The Department of Human Services shall make an annual report to the appropriate~~  
510 ~~appropriations subcommittee of the Legislature regarding the status of the fund, including a~~  
511 ~~report on the contributions received, expenditures made, and programs and services funded.]~~

512 Section 9. Section **62A-4a-401** is amended to read:

513 **62A-4a-401. Legislative purpose -- Report and study items.**

514 ~~[(1)]~~ It is the purpose of this part to protect the best interests of children, offer  
515 protective services to prevent harm to children, stabilize the home environment, preserve  
516 family life whenever possible, and encourage cooperation among the states in dealing with the  
517 problem of abuse or neglect.

518 ~~[(2) The division shall, during the 2013 interim, report to the Health and Human~~  
519 ~~Services Interim Committee on:]~~

520 ~~[(a) the division's efforts to use existing staff and funds while shifting resources away~~  
521 ~~from foster care and to in-home services;]~~

522 ~~[(b) a proposal to:]~~

523 ~~[(i) keep sibling groups together, as much as possible; and]~~

524 ~~[(ii) provide necessary services to available structured foster families to avoid sending~~  
525 ~~foster children to proctor homes;]~~

526 ~~[(c) the disparity between foster care payments and adoption subsidies, and whether an~~  
527 ~~adjustment to those rates could result in savings to the state; and]~~

528 ~~[(d) the utilization of guardianship, in the event an appropriate adoptive placement is~~  
529 ~~not available after a termination of parental rights.]~~

530 ~~[(3) The Health and Human Services Interim Committee shall, during the 2013 interim,~~  
531 ~~study whether statewide practice standards should be implemented to assist the Child Welfare~~  
532 ~~Parental Defense Program with its mission to provide legal services to indigent parents whose~~  
533 ~~children are in the custody of the division.]~~

534 Section 10. Section **62A-15-1101** is amended to read:

535 **62A-15-1101. Suicide prevention -- Reporting requirements.**

536 (1) As used in the section:

537 (a) "Bureau" means the Bureau of Criminal Identification created in Section 53-10-201  
538 within the Department of Public Safety.

539 (b) "Division" means the Division of Substance Abuse and Mental Health.

540 (c) "Intervention" means an effort to prevent a person from attempting suicide.

541 (d) "Postvention" means mental health intervention after a suicide attempt or death to  
542 prevent or contain contagion.

543 (e) "State suicide prevention coordinator" means an individual designated by the  
544 division as described in Subsections (2) and (3).

545 (2) The division shall appoint a state suicide prevention coordinator to administer a  
546 state suicide prevention program composed of suicide prevention, intervention, and postvention  
547 programs, services, and efforts.

548 (3) The state suicide prevention program may include the following components:

549 (a) delivery of resources, tools, and training to community-based coalitions;

550 (b) evidence-based suicide risk assessment tools and training;

551 (c) town hall meetings for building community-based suicide prevention strategies;

552 (d) suicide prevention gatekeeper training;

553 (e) training to identify warning signs and to manage an at-risk individual's crisis;

554 (f) evidence-based intervention training;

555 (g) intervention skills training; and

556 (h) postvention training.

557 (4) The state suicide prevention coordinator shall coordinate with at least the  
558 following:

- 559 (a) local mental health and substance abuse authorities;
- 560 (b) the State Board of Education, including the State Office of Education suicide
- 561 prevention coordinator described in Section 53A-15-1301;
- 562 (c) the Department of Health;
- 563 (d) health care providers, including emergency rooms; and
- 564 (e) other public health suicide prevention efforts.

565 (5) The state suicide prevention coordinator shall provide a written report~~[, and shall~~

566 ~~orally report]~~ to the Health and Human Services Interim Committee, by the October meeting

567 every year, on:

568 (a) implementation of the state suicide prevention program, as described in Subsections

569 (2) and (3);

570 (b) data measuring the effectiveness of each component of the state suicide prevention

571 program;

572 (c) funds appropriated for each component of the state suicide prevention program; and

573 (d) five-year trends of suicides in Utah, including subgroups of youths and adults and

574 other subgroups identified by the state suicide prevention coordinator.

575 (6) The state suicide prevention coordinator shall report to the Legislature's Education

576 Interim Committee, by the October 2015 meeting, jointly with the State Board of Education, on

577 the coordination of suicide prevention programs and efforts with the State Board of Education

578 and the State Office of Education suicide prevention coordinator as described in Section

579 53A-15-1301.

580 (7) The state suicide prevention coordinator shall consult with the bureau to implement

581 and manage the operation of a firearm safety program, as described in Subsection

582 53-10-202(18) and Section 53-10-202.1.

583 (8) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the

584 division shall make rules governing the implementation of the state suicide prevention

585 program, consistent with this section.

586 Section 11. Section **63M-7-305** is amended to read:

587 **63M-7-305. Drug Offender Reform Act -- Coordination.**

588 (1) As used in this section:

589 (a) "Council" means the Utah Substance Abuse Advisory Council.

590 (b) "Drug Offender Reform Act" and "act" mean the screening, assessment, substance  
591 abuse treatment, and supervision provided to convicted offenders under Subsection  
592 77-18-1.1(2) to:

593 (i) determine offenders' specific substance abuse treatment needs as early as possible in  
594 the judicial process;

595 (ii) expand treatment resources for offenders in the community;

596 (iii) integrate treatment of offenders with supervision by the Department of  
597 Corrections; and

598 (iv) reduce the incidence of substance abuse and related criminal conduct.

599 (c) "Substance abuse authority" has the same meaning as in Section 17-43-201.

600 (2) The council shall provide ongoing oversight of the implementation, functions, and  
601 evaluation of the Drug Offender Reform Act.

602 (3) The council shall develop an implementation plan for the Drug Offender Reform  
603 Act. The plan shall:

604 (a) identify local substance abuse authority areas where the act will be implemented, in  
605 cooperation with the Division of Substance Abuse and Mental Health, the Department of  
606 Corrections, and the local substance abuse authorities;

607 (b) include guidelines on how funds appropriated under the act should be used;

608 (c) require that treatment plans under the act are appropriate for criminal offenders;

609 (d) include guidelines on the membership of local planning groups;

610 (e) include guidelines on the membership of the Department of Corrections' planning  
611 group under Subsection (5); and

612 (f) provide guidelines for the Commission on Criminal and Juvenile Justice to conduct  
613 an evaluation of the implementation, impact, and results of the act.

614 (4) (a) Each local substance abuse authority designated under Subsection (3) to  
615 implement the act shall establish a local planning group and shall submit a plan to the council  
616 detailing how the authority proposes to use the act funds. The uses shall be in accordance with  
617 the guidelines established by the council under Subsection (3).

618 (b) Upon approval of the plan by the council, the Division of Substance Abuse and  
619 Mental Health shall allocate the funds.

620 (c) Local substance abuse authorities shall annually, on or before October 1, submit to

621 the Division of Substance Abuse and Mental Health and to the council reports detailing use of  
622 the funds and the impact and results of the use of the funds during the prior fiscal year ending  
623 June 30.

624 (5) (a) The Department of Corrections shall establish a planning group and shall submit  
625 a plan to the council detailing how the department proposes to use the act funds. The uses shall  
626 be in accordance with the guidelines established by the council under Subsection (3).

627 (b) The Department of Corrections shall annually, before October 1, submit to the  
628 council a report detailing use of the funds and the impact and results of the use of the funds  
629 during the prior fiscal year ending June 30.

630 (6) The council shall monitor the progress and evaluation of the act and shall provide a  
631 written report on the implementation, impact, and results of the act to the Law Enforcement  
632 and Criminal Justice [~~and the Health and Human Services legislative interim committees~~]  
633 Interim Committee annually before November 1.

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**Legislative Review Note**  
**Office of Legislative Research and General Counsel**