Jen Plumb proposes the following substitute bill:

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Substance	Use	Disorder	Revisions
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2025 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Jen Plumb

House Sponsor: Steve Eliason

LONG TITLE
General Description:
This bill addresses substance use disorder screening in state correctional facilities and
county jails.
Highlighted Provisions:
This bill:
 defines terms;
 requires state correctional facilities and county jails to:
• screen inmates for substance use disorders;
• report data related to the screenings; and
• use the screenings to assist with treatment and programming decisions for inmates;
and
 makes technical and conforming changes.
Money Appropriated in this Bill:
None
Other Special Clauses:
None
Utah Code Sections Affected:
AMENDS:
17-22-8, as last amended by Laws of Utah 2023, Chapters 119, 420
17-22-32, as last amended by Laws of Utah 2024, Chapter 245
ENACTS:
26B-4-901 , Utah Code Annotated 1953
26B-4-902 , Utah Code Annotated 1953

Section 1. Section 17-22-8 is amended to read:

30	17-22-8 . Care of prisoners Funding of services Private contractor.
31	(1) As used in this section, "medication assisted treatment plan" means a prescription plan
32	to use prescribed medication approved by the Food and Drug Administration, such as
33	buprenorphine, methadone, or naltrexone to treat substance use withdrawal symptoms or
34	an opioid use disorder.
35	(2) Except as provided in Subsection (7), a sheriff shall:
36	(a) receive each individual committed to jail by competent authority;
37	(b) provide each prisoner with necessary food, clothing, and bedding in the manner
38	prescribed by the county legislative body;
39	(c) provide each prisoner medical care when:
40	(i) the prisoner's symptoms evidence a serious disease or injury;
41	(ii) the prisoner's disease or injury is curable or may be substantially alleviated; and
42	(iii) the potential for harm to the person by reason of delay or the denial of medical
43	care would be substantial;
44	(d) provide each prisoner, as part of the intake process, with the option of continuing any
45	of the following medically prescribed methods of contraception:
46	(i) an oral contraceptive;
47	(ii) an injectable contraceptive;
48	(iii) a patch;
49	(iv) a vaginal ring; or
50	(v) an intrauterine device, if the prisoner was prescribed the intrauterine device
51	because the prisoner experiences serious and persistent adverse effects when using
52	the methods of contraception described in Subsections (2)(d)(i) and (ii);[-and]
53	(e)(i) $\hat{H} \rightarrow [$ as part of the intake process $]$ within 30 days after an
53a	inmate is committed to jail $\leftarrow \hat{H}$, use an evidence-based screening tool to screen
54	each inmate for substance use disorders; and
55	(ii) use the results of the screening to assist with providing programming and
56	treatment options for the inmate; and
57	(f) cooperate with medical personnel to continue a medication assisted treatment plan for
58	an inmate if the inmate was an active client before arrest and commitment.
59	(3) A sheriff may provide the generic form of a contraceptive described in Subsection
60	(2)(d)(i) or (ii).
61	(4) A sheriff shall follow the provisions of Section 64-13-46 if a prisoner is pregnant or in
62	postpartum recovery, including the reporting requirements in Subsection 64-13-45(2)(c).

63	(5)(a) Except as provided in Section 17-22-10 and Subsection (5)(b), the expense
64	incurred in providing the services required by this section to prisoners shall be paid
65	from the county treasury.
66	(b) The expense incurred in providing the services described in Subsection (2)(d) to
67	prisoners shall be paid by the Department of Health and Human Services.
68	(6) A medication used for a medication assisted treatment plan under Subsection $\left[\frac{(2)(e)}{2}\right]$
69	<u>(2)(f)</u> :
70	(a) shall be administered to an inmate in accordance with the inmate's prescription under
71	the direction of the sheriff;
72	(b) may be paid for by a county; and
73	(c) may be left or stored at a jail at the discretion of the sheriff.
74	(7) If the county executive contracts with a private contractor to provide the services
75	required by this section, the sheriff shall provide only those services required of the
76	sheriff by the contract between the county and the private contractor.
77	Section 2. Section 17-22-32 is amended to read:
78	17-22-32 . County jail reporting requirements.
79	(1) As used in this section:
80	(a) "Commission" means the State Commission on Criminal and Juvenile Justice created
81	in Section 63M-7-201.
82	(b)(i) "In-custody death" means an inmate death that occurs while the inmate is in the
83	custody of a county jail.
84	(ii) "In-custody death" includes an inmate death that occurs while the inmate is:
85	(A) being transported for medical care; or
86	(B) receiving medical care outside of a county jail.
87	(c) "Inmate" means an individual who is processed or booked into custody or housed in
88	a county jail in the state.
89	(d) "Opiate" means the same as that term is defined in Section 58-37-2.
90	(2) Each county jail shall submit a report to the commission before June 15 of each year
91	that includes, for the preceding calendar year:
92	(a) the average daily inmate population each month;
93	(b) the number of inmates in the county jail on the last day of each month who identify
94	as each race or ethnicity included in the Standards for Transmitting Race and
95	Ethnicity published by the Untied States Federal Bureau of Investigation;
96	(c) the number of inmates booked into the county jail;

1st Sub. (Green) S.B. 115

02-19 09:54

97	(d) the number of inmates held in the county jail each month on behalf of each of the
98	following entities:
99	(i) the Bureau of Indian Affairs;
100	(ii) a state prison;
101	(iii) a federal prison;
102	(iv) the United States Immigration and Customs Enforcement; and
103	(v) any other entity with which a county jail has entered a contract to house inmates
104	on the entity's behalf;
105	(e) the number of inmates that are denied pretrial release and held in the custody of the
106	county jail while the inmate awaited final disposition of the inmate's criminal charges;
107	(f) for each inmate booked into the county jail:
108	(i) the name of the agency that arrested the inmate;
109	(ii) the date and time the inmate was booked into and released from the custody of
110	the county jail;
111	(iii) if the inmate was released from the custody of the county jail, the reason the
112	inmate was released from the custody of the county jail;
113	(iv) if the inmate was released from the custody of the county jail on a financial
114	condition, whether the financial condition was set by a county sheriff or a court;
115	(v) the number of days the inmate was held in the custody of the county jail before
116	disposition of the inmate's criminal charges;
117	(vi) whether the inmate was released from the custody of the county jail before final
118	disposition of the inmate's criminal charges; and
119	(vii) the state identification number of the inmate;
120	(g) the number of in-custody deaths that occurred at the county jail;
121	(h) for each in-custody death:
122	(i) the name, gender, race, ethnicity, age, and known or suspected medical diagnosis
123	or disability, if any, of the deceased;
124	(ii) the date, time, and location of death;
125	(iii) the law enforcement agency that detained, arrested, or was in the process of
126	arresting the deceased; and
127	(iv) a brief description of the circumstances surrounding the death;
128	(i) the known, or discoverable on reasonable inquiry, causes and contributing factors of
129	each of the in-custody deaths described in Subsection (2)(g);
130	(j) the county jail's policy for notifying an inmate's next of kin after the inmate's

131	in-custody death;
132	(k) the county jail policies, procedures, and protocols:
133	(i) for treatment of an inmate experiencing withdrawal from alcohol or substance use,
134	including use of opiates;
135	(ii) that relate to the county jail's provision, or lack of provision, of medications used
136	to treat, mitigate, or address an inmate's symptoms of withdrawal, including
137	methadone and all forms of buprenorphine and naltrexone; and
138	(iii) that relate to screening, assessment, and treatment of an inmate for a substance
139	use or mental health disorder[; and], including the policies, procedures, and
140	protocols that implement the requirements described in Subsection 17-22-8(2)(e);
141	(l)(i) the number of inmates whose screening described in Subsection 17-22-8(2)(e)
142	indicated the presence of a substance use disorder; and
143	(ii) of the inmates whose screening indicated the presence of a substance use
144	disorder, the number of inmates who received medication pursuant to a
145	medication assisted treatment plan, as that term is defined in Section 17-22-8; and
146	(m) any report the county jail provides or is required to provide under federal law or
147	regulation relating to inmate deaths.
148	(3)(a) Subsection (2) does not apply to a county jail if the county jail:
149	(i) collects and stores the data described in Subsection (2); and
150	(ii) enters into a memorandum of understanding with the commission that allows the
151	commission to access the data described in Subsection (2).
152	(b) The memorandum of understanding described in Subsection (3)(a)(ii) shall include a
153	provision to protect any information related to an ongoing investigation and comply
154	with all applicable federal and state laws.
155	(c) If the commission accesses data from a county jail in accordance with Subsection
156	(3)(a), the commission may not release a report prepared from that data, unless:
157	(i) the commission provides the report for review to:
158	(A) the county jail; and
159	(B) any arresting agency that is named in the report; and
160	(ii)(A) the county jail approves the report for release;
161	(B) the county jail reviews the report and prepares a response to the report to be
162	published with the report; or
163	(C) the county jail fails to provide a response to the report within four weeks after

165	(4)	The commission shall:
166		(a) compile the information from the reports described in Subsection (2);
167		(b) omit or redact any identifying information of an inmate in the compilation to the
168		extent omission or redaction is necessary to comply with state and federal law;
169		(c) submit the compilation to the Law Enforcement and Criminal Justice Interim
170		Committee and the Utah Substance Use and Mental Health Advisory Committee
171		before November 1 of each year; and
172		(d) submit the compilation to the protection and advocacy agency designated by the
173		governor before November 1 of each year.
174	(5)	The commission may not provide access to or use a county jail's policies, procedures, or
175		protocols submitted under this section in a manner or for a purpose not described in this
176		section.
177	(6)	A report including only the names and causes of death of deceased inmates and the
178		facility in which they were being held in custody shall be made available to the public.
179		Section 3. Section 26B-4-901 is enacted to read:
180		Part 9. Inmate Health
181		<u>26B-4-901</u> . Definitions.
182		As used in this part:
183	<u>(1)</u>	"Correctional facility" means a facility operated to house inmates in a secure or
184		nonsecure setting:
185		(a) by the Department of Corrections; or
186		(b) under a contract with the Department of Corrections.
187	<u>(2)</u>	"Division" means the Division of Correctional Health Services.
188	<u>(3)</u>	"Inmate" means an individual who is:
189		(a) committed to the custody of the Department of Corrections; and
190		(b) housed at a correctional facility or at a county jail at the request of the Department of
191		Corrections.
192	<u>(4)</u>	"Medication assisted treatment" means the use of a prescribed medication approved by
193		the Food and Drug Administration, such as buprenorphine, methadone, or naltrexone, to
194		treat substance use withdrawal symptoms or an opioid use disorder.
195	<u>(5)</u>	"Substance use disorder" means the same as that term is defined in the current edition of
196		the Diagnostic and Statistical Manual of Mental Disorders published by the American
197		Psychiatric Association.

198 Section 4. Section **26B-4-902** is enacted to read:

199	<u>26B-4-902</u> . Substance use disorder screening.
200	(1) Within 30 days after an inmate is committed to the custody of the Department of
201	Corrections, the division shall use an evidence-based screening tool to screen the inmate
202	for substance use disorders.
203	(2) If the screening described in Subsection (1) indicates the presence of a substance use
204	disorder, the division, in coordination with the correctional facility where the inmate is
205	housed, and as appropriate and available, may:
206	(a) make medication assisted treatment available to the inmate; and
207	(b) place the inmate in programs designed to assist individuals with a substance use
208	disorder.
209	(3) Before October 1 each year, the division shall provide a report to the Health and Human
210	Services Interim Committee regarding actions taken pursuant to this section in the
211	preceding fiscal year, including:
212	(a) the number of inmates who were screened;
213	(b) the number of inmates whose screening indicated the presence of a substance use
214	disorder; and
215	(c) of the inmates whose screening indicated the presence of a substance use disorder,
216	the number of inmates who received medication assisted treatment.
217	Section 5. Effective Date.
218	This bill takes effect on May 7, 2025.