

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

2 2017 GENERAL SESSION

3 STATE OF UTAH

4

5 **LONG TITLE**

6 **General Description:**

7 This bill repeals and amends Utah Code provisions that require reports to the Health
8 and Human Services Interim Committee.

9 **Highlighted Provisions:**

10 This bill:

- 11 ▶ repeals and amends provisions that require reports to the Health and Human
12 Services Interim Committee.

13 **Money Appropriated in this Bill:**

14 None

15 **Other Special Clauses:**

16 None

17 **Utah Code Sections Affected:**

18 AMENDS:

19 **26-2-3**, as last amended by Laws of Utah 2015, Chapter 183

20 **26-18-2.6**, as last amended by Laws of Utah 2013, Chapter 278

21 **26-18-407**, as last amended by Laws of Utah 2014, Chapter 302

22 **26-18-408**, as last amended by Laws of Utah 2015, Chapter 246

23 **26-56-103**, as last amended by Laws of Utah 2016, Chapter 89

24 **49-20-106**, as enacted by Laws of Utah 2016, Chapter 119

25 **62A-15-1102**, as enacted by Laws of Utah 2016, Chapter 164

26 **62A-17-103**, as enacted by Laws of Utah 2013, Chapter 24

27

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

29 Section 1. Section **26-2-3** is amended to read:

30 **26-2-3. Department duties and authority.**

31 (1) As used in this section:

32 (a) "Compact" means the Compact for Interstate Sharing of Putative Father Registry
 33 Information created in Section 78B-6-121.5, effective on May 10, 2016.

34 (b) "Putative father":

35 (i) means the same as that term is as defined in Section 78B-6-121.5; and

36 (ii) includes an unmarried biological father.

37 (c) "State registrar" means the state registrar of vital records appointed under
 38 Subsection (2)(e).

39 (d) "Unmarried biological father" means the same as that term is defined in Section
 40 78B-6-103.

41 (2) The department shall:

42 (a) provide offices properly equipped for the preservation of vital records made or
 43 received under this chapter;

44 (b) establish a statewide vital records system for the registration, collection,
 45 preservation, amendment, and certification of vital records and other similar documents
 46 required by this chapter and activities related to them, including the tabulation, analysis, and
 47 publication of vital statistics;

48 (c) prescribe forms for certificates, certification, reports, and other documents and
 49 records necessary to establish and maintain a statewide system of vital records;

50 (d) prepare an annual compilation, analysis, and publication of statistics derived from
 51 vital records; and

52 (e) appoint a state registrar to direct the statewide system of vital records.

53 (3) The department may:

54 (a) divide the state from time to time into registration districts; and

55 (b) appoint local registrars for registration districts who under the direction and
 56 supervision of the state registrar shall perform all duties required of them by this chapter and
 57 department rules.

58 (4) The state registrar appointed under Subsection (2)(e) shall~~[-(a)]~~, with the input of
 59 Utah stakeholders and the Uniform Law Commission, study the following items for the state's
 60 implementation of the compact:

61 ~~[(+)]~~ (a) the feasibility of using systems developed by the National Association for
 62 Public Health Statistics and Information Systems, including the State and Territorial Exchange

63 of Vital Events (STEVE) system and the Electronic Verification of Vital Events (EVVE)
 64 system, or similar systems, to exchange putative father registry information with states that are
 65 parties to the compact;

66 [(ii)] (b) procedures necessary to share putative father information, located in the
 67 confidential registry maintained by the state registrar, upon request from the state registrar of
 68 another state that is a party to the compact;

69 [(iii)] (c) procedures necessary for the state registrar to access putative father
 70 information located in a state that is a party to the compact, and share that information with
 71 persons who request a certificate from the state registrar;

72 [(iv)] (d) procedures necessary to ensure that the name of the mother of the child who
 73 is the subject of a putative father's notice of commencement, filed pursuant to Section
 74 78B-6-121, is kept confidential when a state that is a party to the compact accesses this state's
 75 confidential registry through the state registrar; and

76 [(v)] (e) procedures necessary to ensure that a putative father's registration with a state
 77 that is a party to the compact is given the same effect as a putative father's notice of
 78 commencement filed pursuant to Section 78B-6-121 [~~and~~].

79 [~~(b) report to the Health and Human Services Interim Committee before November 1,~~
 80 ~~2015, on the study items described in Subsection (4)(a).]~~

81 Section 2. Section **26-18-2.6** is amended to read:

82 **26-18-2.6. Dental benefits.**

83 (1) (a) Except as provided in Subsection (8), the division shall establish a competitive
 84 bid process to bid out Medicaid dental benefits under this chapter.

85 (b) The division may bid out the Medicaid dental benefits separately from other
 86 program benefits.

87 (2) The division shall use the following criteria to evaluate dental bids:

88 (a) ability to manage dental expenses;

89 (b) proven ability to handle dental insurance;

90 (c) efficiency of claim paying procedures;

91 (d) provider contracting, discounts, and adequacy of network; and

92 (e) other criteria established by the department.

93 (3) The division shall request bids for the program's benefits:

94 (a) in 2011; and

95 (b) at least once every five years thereafter.

96 (4) The division's contract with dental plans for the program's benefits shall include
97 risk sharing provisions in which the dental plan must accept 100% of the risk for any difference
98 between the division's premium payments per client and actual dental expenditures.

99 (5) The division may not award contracts to:

100 (a) more than three responsive bidders under this section; or

101 (b) an insurer that does not have a current license in the state.

102 (6) (a) The division may cancel the request for proposals if:

103 (i) there are no responsive bidders; or

104 (ii) the division determines that accepting the bids would increase the program's costs.

105 (b) If the division cancels the request for proposals under Subsection (6)(a), the
106 division shall report to the Health and Human Services Interim Committee regarding the
107 reasons for the decision.

108 (7) Title 63G, Chapter 6a, Utah Procurement Code, shall apply to this section.

109 (8) (a) The division may:

110 (i) establish a dental health care delivery system and payment reform pilot program for
111 Medicaid dental benefits to increase access to cost effective and quality dental health care by
112 increasing the number of dentists available for Medicaid dental services; and

113 (ii) target specific Medicaid populations or geographic areas in the state.

114 (b) The pilot program shall establish compensation models for dentists and dental
115 hygienists that:

116 (i) increase access to quality, cost effective dental care; and

117 (ii) use funds from the Division of Family Health and Preparedness that are available to
118 reimburse dentists for educational loans in exchange for the dentist agreeing to serve Medicaid
119 and under-served populations.

120 (c) The division may amend the state plan and apply to the Secretary of Health and
121 Human Services for waivers or pilot programs if necessary to establish the new dental care
122 delivery and payment reform model. The division shall evaluate the pilot program's effect on
123 the cost of dental care and access to dental care for the targeted Medicaid populations. ~~The~~
124 ~~division shall report to the Legislature's Health and Human Services Interim Committee by~~

125 ~~November 30th of each year that the pilot project is in effect.]~~

126 Section 3. Section **26-18-407** is amended to read:

127 **26-18-407. Medicaid waiver for autism spectrum disorder.**

128 (1) As used in this section:

129 (a) "Autism spectrum disorder" is as defined by the most recent edition of the
130 Diagnostic and Statistical Manual on Mental Disorders or a recent edition of a professionally
131 accepted diagnostic manual.

132 (b) "Program" means the autism spectrum disorder program created in Subsection (3).

133 (c) "Qualified child" means a child who is:

134 (i) at least two years of age but less than seven years of age; and

135 (ii) diagnosed with an autism spectrum disorder by a qualified professional.

136 (2) The department shall apply for a Medicaid waiver with the Centers for Medicare
137 and Medicaid Services within the United States Department of Health and Human Services to
138 implement, within the state Medicaid program, the program described in Subsection (3).

139 (3) The department shall offer an autism spectrum disorder program that:

140 (a) as funding permits, provides treatment for autism spectrum disorders to qualified
141 children; and

142 (b) accepts applications for the program during periods of open enrollment.

143 (4) The department shall:

144 (a) convene a public process with the Department of Human Services to determine the
145 benefits and services the program shall offer qualified children that considers, in addition to
146 any other relevant factor:

147 (i) demonstrated effective treatments;

148 (ii) methods to engage family members in the treatment process; and

149 (iii) outreach to qualified children in rural and underserved areas of the state; and

150 (b) evaluate the ongoing results, cost, and effectiveness of the program.

151 ~~[(5) The department shall annually report to the Legislature's Health and Human
152 Services Interim Committee before each November 30 while the waiver is in effect regarding:]~~

153 ~~[(a) the number of qualified children served under the waiver;]~~

154 ~~[(b) success involving families in supporting treatment plans for autistic children;]~~

155 ~~[(c) the cost of the program; and]~~

156 ~~[(d) the results and effectiveness of the program.]~~

157 Section 4. Section **26-18-408** is amended to read:

158 **26-18-408. Incentives to appropriately use emergency department services.**

159 (1) (a) This section applies to the Medicaid program and to the Utah Children's Health
160 Insurance Program created in Chapter 40, Utah Children's Health Insurance Act.

161 (b) For purposes of this section:

162 (i) "Accountable care organization" means a Medicaid or Children's Health Insurance
163 Program administrator that contracts with the Medicaid program or the Children's Health
164 Insurance Program to deliver health care through an accountable care plan.

165 (ii) "Accountable care plan" means a risk based delivery service model authorized by
166 Section 26-18-405 and administered by an accountable care organization.

167 (iii) "Nonemergent care":

168 (A) means use of the emergency department to receive health care that is nonemergent
169 as defined by the department by administrative rule adopted in accordance with Title 63G,
170 Chapter 3, Utah Administrative Rulemaking Act, and the Emergency Medical Treatment and
171 Active Labor Act; and

172 (B) does not mean the medical services provided to a recipient required by the
173 Emergency Medical Treatment and Active Labor Act, including services to conduct a medical
174 screening examination to determine if the recipient has an emergent or nonemergent condition.

175 (iv) "Professional compensation" means payment made for services rendered to a
176 Medicaid recipient by an individual licensed to provide health care services.

177 (v) "Super-utilizer" means a Medicaid recipient who has been identified by the
178 recipient's accountable care organization as a person who uses the emergency department
179 excessively, as defined by the accountable care organization.

180 (2) (a) An accountable care organization may, in accordance with Subsections (2)(b)
181 and (c):

182 (i) audit emergency department services provided to a recipient enrolled in the
183 accountable care plan to determine if nonemergent care was provided to the recipient; and

184 (ii) establish differential payment for emergent and nonemergent care provided in an
185 emergency department.

186 (b) (i) The differential payments under Subsection (2)(a)(ii) do not apply to

187 professional compensation for services rendered in an emergency department.

188 (ii) Except in cases of suspected fraud, waste, and abuse, an accountable care
189 organization's audit of payment under Subsection (2)(a)(i) is limited to the 18-month period of
190 time after the date on which the medical services were provided to the recipient. If fraud,
191 waste, or abuse is alleged, the accountable care organization's audit of payment under
192 Subsection (2)(a)(i) is limited to three years after the date on which the medical services were
193 provided to the recipient.

194 (c) The audits and differential payments under Subsections (2)(a) and (b) apply to
195 services provided to a recipient on or after July 1, 2015.

196 (3) An accountable care organization shall:

197 (a) use the savings under Subsection (2) to maintain and improve access to primary
198 care and urgent care services for all of the recipients enrolled in the accountable care plan;

199 (b) provide viable alternatives for increasing primary care provider reimbursement
200 rates to incentivize after hours primary care access for recipients; and

201 (c) report to the department on how the accountable care organization complied with
202 this Subsection (3).

203 (4) The department shall:

204 (a) through administrative rule adopted by the department, develop quality
205 measurements that evaluate an accountable care organization's delivery of:

206 (i) appropriate emergency department services to recipients enrolled in the accountable
207 care plan;

208 (ii) expanded primary care and urgent care for recipients enrolled in the accountable
209 care plan, with consideration of the accountable care organization's:

210 (A) delivery of primary care, urgent care, and after hours care through means other than
211 the emergency department;

212 (B) recipient access to primary care providers and community health centers including
213 evening and weekend access; and

214 (C) other innovations for expanding access to primary care; and

215 (iii) quality of care for the accountable care plan members;

216 (b) compare the quality measures developed under Subsection (4)(a) for each
217 accountable care organization and share the data and quality measures developed under

218 Subsection (4)(a) with the Health Data Committee created in Chapter 33a, Utah Health Data
219 Authority Act;

220 (c) apply for a Medicaid waiver and a Children's Health Insurance Program waiver
221 with the Centers for Medicare and Medicaid Services within the United States Department of
222 Health and Human Services, to:

223 (i) allow the program to charge recipients who are enrolled in an accountable care plan
224 a higher copayment for emergency department services; and

225 (ii) develop, by administrative rule, an algorithm to determine assignment of new,
226 unassigned recipients to specific accountable care plans based on the plan's performance in
227 relation to the quality measures developed pursuant to Subsection (4)(a); and

228 (d) before July 1, 2015, convene representatives from the accountable care
229 organizations, pre-paid mental health plans, an organization representing hospitals, an
230 organization representing physicians, and a county mental health and substance abuse authority
231 to discuss alternatives to emergency department care, including:

232 (i) creating increased access to primary care services;

233 (ii) alternative care settings for super-utilizers and individuals with behavioral health or
234 substance abuse issues;

235 (iii) primary care medical and health homes that can be created and supported through
236 enhanced federal match rates, a state plan amendment for integrated care models, or other
237 Medicaid waivers;

238 (iv) case management programs that can:

239 (A) schedule prompt visits with primary care providers within 72 to 96 hours of an
240 emergency department visit;

241 (B) help super-utilizers with behavioral health or substance abuse issues to obtain care
242 in appropriate care settings; and

243 (C) assist with transportation to primary care visits if transportation is a barrier to
244 appropriate care for the recipient; and

245 (v) sharing of medical records between health care providers and emergency
246 departments for Medicaid recipients.

247 (5) The Health Data Committee may publish data in accordance with Chapter 33a,
248 Utah Health Data Authority Act, which compares the quality measures for the accountable care

249 plans.

250 (6) The department shall report to the Legislature's Health and Human Services Interim
251 Committee [~~on or before October 1, 2016,~~] every two years regarding implementation of this
252 section.

253 Section 5. Section **26-56-103** is amended to read:

254 **26-56-103. Hemp extract registration card -- Application -- Fees -- Database.**

255 (1) The department shall issue a hemp extract registration card to an individual who:

256 (a) is at least 18 years of age;

257 (b) is a Utah resident;

258 (c) provides the department with a statement signed by a neurologist that:

259 (i) indicates that the individual:

260 (A) suffers from intractable epilepsy; and

261 (B) may benefit from treatment with hemp extract; and

262 (ii) is consistent with a record from the neurologist, concerning the individual,
263 contained in the database described in Subsection (8);

264 (d) pays the department a fee in an amount established by the department under
265 Subsection (5); and

266 (e) submits an application to the department, on a form created by the department, that
267 contains:

268 (i) the individual's name and address;

269 (ii) a copy of the individual's valid photo identification; and

270 (iii) any other information the department considers necessary to implement this

271 chapter.

272 (2) The department shall issue a hemp extract registration card to a parent who:

273 (a) is at least 18 years of age;

274 (b) is a Utah resident;

275 (c) provides the department with a statement signed by a neurologist that:

276 (i) indicates that a minor in the parent's care:

277 (A) suffers from intractable epilepsy; and

278 (B) may benefit from treatment with hemp extract; and

279 (ii) is consistent with a record from the neurologist, concerning the minor, contained in

280 the database described in Subsection (8);

281 (d) pays the department a fee in an amount established by the department under
282 Subsection (5); and

283 (e) submits an application to the department, on a form created by the department, that
284 contains:

285 (i) the parent's name and address;

286 (ii) the minor's name;

287 (iii) a copy of the parent's valid photo identification; and

288 (iv) any other information the department considers necessary to implement this
289 chapter.

290 (3) The department shall maintain a record of:

291 (a) the name of each registrant; and

292 (b) the name of each minor receiving care from a registrant.

293 (4) The department shall make rules in accordance with Title 63G, Chapter 3, Utah
294 Administrative Rulemaking Act, to:

295 (a) establish the information an applicant is required to provide to the department under
296 Subsections (1)(e)(iii) and (2)(e)(iv); and

297 (b) establish, in accordance with recommendations from the Department of Public
298 Safety, the form and content of the hemp extract registration card.

299 (5) The department shall establish fees in accordance with Section 63J-1-504 that are
300 no greater than the amount necessary to cover the cost the department incurs to implement this
301 chapter.

302 (6) The registration cards issued under Subsections (1) and (2) are:

303 (a) valid for one year; and

304 (b) renewable, if, at the time of renewal, the registrant meets the requirements of either
305 Subsection (1) or (2).

306 (7) The neurologist who signs the statement described in Subsection (1)(c) or (2)(c)
307 shall:

308 (a) keep a record of the neurologist's evaluation and observation of a patient who is a
309 registrant or minor under a registrant's care, including the patient's response to hemp extract;

310 and

311 (b) transmit the record described in Subsection (7)(a) to the department.

312 (8) The department shall:

313 (a) maintain a database of the records described in Subsection (7);

314 (b) treat the records as identifiable health data, as defined in Section 26-3-1; and

315 (c) establish a procedure for ensuring that neurologists transmit the records described
316 in Subsection (7).

317 (9) (a) The department shall prepare a de-identified set of data based on records
318 described in Subsection (8) and make the set of data available to researchers at a higher
319 education institution for the purpose of studying hemp extract.

320 (b) No later than July 1, 2016, the department shall, in accordance with Title 63G,
321 Chapter 6a, Utah Procurement Code, request proposals to conduct a study of hemp extract.

322 (c) The study of hemp extract shall include at least the following:

323 (i) analysis of data from the records of patients who have held hemp extract registration
324 cards for one year or more;

325 (ii) the effect of hemp extract on the patient's seizure control; and

326 (iii) any adverse effects or other effects on the patient that may be attributable to the
327 patient's use of hemp extract.

328 (d) The department shall report to the Health and Human Services Interim Committee
329 [~~of the Legislature on or before the November 2016 interim meeting~~] by November 30 of each
330 year until November 30, 2019, on the study of hemp extract.

331 Section 6. Section **49-20-106** is amended to read:

332 **49-20-106. Obesity report.**

333 (1) The Public Employees' Health Plan shall report to the Health and Human Services
334 Interim Committee every two years by no later than the Health and Human Services Interim
335 Committee's November [~~2016~~] interim meeting regarding the analysis required by Subsection
336 (2).

337 (2) For purposes of the report required by Subsection (1), the Public Employees' Health
338 Plan shall:

339 (a) estimate the costs and benefits to the Public Employees' Health Plan associated with
340 providing insurance coverage for anti-obesity treatment, including:

341 (i) counseling;

342 (ii) medication; and

343 (iii) surgery;

344 (b) compare the costs and benefits estimated under Subsection (2)(a) with the costs and
345 benefits to the Public Employees' Health Plan associated with treating diseases caused by or
346 linked to obesity, including:

347 (i) diabetes;

348 (ii) hypertension;

349 (iii) heart disease; and

350 (iv) other diseases; and

351 (c) analyze whether there would be cost savings by providing the insurance coverage
352 described in Subsection (2)(a).

353 (3) The Public Employees' Health Plan may work with other insurers or other
354 interested persons in developing the report required by this section.

355 Section 7. Section **62A-15-1102** is amended to read:

356 **62A-15-1102. Study on gun use -- Report.**

357 (1) As used in this section:

358 (a) "Coordinator" means the state suicide prevention coordinator described in Section
359 62A-15-1101.

360 (b) "Legal intervention" means an incident in which an individual is shot by another
361 individual who has legal authority to use deadly force.

362 (c) "Shooter" means an individual who uses a gun in an act that results in the death of
363 the actor or another individual, whether the act was a suicide, homicide, legal intervention, act
364 of self-defense, or accident.

365 (2) The coordinator shall, by October 30, 2018, conduct a study on use of guns in the
366 state and on an ongoing basis report on the progress and findings of the study to the Health and
367 Human Services Interim Committee.

368 [~~(3) By October 30, 2016, the coordinator shall:~~]

369 [~~(a) determine what information, and from which state, local, and federal agencies, will
370 be necessary to complete the study;~~]

371 [~~(b) determine how much the study will cost;~~]

372 [~~(c) make recommendations for legislation, if any, that will be necessary to facilitate~~]

373 information-sharing between local, state, federal, and private entities and the coordinator; and]
374 [(d) report the findings described in Subsections (3)(a) through (c) to the Health and
375 Human Services Interim Committee.]

376 [(4)] (3) The study described in Subsection (2) shall investigate:

377 (a) the number of deaths in the state that involved a gun, including deaths from suicide,
378 homicide including gang-related violence, legal intervention, self-defense, and accidents;

379 (b) where and how a gun that was involved in a death described in Subsection [(4)]
380 (3)(a) was procured, and whether that procurement was legal;

381 (c) demographic information on the shooter and, where applicable, a victim of a death
382 described in Subsection [(4)] (3)(a), including gender, race, age, criminal history, and gang
383 affiliation, if any;

384 (d) the total estimated number of gun owners in the state;

385 (e) information on the shooter, including whether the shooter has a history of:

386 (i) mental illness; or

387 (ii) domestic violence; and

388 (f) whether gun deaths are seasonal.

389 (5) The coordinator shall ensure that the study described in Subsection (2) is conducted
390 in an unbiased manner, with no preconceived conclusions about potential results.

391 (6) The coordinator may contract with another state agency, private entity, or research
392 institution to assist the coordinator and office with the study required by Subsection (2).

393 (7) (a) The coordinator shall submit a final report on the study described in Subsection
394 (2), including proposed legislation and recommendations, to the Health and Human Services
395 Interim Committee before November 30, 2018.

396 (b) The final report shall include references to all sources of information and data used
397 in the report and study.

398 Section 8. Section **62A-17-103** is amended to read:

399 **62A-17-103. Designated approved 211 service provider -- Department**
400 **responsibilities.**

401 (1) The department shall designate an approved 211 service provider to provide
402 information to Utah citizens about health and human services available in the citizen's
403 community.

404 (2) Only a service provider approved by the department may provide 211 telephone
405 services in this state.

406 (3) The department shall approve a 211 service provider after considering the
407 following:

408 (a) the ability of the proposed 211 service provider to meet the national 211 standards
409 recommended by the Alliance of Information and Referral Systems;

410 (b) the financial stability of the proposed 211 service provider;

411 (c) the community support for the proposed 211 service provider;

412 (d) the relationship between the proposed 211 service provider and other information
413 and referral services; and

414 (e) other criteria as the department considers appropriate.

415 (4) The department shall coordinate with the approved 211 service provider and~~[-(a)]~~
416 other state and local agencies to ensure the joint development and maintenance of a statewide
417 information database for use by the approved 211 service provider~~[-and]~~.

418 ~~[(b) other interested parties, including public, private, and non-profit transportation
419 operators, who shall form a work group and issue a report to the Health and Human Services
420 Interim Committee by November 15, 2013 that addresses the following issues:]~~

421 ~~[(i) an assessment of transportation needs for individuals with disabilities, the elderly,
422 and other receiving services from the department;]~~

423 ~~[(ii) an assessment of available services and current transportation providers
424 throughout Utah;]~~

425 ~~[(iii) identification of opportunities to achieve efficiency in service delivery, including
426 the viability of a single dispatch system; and]~~

427 ~~[(iv) priorities for implementation of efficiency, based on resources and feasibility.]~~