

HB0039S02 compared with HB0039S01

{Omitted text} shows text that was in HB0039S01 but was omitted in HB0039S02

inserted text shows text that was not in HB0039S01 but was inserted into HB0039S02

DISCLAIMER: This document is provided to assist you in your comparison of the two bills. Sometimes this automated comparison will NOT be completely accurate. Therefore, you need to read the actual bills. This automatically generated document could contain inaccuracies caused by: limitations of the compare program; bad input data; or other causes.

Correctional Health Amendments

2025 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Steve Eliason

Senate Sponsor:

LONG TITLE

General Description:

This bill addresses {~~correctional~~} health care for individuals who are involved with the justice system.

Highlighted Provisions:

This bill:

- defines terms;
- requires the Department of Health and Human Services (department) to contract with a telehealth psychiatric consultation provider to provide consultation services to staff responsible for inmates' psychiatric care;
- requires the department to convene a working group to study the department's needs regarding an electronic health record system for inmate health care and, if the current electronic health record system does not meet the department's needs, requires the department to contract for a new system;
- requires the department to contract with psychiatrists to meet staffing needs for correctional health services, except under certain circumstances;
-

HB0039S01

HB0039S01 compared with HB0039S02

requires the department to provide an annual report to the Health and Human Services Interim Committee concerning the provision of comprehensive health care to inmates;

▸ provides that money appropriated to the department to pay for unanticipated high-cost correctional health care expenses is non-lapsing;

▸ requires the department, in consultation with the Department of Corrections, to prepare and implement a plan for providing substance use disorder treatment to all inmates who suffer from a substance use disorder, and requires the Department of Corrections to cooperate with the department in providing medication assisted treatment pursuant to that plan;

▸ requires the {~~department~~} Department of Corrections and a local mental health authority to cooperate to {~~assess~~} have certain {~~inmates for the appropriateness of involuntary commitment, assisted outpatient treatment, or assertive community treatment,~~} offenders assessed for referral to {~~pursue one of those options if appropriate~~} available community-based services, and to {~~report any resulting court order or assignment~~} take steps to {~~treatment~~} connect an offender to appropriate community-based services based on the {~~Board~~} results of {~~Pardons and Parole;~~} the assessment; and

{~~requires the Board of Pardons and Parole to require an inmate to comply with a court order of involuntary commitment or assisted outpatient treatment, or an assignment to assertive community treatment, as a condition of parole; and~~}

▸ makes technical and conforming changes.

Money Appropriated in this Bill:

▸ This bill appropriates \$13,000,000 in operating and capital budgets for fiscal year 2026, all of which is from the various sources as detailed in this bill.

Other Special Clauses:

None

AMENDS:

17-43-301 , as last amended by Laws of Utah 2024, Chapters 240, 299 , as last amended by Laws of Utah 2024, Chapters 240, 299

26B-1-235 , as renumbered and amended by Laws of Utah 2023, Chapter 305 , as renumbered and amended by Laws of Utah 2023, Chapter 305

26B-1-410 , as renumbered and amended by Laws of Utah 2023, Chapter 305 , as renumbered and amended by Laws of Utah 2023, Chapter 305

HB0039S01 compared with HB0039S02

63A-17-307 , as last amended by Laws of Utah 2023, Chapter 489 , as last amended by Laws of Utah 2023, Chapter 489

63I-2-264 , as last amended by Laws of Utah 2024, Third Special Session, Chapter 5 , as last amended by Laws of Utah 2024, Third Special Session, Chapter 5

64-13-21 , as last amended by Laws of Utah 2024, Chapters 208, 434 , as last amended by Laws of Utah 2024, Chapters 208, 434

64-13-25.1 , as enacted by Laws of Utah 2024, Chapter 266 , as enacted by Laws of Utah 2024, Chapter 266

~~{77-27-5 , as last amended by Laws of Utah 2024, Chapters 145, 187 and 208 , as last amended by Laws of Utah 2024, Chapters 145, 187 and 208}~~

ENACTS:

26B-4-901 , Utah Code Annotated 1953 , Utah Code Annotated 1953

26B-4-903 , Utah Code Annotated 1953 , Utah Code Annotated 1953

26B-4-904 , Utah Code Annotated 1953 , Utah Code Annotated 1953

26B-4-905 , Utah Code Annotated 1953 , Utah Code Annotated 1953

26B-4-906 , Utah Code Annotated 1953 , Utah Code Annotated 1953

~~{26B-4-907 , Utah Code Annotated 1953 , Utah Code Annotated 1953}~~

RENUMBERS AND AMENDS:

26B-4-902 , (Renumbered from 26B-4-325, as last amended by Laws of Utah 2024, Chapter 266) , (Renumbered from 26B-4-325, as last amended by Laws of Utah 2024, Chapter 266)

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

Section 1. Section 17-43-301 is amended to read:

17-43-301. Local mental health authorities -- Responsibilities.

(1) As used in this section:

(a) "Assisted outpatient treatment" means the same as that term is defined in Section 26B-5-301.

(b) "Crisis worker" means the same as that term is defined in Section 26B-5-610.

(c) "Local mental health crisis line" means the same as that term is defined in Section 26B-5-610.

(d) "Mental health therapist" means the same as that term is defined in Section 58-60-102.

(e) "Public funds" means the same as that term is defined in Section 17-43-303.

(f) "Statewide mental health crisis line" means the same as that term is defined in Section 26B-5-610.

HB0039S01 compared with HB0039S02

- 69 (2)
- (a)
- (i) In each county operating under a county executive-council form of government under Section 17-52a-203, the county legislative body is the local mental health authority, provided however that any contract for plan services shall be administered by the county executive.
- 73 (ii) In each county operating under a council-manager form of government under Section 17-52a-204, the county manager is the local mental health authority.
- 75 (iii) In each county other than a county described in Subsection (2)(a)(i) or (ii), the county legislative body is the local mental health authority.
- 77 (b) Within legislative appropriations and county matching funds required by this section, under the direction of the division, each local mental health authority shall:
- 79 (i) provide mental health services to individuals within the county; and
- 80 (ii) cooperate with efforts of the division to promote integrated programs that address an individual's substance use, mental health, and physical healthcare needs, as described in Section 26B-5-102.
- 83 (c) Within legislative appropriations and county matching funds required by this section, each local mental health authority shall cooperate with the efforts of the department to promote a system of care, as defined in Section 26B-5-101, for minors with or at risk for complex emotional and behavioral needs, as described in Section 26B-1-202.
- 87 (3)
- (a) By executing an interlocal agreement under Title 11, Chapter 13, Interlocal Cooperation Act, two or more counties may join to:
- 89 (i) provide mental health prevention and treatment services; or
- 90 (ii) create a united local health department that combines substance use treatment services, mental health services, and local health department services in accordance with Subsection (4).
- 93 (b) The legislative bodies of counties joining to provide services may establish acceptable ways of apportioning the cost of mental health services.
- 95 (c) Each agreement for joint mental health services shall:
- 96 (i)
- (A) designate the treasurer of one of the participating counties or another person as the treasurer for the combined mental health authorities and as the custodian of money available for the joint services; and

HB0039S01 compared with HB0039S02

- 99 (B) provide that the designated treasurer, or other disbursing officer authorized by the treasurer, may
make payments from the money available for the joint services upon audit of the appropriate
auditing officer or officers representing the participating counties;
- 103 (ii) provide for the appointment of an independent auditor or a county auditor of one of the participating
counties as the designated auditing officer for the combined mental health authorities;
- 106 (iii)
(A) provide for the appointment of the county or district attorney of one of the participating counties as
the designated legal officer for the combined mental health authorities; and
- 109 (B) authorize the designated legal officer to request and receive the assistance of the county or district
attorneys of the other participating counties in defending or prosecuting actions within their counties
relating to the combined mental health authorities; and
- 113 (iv) provide for the adoption of management, clinical, financial, procurement, personnel, and
administrative policies as already established by one of the participating counties or as approved by
the legislative body of each participating county or interlocal board.
- 117 (d) An agreement for joint mental health services may provide for:
- 118 (i) joint operation of services and facilities or for operation of services and facilities under contract by
one participating local mental health authority for other participating local mental health authorities;
and
- 121 (ii) allocation of appointments of members of the mental health advisory council between or among
participating counties.
- 123 (4) A county governing body may elect to combine the local mental health authority with the local
substance abuse authority created in Part 2, Local Substance Abuse Authorities, and the local health
department created in Title 26A, Chapter 1, Part 1, Local Health Department Act, to create a united
local health department under Section 26A-1-105.5. A local mental health authority that joins with a
united local health department shall comply with this part.
- 129 (5)
(a) Each local mental health authority is accountable to the department and the state with regard to the
use of state and federal funds received from those departments for mental health services, regardless
of whether the services are provided by a private contract provider.
- 133 (b) Each local mental health authority shall comply, and require compliance by its contract provider,
with all directives issued by the department regarding the use and expenditure of state and federal

HB0039S01 compared with HB0039S02

funds received from those departments for the purpose of providing mental health programs and services. The department shall ensure that those directives are not duplicative or conflicting, and shall consult and coordinate with local mental health authorities with regard to programs and services.

139 (6)

(a) Each local mental health authority shall:

140 (i) review and evaluate mental health needs and services, including mental health needs and services for:

142 (A) an individual incarcerated in a county jail or other county correctional facility; and

144 (B) an individual who is a resident of the county and who is court ordered to receive assisted outpatient treatment under Section 26B-5-351;

146 (ii) in accordance with Subsection (6)(b), annually prepare and submit to the division a plan approved by the county legislative body for mental health funding and service delivery, either directly by the local mental health authority or by contract;

149 (iii) establish and maintain, either directly or by contract, programs licensed under Title 26B, Chapter 2, Part 1, Human Services Programs and Facilities;

151 (iv) appoint, directly or by contract, a full-time or part-time director for mental health programs and prescribe the director's duties;

153 (v) provide input and comment on new and revised rules established by the division;

154 (vi) establish and require contract providers to establish administrative, clinical, personnel, financial, procurement, and management policies regarding mental health services and facilities, in accordance with the rules of the division, and state and federal law;

158 (vii) establish mechanisms allowing for direct citizen input;

159 (viii) annually contract with the division to provide mental health programs and services in accordance with the provisions of Title 26B, Chapter 5, Health Care - Substance Use and Mental Health;

162 (ix) comply with all applicable state and federal statutes, policies, audit requirements, contract requirements, and any directives resulting from those audits and contract requirements;

165 (x) provide funding equal to at least 20% of the state funds that it receives to fund services described in the plan;

167

HB0039S01 compared with HB0039S02

- (xi) comply with the requirements and procedures of Title 11, Chapter 13, Interlocal Cooperation Act, Title 17B, Chapter 1, Part 6, Fiscal Procedures for Special Districts, and Title 51, Chapter 2a, Accounting Reports from Political Subdivisions, Interlocal Organizations, and Other Local Entities Act;[~~and~~]
- 171 (xii) take and retain physical custody of minors committed to the physical custody of local mental health authorities by a judicial proceeding under Title 26B, Chapter 5, Part 4, Commitment of Persons Under Age 18[~~;~~] ; and
- 174 (xiii) cooperate with the Department of Corrections to complete the requirements described in Subsection 64-13-21(8).
- 176 (b) Each plan under Subsection (6)(a)(ii) shall include services for adults, youth, and children, which shall include:
- 178 (i) inpatient care and services;
- 179 (ii) residential care and services;
- 180 (iii) outpatient care and services;
- 181 (iv) 24-hour crisis care and services;
- 182 (v) psychotropic medication management;
- 183 (vi) psychosocial rehabilitation, including vocational training and skills development;
- 184 (vii) case management;
- 185 (viii) community supports, including in-home services, housing, family support services, and respite services;
- 187 (ix) consultation and education services, including case consultation, collaboration with other county service agencies, public education, and public information;[~~and~~]
- 189 (x) services to [~~persons~~] individuals incarcerated in a county jail or other county correctional facility[~~;~~] ; and
- 191 (xi) services to individuals described in Subsection 64-13-21(8)(a).
- 192 (7)
- (a) If a local mental health authority provides for a local mental health crisis line under the plan for 24-hour crisis care and services described in Subsection (6)(b)(iv), the local mental health authority shall:
- 195 (i) collaborate with the statewide mental health crisis line described in Section 26B-5-610;
- 197 (ii) ensure that each individual who answers calls to the local mental health crisis line:

HB0039S01 compared with HB0039S02

- 198 (A) is a mental health therapist or a crisis worker; and
- 199 (B) meets the standards of care and practice established by the Division of Integrated Healthcare, in
accordance with Section 26B-5-610; and
- 201 (iii) ensure that when necessary, based on the local mental health crisis line's capacity, calls are
immediately routed to the statewide mental health crisis line to ensure that when an individual
calls the local mental health crisis line, regardless of the time, date, or number of individuals
trying to simultaneously access the local mental health crisis line, a mental health therapist or a
crisis worker answers the call without the caller first:
- 207 (A) waiting on hold; or
- 208 (B) being screened by an individual other than a mental health therapist or crisis worker.
- 210 (b) If a local mental health authority does not provide for a local mental health crisis line under the
plan for 24-hour crisis care and services described in Subsection (6)(b)(iv), the local mental health
authority shall use the statewide mental health crisis line as a local crisis line resource.
- 214 (8) Before disbursing any public funds, each local mental health authority shall require that each entity
that receives any public funds from a local mental health authority agrees in writing that:
- 217 (a) the entity's financial records and other records relevant to the entity's performance of the services
provided to the mental health authority shall be subject to examination by:
- 220 (i) the division;
- 221 (ii) the local mental health authority director;
- 222 (iii)
- (A) the county treasurer and county or district attorney; or
- 223 (B) if two or more counties jointly provide mental health services under an agreement under Subsection
(3), the designated treasurer and the designated legal officer;
- 226 (iv) the county legislative body; and
- 227 (v) in a county with a county executive that is separate from the county legislative body, the county
executive;
- 229 (b) the county auditor may examine and audit the entity's financial and other records relevant to the
entity's performance of the services provided to the local mental health authority; and
- 232 (c) the entity will comply with the provisions of Subsection (5)(b).
- 233

HB0039S01 compared with HB0039S02

(9) A local mental health authority may receive property, grants, gifts, supplies, materials, contributions, and any benefit derived therefrom, for mental health services. If those gifts are conditioned upon their use for a specified service or program, they shall be so used.

(10) Public funds received for the provision of services pursuant to the local mental health plan may not be used for any other purpose except those authorized in the contract between the local mental health authority and the provider for the provision of plan services.

(11) A local mental health authority shall provide assisted outpatient treatment services to a resident of the county who has been ordered under Section 26B-5-351 to receive assisted outpatient treatment.

Section 2. Section **26B-1-235** is amended to read:

26B-1-235. Request for proposal required for non-state supplied services.

~~[(1) As used in this section:]~~

~~[(a) "AED" means the same as that term is defined in Section 26B-4-325.]~~

~~[(b) "Office" means the Office of Emergency Medical Services and Preparedness within the department.]~~

~~[(c) "Sudden cardiac arrest" means the same as that term is defined in Section 26B-4-325.]~~

~~[(2)]~~ (1) Funds provided to the department through Sections 51-9-201 and 59-14-204 to be used to provide services, shall be awarded to non-governmental entities based on a competitive process consistent with Title 63G, Chapter 6a, Utah Procurement Code.

~~[(3)]~~ (2) Beginning July 1, 2010, and not more than every five years thereafter, the department shall issue requests for proposals for new or renewing contracts to award funding for programs under Subsection (1).

Section 3. Section **26B-1-410** is amended to read:

26B-1-410. Primary Care Grant Committee.

(1) As used in this section:

(a) "Committee" means the Primary Care Grant Committee created in Subsection (2).

(b) "Program" means the Primary Care Grant Program described in Sections 26B-4-310 and 26B-4-313.

(2) There is created the Primary Care Grant Committee.

(3) The committee shall:

(a) review grant applications forwarded to the committee by the department under Subsection 26B-4-312(1);

(b) recommend, to the executive director, grant applications to award under Subsection 26B-4-310(1);

HB0039S01 compared with HB0039S02

- 85 (c) evaluate:
- 86 (i) the need for primary health care as defined in Section 26B-4-325 in different areas of the state;
- 88 (ii) how the program is addressing those needs; and
- 89 (iii) the overall effectiveness and efficiency of the program;
- 90 (d) review annual reports from primary care grant recipients;
- 91 (e) meet as necessary to carry out its duties, or upon a call by the committee chair or by a majority of
committee members; and
- 93 (f) make rules, with the concurrence of the department, in accordance with Title 63G, Chapter 3,
Utah Administrative Rulemaking Act, that govern the committee, including the committee's grant
selection criteria.
- 96 (4) The committee shall consist of:
- 97 (a) as chair, the executive director or an individual designated by the executive director; and
- 99 (b) six members appointed by the governor to serve up to two consecutive, two-year terms of office,
including:
- 101 (i) four licensed health care professionals; and
- 102 (ii) two community advocates who are familiar with a medically underserved population as defined in
Section [~~26B-4-325~~] 26B-4-301 and with health care systems, where at least one is familiar with a
rural medically underserved population.
- 106 (5) The executive director may remove a committee member:
- 107 (a) if the member is unable or unwilling to carry out the member's assigned responsibilities; or
- 109 (b) for a rational reason.
- 110 (6) A committee member may not receive compensation or benefits for the member's service, except
a committee member who is not an employee of the department may receive per diem and travel
expenses in accordance with:
- 113 (a) Section 63A-3-106;
- 114 (b) Section 63A-3-107; and
- 115 (c) rules made by the Division of Finance in accordance with Sections 63A-3-106 and 63A-3-107.

301 Section 4. Section 4 is enacted to read:

118

Part 9. Inmate Health

303 **26B-4-901. Definitions.**

As used in this part:

HB0039S01 compared with HB0039S02

- 121 (1) "Assertive community treatment team" means the same as that term is defined in Section
126 26B-5-601.
- 123 (2) "Correctional facility" means a facility operated to house inmates in a secure or nonsecure setting:
125 (a) by the Department of Corrections; or
126 (b) under a contract with the Department of Corrections.
- 127 (3) "Health care facility" means the same as that term is defined in Section 26B-2-201.
- 128 (4) "Inmate" means an individual who is:
129 (a) committed to the custody of the Department of Corrections; and
130 (b) housed at a correctional facility or at a county jail at the request of the Department of Corrections.
- 132 (5) "Medical monitoring technology" means a device, application, or other technology that can be
used to improve health outcomes and the experience of care for patients, including evidence-
based clinically evaluated software and devices that can be used to monitor and treat diseases and
disorders.
- 136 (6) "Medication assisted treatment" means the use of a medication, such as buprenorphine, methadone,
or naltrexone, to treat substance use withdrawal symptoms or an opioid use disorder.
- 139 (7) "Substance use disorder" means the same as that term is defined in the current edition of the
Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric
Association.
- 142 (8) "Telehealth psychiatric consultation" means the same as that term is defined in Section 26B-1-328.
- 144 (9) "Terminally ill" means the same as that term is defined in Section 31A-36-102.
- 145 (10) "Unanticipated high-cost correctional health care" means inmate health care costs that:
146 (a) the department is obligated to pay;
147 (b) were not and could not reasonably have been foreseen when creating the department's correctional
health budget for the relevant fiscal year; and
149 (c) exceed \$100,000 for a single inmate.
- 334 Section 5. Section **26B-4-902** is renumbered and amended to read:
336 **[26B-4-325] 26B-4-902. Medical care for inmates -- Reporting of statistics.**
[As used in this section:]
- 154 [(1) ~~"Correctional facility" means a facility operated to house inmates in a secure or nonsecure setting:~~
156 ~~[(a) by the Department of Corrections; or]~~
157 ~~[(b) under a contract with the Department of Corrections.]~~

HB0039S01 compared with HB0039S02

- 158 [~~(2) "Health care facility" means the same as that term is defined in Section 26B-2-201.~~]
159 [~~(3) "Inmate" means an individual who is:~~
160 [~~(a) committed to the custody of the Department of Corrections; and]~~
161 [~~(b) housed at a correctional facility or at a county jail at the request of the Department of Corrections.]~~
163 [~~(4) "Medical monitoring technology" means a device, application, or other technology that can be
used to improve health outcomes and the experience of care for patients, including evidence-
based clinically evaluated software and devices that can be used to monitor and treat diseases and
disorders.]~~
167 [~~(5) "Terminally ill" means the same as that term is defined in Section 31A-36-102.]~~
168 [~~(6)~~] (1) The department shall:
169 (a) for each health care facility owned or operated by the Department of Corrections, assist the
Department of Corrections in complying with Section 64-13-39;
171 (b) in coordination with the Department of Corrections, and as the Department of Correction's agent:
173 (i) create policies and procedures for providing comprehensive health care to inmates;
174 (ii) provide inmates with comprehensive health care; and
175 (iii) develop standard population indicators and performance measures relating to the health of
inmates;~~[-and]~~
177 (c) collaborate with the Department of Corrections to comply with Section 64-13-25.1~~[-]~~ ; and
179 (d) contract with a telehealth psychiatric consultation provider to provide consultation services to staff
responsible for inmates' psychiatric care.
181 [~~(7)~~] (2) In providing the comprehensive health care described in Subsection [~~(6)(b)(ii)~~] (1)(b)(ii),
the department may not, without entering into an agreement with the Department of Corrections,
provide, operate, or manage any treatment plans for inmates that are:
185 (a) required to be provided, operated, or managed by the Department of Corrections in accordance with
Section 64-13-6; and
187 (b) not related to the comprehensive health care provided by the department.
188 [~~(8)~~] (3) Beginning July 1, 2023, and ending June 30, 2024, the department shall:
189 (a) evaluate and study the use of medical monitoring technology and create a plan for a pilot program
that identifies:
191 (i) the types of medical monitoring technology that will be used during the pilot program; and
193 (ii) eligibility for participation in the pilot program; and

HB0039S01 compared with HB0039S02

- 194 (b) make the indicators and performance measures described in Subsection [~~(6)(b)(iii)~~] (1)(b)(iii)
available to the public through the Department of Corrections and the department websites.
- 197 [~~(9)~~] (4) Beginning July 1, 2024, and ending June 30, 2029, the department shall implement the pilot
program.
- 199 [~~(10)~~] (5) The department shall submit to the Health and Human Services Interim Committee and the
Law Enforcement and Criminal Justice Interim Committee:
- 201 (a) a report on or before October 1 of each year regarding the costs and benefits of the pilot program;
- 203 (b) a report that summarizes the indicators and performance measures described in Subsection [~~(6)(b)~~]
~~(iii)~~ (1)(b)(iii) on or before October 1, 2024; and
- 205 (c) an updated report before October 1 of each year that compares the indicators and population
measures of the most recent year to the initial report described in Subsection [~~(10)(b)~~] (5)(b).
- 208 [~~(11)~~] (6) An inmate receiving comprehensive health care from the department remains in the custody
of the Department of Corrections.

394 Section 6. Section **6** is enacted to read:

395 **26B-4-903. Electronic health record system.**

- 212 (1) On or before June 30, 2025, the department shall convene a working group to study and develop
recommendations regarding the electronic health record system used in connection with providing
inmates with comprehensive health care, including:
- 215 (a) identification of the department's electronic health record system requirements;
- 216 (b) an analysis of what features of an electronic health record system are needed to maximize the
implementation, effectiveness, and efficiency of the waiver described in Section 26B-3-217; and
- 219 (c) a determination of whether the department's current electronic health record system meets the
requirements and includes the features identified under Subsections (1)(a) and (b).
- 222 (2) The working group described in Subsection (1) shall include department staff as determined by the
director.
- 224 (3) If the working group determines that the department's current electronic health record system does
not meet the department's requirements identified pursuant to Subsection (1)(a) or does not include
the features identified under Subsection (1)(b), the department shall contract for an electronic health
record system, in accordance with Title 63G, Chapter 6a, Utah Procurement Code, that meets the
requirements and has the features identified pursuant to Subsections (1)(a) and (b).

414 Section 7. Section **7** is enacted to read:

HB0039S01 compared with HB0039S02

26B-4-904. Staffing -- Reporting.

(1)

(a) Except as provided in Subsection (1)(b), the department shall contract with psychiatrists to ensure that all correctional psychiatric positions are filled.

(b) If all correctional psychiatric positions are filled by internal staff for six continuous months:

(i) the department shall submit a certification of that fact to the Health and Human Services Interim Committee; and

(ii) the department is exempt from the requirement in Subsection (1)(a) for a period of 24 months from the date the certification is submitted to the Health and Human Services Interim Committee.

(2) On or before September 1 each year, the department shall provide a report to the Health and Human Services Interim Committee that includes, for the fiscal year immediately preceding the report:

(a) a description of the staff positions responsible for providing comprehensive health care to inmates, including an identification of any staff position that was open for more than half of the preceding fiscal year;

(b) the average time after admission for an inmate to receive:

(i) an initial health assessment;

(ii) a mental health evaluation; and

(iii) an oral examination by a dentist;

(c) the number of inmates who did not receive an initial health assessment within seven days after admission;

(d) the number of inmates who did not receive a mental health evaluation within 30 days after admission;

(e) the number of inmates who did not receive an oral examination by a dentist within 30 days after admission;

(f) the average time for an inmate to have a face-to-face encounter with department staff after the inmate submits a health care request; and

(g) the number of inmates who did not have a face-to-face encounter with department staff within 24 hours after the inmate submitted a health care request.

Section 8. Section 8 is enacted to read:

26B-4-905. Nonlapsing funds.

HB0039S01 compared with HB0039S02

(1) Funds appropriated by the Legislature to the department for the purpose of paying for unanticipated high-cost correctional health care:

(a) are nonlapsing; and

(b) may only be used to pay for health care costs that meet the definition of unanticipated high-cost correctional health care.

(2) In any year that the department uses funds for the purpose described in Subsection (1), the department shall provide a report to the Social Services Appropriations Subcommittee and the Health and Human Services Interim Committee that includes:

(a) the amount expended; and

(b) the balance of unexpended funds appropriated to the department for unanticipated high-cost correctional health care.

Section 9. Section 9 is enacted to read:

26B-4-906. Treatment for substance use disorder.

(1) The department, in consultation with the Department of Corrections, shall prepare and implement a plan to provide, in accordance with current medical standards, substance use disorder treatment to all inmates who suffer from a substance use disorder.

(2) The plan described in Subsection (1) shall include the use of medication assisted treatment, as medically necessary, for inmates who have opioid use disorder.

(3) The department shall consult and may contract with addiction specialists at the Huntsman Mental Health Institute to prepare and implement the plan described in Subsection (1).

(4) When implementing the plan described in Subsection (1), the department shall prioritize providing medication assisted treatment for:

(a) the stabilization, prior to discharge, of inmates who are determined to be at high risk for opioid overdose after discharge;

(b) the stabilization of pregnant women; and

(c) the continued stabilization of inmates who enter incarceration with a valid prescription for medication assisted treatment and whose sentence is for less than or equal to 90 days.

~~{(4)}~~ (5) The department shall provide an annual report on the preparation and implementation of the plan described in Subsection (1) to the Health and Human Services Interim Committee on or before the date of the committee's August interim meeting.

Section 9. Section 9 is enacted to read:

HB0039S01 compared with HB0039S02

288 **26B-4-907. Assessment for commitment, assisted outpatient treatment, or assertive
community treatment.**

290 (1) At any time six or more months before an inmate is to be released from a correctional facility, the
department shall have the inmate assessed by a licensed physician or designated examiner if the
inmate:

293 (a) is a habitual offender as that term is defined in Subsection 77-18-102(10)(a); and

294 (b) meets the definition of mental illness described in Subsection 76-2-305(1)(c).

295 (2) A licensed physician or designated examiner who conducts an assessment under Subsection (1) shall
examine the inmate and prepare a report that includes the physician's or examiner's determination
regarding whether the inmate:

298 (a) meets the criteria for involuntary commitment;

299 (b) meets the criteria for assisted outpatient treatment; or

300 (c) would benefit from assignment to a forensic assertive community treatment team.

301 (3) Based on the report prepared pursuant to Subsection (2), the department shall, as appropriate:

303 (a) initiate an involuntary commitment court proceeding;

304 (b) file a written application for assisted outpatient treatment; or

305 (c) seek to have the inmate assigned to a forensic assertive community treatment team.

306 (4) If, prior to the inmate's release on parole, a court enters an order of involuntary commitment or
assisted outpatient treatment, or the inmate is assigned to a forensic assertive community treatment
team:

309 (a) the Division of Correctional Health Services shall provide notice to the Board of Pardons and Parole
of the court order or assignment; and

311 (b) the Board of Pardons and Parole shall order the inmate to comply with the court order or the
conditions of the assignment to a forensic assertive community treatment team as a condition of
parole.

314 (5) A court order for involuntary commitment or assisted outpatient treatment regarding an inmate
remains in place until a court vacates or amends the order, regardless of whether the inmate's
sentence is terminated or expires.

317 (6) A forensic assertive community treatment team shall prioritize an offender ordered to participate in
assertive community treatment as a condition of parole.

479 Section 10. Section **63A-17-307** is amended to read:

HB0039S01 compared with HB0039S02

63A-17-307. State pay plans -- Applicability of section -- Exemptions -- Duties of director.

(1)

(a) This section, and the rules made by the division under this section, apply to each career and noncareer employee not specifically exempted under Subsection (2).

(b) If not exempted under Subsection (2), an employee is considered to be in classified service.

(2) The following employees are exempt from this section:

(a) members of the Legislature and legislative employees;

(b) members of the judiciary and judicial employees;

(c) elected members of the executive branch and employees designated as schedule AC as provided under Subsection 63A-17-301(1)(c);

(d) employees of the State Board of Education;

(e) officers, faculty, and other employees of state institutions of higher education;

(f) employees in a position that is specified by statute to be exempt from this Subsection (2);

(g) employees in the Office of the Attorney General;

(h) department heads and other persons appointed by the governor under statute;

(i) schedule AS employees as provided under Subsection 63A-17-301(1)(m);

(j) department deputy directors, division directors, and other employees designated as schedule AD as provided under Subsection 63A-17-301(1)(d);

(k) employees that determine and execute policy designated as schedule AR as provided under Subsection 63A-17-301(1)(l);

(l) teaching staff, educational interpreters, and educators designated as schedule AH as provided under Subsection 63A-17-301(1)(g);

(m) temporary employees described in Subsection 63A-17-301(1)(r);

(n) patients and inmates designated as schedule AU as provided under Subsection 63A-17-301(1)(o) who are employed by state institutions; and

(o) members of state and local boards and councils and other employees designated as schedule AQ as provided under Subsection 63A-17-301(1)(k).

(3)

(a) The director shall prepare, maintain, and revise a position classification plan for each employee position not exempted under Subsection (2) to provide equal pay for equal work.

HB0039S01 compared with HB0039S02

- (b) Classification of positions shall be based upon similarity of duties performed and responsibilities assumed, so that the same job requirements and the same salary range, subject to Section 63A-17-112, may be applied equitably to each position in the same class.
- 356 (c) The director shall allocate or reallocate the position of each employee in classified service to one of the classes in the classification plan.
- 358 (d)
- (i) The division shall conduct periodic studies and interviews to provide that the classification plan remains reasonably current and reflects the duties and responsibilities assigned to and performed by employees.
- 361 (ii) The director shall determine the need for studies and interviews after considering factors such as changes in duties and responsibilities of positions or agency reorganizations.
- 364 (e) In accordance with Subsections (3)(a) and (b), and in consultation with the Department of Health and Human Services and the Department of Corrections, the director may create a classification plan for employee positions responsible for providing comprehensive health care and clinical interventions to inmates in a correctional facility, as those terms are defined in Section 26B-4-901, that accounts for the specific challenges of providing health care in a correctional facility.
- 370 (4)
- (a) With the approval of the executive director and the governor, the director shall develop and adopt pay plans for each position in classified service.
- 372 (b) The director shall design each pay plan to achieve, to the degree that funds permit, comparability of state salary ranges to the market using data obtained from private enterprise and other public employment for similar work.
- 375 (c) The director shall adhere to the following in developing each pay plan:
- 376 (i) each pay plan shall consist of sufficient salary ranges to:
- 377 (A) permit adequate salary differential among the various classes of positions in the classification plan; and
- 379 (B) reflect the normal growth and productivity potential of employees in that class.
- 380 (ii) The director shall issue rules for the administration of pay plans.
- 381 (d) The establishing of a salary range is a nondelegable activity and is not appealable under the grievance procedures of Part 6, Grievance Provisions, Title 67, Chapter 19a, Grievance Procedures, or otherwise.

HB0039S01 compared with HB0039S02

- 384 (e) The director shall make rules, accordance with Title 63G, Chapter 3, Utah Administrative
Rulemaking Act, providing for:
- 386 (i) agency approved salary adjustments within approved salary ranges, including an administrative
salary adjustment; and
- 388 (ii) structure adjustments that modify salary ranges, including a cost of living adjustment or market
comparability adjustment.
- 390 (5)
- (a) On or before October 31 of each year, the director shall submit an annual compensation plan to
the executive director and the governor for consideration in the executive budget and to the State
Employee Benefits Advisory Commission created in Section 63C-31-102.
- 394 (b) The plan described in Subsection (5)(a) may include recommendations, including:
- 395 (i) salary increases that generally affect employees, including a general increase or merit increase;
- 397 (ii) salary increases that address compensation issues unique to an agency or occupation;
- 399 (iii) structure adjustments, including a cost of living adjustment or market comparability adjustment; or
- 401 (iv) changes to employee benefits.
- 402 (c)
- (i)
- (A) Subject to Subsection (5)(c)(i)(B) or (C), the director shall incorporate the results of a salary
survey of a reasonable cross section of comparable positions in private and public employment
in the state into the annual compensation plan.
- 406 (B) The salary survey for a law enforcement officer, as defined in Section 53-13-103, a correctional
officer, as defined in Section 53-13-104, or a dispatcher, as defined in Section 53-6-102, shall at
minimum include the three largest political subdivisions in the state that employ, respectively,
comparable positions.
- 411 (C) The salary survey for an examiner or supervisor described in Title 7, Chapter 1, Part 2,
Department of Financial Institutions, shall at minimum include the Federal Deposit Insurance
Corporation, Federal Reserve, and National Credit Union Administration.
- 415 (ii) The director may cooperate with or participate in any survey conducted by other public and private
employers.
- 417 (iii) The director shall obtain information for the purpose of constructing the survey from the Division
of Workforce Information and Payment Services and shall include employer name, number of

HB0039S01 compared with HB0039S02

persons employed by the employer, employer contact information and job titles, county code, and salary if available.

- 421 (iv) The division shall acquire and protect the needed records in compliance with the provisions of
Section 35A-4-312.
- 423 (d) The director may incorporate any other relevant information in the plan described in Subsection (5)
(a), including information on staff turnover, recruitment data, or external market trends.
- 426 (e) The director shall:
- 427 (i) establish criteria to assure the adequacy and accuracy of data used to make recommendations
described in this Subsection (5); and
- 429 (ii) when preparing recommendations use accepted methodologies and techniques similar to and
consistent with those used in the private sector.
- 431 (f)
- (i) Upon request and subject to Subsection (5)(f)(ii), the division shall make available foundational
information used by the division or director in the drafting of a plan described in Subsection (5)(a),
including:
- 434 (A) demographic and labor market information;
- 435 (B) information on employee turnover;
- 436 (C) salary information;
- 437 (D) information on recruitment; and
- 438 (E) geographic data.
- 439 (ii) The division may not provide under Subsection (5)(f)(i) information or other data that is proprietary
or otherwise protected under the terms of a contract or by law.
- 441 (g) The governor shall:
- 442 (i) consider salary and structure adjustments recommended under Subsection (5)(b) in preparing the
executive budget and shall recommend the method of distributing the adjustments;
- 445 (ii) submit compensation recommendations to the Legislature; and
- 446 (iii) support the recommendation with schedules indicating the cost to individual departments and the
source of funds.
- 448 (h) If funding is approved by the Legislature in a general appropriations act, the adjustments take effect
on the July 1 following the enactment unless otherwise indicated.
- 451 (6)

HB0039S01 compared with HB0039S02

(a) The director shall make rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, for the granting of incentive awards, including awards for cost saving actions, awards for commendable actions by an employee, or a market-based award to attract or retain employees.

455 (b) An agency may not grant a market-based award unless the award is previously approved by the division.

457 (c) In accordance with Subsection (6)(b), an agency requesting the division's approval of a market-based award shall submit a request and documentation, subject to Subsection (6)(d), to the division.

460 (d) In the documentation required in Subsection (6)(c), the requesting agency shall identify for the division:

462 (i) any benefit the market-based award would provide for the agency, including:

463 (A) budgetary advantages; or

464 (B) recruitment advantages;

465 (ii) a mission critical need to attract or retain unique or hard to find skills in the market; or

467 (iii) any other advantage the agency would gain through the utilization of a market-based award.

469 (7)

(a) The director shall regularly evaluate the total compensation program of state employees in the classified service.

471 (b) The division shall determine if employee benefits are comparable to those offered by other private and public employers using information from:

473 (i) a study conducted by a third-party consultant; or

474 (ii) the most recent edition of a nationally recognized benefits survey.

635 Section 11. Section **63I-2-264** is amended to read:

636 **63I-2-264. Repeal dates: Title 64.**

Section [~~64-13-25.1(4)~~] ~~64-13-25.1(5)~~, regarding reporting on continuation or discontinuation of a medication assisted treatment plan, is repealed July 1, 2026.

639 Section 12. Section **64-13-21** is amended to read:

640 **64-13-21. Supervision of sentenced offenders placed in community -- Rulemaking -- POST certified parole or probation officers and peace officers -- Duties -- Supervision fee -- Coordination with local mental health authority.**

643 (1)

HB0039S01 compared with HB0039S02

(a) The department, except as otherwise provided by law, shall supervise a sentenced offender placed in the community if the offender:

(i)

(A) is placed on probation by a court;

(B) is released on parole by the Board of Pardons and Parole; or

(C) is accepted for supervision under the terms of the Interstate Compact for the Supervision of Parolees and Probationers; and

(ii) has been convicted of:

(A) a felony;

(B) a class A misdemeanor when an element of the offense is the use or attempted use of physical force against an individual or property; or

(C) notwithstanding Subsection (1)(a)(ii)(B), a class A misdemeanor if the department is ordered by a court to supervise the offender under Section 77-18-105.

(b) If a sentenced offender participates in substance use treatment or a residential, vocational and life skills program, as defined in Section 13-53-102, while under supervision on probation or parole, the department shall monitor the offender's compliance with and completion of the treatment or program.

(c) The department shall establish standards for:

(i) the supervision of offenders in accordance with the adult sentencing and supervision length guidelines, as defined in Section 63M-7-401.1, giving priority, based on available resources, to felony offenders and offenders sentenced under Subsection 58-37-8 (2)(b)(ii); and

(ii) the monitoring described in Subsection (1)(b).

(2) The department shall apply the graduated and evidence-based responses established in the adult sentencing and supervision length guidelines, as defined in Section 63M-7-401.1, to facilitate a prompt and appropriate response to an individual's violation of the terms of probation or parole, including:

(a) sanctions to be used in response to a violation of the terms of probation or parole; and

(b) requesting approval from the court or Board of Pardons and Parole to impose a sanction for an individual's violation of the terms of probation or parole, for a period of incarceration of not more than three consecutive days and not more than a total of six days within a period of 30 days.

HB0039S01 compared with HB0039S02

(3) The department shall implement a program of graduated incentives as established in the adult sentencing and supervision length guidelines, as defined in Section 63M-7-401.1 to facilitate the department's prompt and appropriate response to an offender's:

678 (a) compliance with the terms of probation or parole; or

679 (b) positive conduct that exceeds those terms.

680 (4)

(a) The department shall, in collaboration with the State Commission on Criminal and Juvenile Justice and the Division of Substance ~~[Abuse]~~ Use and Mental Health, create standards and procedures for the collection of information, including cost savings related to recidivism reduction and the reduction in the number of inmates, related to the use of the graduated and evidence-based responses and graduated incentives, and offenders' outcomes.

686 (b) The collected information shall be provided to the State Commission on Criminal and Juvenile Justice not less frequently than annually on or before August 31.

688 (5) Employees of the department who are POST certified as law enforcement officers or correctional officers and who are designated as parole and probation officers by the executive director have the following duties:

691 (a) monitoring, investigating, and supervising a parolee's or probationer's compliance with the conditions of the parole or probation agreement;

693 (b) investigating or apprehending any offender who has escaped from the custody of the department or absconded from supervision;

695 (c) supervising any offender during transportation; or

696 (d) collecting DNA specimens when the specimens are required under Section 53-10-404.

697 (6)

(a)

(i) A monthly supervision fee of \$30 shall be collected from each offender on probation or parole.

699 (ii) The fee described in Subsection (6)(a)(i) may be suspended or waived by the department upon a showing by the offender that imposition would create a substantial hardship or if the offender owes restitution to a victim.

702 (b)

HB0039S01 compared with HB0039S02

- (i) The department shall make rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, specifying the criteria for suspension or waiver of the supervision fee and the circumstances under which an offender may request a hearing.
- 706 (ii) In determining whether the imposition of the supervision fee would constitute a substantial hardship, the department shall consider the financial resources of the offender and the burden that the fee would impose, with regard to the offender's other obligations.
- 710 (7)
- (a) For offenders placed on probation under Section 77-18-105 or parole under Subsection 76-3-202(2) (a) on or after October 1, 2015, but before January 1, 2019, the department shall establish a program allowing an offender to earn a reduction credit of 30 days from the offender's period of probation or parole for each month the offender complies with the terms of the offender's probation or parole agreement, including the case action plan.
- 716 (b)
- (i) For offenders placed on probation under Section 77-18-105 or parole under Section 76-3-202 on or after July 1, 2026, the department shall establish a program, consistent with the adult sentencing and supervision length guidelines, as defined in Section 63M-7-401.1, to provide incentives for an offender that maintains eligible employment, as defined in Section 64-13g-101.
- 721 (ii) The program under Subsection (7)(b)(i) may include a credit towards the reduction of the length of supervision for an offender at a rate of up to 30 days for each month that the offender maintains eligible employment, as defined in Section 64-13g-101.
- 725 (iii) A court, or the Board of Pardons and Parole, is not required to grant a request for termination of supervision under the program described in this Subsection (7)(b) if the court, or the Board of Pardons and Parole, finds that:
- 728 (A) the offender presents a substantial risk to public safety;
- 729 (B) termination would prevent the offender from completing risk reduction programming or treatment; or
- 731 (C) the eligibility criteria for termination of supervision, as established in the adult sentencing and supervision length guidelines, as defined in Section 63M-7-401.1, have not been met.
- 734 (iv) This Subsection (7)(b) does not prohibit the department, or another supervision services provider, from requesting termination of supervision based on the eligibility criteria in the adult sentencing and supervision length guidelines, as defined in Section 63M-7-401.1.

HB0039S01 compared with HB0039S02

- 738 (c) The department shall:
- 739 (i) maintain a record of credits earned by an offender under this Subsection (7); and
- 740 (ii) request from the court or the Board of Pardons and Parole the termination of probation or parole not
fewer than 30 days prior to the termination date that reflects the credits earned under this Subsection
(7).
- 743 (d) This Subsection (7) does not prohibit the department from requesting a termination date earlier than
the termination date established by earned credits under Subsection (7)(c).
- 746 (e) The court or the Board of Pardons and Parole shall terminate an offender's probation or parole
upon completion of the period of probation or parole accrued by time served and credits earned
under this Subsection (7) unless the court or the Board of Pardons and Parole finds that termination
would interrupt the completion of a necessary treatment program, in which case the termination of
probation or parole shall occur when the treatment program is completed.
- 752 (f) The department shall report annually to the State Commission on Criminal and Juvenile Justice on or
before August 31:
- 754 (i) the number of offenders who have earned probation or parole credits under this Subsection (7) in
one or more months of the preceding fiscal year and the percentage of the offenders on probation or
parole during that time that this number represents;
- 758 (ii) the average number of credits earned by those offenders who earned credits;
- 759 (iii) the number of offenders who earned credits by county of residence while on probation or parole;
- 761 (iv) the cost savings associated with sentencing reform programs and practices; and
- 762 (v) a description of how the savings will be invested in treatment and early-intervention programs and
practices at the county and state levels.
- 764 (8)
- (a) The department shall coordinate with a local mental health authority to complete the requirements of
this Subsection (8) for an offender who:
- 766 (i) is a habitual offender as that term is defined in Section 77-18-102;
- 767 (ii) has a mental illness as that term is defined in Section 26B-5-301; and
- 768 (iii) based on a risk and needs assessment:
- 769 (A) is at a high risk of reoffending; and
- 770 (B) has risk factors that may be addressed by available community-based services.
- 771

HB0039S01 compared with HB0039S02

(b) For an offender described in Subsection (8)(a), at any time clinically appropriate or at least three months before termination of an offender's parole or expiration of an offender's sentence, the department shall coordinate with the Department of Health and Human Services and the relevant local mental health authority to provide applicable clinical assessments and transitional treatment planning and services for the offender so that the offender may receive appropriate treatment and support services after the termination of parole or expiration of sentence.

(c) The local mental health authority may determine whether the offender:

(i) meets the criteria for civil commitment;

(ii) meets the criteria for assisted outpatient treatment; or

(iii) would benefit from assignment to an assertive community treatment team or available community-based services.

(d) Based on the local mental health authority's determination under Subsection (8)(c), the local mental health authority shall, as appropriate:

(i) initiate an involuntary commitment court proceeding;

(ii) file a written application for assisted outpatient treatment; or

(iii) seek to have the offender assigned to an assertive community treatment team or available community-based services.

(e) On or before November 1, 2025, the department shall provide a report to the Law Enforcement and Criminal Justice Interim Committee regarding any proposed changes to the requirements in this Subsection (8), including whether the requirements of this Subsection (8) should also apply to any other category of offenders.

Section 13. Section **64-13-25.1** is amended to read:

64-13-25.1. Medication assisted treatment plan.

(1) As used in this section, "medication assisted treatment plan" means a prescription plan to use a medication, such as buprenorphine, methadone, or naltrexone, to treat substance use withdrawal symptoms or an opioid use disorder.

(2) In collaboration with the Department of Health and Human Services the department may cooperate with medical personnel to continue a medication assisted treatment plan for an inmate who had an active medication assisted treatment plan within the last six months before being committed to the custody of the department.

HB0039S01 compared with HB0039S02

(3) The department shall cooperate with the Department of Health and Human Services and relevant medical personnel in providing medication assisted treatment in accordance with the substance use disorder plan described in Subsection 26B-4-906(1).

- 491 [(3)] (4) A medication used for a medication assisted treatment plan under Subsection (2):
- 492 (a) shall be an oral, short-acting medication unless the chief administrative officer or other medical personnel who is familiar with the inmate's medication assisted treatment plan determines that a long-acting, non-oral medication will provide a greater benefit to the individual receiving treatment;
- 496 (b) may be administered to an inmate under the direction of the chief administrative officer of the correctional facility;
- 498 (c) may, as funding permits, be paid for by the department or the Department of Health and Human Services; and
- 500 (d) may be left or stored at a correctional facility at the discretion of the chief administrative officer of the correctional facility.
- 502 [(4)] (5) Before November 30 each year, the Department of Health and Human Services shall provide a report to the Health and Human Services Interim Committee that details, for each category, the number of individuals in the custody of the department who, in the preceding 12 months:
- 506 (a) had an active medication assisted treatment plan within the six months preceding commitment to the custody of the department;
- 508 (b) continued a medication assisted treatment plan following commitment to the custody of the department; and
- 510 (c) discontinued a medication assisted treatment plan prior to, at the time of, or after commitment to the custody of the department and, as available, the type of medication discontinued and the reason for the discontinuation.

513 ~~{Section 13. Section 77-27-5 is amended to read: }~~

514 **77-27-5. Board of Pardons and Parole authority.**

- 515 (1)
- (a) Subject to this chapter and other laws of the state, and except for a conviction for treason or impeachment, the board shall determine by majority decision when and under what conditions an offender's conviction may be pardoned or commuted.

518

HB0039S01 compared with HB0039S02

- (b) The board shall determine by majority decision when and under what conditions an offender committed to serve a sentence at a penal or correctional facility, which is under the jurisdiction of the department, may:
- 521 (i) be released upon parole;
 - 522 (ii) have a fine or forfeiture remitted;
 - 523 (iii) have the offender's criminal accounts receivable remitted in accordance with Section 77-32b-105 or 77-32b-106;
 - 525 (iv) have the offender's payment schedule modified in accordance with Section 77-32b-103; or
 - 527 (v) have the offender's sentence terminated.
- 528 (c) The board shall prioritize public safety when making a determination under Subsection (1)(a) or (1)(b).
- 530 (d)
- (i) The board may sit together or in panels to conduct hearings.
 - 531 (ii) The chair shall appoint members to the panels in any combination and in accordance with rules made by the board in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act.
 - 534 (iii) The chair may participate on any panel and when doing so is chair of the panel.
 - 535 (iv) The chair of the board may designate the chair for any other panel.
- 536 (e)
- (i) Except after a hearing before the board, or the board's appointed examiner, in an open session, the board may not:
 - 538 (A) remit a fine or forfeiture for an offender or the offender's criminal accounts receivable;
 - 540 (B) release the offender on parole; or
 - 541 (C) commute, pardon, or terminate an offender's sentence.
 - 542 (ii) An action taken under this Subsection (1) other than by a majority of the board shall be affirmed by a majority of the board.
- 544 (f) A commutation or pardon may be granted only after a full hearing before the board.
- 545 (2)
- (a) In the case of a hearing, timely prior notice of the time and location of the hearing shall be given to the offender.

547

HB0039S01 compared with HB0039S02

- (b) The county or district attorney's office responsible for prosecution of the case, the sentencing court, and law enforcement officials responsible for the defendant's arrest and conviction shall be notified of any board hearings through the board's website.
- 550 (c) Whenever possible, the victim or the victim's representative, if designated, shall be notified of original hearings and any hearing after that if notification is requested and current contact information has been provided to the board.
- 553 (d)
- (i) Notice to the victim or the victim's representative shall include information provided in Section 77-27-9.5, and any related rules made by the board under that section.
- 556 (ii) The information under Subsection (2)(d)(i) shall be provided in terms that are reasonable for the lay person to understand.
- 558 (3)
- (a) A decision by the board is final and not subject for judicial review if the decision is regarding:
- 560 (i) a pardon, parole, commutation, or termination of an offender's sentence;
- 561 (ii) the modification of an offender's payment schedule for restitution; or
- 562 (iii) the remission of an offender's criminal accounts receivable or a fine or forfeiture.
- 563 (b) Deliberative processes are not public and the board is exempt from Title 52, Chapter 4, Open and Public Meetings Act, when the board is engaged in the board's deliberative process.
- 566 (c) Pursuant to Subsection 63G-2-103(25)(b)(xi), records of the deliberative process are exempt from Title 63G, Chapter 2, Government Records Access and Management Act.
- 569 (d) Unless it will interfere with a constitutional right, deliberative processes are not subject to disclosure, including discovery.
- 571 (e) Nothing in this section prevents the obtaining or enforcement of a civil judgment.
- 572 (4)
- (a) This chapter may not be construed as a denial of or limitation of the governor's power to grant respite or reprieves in all cases of convictions for offenses against the state, except treason or conviction on impeachment.
- 575 (b) Notwithstanding Subsection (4)(a), respites or reprieves may not extend beyond the next session of the board.
- 577 (c) At the next session of the board, the board:
- 578 (i) shall continue or terminate the respite or reprieve; or

HB0039S01 compared with HB0039S02

- 579 (ii) may commute the punishment or pardon the offense as provided.
- 580 (d) In the case of conviction for treason, the governor may suspend execution of the sentence until the
case is reported to the Legislature at the Legislature's next session.
- 582 (e) The Legislature shall pardon or commute the sentence or direct the sentence's execution.
- 584 (5)
- (a) In determining when, where, and under what conditions an offender serving a sentence may be
paroled or pardoned, have a fine or forfeiture remitted, have the offender's criminal accounts
receivable remitted, or have the offender's sentence commuted or terminated, the board shall:
- 588 (i) consider whether the offender has made restitution ordered by the court under Section
77-38b-205, or is prepared to pay restitution as a condition of any parole, pardon, remission of
a criminal accounts receivable or a fine or forfeiture, or a commutation or termination of the
offender's sentence;
- 592 (ii) except as provided in Subsection (5)(b), develop and use a list of criteria for making
determinations under this Subsection (5);
- 594 (iii) consider information provided by the department regarding an offender's individual case action
plan;~~[-and]~~
- 596 (iv) review an offender's status within 60 days after the day on which the board receives
notice from the department that the offender has completed all of the offender's case action
plan components that relate to activities that can be accomplished while the offender is
imprisoned~~[-]~~ ; and
- 600 (v) as applicable, comply with the requirements described in Section 26B-4-907.
- 601 (b) The board shall determine whether to remit an offender's criminal accounts receivable under this
Subsection (5) in accordance with Section 77-32b-105 or 77-32b-106.
- 604 (6) In determining whether parole may be terminated, the board shall consider:
- 605 (a) the offense committed by the parolee; and
- 606 (b) the parole period under Section 76-3-202, and in accordance with Section 77-27-13.
- 607 (7) For an offender placed on parole after December 31, 2018, the board shall terminate parole in
accordance with the adult sentencing and supervision length guidelines, as defined in Section
63M-7-401.1, to the extent the guidelines are consistent with the requirements of the law.
- 611 (8) The board may not rely solely on an algorithm or a risk assessment tool score in determining
whether parole should be granted or terminated for an offender.

HB0039S01 compared with HB0039S02

(9) The board may intervene as a limited-purpose party in a judicial or administrative proceeding, including a criminal action, to seek:

(a) correction of an order that has or will impact the board's jurisdiction; or

(b) clarification regarding an order that may impact the board's jurisdiction.

(10) A motion to intervene brought under Subsection [(8)(a)] (9)(a) shall be raised within 60 days after the day on which a court enters the order that impacts the board's jurisdiction.

Section 14. **FY 2026 Appropriations.**

The following sums of money are appropriated for the fiscal year beginning July 1, 2025, and ending June 30, 2026. These are additions to amounts previously appropriated for fiscal year 2026.

Subsection 14(a). **Operating and Capital Budgets**

Under the terms and conditions of Title 63J, Chapter 1, Budgetary Procedures Act, the Legislature appropriates the following sums of money from the funds or accounts indicated for the use and support of the government of the state of Utah.

ITEM 1 To Department of Health and Human Services - Correctional Health Services

From General Fund, One-time	13,000,000
-----------------------------	------------

Schedule of Programs:

Correctional Health Services	13,000,000
------------------------------	------------

The Legislature intends that the Department of Health and Human Services use the appropriations provided under this section to pay for unanticipated high-cost correctional health care as described in Section 26B-4-905 and to pay for an electronic health record system as described in Section 26B-4-903.

ITEM 2 To Department of Health and Human Services - Integrated Health Care Services

From General Fund, One-time	(13,000,000)
-----------------------------	--------------

From General Fund Restricted - Medicaid Bud Stabilization Restricted Account,	13,000,000
---	------------

Schedule of Programs:

Section 15. **Effective date.**

This bill takes effect on May 7, 2025.

2-20-25 5:41 PM