## **Health and Human Services Amendments**

# 2025 GENERAL SESSION STATE OF UTAH

**Chief Sponsor: Cheryl K. Acton** 

Senate Sponsor: Keven J. Stratton

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#### LONG TITLE

### **General Description:**

This bill amends provisions related to the Department of Health and Human Services.

### **Highlighted Provisions:**

- This bill:
  - defines terms;
  - repeals outdated language;
- 10 updates code references;
  - provides that the Department of Health and Human Services (department) may examine and audit the expenditures of public funds provided to a local health department;
  - addresses the required qualifications for the department's executive director and deputy directors:
    - updates the name of a division and an office within the department;
  - provides that the executive director of the department may create committees within the department, subject to certain conditions and requirements;
  - authorizes the department to access certain records of individuals licensed or certified by the Division of Professional Licensing for specific purposes;
    - adds additional items to the list of duties of the department;
  - updates language to be consistent with the transfer of certain emergency medical services responsibilities from the department to the Department of Public Safety;
    - addresses the administration of stock albuterol by a qualified adult;
- ≥ updates references from "targeted case management" to "case managers";
- allows the Office of Public Guardian to have access to certain documents and
   information, including private, controlled, or protected information, when reasonably
   necessary to fulfill the office's duties and responsibilities;

28	<ul> <li>provides that the Division of Services for People with Disabilities must determine the</li> </ul>
29	most appropriate, least restrictive setting for an individual with an intellectual disability
30	within the division's system;
31	<ul> <li>amends provisions regarding fetal death certificates and certificates of early term stillbirth;</li> </ul>
32	• updates code references to reflect the current name of the Office of Substance Use and
33	Mental Health within the department;
34	• requires the Office of Recovery Services to review child support guidelines and submit a
35	summary of the review to the Judiciary Interim Committee; and
36	<ul> <li>makes technical and conforming changes.</li> </ul>
37	Money Appropriated in this Bill:
38	None
39	Other Special Clauses:
40	None
41	<b>Utah Code Sections Affected:</b>
42	AMENDS:
43	<b>26B-1-201</b> , as last amended by Laws of Utah 2022, Chapter 255
44	26B-1-202, as last amended by Laws of Utah 2024, Chapter 506
45	26B-1-203, as renumbered and amended by Laws of Utah 2022, Chapter 255
46	26B-1-204, as last amended by Laws of Utah 2024, Chapters 240, 404 and 506
47	26B-1-211, as renumbered and amended by Laws of Utah 2022, Chapter 255
48	26B-1-213, as renumbered and amended by Laws of Utah 2022, Chapter 255
49	26B-1-216, as last amended by Laws of Utah 2024, Chapter 106
50	26B-1-219, as last amended by Laws of Utah 2024, Chapter 178
51	26B-1-235, as renumbered and amended by Laws of Utah 2023, Chapter 305
52	<b>26B-1-334</b> , as enacted by Laws of Utah 2023, Chapter 325
53	26B-3-804, as renumbered and amended by Laws of Utah 2023, Chapter 306
54	26B-4-301, as last amended by Laws of Utah 2024, Chapter 261
55	26B-4-406, as renumbered and amended by Laws of Utah 2023, Chapter 307
56	26B-4-409, as last amended by Laws of Utah 2024, Chapter 311
57	26B-4-501, as last amended by Laws of Utah 2024, Chapter 257
58	<b>26B-5-101</b> , as last amended by Laws of Utah 2024, Chapters 240, 420
59	<b>26B-5-102</b> , as last amended by Laws of Utah 2024, Chapters 250, 420
60	26B-5-315, as renumbered and amended by Laws of Utah 2023, Chapter 308
61	26B-5-319, as renumbered and amended by Laws of Utah 2023, Chapter 308

62	<b>26B-5-331</b> , as last amended by Laws of Utan 2024, Chapter 299
63	26B-5-609, as last amended by Laws of Utah 2024, Third Special Session, Chapter 5
64	26B-6-210, as last amended by Laws of Utah 2024, Chapter 147
65	26B-6-304, as last amended by Laws of Utah 2024, Chapter 250
66	26B-6-602, as renumbered and amended by Laws of Utah 2023, Chapter 308
67	26B-7-301, as last amended by Laws of Utah 2024, Chapters 152, 283
68	26B-8-115, as last amended by Laws of Utah 2024, Chapters 113, 295
69	26B-8-118, as last amended by Laws of Utah 2024, Chapter 113
70	26B-9-104, as last amended by Laws of Utah 2024, Chapter 366
71	53-22-102, as last amended by Laws of Utah 2024, Chapter 21
72	53-22-104.2, as enacted by Laws of Utah 2024, Chapter 21
73	53-22-105, as enacted by Laws of Utah 2024, Chapter 21
74	53G-8-701.6, as enacted by Laws of Utah 2024, Chapter 21
75	63I-1-281, as enacted by Laws of Utah 2024, Chapter 366
76	80-2-709, as renumbered and amended by Laws of Utah 2022, Chapter 334
77	REPEALS:
78	26B-7-102, as renumbered and amended by Laws of Utah 2023, Chapter 308
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Be it enacted by the Legislature of the state of Utah:

Section 1. Section **26B-1-201** is amended to read:

## 26B-1-201 . Department of Health and Human Services -- Creation -- Duties.

- (1) There is created within state government the Department of Health and Human Services, which has all of the policymaking functions, regulatory and enforcement powers, rights, duties, and responsibilities outlined in this title and previously vested in the Department of Health and the Department of Human Services.
- (2) Subject to the limitation and grants of authority in state law, the department shall serve as the health, health planning, medical assistance, and social services authority of the state, and for administration of federally assisted state programs or plans is designated as the sole state agency for:
  - (a) social service block grants;
- (b) alcohol, drug, and mental health programs, including block grants;
- 93 (c) child welfare;

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94 (d) state programs supported under the Older Americans Act, 42 U.S.C. Sec. 3001, et seq.;

96	(e) public health;
97	(f) health planning;
98	(g) maternal and child health;
99	(h) services for individuals with a disability; and
100	(i) medical assistance.
101	(3) A state plan or program administered by the department:
102	(a) shall be developed in the appropriate divisions or offices of the department in
103	accordance with applicable requirements of state and federal law; and
104	(b) may be amended by the executive director to achieve coordination, efficiency, or
105	economy.
106	[(4) In addition to Subsection (1), from July 1, 2022, through June 30, 2023, the
107	Department of Health and Human Services shall exercise the policymaking functions,
108	regulatory and enforcement powers, rights, duties, and responsibilities of the
109	Department of Health and the Department of Human Services under:]
110	[(a) Title 26, Utah Health Code; and]
111	[(b) Title 62A, Utah Human Services Code.]
112	Section 2. Section <b>26B-1-202</b> is amended to read:
113	26B-1-202 . Department authority and duties.
114	(1) As used in this section, "public funds" means the same as that term is defined in Section
115	26B-5-101.
116	(2) The department may, subject to applicable restrictions in state law and in addition
117	to all other authority and responsibility granted to the department by law:
118	[(1)] (a) adopt rules, in accordance with Title 63G, Chapter 3, Utah Administrative
119	Rulemaking Act, and not inconsistent with law, as the department may consider
120	necessary or desirable for providing health and social services to the people of this
121	state;
122	[(2)] (b) establish and manage client trust accounts in the department's institutions and
123	community programs, at the request of the client or the client's legal guardian or
124	representative, or in accordance with federal law;
125	[(3)] (c) purchase, as authorized or required by law, services that the department is
126	responsible to provide for legally eligible persons;
127	[(4)] (d) conduct adjudicative proceedings for clients and providers in accordance with
128	the procedures of Title 63G, Chapter 4, Administrative Procedures Act;
129	[(5)] (e) establish eligibility standards for the department's programs, not inconsistent

130	with state or federal law or regulations;
131	[(6)] (f) take necessary steps, including legal action, to recover money or the monetary
132	value of services provided to a recipient who was not eligible;
133	[(7)] (g) set and collect fees for the department's services;
134	[(8)] (h) license agencies, facilities, and programs, except as otherwise allowed,
135	prohibited, or limited by law;
136	[(9)] (i) acquire, manage, and dispose of any real or personal property needed or owned
137	by the department, not inconsistent with state law;
138	[(10)] (j) receive gifts, grants, devises, and donations; gifts, grants, devises, donations, or
139	the proceeds thereof, may be credited to the program designated by the donor, and
140	may be used for the purposes requested by the donor, as long as the request conforms
141	to state and federal policy; all donated funds shall be considered private, nonlapsing
142	funds and may be invested under guidelines established by the state treasurer;
143	[(11)] (k) accept and employ volunteer labor or services; the department is authorized to
144	reimburse volunteers for necessary expenses, when the department considers that
145	reimbursement to be appropriate;
146	[(12)] (1) carry out the responsibility assigned in the workforce services plan by the State
147	Workforce Development Board;
148	[(13)] (m) carry out the responsibility assigned by Section 26B-1-430 with respect to
149	coordination of services for students with a disability;
150	[(14)] (n) provide training and educational opportunities for the department's staff;
151	[(15)] (o) collect child support payments and any other money due to the department;
152	[(16)] (p) apply the provisions of Title 81, Chapter 6, Child Support, to parents whose
153	child lives out of the home in a department licensed or certified setting;
154	[(17)] (q) establish policy and procedures, within appropriations authorized by the
155	Legislature, in cases where the Division of Child and Family Services or the Division
156	of Juvenile Justice and Youth Services is given custody of a minor by the juvenile
157	court under Title 80, Utah Juvenile Code, or the department is ordered to prepare an
158	attainment plan for a minor found not competent to proceed under Section 80-6-403,
159	including:
160	[(a)] (i) designation of interagency teams for each juvenile court district in the state;
161	[(b)] (ii) delineation of assessment criteria and procedures;
162	[(e)] (iii) minimum requirements, and timeframes, for the development and
163	implementation of a collaborative service plan for each minor placed in

164	department custody; and
165	[(d)] (iv) provisions for submittal of the plan and periodic progress reports to the court;
166	[(18)] (r) carry out the responsibilities assigned to the department by statute;
167	[(19)] (s) as further provided in Subsection (3), examine and audit the expenditures of
168	any public funds provided to a local health department, a local substance abuse
169	authority, a local mental health authority, a local area agency on aging, and any
170	person, agency, or organization that contracts with or receives funds from those
171	authorities or agencies[. Those local authorities, area agencies, and any person or
172	entity that contracts with or receives funds from those authorities or area agencies,
173	shall provide the department with any information the department considers
174	necessary. The department is further authorized to issue directives resulting from any
175	examination or audit to a local authority, an area agency, and persons or entities that
176	contract with or receive funds from those authorities with regard to any public funds.
177	If the department determines that it is necessary to withhold funds from a local
178	mental health authority or local substance abuse authority based on failure to comply
179	with state or federal law, policy, or contract provisions, the department may take
180	steps necessary to ensure continuity of services. For purposes of this Subsection (19)
181	"public funds" means the same as that term is defined in Section 26B-5-101];
182	[(20)] (t) in accordance with Subsection 26B-2-104(1)(d), accredit one or more agencies
183	and persons to provide intercountry adoption services;
184	[(21)] (u) within legislative appropriations, promote and develop a system of care and
185	stabilization services:
186	[(a)] (i) in compliance with Title 63G, Chapter 6a, Utah Procurement Code; and
187	[(b)] (ii) that encompasses the department, department contractors, and the divisions,
188	offices, or institutions within the department, to:
189	[(i)] (A) navigate services, funding resources, and relationships to the benefit of
190	the children and families whom the department serves;
191	[(ii)] (B) centralize department operations, including procurement and contracting;
192	[(iii)] (C) develop policies that govern business operations and that facilitate a
193	system of care approach to service delivery;
194	[(iv)] (D) allocate resources that may be used for the children and families served
195	by the department or the divisions, offices, or institutions within the
196	department, subject to the restrictions in Section 63J-1-206;
197	[v] (E) create performance-based measures for the provision of services; and

198	[(vi)] (F) centralize other business operations, including data matching and sharing
199	among the department's divisions, offices, and institutions;
200	[(22)] (v) ensure that any training or certification required of a public official or public
201	employee, as those terms are defined in Section 63G-22-102, complies with Title
202	63G, Chapter 22, State Training and Certification Requirements, if the training or
203	certification is required:
204	[(a)] (i) under this title;
205	[(b)] (ii) by the department; or
206	[(e)] (iii) by an agency or division within the department;
207	[(23)] (w) enter into cooperative agreements with the Department of Environmental
208	Quality to delineate specific responsibilities to assure that assessment and
209	management of risk to human health from the environment are properly administered;
210	[(24)] (x) consult with the Department of Environmental Quality and enter into
211	cooperative agreements, as needed, to ensure efficient use of resources and effective
212	response to potential health and safety threats from the environment, and to prevent
213	gaps in protection from potential risks from the environment to specific individuals
214	or population groups;
215	[(25)] (y) to the extent authorized under state law or required by federal law, promote and
216	protect the health and wellness of the people within the state;
217	[(26)] (z) establish, maintain, and enforce rules authorized under state law or required by
218	federal law to promote and protect the public health or to prevent disease and illness;
219	[(27)] (aa) investigate the causes of epidemic, infectious, communicable, and other
220	diseases affecting the public health;
221	[(28)] (bb) provide for the detection and reporting of communicable, infectious, acute,
222	chronic, or any other disease or health hazard which the department considers to be
223	dangerous, important, or likely to affect the public health;
224	[(29)] (cc) collect and report information on causes of injury, sickness, death, and
225	disability and the risk factors that contribute to the causes of injury, sickness, death,
226	and disability within the state;
227	[(30)] (dd) collect, prepare, publish, and disseminate information to inform the public
228	concerning the health and wellness of the population, specific hazards, and risks that
229	may affect the health and wellness of the population and specific activities which
230	may promote and protect the health and wellness of the population;
231	[(31)] (ee) abate nuisances when necessary to eliminate sources of filth and infectious

232	and communicable diseases affecting the public health;
233	[(32)] (ff) make necessary sanitary and health investigations and inspections in
234	cooperation with local health departments as to any matters affecting the public
235	health;
236	[(33)] (gg) establish laboratory services necessary to support public health programs and
237	medical services in the state;
238	[(34)] (hh) establish and enforce standards for laboratory services which are provided by
239	any laboratory in the state when the purpose of the services is to protect the public
240	health;
241	[(35)] (ii) cooperate with the Labor Commission to conduct studies of occupational
242	health hazards and occupational diseases arising in and out of employment in
243	industry, and make recommendations for elimination or reduction of the hazards;
244	[(36)] (jj) cooperate with the local health departments, the Department of Corrections,
245	the Administrative Office of the Courts, the Division of Juvenile Justice and Youth
246	Services, and the Utah Office for Victims of Crime to conduct testing for HIV
247	infection of alleged sexual offenders, convicted sexual offenders, and any victims of
248	a sexual offense;
249	[(37)] (kk) investigate the causes of maternal and infant mortality;
250	[(38)] (11) establish, maintain, and enforce a procedure requiring the blood of adult
251	pedestrians and drivers of motor vehicles killed in highway accidents be examined
252	for the presence and concentration of alcohol, and provide the Commissioner of
253	Public Safety with monthly statistics reflecting the results of these examinations, with
254	necessary safeguards so that information derived from the examinations is not used
255	for a purpose other than the compilation of these statistics;
256	[(39)] (mm) establish qualifications for individuals permitted to draw blood under
257	Subsection 41-6a-523(1)(a)(vi), 53-10-405(2)(a)(vi), 72-10-502(5)(a)(vi), or
258	77-23-213(3)(a)(vi), and to issue permits to individuals the department finds
259	qualified, which permits may be terminated or revoked by the department;
260	[(40)] (nn) establish a uniform public health program throughout the state which includes
261	continuous service, employment of qualified employees, and a basic program of
262	disease control, vital and health statistics, sanitation, public health nursing, and other
263	preventive health programs necessary or desirable for the protection of public health;
264	[(41)] (oo) conduct health planning for the state;
265	[(42)] (pp) monitor the costs of health care in the state and foster price competition in the

266	health care delivery system;
267	[(43)] (qq) establish methods or measures for health care providers, public health entities,
268	and health care insurers to coordinate among themselves to verify the identity of the
269	individuals the providers serve;
270	[(44)] (rr) designate Alzheimer's disease and related dementia as a public health issue
271	and, within budgetary limitations, implement a state plan for Alzheimer's disease and
272	related dementia by incorporating the plan into the department's strategic planning
273	and budgetary process;
274	[(45)] (ss) coordinate with other state agencies and other organizations to implement the
275	state plan for Alzheimer's disease and related dementia;
276	[(46)] (tt) ensure that any training or certification required of a public official or public
277	employee, as those terms are defined in Section 63G-22-102, complies with Title
278	63G, Chapter 22, State Training and Certification Requirements, if the training or
279	certification is required by the agency or under this Title 26B, Utah Health and
280	Human Services Code;
281	[(47)] (uu) oversee public education vision screening as described in Section 53G-9-404;
282	[(48)] (vv) issue code blue alerts in accordance with Title 35A, Chapter 16, Part 7, Code
283	Blue Alert; and
284	[(49)] (ww) as allowed by state and federal law, share data with the Office of Families
285	that is relevant to the duties described in Subsection 26B-1-243(4), which may
286	include, to the extent available:
287	[(a)] (i) demographic data concerning family structures in the state; and
288	[(b)] (ii) data regarding the family structure associated with:
289	[(i)] (A) suicide, depression, or anxiety; and
290	[(ii)] (B) various health outcomes.
291	(3)(a) Under Subsection (2)(s), those local departments, local authorities, area agencies,
292	and any person or entity that contracts with or receives funds from those departments,
293	authorities, or area agencies, shall provide the department with any information the
294	department considers necessary.
295	(b) The department is further authorized to issue directives resulting from any
296	examination or audit to a local department, local authority, an area agency, and
297	persons or entities that contract with or receive funds from those departments,
298	authorities, or agencies with regard to any public funds.
299	(c) If the department determines that it is necessary to withhold funds from a local health

300	department, local mental health authority, or local substance abuse authority based on
301	failure to comply with state or federal law, policy, or contract provisions, the
302	department may take steps necessary to ensure continuity of services.
303	Section 3. Section <b>26B-1-203</b> is amended to read:
304	26B-1-203 . Executive director Appointment Compensation Qualifications
305	Deputy directors required Responsibilities.
306	(1)(a) The chief administrative officer of the department is the executive director, who
307	shall be appointed by the governor with the advice and consent of the Senate.
308	(b) The executive director may be removed at the will of the governor.
309	(c) The executive director shall receive a salary established by the governor within the
310	salary range fixed by the Legislature in Title 67, Chapter 22, State Officer
311	Compensation.
312	(2) The executive director shall be experienced in administration, management, and
313	coordination of complex organizations.
314	(3) [If the executive director is not a physician, the] The executive director or a deputy
315	director shall:
316	(a) be informed and experienced in public health;
317	(b) have successfully completed at least a master's degree of public health or public
318	administration from an accredited school of public health or from an accredited
319	program of public health or public administration; and
320	(c)(i) have at least five years of professional full-time experience, of which at least
321	two years have been in public health in a senior level administrative capacity; or
322	(ii) have at least five years of professional full-time experience in public health
323	programs, of which at least three years have been in a senior level administrative
324	capacity.
325	(4) [The] If the executive director is not a physician, the executive director shall appoint a
326	deputy director of the department who[±]
327	[(a) shall have successfully completed at least one year's graduate work in an accredited
328	school of public health or an accredited program of public health;]
329	[(b) shall have at least five years of professional full-time experience in public health
330	programs; and]
331	[(e)] _is a physician licensed to practice medicine in the state with experience in public
332	health.
333	(5) The executive director is responsible for:

334	(a) administration and supervision of the department;
335	(b) coordination of policies and program activities conducted through the boards,
336	divisions, and offices of the department;
337	(c) approval of the proposed budget of each board, division, and office within the
338	department; and
339	(d) other duties as the Legislature or governor shall assign to the executive director.
340	(6) The executive director may appoint deputy or assistant directors to assist the executive
341	director in carrying out the department's responsibilities.
342	Section 4. Section 26B-1-204 is amended to read:
343	26B-1-204. Creation of boards, divisions, and offices Power to establish
344	committees.
345	(1) The executive director shall make rules in accordance with Title 63G, Chapter 3, Utah
346	Administrative Rulemaking Act, and not inconsistent with law for:
347	(a) the administration and government of the department;
348	(b) the conduct of the department's employees; and
349	(c) the custody, use, and preservation of the records, papers, books, documents, and
350	property of the department.
351	(2) The following policymaking boards, councils, and committees are created within the
352	Department of Health and Human Services:
353	(a) Board of Aging and Adult Services;
354	(b) Utah State Developmental Center Board;
355	(c) Health Facility Committee;
356	(d) Health Data Committee;
357	(e) Child Care Provider Licensing Committee;
358	(f) Adult Autism Treatment Program Advisory Committee;
359	(g) Youth Electronic Cigarette, Marijuana, and Other Drug Prevention Committee; and
360	(h) any boards, councils, or committees that are created by statute in this title.
361	(3) The following divisions and offices are created within the Department of Health and
362	Human Services:
363	(a) relating to operations:
364	(i) the Division of Finance and Administration;
365	(ii) the Division of Licensing and Background Checks;
366	(iii) the Division of Customer Experience;
367	(iv) the Division of Data, Systems, and Evaluation; and

368	(v) the Division of Continuous Quality and Improvement;
369	(b) relating to healthcare administration:
370	(i) the Division of Integrated Healthcare, which shall include responsibility for:
371	(A) the state's medical assistance programs; and
372	(B) behavioral health programs described in Chapter 5, Health Care - Substance
373	Use and Mental Health;
374	(ii) the Division of Aging and Adult Services; and
375	(iii) the Division of Services for People with Disabilities;
376	(c) relating to community health and well-being:
377	(i) the Division of Child and Family Services;
378	(ii) the Division of Family Health;
379	(iii) the Division of Population Health;
380	(iv) the Division of Juvenile Justice and Youth Services;
381	(v) the Office of Families; and
382	(vi) the Office of Recovery Services; and
383	(d) relating to clinical services[, the Division of Health Access.] :
384	(i) the Division of Correctional Health Services; and
385	(ii) the Office of the Medical Examiner.
386	(4)(a) The executive director may:
387	(i) establish offices to facilitate management of the department as required by, and in
388	accordance with this title[-] ; or
389	(ii) establish one or more committees within the department if each established
390	committee is:
391	(A) essential to the operation of the department; or
392	(B) required to review or discuss protected health information or other similarly
393	sensitive materials to accomplish the committee's responsibilities.
394	(b) If the executive director creates a committee under Subsection (4)(a)(ii), within six
395	months after the executive director creates the committee, the executive director shall
396	notify the Health and Human Services Interim Committee, in writing, of:
397	(i) the creation of the committee;
398	(ii) the committee's responsibilities; and
399	(iii) the membership of the committee.
400	(c) The executive director shall provide a report to the Health and Human Services
401	Interim Committee on or before August 1 each year that describes each ongoing,

402	operational committee created by the executive director under Subsection (4)(a)(ii).
403	[(5) From July 1, 2022, through June 30, 2023, the executive director may adjust the
404	organizational structure relating to the department, including the organization of the
405	department's divisions and offices, notwithstanding the organizational structure
406	described in this title.]
407	Section 5. Section 26B-1-211 is amended to read:
408	26B-1-211 . Background checks for employees Access to abuse and neglect
409	information to screen employees and volunteers.
410	(1) As used in this section, "bureau" means the Bureau of Criminal Identification created in
411	Section 53-10-201.
412	(2) Beginning July 1, 2018, the department may require a fingerprint-based local, regional,
413	and national criminal history background check and ongoing monitoring of:
414	(a) all staff, contracted employees, and volunteers who:
415	(i) have access to protected health information or personal identifying information;
416	(ii) have direct access to patients, children, or vulnerable adults as defined in Section
417	26B-2-101;
418	(iii) work in areas of privacy and data security;
419	(iv) handle financial information, including receipt of funds, reviewing invoices,
420	making payments, and other types of financial information; and
421	(v) perform audit functions, whether internal or external, on behalf of the department;
422	and
423	(b) job applicants who have been offered a position with the department and the job
424	requirements include those described in Subsection (2)(a).
425	(3) Beginning July 1, 2022, for the purposes described in Subsection (2), the department
426	may also access:
427	(a) the department's Management Information System created in Section 80-2-1001;
428	(b) the department's Licensing Information System created in Section 80-2-1002;
429	(c) the statewide database of the Division of Aging and Adult Services created by
430	Section 26B-6-210;[-and]
431	(d) juvenile court records under Subsection 80-3-404(4)[-] ; and
432	(e) licensing and certification records of individuals licensed or certified by the Division
433	of Professional Licensing under Title 58, Occupations and Professions.
434	(4) Each individual in a position listed in Subsection (2) shall provide a completed
435	fingerprint card to the department upon request.

436	(5) The department shall require that an individual required to submit to a background
437	check under Subsection (4) provide a signed waiver on a form provided by the
438	department that meets the requirements of Subsection 53-10-108(4).
439	(6) For a noncriminal justice background search and registration in accordance with
440	Subsection 53-10-108(13), the department shall submit to the bureau:
441	(a) the applicant's personal identifying information and fingerprints for a criminal
442	history search of applicable local, regional, and national databases; and
443	(b) a request for all information received as a result of the local, regional, and
444	nationwide background check.
445	(7) The department is responsible for the payment of all fees required by Subsection
446	53-10-108(15) and any fees required to be submitted to the Federal Bureau of
447	Investigation by the bureau.
448	(8) The department may make rules in accordance with Title 63G, Chapter 3, Utah
449	Administrative Rulemaking Act, that:
450	(a) determine how the department will assess the employment status of an individual
451	upon receipt of background information;
452	(b) determine when an individual would be disqualified from holding a position based
453	on:
454	(i) the type of crimes and the severity of those crimes; or
455	(ii) one or more substantiated or supported findings of abuse, neglect, or exploitation
456	and
457	(c) identify the appropriate privacy risk mitigation strategy to be used in accordance
458	with Subsection 53-10-108(13)(b).
459	Section 6. Section <b>26B-1-213</b> is amended to read:
460	26B-1-213. Department and committee rules and proceedings.
461	(1)(a) Except in areas [-]subject to concurrence between the department and a committee
462	created under this title[ , Title 26, Utah Health Code, or Title 62A, Utah Human
463	Services Code], the department shall have the power to adopt, amend, or rescind
464	rules necessary to carry out the provisions of this title.
465	(b) If the adoption of rules under a provision of this title is subject to concurrence
466	between the department and a committee created under this title and no concurrence
467	can be reached, the department has final authority to adopt, amend, or rescind rules
468	necessary to carry out the provisions of this title.
469	(c) When the provisions of this title require concurrence between the department and a

470	committee created under this title:
471	(i) the department shall report to and update the committee on a regular basis related
472	to matters requiring concurrence; and
473	(ii) the committee shall review the report submitted by the department under this
474	Subsection (1)(c) and shall:
475	(A) concur with the report; or
476	(B) provide a reason for not concurring with the report and provide an alternative
477	recommendation to the department.
478	(2) Rules shall have the force and effect of law and may deal with matters which materially
479	affect the security of health or the preservation and improvement of public health in the
480	state, and any matters as to which jurisdiction is conferred upon the department by this
481	title.
482	(3) Every rule adopted by the department, or by the concurrence of the department and a
483	committee established under Section 26B-1-204, is subject to Title 63G, Chapter 3, Utah
484	Administrative Rulemaking Act, and is effective at the time and in the manner provided
485	in that act.
486	(4) If, at the next general session of the Legislature following the filing of a rule with the
487	legislative research director, the Legislature passes a bill disapproving such rule, the rule
488	shall be null and void.
489	(5) The department, or the department in concurrence with a committee created under
490	Section 26B-1-204, may not adopt a rule identical to a rule disapproved under
491	Subsection (4) of this section before the beginning of the next general session of the
492	Legislature following the general session at which the rule was disapproved.
493	(6) The department and all committees, boards, divisions, and offices created under this title[,
494	Title 26, Utah Health Code, or Title 62A, Utah Human Services Code,] shall comply
495	with the procedures and requirements of Title 63G, Chapter 4, Administrative
496	Procedures Act, in any adjudicative proceedings.
497	(7)(a) The department may hold hearings, administer oaths, subpoena witnesses, and
498	take testimony in matters relating to the exercise and performance of the powers and
499	duties vested in or imposed upon the department.
500	(b) The department may, at the department's sole discretion, contract with any other
501	agency or department of the state to conduct hearings in the name of the department.
502	Section 7. Section <b>26B-1-216</b> is amended to read:
503	26B-1-216. Powers and duties of the department Quality and design.

504	The department shall:
505	(1) monitor and evaluate the quality of services provided by the department including:
506	(a) in accordance with Part 5, Fatality Review, monitoring, reviewing, and making
507	recommendations relating to a fatality review;
508	(b) overseeing the duties of the child protection ombudsman appointed under Section
509	80-2-1104; and
510	(c) conducting internal evaluations of the quality of services provided by the department
511	and service providers contracted with the department;
512	(2) conduct investigations described in Section 80-2-703;
513	(3) develop an integrated human services system and implement a system of care by:
514	(a) designing and implementing a comprehensive continuum of services for individuals
515	who receive services from the department or a service provider contracted with the
516	department;
517	(b) establishing and maintaining department contracts with public and private service
518	providers;
519	(c) establishing standards for the use of service providers who contract with the
520	department;
521	(d) coordinating a service provider network to be used within the department to ensure
522	individuals receive the appropriate type of services;
523	(e) centralizing the department's administrative operations; and
524	(f) integrating, analyzing, and applying department-wide data and research to monitor
525	the quality, effectiveness, and outcomes of services provided by the department;[-and]
526	(4)(a) coordinate with the Driver License Division, the Department of Public Safety, and
527	any other law enforcement agency to test and provide results of blood or urine
528	samples submitted to the department as part of an investigation for a driving offense
529	that may have occurred and there is reason to believe the individual's blood or urine
530	may contain:
531	(i) alcohol; or
532	(ii) other drugs or substances that the department reasonably determines could impair
533	an individual or that is illegal for the individual to possess or consume; and
534	(b) ensure that the results of the test described in Subsection (4)(a) are provided through
535	a secure medium and in a timely manner[-];
536	(5) use available data to structure programs and activities to ensure populations have access
537	to health and wellness education, information, resources, and services;

538	(6) efficiently use funding and resources to promote health and safety; and
539	(7) include an understanding of the impacted populations and supporting data in staff
540	training.
541	Section 8. Section <b>26B-1-219</b> is amended to read:
542	26B-1-219. Requirements for issuing, recommending, or facilitating rationing
543	criteria.
544	(1) As used in this section:
545	(a) "Health care resource" means:
546	(i) health care as defined in Section 78B-3-403;
547	(ii) a prescription drug as defined in Section 58-17b-102;
548	(iii) a prescription device as defined in Section 58-17b-102;
549	(iv) a nonprescription drug as defined in Section 58-17b-102; or
550	(v) any supply or treatment that is intended for use in the course of providing health
551	care as defined in Section 78B-3-403.
552	(b)(i) "Rationing criteria" means any requirement, guideline, process, or
553	recommendation regarding:
554	(A) the distribution of a scarce health care resource; or
555	(B) qualifications or criteria for a person to receive a scarce health care resource.
556	(ii) "Rationing criteria" includes crisis standards of care with respect to any health
557	care resource.
558	(c) "Scarce health care resource" means a health care resource:
559	(i) for which the need for the health care resource in the state or region significantly
560	exceeds the available supply of that health care resource in that state or region;
561	(ii) that, based on the circumstances described in Subsection (1)(c)(i), is distributed
562	or provided using written requirements, guidelines, processes, or
563	recommendations as a factor in the decision to distribute or provide the health care
564	resource; and
565	(iii) that the federal government has allocated to the state to distribute.
566	(2)(a) On or before July 1, 2022, the department shall make rules in accordance with
567	Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to establish a procedure
568	that the department will follow to adopt, modify, require, facilitate, or recommend
569	rationing criteria.
570	(b) Beginning July 1, 2022, the department may not adopt, modify, require, facilitate, or
571	recommend rationing criteria unless the department follows the procedure established

572	by the department under Subsection (2)(a).
573	(3) The procedures developed by the department under Subsection (2) shall include, at a
574	minimum:
575	(a) a requirement that the department notify the following individuals in writing before
576	rationing criteria are issued, are recommended, or take effect:
577	(i) the Rules Review and General Oversight Committee created in Section 36-35-102;
578	(ii) the governor or the governor's designee;
579	(iii) the president of the Senate or the president's designee;
580	(iv) the speaker of the House of Representatives or the speaker's designee;
581	(v) the executive director or the executive director's designee; and
582	(vi) if rationing criteria affect hospitals in the state, a representative of an association
583	representing hospitals throughout the state, as designated by the executive
584	director; and
585	(b) procedures for an emergency circumstance which shall include, at a minimum:
586	(i) a description of the circumstances under which emergency procedures described
587	in this Subsection (3)(b) may be used; and
588	(ii) a requirement that the department notify the individuals described in Subsections
589	(3)(a)(i) through (vi) as soon as practicable, but no later than 48 hours after the
590	rationing criteria take effect.
591	[(4)(a) Within 30 days after March 22, 2022, the department shall send to the Rules
592	Review and General Oversight Committee all rationing criteria that:]
593	[(i) were adopted, modified, required, facilitated, or recommended by the department
594	prior to March 22, 2022; and]
595	[(ii) on March 22, 2022, were in effect and in use to distribute or qualify a person to
596	receive searce health care resources.]
597	[(b) During the 2022 interim, the Rules Review and General Oversight Committee shall,
598	under Subsection 36-35-102(3)(c), review each of the rationing criteria submitted by
599	the department under this Subsection (4).]
600	[(5)] (4) The requirements described in this section and rules made under this section shall
601	apply regardless of whether rationing criteria:
602	(a) have the force and effect of law, or is solely advisory, informative, or descriptive;
603	(b) are carried out or implemented directly or indirectly by the department or by other
604	individuals or entities; or
605	(c) are developed solely by the department or in collaboration with other individuals or

606	entities.
607	$\left[\frac{(6)}{(5)}\right]$ This section:
608	(a) may not be suspended under Section 53-2a-209 or any other provision of state law
609	relating to a state of emergency;
610	(b) does not limit a private entity from developing or implementing rationing criteria; and
611	(c) does not require the department to adopt, modify, require, facilitate, or recommend
612	rationing criteria that the department does not determine to be necessary or
613	appropriate.
614	[ <del>(7)</del> ] <u>(6)</u> Subsection (2) does not apply to rationing criteria that are adopted, modified,
615	required, facilitated, or recommended by the department:
616	(a) through the regular, non-emergency rulemaking procedure described in Section
617	63G-3-301;
618	(b) if the modification is solely to correct a technical error in rationing criteria such as
619	correcting obvious errors and inconsistencies including those involving punctuation,
620	capitalization, cross references, numbering, and wording;
621	(c) to the extent that compliance with this section would result in a direct violation of
622	federal law;
623	(d) that are necessary for administration of the Medicaid program;
624	(e) if state law explicitly authorizes the department to engage in rulemaking to establish
625	rationing criteria; or
626	(f) if rationing criteria are authorized directly through a general appropriation bill that is
627	validly enacted.
628	Section 9. Section <b>26B-1-235</b> is amended to read:
629	26B-1-235. Request for proposal required for non-state supplied services.
630	[(1) As used in this section:]
631	[(a) "AED" means the same as that term is defined in Section 26B-4-325.]
632	[(b) "Office" means the Office of Emergency Medical Services and Preparedness within
633	the department.]
634	[(c) "Sudden cardiac arrest" means the same as that term is defined in Section 26B-4-325.]
635	[(2)] (1) Funds provided to the department through Sections 51-9-201 and 59-14-204 to be
636	used to provide services, shall be awarded to non-governmental entities based on a
637	competitive process consistent with Title 63G, Chapter 6a, Utah Procurement Code.
638	[(3)] (2) Beginning July 1, 2010, and not more than every five years thereafter, the
639	department shall issue requests for proposals for new or renewing contracts to award

640	funding for programs under Subsection (1).
641	Section 10. Section 26B-1-334 is amended to read:
642	26B-1-334 . Licensed Provider Assessment Fund Creation Deposits Uses.
643	(1) There is created an expendable special revenue fund known as the "Licensed Provider
644	Assessment Fund" consisting of:
645	(a) the assessments collected under, and any interest and penalties levied with the
646	administration of:
647	(i) [Title 26B, Chapter 2, Part 2, Health Care Facility Licensing and Inspection Act]
648	Chapter 2, Part 2, Health Care Facility Licensing and Inspection;
649	(ii) [Title 26B, Chapter 1, Part 4, Child Care Licensing] Chapter 2, Part 1, Human
650	Services Programs and Facilities; and
651	(iii) [Title 26B, Chapter 2, Part 1, Human Services Programs and Facilities] Chapter
652	2, Part 4, Child Care Licensing;
653	(b) money appropriated or otherwise made available by the Legislature; and
654	(c) any interest earned on the fund.
655	(2) Money in the fund may only be used by the department:
656	(a) for upgrades to and maintenance of licensing databases and applications;
657	(b) for training for providers and staff;
658	(c) to assist individuals during a facility shutdown; or
659	(d) for administrative expenses, if the administrative expenses for the fiscal year do not
660	exceed 3% of the money deposited into the fund during the fiscal year.
661	Section 11. Section <b>26B-3-804</b> is amended to read:
662	26B-3-804 . Medicaid ambulance service provider adjustment under
663	fee-for-service rates.
664	The division shall, if the assessment imposed by this part is approved by the Centers for
665	Medicare and Medicaid Services, for fee-for-service rates effective on or after July 1, 2015,
666	reimburse an ambulance service provider in an amount up to the Emergency Medical Services
667	Ambulance Rates adopted annually by the [department] Department of Public Safety.
668	Section 12. Section <b>26B-4-301</b> is amended to read:
669	26B-4-301 . Definitions.
670	As used in this part:
671	(1) "Committee" means the Primary Care Grant Committee described in Section 26B-1-410.
672	(2) "Community based organization":
673	(a) means a private entity; and

674 (b) includes for profit and not for profit entities. 675 (3) "Cultural competence" means a set of congruent behaviors, attitudes, and policies that 676 come together in a system, agency, or profession and enables that system, agency, or 677 profession to work effectively in cross-cultural situations. 678 (4) "Emergency medical dispatch center" means a public safety answering point, as 679 defined in Section 63H-7a-103, that is designated as an emergency medical dispatch 680 center by the office. 681 [(5)] (4) "Health literacy" means the degree to which an individual has the capacity to 682 obtain, process, and understand health information and services needed to make 683 appropriate health decisions. [(6)] (5) "Institutional capacity" means the ability of a community based organization to 684 685 implement public and private contracts. 686 [(7)] (6) "Medically underserved population" means the population of an urban or rural area 687 or a population group that the committee determines has a shortage of primary health 688 care. 689 [(8) "Office" means the Office of Emergency Medical Services and Preparedness within the 690 department. 691 [(9)] (7) "Pregnancy support services" means services that: 692 (a) encourage childbirth instead of voluntary termination of pregnancy; and 693 (b) assist pregnant women, or women who may become pregnant, to choose childbirth 694 whether they intend to parent or select adoption for the child. 695 [(10)] (8) "Primary care grant" means a grant awarded by the department under Subsection 696 26B-4-310(1). 697 [(11)] (9)(a) "Primary health care" means: 698 (i) basic and general health care services given when a person seeks assistance to 699 screen for or to prevent illness and disease, or for simple and common illnesses 700 and injuries; and 701 (ii) care given for the management of chronic diseases. 702 (b) "Primary health care" includes: 703 (i) services of physicians, nurses, physician's assistants, and dentists licensed to 704 practice in this state under Title 58, Occupations and Professions; (ii) diagnostic and radiologic services; 705 706 (iii) preventive health services including perinatal services, well-child services, and

other services that seek to prevent disease or its consequences;

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708	(iv) emergency medical services;
709	(v) preventive dental services; and
710	(vi) pharmaceutical services.
711	Section 13. Section 26B-4-406 is amended to read:
712	26B-4-406 . Voluntary participation.
713	(1) Sections 26B-4-406 through 26B-4-411 do not create a duty or standard of care for:
714	(a) a person to be trained in the use and storage of epinephrine auto-injectors or stock
715	albuterol; or
716	(b) except as provided in Subsection (5), a qualified epinephrine auto-injector entity to
717	store epinephrine auto-injectors or a qualified stock albuterol entity to store stock
718	albuterol on its premises.
719	(2) Except as provided in Subsections (3) and (5), a decision by a person to successfully
720	complete a training program under Section 26B-4-407 or 26B-4-408 and to make
721	emergency epinephrine auto-injectors or stock albuterol available under the provisions
722	of Sections 26B-4-406 through 26B-4-411 is voluntary.
723	(3) A school, school board, or school official may not prohibit or dissuade a teacher or
724	other school employee at a primary or secondary school in the state, either public or
725	private, from:
726	(a) completing a training program under Section 26B-4-407 or 26B-4-408;
727	(b) possessing or storing an epinephrine auto-injector or stock albuterol on school
728	property if:
729	(i) the teacher or school employee is a qualified adult; and
730	(ii) the possession and storage is in accordance with the training received under
731	Section 26B-4-407 or 26B-4-408; or
732	(c) administering an epinephrine auto-injector or stock albuterol to any person, if:
733	(i) the teacher or school employee is a qualified adult; and
734	(ii) the administration is in accordance with the training received under Section
735	26B-4-407 or 26B-4-408.
736	(4) A school, school board, or school official may encourage a teacher or other school
737	employee to volunteer to become a qualified adult.
738	(5)(a) Each primary or secondary school in the state, both public and private, shall make
739	an emergency epinephrine auto-injector available to any teacher or other school
740	employee who:
741	(i) is employed at the school; and

742	(ii) is a qualified adult.
743	(b) This section does not require a school described in Subsection (5)(a) to keep more
744	than one emergency epinephrine auto-injector on the school premises, so long as it
745	may be quickly accessed by a teacher or other school employee, who is a qualified
746	adult, in the event of an emergency.
747	(6)(a) Each primary or secondary school in the state, both public and private, may make
748	stock albuterol available to any school employee who:
749	(i) is employed at the school; and
750	(ii) is a qualified adult.
751	(b) A qualified adult may administer stock albuterol to a student who:
752	(i) has a diagnosis of asthma by a health care provider;
753	(ii) except as provided in Subsection (6)(d), has a current asthma action plan on file
754	with the school; and
755	(iii) except as provided in Subsection (6)(d), is showing symptoms of an asthma
756	emergency as described in the student's asthma action plan.
757	(c) This Subsection (6) may not be interpreted to relieve a student's parent or guardian of
758	providing a student's medication or create an expectation that a school will have stock
759	albuterol available.
760	(d) A qualified adult may administer stock albuterol to any student who appears to be
761	experiencing respiratory distress or an asthma emergency on the qualified adult's
762	training under Section 26-4-408 and regardless of whether a current asthma plan is on
763	<u>file.</u>
764	(7) No school, school board, or school official shall retaliate or otherwise take adverse
765	action against a teacher or other school employee for:
766	(a) volunteering under Subsection (2);
767	(b) engaging in conduct described in Subsection (3); or
768	(c) failing or refusing to become a qualified adult.
769	Section 14. Section <b>26B-4-409</b> is amended to read:
770	26B-4-409. Authority to obtain and use an epinephrine auto-injector or stock
771	albuterol.
772	(1) The school district physician, a department health care provider, the medical director of
773	the local health department, or the local emergency medical services director may
774	provide a prescription for the following if requested by a qualified adult, who is a

teacher or other school employee at a public or private primary or secondary school in

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776	the state, or a school nurse:
777	(a) epinephrine auto-injectors for use in accordance with this part; or
778	(b) stock albuterol for use in accordance with this part.
779	(2)(a) A qualified adult may obtain an epinephrine auto-injector for use in accordance
780	with this part that is dispensed by:
781	(i) a pharmacist as provided under Section 58-17b-1004; or
782	(ii) a pharmacy intern as provided under Section 58-17b-1004.
783	(b) A qualified adult may obtain stock albuterol for use in accordance with this part that
784	is dispensed by:
785	(i) a pharmacist as provided under Section 58-17b-1004; or
786	(ii) a pharmacy intern as provided under Section 58-17b-1004.
787	(3) A qualified adult:
788	(a) may immediately administer an epinephrine auto-injector to a person exhibiting
789	potentially life-threatening symptoms of anaphylaxis when a physician or physician
790	assistant is not immediately available; and
791	(b) shall initiate emergency medical services or other appropriate medical follow-up in
792	accordance with the training materials retained under Section 26B-4-407 after
793	administering an epinephrine auto-injector.
794	(4)(a) If a school nurse is not immediately available, a qualified adult[:]
795	[(a)] _may immediately administer stock albuterol to an individual who:
796	(i) has a diagnosis of asthma by a health care provider;
797	(ii) has a current asthma action plan on file with the school; and
798	(iii) is showing symptoms of an asthma emergency as described in the student's
799	asthma action plan[; and] .
800	(b) If a school nurse is not immediately available and an individual does not have a
801	current asthma action plan described in Subsection (4)(a), a qualified adult may
802	administer stock albuterol to the individual if the qualified adult identifies, based on
803	the training received under Section 26B-4-408, that the individual is experiencing an
804	asthma emergency.
805	(c) A qualified adult that administers stock albuterol under this Subsection (4) shall
806	initiate appropriate medical follow-up in accordance with the training materials
807	retained under Section 26B-4-408 after administering stock albuterol.
808	(5)(a) A qualified entity that complies with Subsection (5)(b) or (c), may obtain a supply
809	of epinephrine auto-injectors or stock albuterol, respectively, from a pharmacist

810		under Section 58-17b-1004, or a pharmacy intern under Section 58-17b-1004 for:
811		(i) storing:
812		(A) the epinephrine auto-injectors on the qualified epinephrine auto-injector
813		entity's premises; and
814		(B) stock albuterol on the qualified stock albuterol entity's premises; and
815		(ii) use by a qualified adult in accordance with Subsection (3) or (4).
816		(b) A qualified epinephrine auto-injector entity shall:
817		(i) designate an individual to complete an initial and annual refresher training
818		program regarding the proper storage and emergency use of an epinephrine
819		auto-injector available to a qualified adult; and
820		(ii) store epinephrine auto-injectors in accordance with the standards established by
821		the department in Section 26B-4-411.
822		(c) A qualified stock albuterol entity shall:
823		(i) designate an individual to complete an initial and annual refresher training
824		program regarding the proper storage and emergency use of stock albuterol
825		available to a qualified adult; and
826		(ii) store stock albuterol in accordance with the standards established by the
827		department in Section 26B-4-411.
828		Section 15. Section 26B-4-501 is amended to read:
829		26B-4-501 . Definitions.
830		As used in this part:
831	(1)	"Controlled substance" means the same as that term is defined in Title 58, Chapter 37,
832		Utah Controlled Substances Act.
833	(2)	"Critical access hospital" means a critical access hospital that meets the criteria of 42
834		U.S.C. Sec. 1395i-4(c)(2)[ <del>-(1998)</del> ].
835	(3)	"Designated facility" means:
836		(a) a freestanding urgent care center;
837		(b) a general acute hospital; or
838		(c) a critical access hospital.
839	(4)	"Dispense" means the same as that term is defined in Section 58-17b-102.
840	(5)	"Division" means the Division of Professional Licensing created in Section 58-1-103.
841	(6)	"Emergency contraception" means the use of a substance, approved by the United States
842		Food and Drug Administration, to prevent pregnancy after sexual intercourse.
843	(7)	"Freestanding urgent care center" means the same as that term is defined in Section

844 59-12-801.

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- 845 (8) "General acute hospital" means the same as that term is defined in Section 26B-2-201.
- 846 (9) "Health care facility" means a hospital, a hospice inpatient residence, a nursing facility, 847 a dialysis treatment facility, an assisted living residence, an entity that provides home-848 and community-based services, a hospice or home health care agency, or another facility 849 that provides or contracts to provide health care services, which facility is licensed under 850 Chapter 2, Part 2, Health Care Facility Licensing and Inspection.
- 851 (10) "Health care provider" means:
- 852 (a) a physician, as defined in Section 58-67-102;
  - (b) an advanced practice registered nurse, as defined in Section 58-31b-102;
- 854 (c) a physician assistant, as defined in Section 58-70a-102; or
- 855 (d) an individual licensed to engage in the practice of dentistry, as defined in Section 856 58-69-102.
  - (11) "Increased risk" means risk exceeding the risk typically experienced by an individual who is not using, and is not likely to use, an opiate.
- 859 (12) "Opiate" means the same as that term is defined in Section 58-37-2.
  - (13) "Opiate antagonist" means naloxone hydrochloride or any similarly acting drug that is not a controlled substance and that is approved by the federal Food and Drug Administration for the diagnosis or treatment of an opiate-related drug overdose.
    - (14) "Opiate-related drug overdose event" means an acute condition, including a decreased level of consciousness or respiratory depression resulting from the consumption or use of a controlled substance, or another substance with which a controlled substance was combined, and that a person would reasonably believe to require medical assistance.
    - (15) "Overdose outreach provider" means:
    - (a) a law enforcement agency;
      - (b) a fire department;
      - (c) an emergency medical service provider, as defined in Section [26B-4-101] 53-2d-101;
- 871 (d) emergency medical service personnel, as defined in Section [26B-4-101] 53-2d-101;
- (e) an organization providing treatment or recovery services for drug or alcohol use;
- 873 (f) an organization providing support services for an individual, or a family of an individual, with a substance use disorder;
- (g) a certified peer support specialist, as defined in Section 26B-5-610;
- 876 (h) an organization providing substance use or mental health services under contract 877 with a local substance abuse authority, as defined in Section 26B-5-101, or a local

878 mental health authority, as defined in Section 26B-5-101; 879 (i) an organization providing services to the homeless; 880 (j) a local health department; 881 (k) an individual licensed to practice under: 882 (i) Title 58, Chapter 17b, Pharmacy Practice Act; 883 (ii) Title 58, Chapter 60, Part 2, Social Worker Licensing Act; or 884 (iii) Title 58, Chapter 60, Part 5, Substance Use Disorder Counselor Act; or 885 (1) an individual. 886 (16) "Patient counseling" means the same as that term is defined in Section 58-17b-102. 887 (17) "Pharmacist" means the same as that term is defined in Section 58-17b-102. 888 (18) "Pharmacy intern" means the same as that term is defined in Section 58-17b-102. 889 (19) "Physician" means the same as that term is defined in Section 58-67-102. 890 (20) "Practitioner" means: 891 (a) a physician; or 892 (b) any other person who is permitted by law to prescribe emergency contraception. 893 (21) "Prescribe" means the same as that term is defined in Section 58-17b-102. 894 (22)(a) "Self-administered hormonal contraceptive" means a self-administered hormonal 895 contraceptive that is approved by the United States Food and Drug Administration to 896 prevent pregnancy. 897 (b) "Self-administered hormonal contraceptive" includes an oral hormonal contraceptive, 898 a hormonal vaginal ring, and a hormonal contraceptive patch. 899 (c) "Self-administered hormonal contraceptive" does not include any drug intended to 900 induce an abortion, as that term is defined in Section 76-7-301. 901 (23) "Sexual assault" means any criminal conduct described in Title 76, Chapter 5, Part 4, 902 Sexual Offenses, that may result in a pregnancy. 903 (24) "Victim of sexual assault" means any person who presents to receive, or receives, 904 medical care in consequence of being subjected to sexual assault. 905 Section 16. Section **26B-5-101** is amended to read: 906 26B-5-101. Chapter definitions. 907 As used in this chapter: 908 (1) "Criminal risk factors" means a person's characteristics and behaviors that: 909 (a) affect the person's risk of engaging in criminal behavior; and 910 (b) are diminished when addressed by effective treatment, supervision, and other support 911 resources, resulting in reduced risk of criminal behavior.

- 912 (2) "Director" means the director appointed under Section 26B-5-103.
- 913 (3) "Division" means the Division of Integrated Healthcare created in Section [<del>26B-1-1202</del>] 914 26B-3-102.
- 915 (4) "Local mental health authority" means a county legislative body.
- 916 (5) "Local substance abuse authority" means a county legislative body.
- 917 (6) "Mental health crisis" means:

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- 918 (a) a mental health condition that manifests in an individual by symptoms of sufficient 919 severity that a prudent layperson who possesses an average knowledge of mental 920 health issues could reasonably expect the absence of immediate attention or 921 intervention to result in:
  - (i) serious danger to the individual's health or well-being; or
  - (ii) a danger to the health or well-being of others; or
    - (b) a mental health condition that, in the opinion of a mental health therapist or the therapist's designee, requires direct professional observation or intervention.
  - (7) "Mental health crisis response training" means community-based training that educates laypersons and professionals on the warning signs of a mental health crisis and how to respond.
- 929 (8) "Mental health crisis services" means an array of services provided to an individual who experiences a mental health crisis, which may include:
  - (a) direct mental health services;
    - (b) on-site intervention provided by a mobile crisis outreach team;
    - (c) the provision of safety and care plans;
    - (d) prolonged mental health services for up to 90 days after the day on which an individual experiences a mental health crisis;
  - (e) referrals to other community resources;
- 937 (f) local mental health crisis lines; and
- 938 (g) the statewide mental health crisis line.
- 939 (9) "Mental health therapist" means the same as that term is defined in Section 58-60-102.
- 940 (10) "Mobile crisis outreach team" or "MCOT" means a mobile team of medical and mental 941 health professionals that, in coordination with local law enforcement and emergency 942 medical service personnel, provides mental health crisis services.
- 943 (11) "Office" means the Office of Substance Use and Mental Health created in Section 26B-5-102.
- 945 (12)(a) "Public funds" means federal money received from the department, and state

money appropriated by the Legislature to the department, a county governing body, or a local substance abuse authority, or a local mental health authority for the purposes of providing substance abuse or mental health programs or services.

- (b) "Public funds" include federal and state money that has been transferred by a local substance abuse authority or a local mental health authority to a private provider under an annual or otherwise ongoing contract to provide comprehensive substance abuse or mental health programs or services for the local substance abuse authority or local mental health authority. The money maintains the nature of "public funds" while in the possession of the private entity that has an annual or otherwise ongoing contract with a local substance abuse authority or a local mental health authority to provide comprehensive substance use or mental health programs or services for the local substance abuse authority or local mental health authority.
- (c) Public funds received for the provision of services under substance use or mental health service plans may not be used for any other purpose except those authorized in the contract between the local mental health or substance abuse authority and provider for the provision of plan services.
- (13) "Severe mental disorder" means schizophrenia, major depression, bipolar disorders, delusional disorders, psychotic disorders, and other mental disorders as defined by the division.
- (14) "Stabilization services" means in-home services provided to a child with, or who is at risk for, complex emotional and behavioral needs, including teaching the child's parent or guardian skills to improve family functioning.
- (15) "Statewide mental health crisis line" means the same as that term is defined in Section 26B-5-610.
- (16) "System of care" means a broad, flexible array of services and supports that:
  - (a) serve a child with or who is at risk for complex emotional and behavioral needs;
  - (b) are community based;
- (c) are informed about trauma;

- (d) build meaningful partnerships with families and children;
- 975 (e) integrate service planning, service coordination, and management across state and local entities;
  - (f) include individualized case planning;
  - (g) provide management and policy infrastructure that supports a coordinated network of interdepartmental service providers, contractors, and service providers who are

980	outside of the department; and
981	(h) are guided by the type and variety of services needed by a child with or who is at risk
982	for complex emotional and behavioral needs and by the child's family.
983	[(17) "Targeted case management" means a service that assists Medicaid recipients in a
984	target group to gain access to needed medical, social, educational, and other services.]
985	Section 17. Section 26B-5-102 is amended to read:
986	26B-5-102. Division of Integrated Healthcare Office of Substance Use and
987	Mental Health Creation Responsibilities.
988	(1)(a) The Division of Integrated Healthcare shall exercise responsibility over the
989	policymaking functions, regulatory and enforcement powers, rights, duties, and
990	responsibilities outlined in state law that were previously vested in the Division of
991	Substance Abuse and Mental Health within the department, under the administration
992	and general supervision of the executive director.
993	(b) The division is the substance abuse authority and the mental health authority for this
994	state.
995	(c) There is created the Office of Substance Use and Mental Health within the division.
996	(d) The office shall exercise the responsibilities, powers, rights, duties, and
997	responsibilities assigned to the office by the executive director.
998	(2) The division shall:
999	(a)(i) educate the general public regarding the nature and consequences of substance
1000	use by promoting school and community-based prevention programs;
1001	(ii) render support and assistance to public schools through approved school-based
1002	substance abuse education programs aimed at prevention of substance use;
1003	(iii) promote or establish programs for the prevention of substance use within the
1004	community setting through community-based prevention programs;
1005	(iv) cooperate with and assist treatment centers, recovery residences, and other
1006	organizations that provide services to individuals recovering from a substance use
1007	disorder, by identifying and disseminating information about effective practices
1008	and programs;
1009	(v) promote integrated programs that address an individual's substance use, mental
1010	health, and physical health;
1011	(vi) establish and promote an evidence-based continuum of screening, assessment,
1012	prevention, treatment, and recovery support services in the community for
1013	individuals with a substance use disorder or mental illness;

1014	(vii) evaluate the effectiveness of programs described in this Subsection (2);
1015	(viii) consider the impact of the programs described in this Subsection (2) on:
1016	(A) emergency department utilization;
1017	(B) jail and prison populations;
1018	(C) the homeless population; and
1019	(D) the child welfare system; and
1020	(ix) promote or establish programs for education and certification of instructors to
1021	educate individuals convicted of driving under the influence of alcohol or drugs or
1022	driving with any measurable controlled substance in the body;
1023	(b)(i) collect and disseminate information pertaining to mental health;
1024	(ii) provide direction over the state hospital including approval of the state hospital's
1025	budget, administrative policy, and coordination of services with local service
1026	plans;
1027	(iii) make rules in accordance with Title 63G, Chapter 3, Utah Administrative
1028	Rulemaking Act, to educate families concerning mental illness and promote
1029	family involvement, when appropriate, and with patient consent, in the treatment
1030	program of a family member;
1031	(iv) make rules in accordance with Title 63G, Chapter 3, Utah Administrative
1032	Rulemaking Act, to direct that an individual receiving services through a local
1033	mental health authority or the Utah State Hospital be informed about and, if
1034	desired by the individual, provided assistance in the completion of a declaration
1035	for mental health treatment in accordance with Section 26B-5-313; and
1036	(v) to the extent authorized and in accordance with statute, make rules in accordance
1037	with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, that:
1038	(A) create a certification for [targeted case management] case managers;
1039	(B) establish training and certification requirements;
1040	(C) specify the types of services each certificate holder is qualified to provide;
1041	(D) specify the type of supervision under which a certificate holder is required to
1042	operate; and
1043	(E) specify continuing education and other requirements for maintaining or
1044	renewing certification;
1045	(c)(i) consult and coordinate with local substance abuse authorities and local mental
1046	health authorities regarding programs and services;
1047	(ii) provide consultation and other assistance to public and private agencies and

1048	groups working on substance use and mental health issues;
1049	(iii) promote and establish cooperative relationships with courts, hospitals, clinics,
1050	medical and social agencies, public health authorities, law enforcement agencies,
1051	education and research organizations, and other related groups;
1052	(iv) promote or conduct research on substance use and mental health issues, and
1053	submit to the governor and the Legislature recommendations for changes in policy
1054	and legislation;
1055	(v) receive, distribute, and provide direction over public funds for substance use and
1056	mental health services;
1057	(vi) monitor and evaluate programs provided by local substance abuse authorities and
1058	local mental health authorities;
1059	(vii) examine expenditures of local, state, and federal funds;
1060	(viii) monitor the expenditure of public funds by:
1061	(A) local substance abuse authorities;
1062	(B) local mental health authorities; and
1063	(C) in counties where they exist, a private contract provider that has an annual or
1064	otherwise ongoing contract to provide comprehensive substance abuse or
1065	mental health programs or services for the local substance abuse authority or
1066	local mental health authority;
1067	(ix) contract with local substance abuse authorities and local mental health authorities
1068	to provide a comprehensive continuum of services that include community-based
1069	services for individuals involved in the criminal justice system, in accordance with
1070	division policy, contract provisions, and the local plan;
1071	(x) contract with private and public entities for special statewide or nonclinical
1072	services, or services for individuals involved in the criminal justice system,
1073	according to division rules;
1074	(xi) review and approve each local substance abuse authority's plan and each local
1075	mental health authority's plan in order to ensure:
1076	(A) a statewide comprehensive continuum of substance use services;
1077	(B) a statewide comprehensive continuum of mental health services;
1078	(C) services result in improved overall health and functioning;
1079	(D) a statewide comprehensive continuum of community-based services designed
1080	to reduce criminal risk factors for individuals who are determined to have
1081	substance use or mental illness conditions or both, and who are involved in the

1082	criminal justice system;
1083	(E) compliance, where appropriate, with the certification requirements in
1084	Subsection (2)(h); and
1085	(F) appropriate expenditure of public funds;
1086	(xii) review and make recommendations regarding each local substance abuse
1087	authority's contract with the local substance abuse authority's provider of
1088	substance use programs and services and each local mental health authority's
1089	contract with the local mental health authority's provider of mental health
1090	programs and services to ensure compliance with state and federal law and policy;
1091	(xiii) monitor and ensure compliance with division rules and contract requirements;
1092	and
1093	(xiv) withhold funds from local substance abuse authorities, local mental health
1094	authorities, and public and private providers for contract noncompliance, failure to
1095	comply with division directives regarding the use of public funds, or for misuse of
1096	public funds or money;
1097	(d) ensure that the requirements of this part are met and applied uniformly by local
1098	substance abuse authorities and local mental health authorities across the state;
1099	(e) require each local substance abuse authority and each local mental health authority,
1100	in accordance with Subsections 17-43-201(5)(b) and 17-43-301(6)(a)(ii), to submit a
1101	plan to the division on or before May 15 of each year;
1102	(f) conduct an annual program audit and review of each local substance abuse authority
1103	and each local substance abuse authority's contract provider, and each local mental
1104	health authority and each local mental health authority's contract provider, including:
1105	(i) a review and determination regarding whether:
1106	(A) public funds allocated to the local substance abuse authority or the local
1107	mental health authorities are consistent with services rendered by the authority
1108	or the authority's contract provider, and with outcomes reported by the
1109	authority's contract provider; and
1110	(B) each local substance abuse authority and each local mental health authority is
1111	exercising sufficient oversight and control over public funds allocated for
1112	substance use disorder and mental health programs and services; and
1113	(ii) items determined by the division to be necessary and appropriate;
1114	(g) define "prevention" by rule as required under Title 32B, Chapter 2, Part 4, Alcoholic
1115	Beverage and Substance Abuse Enforcement and Treatment Restricted Account Act;

1116	(h)(i) train and certify an adult as a peer support specialist, qualified to provide peer
1117	supports services to an individual with:
1118	(A) a substance use disorder;
1119	(B) a mental health disorder; or
1120	(C) a substance use disorder and a mental health disorder;
1121	(ii) certify a person to carry out, as needed, the division's duty to train and certify an
1122	adult as a peer support specialist;
1123	(iii) make rules in accordance with Title 63G, Chapter 3, Utah Administrative
1124	Rulemaking Act, that:
1125	(A) establish training and certification requirements for a peer support specialist;
1126	(B) specify the types of services a peer support specialist is qualified to provide;
1127	(C) specify the type of supervision under which a peer support specialist is
1128	required to operate; and
1129	(D) specify continuing education and other requirements for maintaining or
1130	renewing certification as a peer support specialist; and
1131	(iv) make rules in accordance with Title 63G, Chapter 3, Utah Administrative
1132	Rulemaking Act, that:
1133	(A) establish the requirements for a person to be certified to carry out, as needed,
1134	the division's duty to train and certify an adult as a peer support specialist; and
1135	(B) specify how the division shall provide oversight of a person certified to train
1136	and certify a peer support specialist;
1137	(i) collaborate with the State Commission on Criminal and Juvenile Justice to analyze
1138	and provide recommendations to the Legislature regarding:
1139	(i) pretrial services and the resources needed to reduce recidivism;
1140	(ii) county jail and county behavioral health early-assessment resources needed for an
1141	individual convicted of a class A or class B misdemeanor; and
1142	(iii) the replacement of federal dollars associated with drug interdiction law
1143	enforcement task forces that are reduced;
1144	(j) establish performance goals and outcome measurements for a mental health or
1145	substance use treatment program that is licensed under Chapter 2, Part 1, Human
1146	Services Programs and Facilities, and contracts with the department, including goals
1147	and measurements related to employment and reducing recidivism of individuals
1148	receiving mental health or substance use treatment who are involved with the
1149	criminal justice system;

1150	(k) annually, on or before November 30, submit a written report to the Judiciary Interim
1151	Committee, the Health and Human Services Interim Committee, and the Law
1152	Enforcement and Criminal Justice Interim Committee, that includes:
1153	(i) a description of the performance goals and outcome measurements described in
1154	Subsection (2)(j); and
1155	(ii) information on the effectiveness of the goals and measurements in ensuring
1156	appropriate and adequate mental health or substance use treatment is provided in a
1157	treatment program described in Subsection (2)(j);
1158	(l) collaborate with the Administrative Office of the Courts, the Department of
1159	Corrections, the Department of Workforce Services, and the Board of Pardons and
1160	Parole to collect data on recidivism in accordance with the metrics and requirements
1161	described in Section 63M-7-102;
1162	(m) at the division's discretion, use the data described in Subsection (2)(l) to make
1163	decisions regarding the use of funds allocated to the division to provide treatment;
1164	(n) annually, on or before August 31, submit the data collected under Subsection (2)(l)
1165	and any recommendations to improve the data collection to the State Commission on
1166	Criminal and Juvenile Justice to be included in the report described in Subsection
1167	63M-7-204(1)(x);
1168	(o) publish the following on the division's website:
1169	(i) the performance goals and outcome measurements described in Subsection (2)(j);
1170	and
1171	(ii) a description of the services provided and the contact information for the mental
1172	health and substance use treatment programs described in Subsection (2)(j) and
1173	residential, vocational and life skills programs, as defined in Section 13-53-102;
1174	and
1175	(p) consult and coordinate with the Division of Child and Family Services to develop
1176	and manage the operation of a program designed to reduce substance use during
1177	pregnancy and by parents of a newborn child that includes:
1178	(i) providing education and resources to health care providers and individuals in the
1179	state regarding prevention of substance use during pregnancy;
1180	(ii) providing training to health care providers in the state regarding screening of a
1181	pregnant woman or pregnant minor to identify a substance use disorder; and
1182	(iii) providing referrals to pregnant women, pregnant minors, or parents of a newborn
1183	child in need of substance use treatment services to a facility that has the capacity

1184	to provide the treatment services.
1185	(3) In addition to the responsibilities described in Subsection (2), the division shall, within
1186	funds appropriated by the Legislature for this purpose, implement and manage the
1187	operation of a firearm safety and suicide prevention program, in consultation with the
1188	Bureau of Criminal Identification created in Section 53-10-201, including:
1189	(a) coordinating with local mental health and substance abuse authorities, a nonprofit
1190	behavioral health advocacy group, and a representative from a Utah-based nonprofit
1191	organization with expertise in the field of firearm use and safety that represents
1192	firearm owners, to:
1193	(i) produce and periodically review and update a firearm safety brochure and other
1194	educational materials with information about the safe handling and use of firearms
1195	that includes:
1196	(A) information on safe handling, storage, and use of firearms in a home
1197	environment;
1198	(B) information about at-risk individuals and individuals who are legally
1199	prohibited from possessing firearms;
1200	(C) information about suicide prevention awareness; and
1201	(D) information about the availability of firearm safety packets;
1202	(ii) procure cable-style gun locks for distribution under this section;
1203	(iii) produce a firearm safety packet that includes the firearm safety brochure and the
1204	cable-style gun lock described in this Subsection (3); and
1205	(iv) create a suicide prevention education course that:
1206	(A) provides information for distribution regarding firearm safety education;
1207	(B) incorporates current information on how to recognize suicidal behaviors and
1208	identify individuals who may be suicidal; and
1209	(C) provides information regarding crisis intervention resources;
1210	(b) distributing, free of charge, the firearm safety packet to the following persons, who
1211	shall make the firearm safety packet available free of charge:
1212	(i) health care providers, including emergency rooms;
1213	(ii) mobile crisis outreach teams;
1214	(iii) mental health practitioners;
1215	(iv) other public health suicide prevention organizations;
1216	(v) entities that teach firearm safety courses;
1217	(vi) school districts for use in the seminar, described in Section [53G-9-702]

1218	53G-9-703, for parents of students in the school district; and
1219	(vii) firearm dealers to be distributed in accordance with Section 76-10-526;
1220	(c) creating and administering a rebate program that includes a rebate that offers
1221	between \$10 and \$200 off the purchase price of a firearm safe from a participating
1222	firearms dealer or a person engaged in the business of selling firearm safes in Utah,
1223	by a Utah resident; and
1224	(d) in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act,
1225	making rules that establish procedures for:
1226	(i) producing and distributing the suicide prevention education course and the firearm
1227	safety brochures and packets;
1228	(ii) procuring the cable-style gun locks for distribution; and
1229	(iii) administering the rebate program.
1230	(4)(a) The division may refuse to contract with and may pursue legal remedies against
1231	any local substance abuse authority or local mental health authority that fails, or has
1232	failed, to expend public funds in accordance with state law, division policy, contract
1233	provisions, or directives issued in accordance with state law.
1234	(b) The division may withhold funds from a local substance abuse authority or local
1235	mental health authority if the authority's contract provider of substance use or mental
1236	health programs or services fails to comply with state and federal law or policy.
1237	(5)(a) Before reissuing or renewing a contract with any local substance abuse authority
1238	or local mental health authority, the division shall review and determine whether the
1239	local substance abuse authority or local mental health authority is complying with the
1240	oversight and management responsibilities described in Sections 17-43-201,
1241	17-43-203, 17-43-303, and 17-43-309.
1242	(b) Nothing in this Subsection (5) may be used as a defense to the responsibility and
1243	liability described in Section 17-43-303 and to the responsibility and liability
1244	described in Section 17-43-203.
1245	(6) In carrying out the division's duties and responsibilities, the division may not duplicate
1246	treatment or educational facilities that exist in other divisions or departments of the state,
1247	but shall work in conjunction with those divisions and departments in rendering the
1248	treatment or educational services that those divisions and departments are competent and
1249	able to provide.
1250	(7) The division may accept in the name of and on behalf of the state donations, gifts,
1251	devises, or bequests of real or personal property or services to be used as specified by

1252	the donor.
1253	(8) The division shall annually review with each local substance abuse authority and each
1254	local mental health authority the authority's statutory and contract responsibilities
1255	regarding:
1256	(a) use of public funds;
1257	(b) oversight of public funds; and
1258	(c) governance of substance use disorder and mental health programs and services.
1259	(9) The Legislature may refuse to appropriate funds to the division upon the division's
1260	failure to comply with the provisions of this part.
1261	(10) If a local substance abuse authority contacts the division under Subsection 17-43-201
1262	(10) for assistance in providing treatment services to a pregnant woman or pregnant
1263	minor, the division shall:
1264	(a) refer the pregnant woman or pregnant minor to a treatment facility that has the
1265	capacity to provide the treatment services; or
1266	(b) otherwise ensure that treatment services are made available to the pregnant woman
1267	or pregnant minor.
1268	(11) The division shall employ a school-based mental health specialist to be housed at the
1269	State Board of Education who shall work with the State Board of Education to:
1270	(a) provide coordination between a local education agency and local mental health
1271	authority;
1272	(b) recommend evidence-based and evidence informed mental health screenings and
1273	intervention assessments for a local education agency; and
1274	(c) coordinate with the local community, including local departments of health, to
1275	enhance and expand mental health related resources for a local education agency.
1276	Section 18. Section <b>26B-5-315</b> is amended to read:
1277	26B-5-315 . Declaration for mental health treatment Form.
1278	A declaration for mental health treatment shall be in substantially the following form:
1279	DECLARATION FOR MENTAL HEALTH TREATMENT
1280	I,, being an adult of sound mind, willfully and
1281	voluntarily make this declaration for mental health treatment, to be followed if it is determined
1282	by a court or by two physicians that my ability to receive and evaluate information effectively
1283	or to communicate my decisions is impaired to such an extent that I lack the capacity to refuse
1284	or consent to mental health treatment. "Mental health treatment" means convulsive treatment,
1285	treatment with psychoactive medication, and admission to and retention in a mental health

facility f	For a period up to 17 days.
I unc	derstand that I may become incapable of giving or withholding informed consent for
mental h	health treatment due to the symptoms of a diagnosed mental disorder. These symptom
may incl	lude:
_	
	PSYCHOACTIVE MEDICATIONS
If I b	become incapable of giving or withholding informed consent for mental health
treatmen	nt, my wishes regarding psychoactive medications are as follows:
	I consent to the administration of the following medications:
in the do	osages:
	considered appropriate by my attending physician.
	approved by
	as I hereby direct:
	I do not consent to the administration of the following medications:
	CONVULSIVE TREATMENT
If I b	become incapable of giving or withholding informed consent for mental health
treatmer	nt, my wishes regarding convulsive treatment are as follows:
	I consent to the administration of convulsive treatment of the following type:, the number of treatments to be:
	determined by my attending physician.
	approved by
	as follows:
	I do not consent to the administration of convulsive treatment.
	reasons for consenting to or refusing convulsive treatment are as follows;
	ADMISSION TO AND RETENTION IN A MENTAL HEALTH FACILITY
If I b	become incapable of giving or withholding informed consent for mental health

treatment, my wishes regarding admission to and retention in a mental health facility are as
follows:
I consent to being admitted to the following mental health facilities:
I may be retained in the facility for a period of time:
determined by my attending physician.
approved by
no longer than
This directive cannot, by law, provide consent to retain me in a facility for more than 17
days.
ADDITIONAL REFERENCES OR INSTRUCTIONS
ATTORNEY-IN-FACT
I hereby appoint:
NAME
ADDRESS
TELEPHONE #
to act as my attorney-in-fact to make decisions regarding my mental health treatment if I
become incapable of giving or withholding informed consent for that treatment.
If the person named above refuses or is unable to act on my behalf, or if I revoke that
person's authority to act as my attorney-in-fact, I authorize the following person to act as my
alternative attorney-in-fact:
NAME
ADDRESS
TELEPHONE #
My attorney-in-fact is authorized to make decisions which are consistent with the wishes
I have expressed in this declaration. If my wishes are not expressed, my attorney-in-fact is to
act in good faith according to what he or she believes to be in my best interest.
(Signature of Declarant/Date)
AFFIRMATION OF WITNESSES
We affirm that the declarant is personally known to us, that the declarant signed or

acknowledged the declarant's signature on this declaration for mental health treatment in our
presence, that the declarant appears to be of sound mind and does not appear to be under
duress, fraud, or undue influence. Neither of us is the person appointed as attorney-in-fact by
this document, the attending physician, an employee of the attending physician, an employee
of the Office of Substance [Abuse] Use and Mental Health within the Department of Health
and Human Services, an employee of a local mental health authority, or an employee of any
organization that contracts with a local mental health authority.
Witnessed By:
(Signature of Witness/Date) (Printed Name of Witness)
(Signature of Witness/Date) (Printed Name of Witness)
ACCEPTANCE OF APPOINTMENT AS ATTORNEY-IN-FACT
I accept this appointment and agree to serve as attorney-in-fact to make decisions about
mental health treatment for the declarant. I understand that I have a duty to act consistently
with the desires of the declarant as expressed in the declaration. I understand that this
document gives me authority to make decisions about mental health treatment only while the
declarant is incapable as determined by a court or two physicians. I understand that the
declarant may revoke this appointment, or the declaration, in whole or in part, at any time and
in any manner, when the declarant is not incapable.
(Signature of Attorney-in-fact/Date) (Printed name)
(Signature of Alternate Attorney-in-fact/Date) (Printed name)
NOTICE TO PERSON MAKING A
DECLARATION FOR MENTAL HEALTH TREATMENT
This is an important legal document. It is a declaration that allows, or disallows, mental
health treatment. Before signing this document, you should know that:
(1) this document allows you to make decisions in advance about three types of mental
health treatment: psychoactive medication, convulsive therapy, and short-term (up to 17

days) admission to a mental health facility;

- (2) the instructions that you include in this declaration will be followed only if a court or
   two physicians believe that you are incapable of otherwise making treatment decisions.
   Otherwise, you will be considered capable to give or withhold consent for treatment;
  - (3) you may also appoint a person as your attorney-in-fact to make these treatment decisions for you if you become incapable. The person you appoint has a duty to act consistently with your desires as stated in this document or, if not stated, to make decisions in accordance with what that person believes, in good faith, to be in your best interest. For the appointment to be effective, the person you appoint must accept the appointment in writing. The person also has the right to withdraw from acting as your attorney-in-fact at any time;
  - (4) this document will continue in effect for a period of three years unless you become incapable of participating in mental health treatment decisions. If this occurs, the directive will continue in effect until you are no longer incapable;
  - (5) you have the right to revoke this document in whole or in part, or the appointment of an attorney-in-fact, at any time you have not been determined to be incapable. YOU MAY NOT REVOKE THE DECLARATION OR APPOINTMENT WHEN YOU ARE CONSIDERED INCAPABLE BY A COURT OR TWO PHYSICIANS. A revocation is effective when it is communicated to your attending physician or other provider; and
  - (6) if there is anything in this document that you do not understand, you should ask an attorney to explain it to you. This declaration is not valid unless it is signed by two qualified witnesses who are personally known to you and who are present when you sign or acknowledge your signature.
    - Section 19. Section **26B-5-319** is amended to read:

## 26B-5-319 . Receipt of gift and personal property related to the transfer of persons from other institutions.

- (1) The division may take and hold by gift, devise, or bequest real and personal property required for the use of the state hospital. With the approval of the governor the division may convert that property that is not suitable for the state hospital's use into money or property that is suitable for the state hospital's use.
- (2) The state hospital is authorized to receive from any other institution within the department an individual committed to that institution, when a careful evaluation of the treatment needs of the individual and of the treatment programs available at the state hospital indicates that the transfer would be in the interest of that individual.

1424	(3)(a) For the purposes of this Subsection (3), "contributions" means gifts, grants,
1425	devises, and donations.
1426	(b) Notwithstanding the provisions of Subsection [26B-1-202(10)] 26B-1-202(2)(j), the
1427	state hospital is authorized to receive contributions and deposit the contributions into
1428	an interest-bearing restricted special revenue fund. The state treasurer may invest the
1429	fund, and all interest will remain in the fund.
1430	(c)(i) Single expenditures from the fund in amounts of \$5,000 or less shall be
1431	approved by the superintendent.
1432	(ii) Single expenditures exceeding \$5,000 must be preapproved by the superintendent
1433	and the division director.
1434	(iii) Expenditures described in this Subsection (3) shall be used for the benefit of
1435	patients at the state hospital.
1436	(d) Money and interest in the fund may not be used for items normally paid for by
1437	operating revenues or for items related to personnel costs without specific legislative
1438	authorization.
1439	Section 20. Section 26B-5-331 is amended to read:
1440	26B-5-331 . Temporary commitment Requirements and procedures Rights.
1441	(1) An adult shall be temporarily, involuntarily committed to a local mental health authority
1442	upon:
1443	(a) a written application that:
1444	(i) is completed by a responsible individual who has reason to know, stating a belief
1445	that the adult, due to mental illness, is likely to pose substantial danger to self or
1446	others if not restrained and stating the personal knowledge of the adult's condition
1447	or circumstances that lead to the individual's belief; and
1448	(ii) includes a certification by a licensed physician, licensed physician assistant,
1449	licensed nurse practitioner, or designated examiner stating that the physician,
1450	physician assistant, nurse practitioner, or designated examiner has examined the
1451	adult within a three-day period immediately preceding the certification, and that
1452	the physician, physician assistant, nurse practitioner, or designated examiner is of
1453	the opinion that, due to mental illness, the adult poses a substantial danger to self
1454	or others; or
1455	(b) a peace officer or a mental health officer:
1456	(i) observing an adult's conduct that gives the peace officer or mental health officer
1457	probable cause to believe that:

1458	(A) the adult has a mental illness; and
1459	(B) because of the adult's mental illness and conduct, the adult poses a substantial
1460	danger to self or others; and
1461	(ii) completing a temporary commitment application that:
1462	(A) is on a form prescribed by the division;
1463	(B) states the peace officer's or mental health officer's belief that the adult poses a
1464	substantial danger to self or others;
1465	(C) states the specific nature of the danger;
1466	(D) provides a summary of the observations upon which the statement of danger is
1467	based; and
1468	(E) provides a statement of the facts that called the adult to the peace officer's or
1469	mental health officer's attention.
1470	(2) If at any time a patient committed under this section no longer meets the commitment
1471	criteria described in Subsection (1), the local mental health authority or the local mental
1472	health authority's designee shall:
1473	(a) document the change and release the patient; and
1474	(b) if the patient was admitted under Subsection (1)(b), notify the peace officer or
1475	mental health officer of the patient's release.
1476	(3) A patient committed under this section may be held for a maximum of 72 hours after
1477	commitment, excluding Saturdays, Sundays, and legal holidays, unless:
1478	(a) as described in Section 26B-5-332, an application for involuntary commitment is
1479	commenced, which may be accompanied by an order of detention described in
1480	Subsection 26B-5-332(4); or
1481	(b) the patient makes a voluntary application for admission.
1482	(4) Upon a written application described in Subsection (1)(a) or the observation and belief
1483	described in Subsection (1)(b)(i), the adult shall be:
1484	(a) taken into a peace officer's protective custody, by reasonable means, if necessary for
1485	public safety; and
1486	(b) transported for temporary commitment to a facility designated by the local mental
1487	health authority, by means of:
1488	(i) an ambulance, if the adult meets any of the criteria described in Section [
1489	<del>26B-4-119</del> ] <u>53-2d-405</u> ;
1490	(ii) an ambulance, if a peace officer is not necessary for public safety, and
1491	transportation arrangements are made by a physician, physician assistant, nurse

1492 practitioner, designated examiner, or mental health officer; 1493 (iii) the city, town, or municipal law enforcement authority with jurisdiction over the 1494 location where the adult is present, if the adult is not transported by ambulance; 1495 (iv) the county sheriff, if the designated facility is outside of the jurisdiction of the 1496 law enforcement authority described in Subsection (4)(b)(iii) and the adult is not 1497 transported by ambulance; or 1498 (v) nonemergency secured behavioral health transport as that term is defined in 1499 Section 53-2d-101. 1500 (5) Notwithstanding Subsection (4): 1501 (a) an individual shall be transported by ambulance to an appropriate medical facility for 1502 treatment if the individual requires physical medical attention; 1503 (b) if an officer has probable cause to believe, based on the officer's experience and 1504 de-escalation training that taking an individual into protective custody or transporting 1505 an individual for temporary commitment would increase the risk of substantial 1506 danger to the individual or others, a peace officer may exercise discretion to not take 1507 the individual into custody or transport the individual, as permitted by policies and 1508 procedures established by the officer's law enforcement agency and any applicable 1509 federal or state statute, or case law; and 1510 (c) if an officer exercises discretion under Subsection (4)(b) to not take an individual 1511 into protective custody or transport an individual, the officer shall document in the 1512 officer's report the details and circumstances that led to the officer's decision. 1513 (6)(a) The local mental health authority shall inform an adult patient committed under 1514 this section of the reason for commitment. 1515 (b) An adult patient committed under this section has the right to: 1516 (i) within three hours after arrival at the local mental health authority, make a 1517 telephone call, at the expense of the local mental health authority, to an individual 1518 of the patient's choice; and 1519 (ii) see and communicate with an attorney. 1520 (7)(a) Title 63G, Chapter 7, Governmental Immunity Act of Utah, applies to this section. 1521 (b) This section does not create a special duty of care. 1522 (8)(a) A local mental health authority shall provide discharge instructions to each 1523 individual committed under this section at or before the time the individual is 1524 discharged from the local mental health authority's custody, regardless of whether the 1525 individual is discharged by being released, taken into a peace officer's protective

1526	custody, transported to a medical facility or other facility, or other circumstances.
1527	(b) Discharge instructions provided under Subsection (8)(a) shall include:
1528	(i) a summary of why the individual was committed to the local mental health
1529	authority;
1530	(ii) detailed information about why the individual is being discharged from the local
1531	mental health authority's custody;
1532	(iii) a safety plan for the individual based on the individual's mental illness or mental
1533	or emotional state;
1534	(iv) notification to the individual's primary care provider, if applicable;
1535	(v) if the individual is discharged without food, housing, or economic security, a
1536	referral to appropriate services, if such services exist in the individual's
1537	community;
1538	(vi) the phone number to call or text for a crisis services hotline, and information
1539	about the availability of peer support services;
1540	(vii) a copy of any psychiatric advance directive presented to the local mental health
1541	authority, if applicable;
1542	(viii) information about how to establish a psychiatric advance directive if one was
1543	not presented to the local mental health authority;
1544	(ix) as applicable, information about medications that were changed or discontinued
1545	during the commitment;
1546	(x) a list of any screening or diagnostic tests conducted during the commitment;
1547	(xi) a summary of therapeutic treatments provided during the commitment;
1548	(xii) any laboratory work, including blood samples or imaging, that was completed or
1549	attempted during the commitment; and
1550	(xiii) information about how to contact the local mental health authority if needed.
1551	(c) If an individual's medications were changed, or if an individual was prescribed new
1552	medications while committed under this section, discharge instructions provided
1553	under Subsection (8)(a) shall include a clinically appropriate supply of medications,
1554	as determined by a licensed health care provider, to allow the individual time to
1555	access another health care provider or follow-up appointment.
1556	(d) If an individual refuses to accept discharge instructions, the local mental health
1557	authority shall document the refusal in the individual's medical record.
1558	(e) If an individual's discharge instructions include referrals to services under Subsection
1559	(8)(b)(v), the local mental health authority shall document those referrals in the

1560	individual's medical record.
1561	(f) The local mental health authority shall attempt to follow up with a discharged
1562	individual at least 48 hours after discharge, and may use peer support professionals
1563	when performing follow-up care or developing a continuing care plan.
1564	Section 21. Section <b>26B-5-609</b> is amended to read:
1565	26B-5-609. Department and division duties MCOT license creation.
1566	(1) As used in this section:
1567	(a) "Committee" means the Behavioral Health Crisis Response Committee created in
1568	Section 63C-18-202.
1569	(b) "Emergency medical service personnel" means the same as that term is defined in
1570	Section [ <del>26B-4-101</del> ] <u>53-2d-101</u> .
1571	(c) "Emergency medical services" means the same as that term is defined in Section [
1572	<del>26B-4-101</del> ] <u>53-2d-101</u> .
1573	(d) "MCOT certification" means the certification created in this part for MCOT
1574	personnel and mental health crisis outreach services.
1575	(e) "MCOT personnel" means a licensed mental health therapist or other mental health
1576	professional, as determined by the division, who is a part of a mobile crisis outreach
1577	team.
1578	(f) "Mental health crisis" means a mental health condition that manifests itself by
1579	symptoms of sufficient severity that a prudent layperson who possesses an average
1580	knowledge of mental health issues could reasonably expect the absence of immediate
1581	attention or intervention to result in:
1582	(i) serious jeopardy to the individual's health or well-being; or
1583	(ii) a danger to others.
1584	(g)(i) "Mental health crisis services" means mental health services and on-site
1585	intervention that a person renders to an individual suffering from a mental health
1586	crisis.
1587	(ii) "Mental health crisis services" includes the provision of safety and care plans,
1588	stabilization services offered for a minimum of 60 days, and referrals to other
1589	community resources.
1590	(h) "Mental health therapist" means the same as that term is defined in Section 58-60-102.
1591	(i) "Mobile crisis outreach team" or "MCOT" means a mobile team of medical and
1592	mental health professionals that provides mental health crisis services and, based on
1593	the individual circumstances of each case, coordinates with local law enforcement

1594	emergency medical service personnel, and other appropriate state or local resources.
1595	(2) To promote the availability of comprehensive mental health crisis services throughout
1596	the state, the division shall make rules, in accordance with Title 63G, Chapter 3, Utah
1597	Administrative Rulemaking Act, that create a certificate for MCOT personnel and
1598	MCOTs, including:
1599	(a) the standards the division establishes under Subsection (3); and
1600	(b) guidelines for:
1601	(i) credit for training and experience; and
1602	(ii) the coordination of:
1603	(A) emergency medical services and mental health crisis services;
1604	(B) law enforcement, emergency medical service personnel, and mobile crisis
1605	outreach teams; and
1606	(C) temporary commitment in accordance with Section 26B-5-331.
1607	(3)(a) The division shall:
1608	(i) in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act,
1609	make rules that establish standards that an applicant is required to meet to qualify
1610	for the MCOT certification described in Subsection (2); and
1611	(ii) create a statewide MCOT plan that:
1612	(A) identifies statewide mental health crisis services needs, objectives, and
1613	priorities; and
1614	(B) identifies the equipment, facilities, personnel training, and other resources
1615	necessary to provide mental health crisis services.
1616	(b) The division shall take the action described in Subsection (3)(a) with
1617	recommendations from the committee.
1618	(c) The division may delegate the MCOT plan requirement described in Subsection
1619	(3)(a)(ii) to a contractor with which the division contracts to provide mental health
1620	crisis services.
1621	Section 22. Section <b>26B-6-210</b> is amended to read:
1622	26B-6-210 . Statewide database Restricted use and access.
1623	(1) The division shall maintain a database for reports of vulnerable adult abuse, neglect, or
1624	exploitation made pursuant to this part.
1625	(2) The database shall include:
1626	(a) the names and identifying data of the alleged abused, neglected, or exploited
1627	vulnerable adult and the alleged perpetrator;

1628	(b) information regarding whether or not the allegation of abuse, neglect, or exploitation
1629	was found to be:
1630	(i) supported;
1631	(ii) inconclusive;
1632	(iii) without merit; or
1633	(iv) for reports for which the finding is made before May 5, 2008:
1634	(A) substantiated; or
1635	(B) unsubstantiated; and
1636	(c) any other information that may be helpful in furthering the purposes of this part, as
1637	determined by the division.
1638	(3) Information obtained from the database may be used only:
1639	(a) for statistical summaries compiled by the department that do not include names or
1640	other identifying data;
1641	(b) where identification of an individual as a perpetrator may be relevant in a
1642	determination regarding whether to grant or deny a license, privilege, or approval
1643	made by:
1644	(i) the department;
1645	(ii) the Division of Professional Licensing;
1646	(iii) the Division of Licensing and Background Checks within the department;
1647	(iv) the Bureau of Emergency Medical Services[-], within the Department of Public
1648	Safety;
1649	(v) any government agency specifically authorized by statute to access or use the
1650	information in the database; or
1651	(vi) an agency of another state that performs a similar function to an agency
1652	described in Subsections (3)(b)(i) through (iv); or
1653	(c) as otherwise specifically provided by law.
1654	Section 23. Section <b>26B-6-304</b> is amended to read:
1655	26B-6-304 . Powers and duties of the office.
1656	(1) The office shall:
1657	(a) develop and operate a statewide program to:
1658	(i) educate the public about the role and function of guardians and conservators;
1659	(ii) educate guardians and conservators on:
1660	(A) the duties of a guardian and a conservator; and
1661	(B) standards set by the National Guardianship Association for guardians and

1662	conservators; and
1663	(iii) serve as a guardian, conservator, or both for a ward upon appointment by a court
1664	when no other person is able and willing to do so and the office petitioned for or
1665	agreed in advance to the appointment;
1666	(b) possess and exercise all the powers and duties specifically given to the office by
1667	virtue of being appointed as guardian or conservator of a ward, including the power
1668	to access a ward's records;
1669	(c) review and monitor the personal and, if appropriate, financial status of each ward for
1670	whom the office has been appointed to serve as guardian or conservator;
1671	(d) train and monitor each employee and volunteer, and monitor each contract provider
1672	to whom the office has delegated a responsibility for a ward;
1673	(e) retain all court-delegated powers and duties for a ward;
1674	(f) report on the personal and financial status of a ward as required by a court in
1675	accordance with Title 75, Chapter 5, Protection of Persons Under Disability and
1676	Their Property;
1677	(g) handle a ward's funds in accordance with the department's trust account system;
1678	(h) request that the department's audit plan, established pursuant to Section 63I-5-401,
1679	include the requirement of an annual audit of all funds and property held by the office
1680	on behalf of wards;
1681	(i) maintain accurate records concerning each ward, the ward's property, and office
1682	services provided to the ward;
1683	(j) make reasonable and continuous efforts to find a family member, friend, or other
1684	person to serve as a ward's guardian or conservator;[-and]
1685	(k) after termination as guardian or conservator, distribute a ward's property in
1686	accordance with Title 75, Chapter 5, Protection of Persons Under Disability and
1687	Their Property[-] : and
1688	(l) be given accesses to, or provided with, written statements, documents, exhibits, and
1689	other items related to an investigation, including private, controlled, or protected
1690	medical or financial records of an incapacitated person or a potentially incapacitated
1691	person when the records or other items sought are reasonably necessary for the office
1692	to conduct an assessment, make an inquiry or search, or reach a determination
1693	described in Section 26B-6-305, or to fulfill the office's other duties or
1694	responsibilities.
1695	(2) The office may:

1696	(a) petition a court pursuant to Title 75, Chapter 5, Protection of Persons Under
1697	Disability and Their Property, to be appointed an incapacitated person's guardian,
1698	conservator, or both after conducting a prepetition assessment under Section
1699	26B-6-305;
1700	(b) develop and operate a statewide program to recruit, train, supervise, and monitor
1701	volunteers to assist the office in providing guardian and conservator services;
1702	(c) delegate one or more responsibilities for a ward to an employee, volunteer, or
1703	contract provider, except as provided in Subsection 26B-6-305(1);
1704	(d) solicit and receive private donations to provide guardian and conservator services
1705	under this part; and
1706	(e) adopt rules, in accordance with Title 63G, Chapter 3, Utah Administrative
1707	Rulemaking Act, to:
1708	(i) effectuate policy; and
1709	(ii) carry out the office's role as guardian and conservator of wards as provided in this
1710	chapter.
1711	Section 24. Section 26B-6-602 is amended to read:
1712	26B-6-602 . Division responsibility.
1713	The division is responsible:
1714	(1) for the supervision, care, and treatment of persons with an intellectual disability in this
1715	state who are committed to the division's jurisdiction under the provisions of this part;
1716	and
1717	(2) to evaluate and determine the most appropriate, least restrictive setting for an individual
1718	with an intellectual disability within the division's system.
1719	Section 25. Section 26B-7-301 is amended to read:
1720	26B-7-301 . Definitions.
1721	As used in this part:
1722	(1) "Bioterrorism" means:
1723	(a) the intentional use of any microorganism, virus, infectious substance, or biological
1724	product to cause death, disease, or other biological malfunction in a human, an
1725	animal, a plant, or another living organism in order to influence, intimidate, or coerce
1726	the conduct of government or a civilian population; and
1727	(b) includes anthrax, botulism, small pox, plague, tularemia, and viral hemorrhagic
1728	fevers.
1729	(2) "Dangerous public health condition" means any of the following:

1730	(a) cholera;
1731	(b) pneumonic plague;
1732	(c) severe acute respiratory syndrome;
1733	(d) smallpox;
1734	(e) tuberculosis;
1735	(f) any viral hemorrhagic fever;
1736	(g) measles; or
1737	(h) any infection:
1738	(i) that is new, drug resistant, or reemerging;
1739	(ii) that evidence suggests is likely to cause either high mortality or morbidity; and
1740	(iii) only if the relevant legislative body of the county where the infection is located
1741	approves as needing containment.
1742	(3) "Diagnostic information" means a clinical facility's record of individuals who present
1743	for treatment, including the reason for the visit, chief complaint, presenting diagnosis,
1744	final diagnosis, and any pertinent lab results.
1745	(4) "Epidemic or pandemic disease":
1746	(a) means the occurrence in a community or region of cases of an illness clearly in
1747	excess of normal expectancy; and
1748	(b) includes diseases designated by the department which have the potential to cause
1749	serious illness or death.
1750	(5) "Exigent circumstances" means a significant change in circumstances following the
1751	expiration of a public health emergency declared in accordance with this title that:
1752	(a) substantially increases the danger to public safety or health relative to the
1753	circumstances in existence when the public health emergency expired;
1754	(b) poses an imminent danger to public safety or health; and
1755	(c) was not known or foreseen and could not have been known or foreseen at the time
1756	the public health emergency expired.
1757	(6) "First responder" means:
1758	(a) a law enforcement officer as defined in Section 53-13-103;
1759	(b) emergency medical service personnel as defined in Section [26B-4-101] 53-2d-101;
1760	(c) firefighters; and
1761	(d) public health personnel having jurisdiction over the location where an individual
1762	subject to an order of restriction is found.
1763	(7) "Health care provider" means the same as that term is defined in Section 78B-3-403.

1764	(8) "Legislative emergency response committee" means the same as that term is defined in
1765	Section 53-2a-203.
1766	(9) "Local food" means the same as that term is defined in Section 4-1-109.
1767	(10)(a) "Order of constraint" means an order, rule, or regulation issued in response to a
1768	declared public health emergency under this part, that:
1769	(i) applies to all or substantially all:
1770	(A) individuals or a certain group of individuals; or
1771	(B) public places or certain types of public places; and
1772	(ii) for the protection of the public health and in response to the declared public
1773	health emergency:
1774	(A) establishes, maintains, or enforces isolation or quarantine;
1775	(B) establishes, maintains, or enforces a stay-at-home order;
1776	(C) exercises physical control over property or individuals;
1777	(D) requires an individual to perform a certain action or engage in certain
1778	behavior; or
1779	(E) closes theaters, schools, or other public places or prohibits gatherings of
1780	people to protect the public health.
1781	(b) "Order of constraint" includes a stay-at-home order.
1782	(11) "Order of restriction" means an order issued by a department or a district court which
1783	requires an individual or group of individuals who are subject to restriction to submit to
1784	an examination, treatment, isolation, or quarantine.
1785	(12)(a) "Public health emergency" means an occurrence or imminent credible threat of
1786	an illness or health condition, caused by bioterrorism, epidemic or pandemic disease,
1787	or novel and highly fatal infectious agent or biological toxin, that poses a substantial
1788	risk of a significant number of human fatalities or incidents of permanent or
1789	long-term disability.
1790	(b) "Public health emergency" includes an illness or health condition resulting from a
1791	natural disaster.
1792	(13) "Public health official" means:
1793	(a) the executive director or the executive director's authorized representative; or
1794	(b) the executive director of a local health department or the executive director's
1795	authorized representative.
1796	(14) "Reportable emergency illness and health condition" includes the diseases, conditions,
1797	or syndromes designated by the department.

1798	(15) "Stay-at-home order" means an order of constraint that:
1799	(a) restricts movement of the general population to suppress or mitigate an epidemic or
1800	pandemic disease by directing individuals within a defined geographic area to remain
1801	in their respective residences; and
1802	(b) may include exceptions for certain essential tasks.
1803	(16) "Threat to public health" means a situation where a dangerous public health condition
1804	could spread to other individuals.
1805	(17) "Subject to restriction" as applied to an individual, or a group of individuals, means the
1806	individual or group of individuals could create a threat to public health.
1807	Section 26. Section 26B-8-115 is amended to read:
1808	26B-8-115 . Fetal death certificate Filing and registration requirements.
1809	(1)(a) A fetal death certificate shall be filed for each fetal death which occurs in this
1810	state.
1811	(b) The certificate shall be filed within five days after delivery with the local registrar or
1812	as otherwise directed by the state registrar.
1813	(c) The certificate shall be registered if it is completed and filed in accordance with this
1814	part.
1815	(2)(a) When a dead fetus is delivered in an institution, the institution administrator or his
1816	designated representative shall prepare and file the fetal death certificate.
1817	(b) The attending [physician, physician assistant, or certified nurse midwife] health care
1818	professional shall state in the certificate the cause of death and sign the certificate.
1819	(3) When a dead fetus is delivered outside an institution, the [physician or certified nurse
1820	midwife] health care professional in attendance at or immediately after delivery shall
1821	complete, sign, and file the fetal death certificate.
1822	(4) When a fetal death occurs without medical attendance at or immediately after the
1823	delivery or when inquiry is required by Part 2, Utah Medical Examiner[,]:
1824	(a) the medical examiner shall investigate the cause of death; and
1825	(b) the medical examiner or a certified pathologist who performed the fetal autopsy shall
1826	prepare and file the certificate of fetal death within five days after [taking] the medical
1827	examiner takes charge of the case.
1828	(5)(a) When a fetal death occurs in a moving conveyance and the dead fetus is first
1829	removed from the conveyance in this state or when a dead fetus is found in this state
1830	and the place of death is unknown, the death shall be registered in this state.
1831	(b) The place where the dead fetus was first removed from the conveyance or found

1832	shall be considered the place of death.
1833	(6) Final disposition of the dead fetus may not be made until the fetal death certificate has
1834	been registered.
1835	Section 27. Section 26B-8-118 is amended to read:
1836	26B-8-118. Certificate of early term stillbirth.
1837	(1) As used in this section, "early term stillborn child" means a product of human
1838	conception, other than in the circumstances described in Subsection 76-7-301(1), that:
1839	(a) is of at least 16 weeks' gestation but less than 20 weeks' gestation, calculated from
1840	the day on which the mother's last normal menstrual period began to the day of
1841	delivery; and
1842	(b) is not born alive.
1843	(2) The state registrar shall issue a certificate of early term stillbirth to a parent of an early
1844	term stillborn child if:
1845	(a) the parent requests, on a form created by the state registrar, that the state registrar
1846	register and issue a certificate of early term stillbirth for the early term stillborn child
1847	and
1848	(b) the parent files with the state registrar:
1849	(i)(A) a signed statement from a [physician, or physician assistant if a physician is
1850	not in attendance at the delivery,] health care professional confirming the
1851	delivery of the early term stillborn child; or
1852	(B) an accurate copy of the parent's medical records related to the early term
1853	stillborn child; and
1854	(ii) any other record the state registrar determines, by rule made in accordance with
1855	Title 63G, Chapter 3, Utah Administrative Rulemaking Act, is necessary for
1856	accurate recordkeeping.
1857	(3) The certificate of early term stillbirth described in Subsection (2) shall meet all of the
1858	format and filing requirements of Section 26B-8-103.
1859	(4) A person who prepares a certificate of early term stillbirth under this section shall leave
1860	blank any references to an early term stillborn child's name if the early term stillborn
1861	child's parent does not wish to provide a name for the early term stillborn child.
1862	Section 28. Section <b>26B-9-104</b> is amended to read:
1863	26B-9-104. Duties of the Office of Recovery Services.
1864	(1) The office has the following duties:
1865	(a) except as provided in Subsection (2), to provide child support services if:

1866		(i) the office has received an application for child support services;
1867		(ii) the state has provided public assistance; or
1868		(iii) a child lives out of the home in the protective custody, temporary custody, or
1869		custody or care of the state;
1870	(b)	for the purpose of collecting child support, to carry out the obligations of the
1871		department contained in:
1872		(i) this chapter;
1873		(ii) Title 78B, Chapter 14, Utah Uniform Interstate Family Support Act;
1874		(iii) Title 78B, Chapter 15, Utah Uniform Parentage Act; and
1875		(iv) Title 81, Chapter 6, Child Support;
1876	(c)	to collect money due the department which could act to offset expenditures by the
1877		state;
1878	(d)	to cooperate with the federal government in programs designed to recover health and
1879		social service funds;
1880	(e)	to collect civil or criminal assessments, fines, fees, amounts awarded as restitution,
1881		and reimbursable expenses owed to the state or any of its political subdivisions, if the
1882		office has contracted to provide collection services;
1883	(f)	to implement income withholding for collection of child support in accordance with
1884		Part 3, Income Withholding in IV-D Cases;
1885	(g)	to enter into agreements with financial institutions doing business in the state to
1886		develop and operate, in coordination with such financial institutions, a data match
1887		system in the manner provided for in Section 26B-9-208;
1888	(h)	to establish and maintain the state case registry in the manner required by the Social
1889		Security Act, 42 U.S.C. Sec. 654a, which shall include a record in each case of:
1890		(i) the amount of monthly or other periodic support owed under the order, and other
1891		amounts, including arrearages, interest, late payment penalties, or fees, due or
1892		overdue under the order;
1893		(ii) any amount described in Subsection (1)(h)(i) that has been collected;
1894		(iii) the distribution of collected amounts;
1895		(iv) the birth date of any child for whom the order requires the provision of support;
1896		and
1897		(v) the amount of any lien imposed with respect to the order pursuant to this part;
1898	(i)	to contract with the Department of Workforce Services to establish and maintain the
1899		new hire registry created under Section 35A-7-103:

1900	(j) to determine whether an individual who has applied for or is receiving cash assistance
1901	or Medicaid is cooperating in good faith with the office as required by Section
1902	26B-9-213;
1903	(k) to finance any costs incurred from collections, fees, General Fund appropriation,
1904	contracts, and federal financial participation;[-and]
1905	(l) to provide notice to a noncustodial parent in accordance with Section 26B-9-207 of
1906	the opportunity to contest the accuracy of allegations by a custodial parent of
1907	nonpayment of past-due child support, prior to taking action against a noncustodial
1908	parent to collect the alleged past-due support[-];
1909	(m) to review the child support guidelines, as that term is defined in Section 81-6-101, to
1910	ensure the application of the guidelines results in the determination of appropriate
1911	child support award amounts; and
1912	(n) to submit to the Judiciary Interim Committee, in accordance with Section 68-3-14, a
1913	summary of the review described in Subsection (1)(m) on or before October 1, 2025,
1914	and every four years thereafter on or before October 1.
1915	(2) The office may not provide child support services to the Division of Child and Family
1916	Services for a calendar month when the child to whom the child support services relate
1917	is:
1918	(a) in the custody of the Division of Child and Family Services; and
1919	(b) lives in the home of a custodial parent of the child for more than seven consecutive
1920	days, regardless of whether:
1921	(i) the greater than seven consecutive day period starts during one month and ends in
1922	the next month; and
1923	(ii) the child is living in the home on a trial basis.
1924	(3) The Division of Child and Family Services is not entitled to child support, for a child to
1925	whom the child support relates, for a calendar month when child support services may
1926	not be provided under Subsection (2).
1927	(4) To conduct the review described in Subsection (1)(m), the office may consider input
1928	from the Judicial Council, members of the Utah State Bar Association representing
1929	attorneys who practice family law, individuals with economic expertise, and other
1930	interested parties.
1931	Section 29. Section <b>53-22-102</b> is amended to read:
1932	53-22-102 . State security chief Creation Appointment.
1933	(1) There is created within the department a state security chief.

1934	(2) The state security chief:
1935	(a) is appointed by the commissioner with the approval of the governor;
1936	(b) is subject to the supervision and control of the commissioner;
1937	(c) may be removed at the will of the commissioner;
1938	(d) shall be qualified by experience and education to:
1939	(i) enforce the laws of this state relating to school safety;
1940	(ii) perform duties prescribed by the commissioner; and
1941	(iii) enforce rules made under this chapter.
1942	(3) The state security chief shall:
1943	(a) establish building and safety standards for all public and private schools, including:
1944	(i) coordinating with the State Board of Education to establish the required minimum
1945	safety and security standards for all public and private school facilities, including:
1946	(A) limited entry points, including, if applicable, secured entry points for specific
1947	student grades or groups;
1948	(B) video surveillance of entrances when school is in session;
1949	(C) ground level windows protected by security film or ballistic windows;
1950	(D) internal classroom door locks;
1951	(E) bleed kits and first aid kits;
1952	(F) exterior cameras on entrances, parking areas, and campus grounds; and
1953	(G) fencing around playgrounds;
1954	(ii) establishing a schedule or timeline for existing buildings to come into compliance
1955	with this section;
1956	(iii) creating a process to examine plans and specifications for construction or
1957	remodeling of a school building, in accordance with Section 53E-3-706;
1958	(iv) recommending to the commissioner the denial or revocation a public or private
1959	school's occupancy permit for a building if:
1960	(A) the building does not meet the standards established in this section; and
1961	(B) after consultation with the local governing board, the building remains
1962	non-compliant with the standards established in this section;
1963	(v) creating minimum standards for radio communication equipment in every school;
1964	and
1965	(vi) establishing a process to approve the safety and security criteria the state
1966	superintendent of public instruction establishes for building inspectors described
1967	in Section 53E-3-706;

1968	(b) oversee the implementation of the school safety personnel requirements described in
1969	Section 53G-8-701.5, including:
1970	(i) in consultation with a county security chief, overseeing the school guardian
1971	program described in Section 53-22-105, including approving and coordinating
1972	the relevant training programs;
1973	(ii) establishing an application process for approved alternatives to the school safety
1974	personnel requirements described in Section 53G-8-701.5;
1975	(iii) selecting training requirements for school safety and security specialists in
1976	consultation with the State Board of Education as described in Section
1977	53G-8-701.6;
1978	(iv) as required by Section 53G-8-701.8, tracking each school safety and security
1979	director for a local education agency and ensuring that the contact information for
1980	the school safety and security directors is readily available to the local law
1981	enforcement agency of relevant jurisdiction; and
1982	(v) reviewing and approving the State Board of Education's school resource officer
1983	training program as described in Section 53G-8-702;
1984	(c) oversee the creation of school safety trainings, protocols, and incident responses,
1985	including:
1986	(i) in consultation with the State Board of Education, defining what constitutes an
1987	"active threat" and "developmentally appropriate" for purposes of the emergency
1988	response training described in Section 53G-8-803;
1989	(ii) in consultation with the Office of Substance [Abuse] Use and Mental Health,
1990	establishing or selecting an adolescent mental health and de-escalation training for
1991	school safety personnel;
1992	(iii) consulting with the School Safety Center to develop the model critical incident
1993	response that all schools and law enforcement will use during a threat, including:
1994	(A) standardized response protocol terminology for use throughout the state,
1995	including what constitutes a threat;
1996	(B) protocols for planning and safety drills, including drills required in a school
1997	before the school year begins;
1998	(C) integration and appropriate use of a panic alert device described in Subsection
1999	53G-8-805;
2000	(D) the establishment of incident command for a threat or safety incident,
2001	including which entity and individual runs the incident command;

2002	(E) the required components for a communication plan to be followed during an
2003	incident or threat;
2004	(F) reunification plan protocols, including the appropriate design and use of an
2005	incident command by others responding to or involved in an incident; and
2006	(G) recommendations for safety equipment for schools, including amounts and
2007	types of first aid supplies;
2008	(iv) reviewing and suggesting any changes to the response plans and training under
2009	Section 53G-8-803;
2010	(v) creating the official standard response protocol described in Section 53G-8-803
2011	for use by schools and law enforcement for school safety incidents; and
2012	(vi) establishing a manner for any security personnel described in Section
2013	53G-8-701.5 to be quickly identified by law enforcement during an incident;
2014	(d) in consultation with the School Safety Center established in Section 53G-8-802:
2015	(i) create a process to receive and analyze the school safety needs assessments
2016	described in Section 53G-8-701.5; and
2017	(ii) establish a required data reporting system for public schools to report serious and
2018	non-serious threats and other data related to threat assessment that the state
2019	security chief determines to be necessary; and
2020	(e) fulfill any other duties and responsibilities determined by the commissioner.
2021	(4) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the
2022	department, in consultation with the state security chief, shall make rules to fulfill the
2023	duties described in this section.
2024	(5) The state security chief may delegate duties under this section to a sworn department
2025	member with the approval of the commissioner.
2026	Section 30. Section <b>53-22-104.2</b> is amended to read:
2027	53-22-104.2 . The School Security Task Force Education Advisory Board.
2028	(1) There is created an advisory board to the task force called the Education Advisory
2029	Board.
2030	(2) The advisory board shall consist of the following members:
2031	(a) the state security chief, who acts as chair of the advisory board;
2032	(b) the construction and facility specialist at the State Board of Education;
2033	(c) a superintendent from a county of the fourth, fifth, or sixth class, whom the state
2034	security chief selects;
2035	(d) a superintendent from a county of the first, second, or third class, whom the state

2036	security chief selects;
2037	(e) a charter school director from a county of the fourth, fifth, or sixth class, whom the
2038	state security chief selects;
2039	(f) a charter school director from a county of the first, second, or third class, whom the
2040	state security chief selects;
2041	(g) the president of the Utah School Boards Association or the president's designee;
2042	(h) a parent representative from a school community council or parent teacher
2043	organization, whom the state security chief selects;
2044	(i) a facilities manager from an LEA in a county of the fourth, fifth, or sixth class, whom
2045	the state security chief selects;
2046	(j) a facilities manager from an LEA in county of the first, second, or third class, whom
2047	the state security chief selects;
2048	(k) a representative of private schools, whom the state security chief selects; and
2049	(l) a member of the Office of Substance [Abuse] <u>Use</u> and Mental Health, whom the state
2050	security chief selects.
2051	(3) The advisory board's purpose is to:
2052	(a) review and provide input on official business of the task force;
2053	(b) provide recommendations and suggestions for the task force's consideration; and
2054	(c) study and evaluate the policies, procedures, and programs implemented for school
2055	safety and provide proactive information regarding the implementation.
2056	(4)(a) A majority of the members of the advisory board constitutes a quorum.
2057	(b) The action of a majority of a quorum constitutes an action of the advisory board.
2058	(5)(a) The advisory board shall select two members to serve as co-chairs.
2059	(b) The co-chairs are responsible for the call and conduct of meetings.
2060	(6) The staff of the state security chief shall provide staff for the advisory board.
2061	(7) A member of the advisory board who is not a legislator may not receive compensation
2062	for the member's work associated with the task force but may receive per diem and
2063	reimbursement for travel expenses incurred as a member of the task force at the rates
2064	established by the Division of Finance under:
2065	(a) Sections 63A-3-106 and 63A-3-107; and
2066	(b) rules made by the Division of Finance in accordance with Sections 63A-3-106 and
2067	63A-3-107.
2068	Section 31. Section <b>53-22-105</b> is amended to read:
2069	53-22-105 . School guardian program.

2070	(1) As	used in this section:
2071	(a)	"Annual training" means an annual four-hour training that:
2072		(i) a county security chief or a designee administers;
2073		(ii) the state security chief approves;
2074		(iii) can be tailored to local needs;
2075		(iv) allows an individual to practice and demonstrate firearms proficiency at a
2076		firearms range using the firearm the individual carries for self defense and defense
2077		of others;
2078		(v) includes the following components:
2079		(A) firearm safety, including safe storage of a firearm;
2080		(B) de-escalation tactics;
2081		(C) the role of mental health in incidents; and
2082		(D) disability awareness and interactions; and
2083		(vi) contains other training needs as determined by the state security chief.
2084	(b)	"Biannual training" means a twice-yearly training that:
2085		(i) is at least four hours, unless otherwise approved by the state security chief;
2086		(ii) a county security chief or a designee administers;
2087		(iii) the state security chief approves;
2088		(iv) can be tailored to local needs;[-and]
2089		(v) through which a school guardian at a school or simulated school environment:
2090		(A) receives training on the specifics of the building or buildings of the school,
2091		including the location of emergency supplies and security infrastructure; and
2092		(B) participates in a live-action practice plan with school administrators in
2093		responding to active threats at the school; and
2094		(vi) shall be taken with at least three months in between the two trainings.
2095	(c)	"Firearm" means the same as that term is defined in Section 76-10-501.
2096	(d)	"Initial training" means an in-person training that:
2097		(i) a county security chief or a designee administers;
2098		(ii) the state security chief approves;
2099		(iii) can be tailored to local needs; and
2100		(iv) provides:
2101		(A) training on general familiarity with the types of firearms that can be concealed
2102		for self-defense and defense of others;
2103		(B) training on the safe loading, unloading, storage, and carrying of firearms in a

2104	school setting;
2105	(C) training at a firearms range with instruction regarding firearms fundamentals,
2106	marksmanship, the demonstration and explanation of the difference between
2107	sight picture, sight alignment, and trigger control, and a recognized pistol
2108	course;
2109	(D) current laws dealing with the lawful use of a firearm by a private citizen,
2110	including laws on self-defense, defense of others, transportation of firearms,
2111	and concealment of firearms;
2112	(E) coordination with law enforcement officers in the event of an active threat;
2113	(F) basic trauma first aid;
2114	(G) the appropriate use of force, emphasizing the de-escalation of force and
2115	alternatives to using force; and
2116	(H) situational response evaluations, including:
2117	(I) protecting and securing a crime or accident scene;
2118	(II) notifying law enforcement;
2119	(III) controlling information; and
2120	(IV) other training that the county sheriff, designee, or department deems
2121	appropriate.
2122	(e) "Program" means the school guardian program created in this section.
2123	(f)(i) "School employee" means an employee of a school whose duties and
2124	responsibilities require the employee to be physically present at a school's campus
2125	while school is in session.
2126	(ii) "School employee" does not include a principal, teacher, or individual whose
2127	primary responsibilities require the employee to be primarily present in a
2128	classroom to teach, care for, or interact with students, unless:
2129	(A) the principal, teacher, or individual is employed at a school with 100 or fewer
2130	students;
2131	(B) the principal, teacher, or individual is employed at a school with adjacent
2132	campuses as determined by the state security chief; or
2133	(C) as provided in Subsection 53G-8-701.5(3).
2134	(g) "School guardian" means a school employee who meets the requirements of
2135	Subsection (3).
2136	(2)(a)(i) There is created within the department the school guardian program[;] .
2137	(ii) [the] The state security chief shall oversee the school guardian program[;] .

2138	(iii) [the] The applicable county security chief shall administer the school guardian
2139	program in each county.
2140	(b) The state security chief shall ensure that the school guardian program includes:
2141	(i) initial training;
2142	(ii) biannual training; and
2143	(iii) annual training.
2144	(c) A county sheriff may partner or contract with:
2145	(i) another county sheriff to support the respective county security chiefs in jointly
2146	administering the school guardian program in the relevant counties; and
2147	(ii) a local law enforcement agency of relevant jurisdiction to provide the:
2148	(A) initial training;
2149	(B) biannual training; and
2150	(C) annual training.
2151	(3)(a) A school employee that volunteers to participate is eligible to join the program as
2152	a school guardian if:
2153	(i) the school administrator approves the volunteer school employee to be designated
2154	as a school guardian;
2155	(ii) the school employee satisfactorily completes initial training within six months
2156	before the day on which the school employee joins the program;
2157	(iii) the school employee holds a valid concealed carry permit issued under Title 53,
2158	Chapter 5, Part 7, Concealed Firearm Act;
2159	(iv) the school employee certifies to the sheriff of the county where the school is
2160	located that the school employee has undergone the training in accordance with
2161	Subsection (3)(a)(ii) and intends to serve as a school guardian; and
2162	(v) the school employee successfully completes a mental health screening selected by
2163	the state security chief in collaboration with the Office of Substance [Abuse] <u>Use</u>
2164	and Mental Health established in Section 26B-5-102.
2165	(b) After joining the program a school guardian shall complete annual training and
2166	biannual training to retain the designation of a school guardian in the program.
2167	(4) The state security chief shall:
2168	(a) for each school that participates in the program, track each school guardian at the
2169	school by collecting the photograph and the name and contact information for each
2170	guardian;
2171	(b) make the information described in Subsection (4)(a) readily available to each law

2172	enforcement agency in the state categorized by school; and
2173	(c) provide each school guardian with a one-time stipend of \$500.
2174	(5) A school guardian:
2175	(a) may store the school guardian's firearm on the grounds of a school only if:
2176	(i) the firearm is stored in a biometric gun safe;
2177	(ii) the biometric gun safe is located in the school guardian's office; and
2178	(iii) the school guardian is physically present on the grounds of the school while the
2179	firearm is stored in the safe;
2180	(b) shall carry the school guardian's firearm in a concealed manner; and
2181	(c) may not, unless during an active threat, display or open carry a firearm while on
2182	school grounds.
2183	(6) Except as provided in Subsection (5)(c), this section does not prohibit an individual who
2184	has a valid concealed carry permit but is not participating in the program from carrying a
2185	firearm on the grounds of a public school or charter school under Subsection 76-10-505.5
2186	(4).
2187	(7) A school guardian:
2188	(a) does not have authority to act in a law enforcement capacity; and
2189	(b) may, at the school where the school guardian is employed:
2190	(i) take actions necessary to prevent or abate an active threat; and
2191	(ii) temporarily detain an individual when the school guardian has reasonable cause
2192	to believe the individual has committed or is about to commit a forcible felony, as
2193	that term is defined in Section 76-2-402.
2194	(8) A school may designate a single volunteer or multiple volunteers to participate in the
2195	school guardian program to satisfy the school safety personnel requirements of Section
2196	53G-8-701.5.
2197	(9) The department may adopt, according to Title 63G, Chapter 3, Utah Administrative
2198	Rulemaking Act, rules to administer this section.
2199	(10) A school guardian who has active status in the guardian program is not liable for any
2200	civil damages or penalties if the school guardian:
2201	(a) when carrying or storing a firearm:
2202	(i) is acting in good faith; and
2203	(ii) is not grossly negligent; or
2204	(b) threatens, draws, or otherwise uses a firearm reasonably believing the action to be
2205	necessary in compliance with Section 76-2-402

2206	(11) A school guardian shall file a report described in Subsection (12) if, during the
2207	performance of the school guardian's duties, the school guardian points a firearm at an
2208	individual.
2209	(12)(a) A report described in Subsection (11) shall include:
2210	(i) a description of the incident;
2211	(ii) the identification of the individuals involved in the incident; and
2212	(iii) any other information required by the state security chief.
2213	(b) A school guardian shall submit a report required under Subsection (11) to the school
2214	administrator, school safety and security director, and the state security chief within
2215	48 hours after the incident.
2216	(c) The school administrator, school safety and security director, and the state security
2217	chief shall consult and review the report submitted under Subsection (12)(b).
2218	(13) The requirements of Subsections (11) and (12) do not apply to a training exercise.
2219	(14) A school guardian may have the designation of school guardian revoked at any time by
2220	the school principal, county sheriff, or state security chief.
2221	(15)(a) Any information or record created detailing a school guardian's participation in
2222	the program is:
2223	(i) a private, controlled, or protected record under Title 63G, Chapter 2, Government
2224	Records Access and Management Act; and
2225	(ii) available only to:
2226	(A) the state security chief;
2227	(B) administrators at the school guardian's school;
2228	(C) if applicable, other school safety personnel described in Section 53G-8-701.5;
2229	(D) a local law enforcement agency that would respond to the school in case of an
2230	emergency; and
2231	(E) the individual designated by the county sheriff in accordance with Section
2232	53-22-103 of the county of the school where the school guardian in the
2233	program is located.
2234	(b) The information or record described in Subsection (15)(a) includes information
2235	related to the school guardian's identity and activity within the program as described
2236	in this section and any personal identifying information of a school guardian
2237	participating in the program collected or obtained during initial training, annual
2238	training, and biannual training.
2239	(c) An individual who intentionally or knowingly provides the information described in

2240	Subsection (15)(a) to an individual or entity not listed in Subsection (15)(a)(ii) is
2241	guilty of a class B misdemeanor.
2242	Section 32. Section <b>53G-8-701.6</b> is amended to read:
2243	53G-8-701.6 . School safety and security specialist.
2244	(1) As used in this section, "principal" means the chief administrator at a public school,
2245	including:
2246	(a) a school principal;
2247	(b) a charter school director; or
2248	(c) the superintendent of the Utah Schools for the Deaf and the Blind.
2249	(2)(a) Subject to Subsection (2)(b) and except as provided in Subsection 53G-8-701.5(3),
2250	every campus within an LEA shall designate a school safety and security specialist
2251	from the employees of the relevant campus.
2252	(b) The school safety and security specialist:
2253	(i) may not be a principal; and
2254	(ii) may be the school safety and security director at one campus within the LEA.
2255	(3) The school safety and security specialist shall:
2256	(a) report directly to the principal;
2257	(b) oversee school safety and security practices to ensure a safe and secure school
2258	environment for students and staff;
2259	(c) ensure adherence with all policies, procedures, protocols, rules, and regulations
2260	relating to school safety and security through collaborating and maintaining effective
2261	communications with the following as applicable:
2262	(i) the principal;
2263	(ii) school staff;
2264	(iii) the school resource officer;
2265	(iv) the armed school security guard;
2266	(v) the school guardian;
2267	(vi) local law enforcement;
2268	(vii) the county security chief;
2269	(viii) the school safety and security director;
2270	(ix) the LEA; and
2271	(x) school-based behavioral and mental health professionals;
2272	(d) in collaboration with the county security chief or designee described in Section
2273	53-22-103:

2274	(i) conduct the school safety needs assessment described in Section 53G-8-701.5; and
2275	(ii) conduct a building safety evaluation at least annually using the results of the
2276	school safety needs assessment to recommend and implement improvements to
2277	school facilities, policies, procedures, protocols, rules, and regulations relating to
2278	school safety and security;
2279	(e) if the specialist is also an employee of an LEA, participate on the multidisciplinary
2280	team that the LEA establishes;
2281	(f) conduct a behavioral threat assessment when the school safety and security specialist
2282	deems necessary using an evidence-based tool the state security chief recommends in
2283	consultation with the school safety center and the Office of Substance [Abuse] Use
2284	and Mental Health;
2285	(g) regularly monitor and report to the principal, local law enforcement, and, if
2286	applicable, the LEA superintendent or designee, security risks for the school resulting
2287	from:
2288	(i) issues with school facilities; or
2289	(ii) the implementation of practices, policies, procedures, and protocols relating to
2290	school safety and security;
2291	(h) coordinate with local first responder agencies to implement and monitor safety and
2292	security drills in accordance with policy and applicable procedures and protocols;
2293	(i) ensure that school staff, and, when appropriate, students, receive training on and
2294	remain current on the school's safety and security procedures and protocols;
2295	(j) following an event where security of the school has been significantly compromised,
2296	organize a debriefing with the individuals listed in Subsection (3)(c) regarding
2297	strengthening school safety and security practices, policies, procedures, and protocols;
2298	(k) abide by any LEA, school, or law enforcement agency policy outlining the chain of
2299	command;
2300	(l) during an emergency, coordinate with the following individuals as applicable, the:
2301	(i) school resource officer;
2302	(ii) school guardians;
2303	(iii) armed school security guards;
2304	(iv) school administrators; and
2305	(v) responding law enforcement officers;
2306	(m) follow any LEA, school, or law enforcement agency student privacy policies,
2307	including state and federal privacy laws;

2308	(n) participate in an annual training the state security chief selects in consultation with
2309	the School Safety Center; and
2310	(o) remain current on:
2311	(i) a comprehensive school guideline the state security chief selects;
2312	(ii) the duties of a school safety and security specialist described in this Subsection (3)
2313	and
2314	(iii) the school's emergency response plan.
2315	(4) During an active emergency at the school, the school safety and security specialist is
2316	subordinate to any responding law enforcement officers.
2317	Section 33. Section 63I-1-281 is amended to read:
2318	63I-1-281 . Repeal dates: Title 81.
2319	Title 81, Chapter 6, Part 4, Child Support Guidelines Advisory Committee, is repealed [
2320	<del>July 1, 2026</del> ] <u>May 7, 2025</u> .
2321	Section 34. Section 80-2-709 is amended to read:
2322	80-2-709. Division access to criminal background information for background
2323	screening and investigation.
2324	(1) The division shall have direct access to criminal background information maintained
2325	under Title 53, Chapter 10, Part 2, Bureau of Criminal Identification, for the purpose of:
2326	(a) background screening under this chapter, Chapter 2a, Removal and Protective
2327	Custody of a Child, or Chapter 3, Abuse, Neglect, and Dependency Proceedings,
2328	including background screening of an individual who has direct access, as defined in
2329	Section [ <del>62A-2-101</del> ] <u>26B-2-101</u> , to a minor:
2330	(i) who is alleged to be or has been abused, neglected, or dependent; and
2331	(ii) for whom the division has an open case; or
2332	(b) investigation of abuse or neglect under this chapter, Chapter 2a, Removal and
2333	Protective Custody of a Child, or Chapter 3, Abuse, Neglect, and Dependency
2334	Proceedings.
2335	(2) Except as provided in Section 80-3-305, the division and the Office of Guardian Ad
2336	Litem are authorized to request the Department of Public Safety to conduct a complete
2337	Federal Bureau of Investigation criminal background check through the national
2338	criminal history system (NCIC).
2339	Section 35. Repealer.
2340	This bill repeals:
2341	Section 26B-7-102, Director of family health services programs.

2342	Section 36. Effective Date.
2343	This bill takes effect on May 7, 2025.