

HB0039S03 compared with HB0039S02

~~{Omitted text}~~ shows text that was in HB0039S02 but was omitted in HB0039S03

inserted text shows text that was not in HB0039S02 but was inserted into HB0039S03

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Correctional Health Amendments

2025 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Steve Eliason

Senate Sponsor:

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3 LONG TITLE

4 General Description:

5 This bill addresses health care for individuals who are involved with the justice system.

6 Highlighted Provisions:

7 This bill:

8 ▸ defines terms;

9 ▸ 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;

12 ▸ 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;

16 ▸ requires the department to contract with psychiatrists to meet staffing needs for correctional health services, except under certain circumstances;

18 ▸ 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;

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

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

27 ▸ requires the Department of Corrections and a local mental health authority to cooperate to have
certain offenders assessed for {~~referral to~~} available community-based services, and to take steps to
connect an offender to appropriate community-based services based on the results of the assessment; and

31 ▸ makes technical and conforming changes.

29 Money Appropriated in this Bill:

30 ▸ This bill appropriates \$10,000,000 in operating and capital budgets for fiscal year 2026, all
31 of which is from the various sources as detailed in this bill.

32 Other Special Clauses:

33 None

35 AMENDS:

36 **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

37 **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

38 **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

39 **63A-17-307** , as last amended by Laws of Utah 2023, Chapter 489 , as last amended by Laws of
Utah 2023, Chapter 489

40 **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

41 **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

42 **64-13-25.1** , as enacted by Laws of Utah 2024, Chapter 266 , as enacted by Laws of Utah 2024,
Chapter 266

43 ENACTS:

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44 **26B-4-901** , Utah Code Annotated 1953 , Utah Code Annotated 1953

45 **26B-4-903** , Utah Code Annotated 1953 , Utah Code Annotated 1953

46 **26B-4-904** , Utah Code Annotated 1953 , Utah Code Annotated 1953

47 **26B-4-905** , Utah Code Annotated 1953 , Utah Code Annotated 1953

51 ~~**{26B-4-906 , Utah Code Annotated 1953 , Utah Code Annotated 1953}**~~

48 RENUMBERS AND AMENDS:

49 **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)

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

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

54 **17-43-301. Local mental health authorities -- Responsibilities.**

59 (1) As used in this section:

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

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

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

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

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

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

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

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- 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
- 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

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- (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 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;

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- 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 (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;

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- 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:
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.
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- (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 (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.
- 237 (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.
- 241 (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.
- 240 Section 2. Section **26B-1-235** is amended to read:
- 241 **26B-1-235. Request for proposal required for non-state supplied services.**
- 246 ~~[(1) As used in this section:]~~
- 247 ~~[(a) "AED" means the same as that term is defined in Section 26B-4-325.]~~

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- 248 ~~[(b) "Office" means the Office of Emergency Medical Services and Preparedness within the~~
 ~~department.]~~
- 250 ~~[(c) "Sudden cardiac arrest" means the same as that term is defined in Section 26B-4-325.]~~
- 251 ~~[(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.
- 254 ~~[(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).
- 253 Section 3. Section **26B-1-410** is amended to read:
- 254 **26B-1-410. Primary Care Grant Committee.**
- 259 (1) As used in this section:
- 260 (a) "Committee" means the Primary Care Grant Committee created in Subsection (2).
- 261 (b) "Program" means the Primary Care Grant Program described in Sections 26B-4-310 and 26B-4-313.
- 263 (2) There is created the Primary Care Grant Committee.
- 264 (3) The committee shall:
- 265 (a) review grant applications forwarded to the committee by the department under Subsection
 26B-4-312(1);
- 267 (b) recommend, to the executive director, grant applications to award under Subsection 26B-4-310(1);
- 269 (c) evaluate:
- 270 (i) the need for primary health care as defined in Section 26B-4-325 in different areas of the state;
- 272 (ii) how the program is addressing those needs; and
- 273 (iii) the overall effectiveness and efficiency of the program;
- 274 (d) review annual reports from primary care grant recipients;
- 275 (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
- 277 (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.
- 280 (4) The committee shall consist of:
- 281 (a) as chair, the executive director or an individual designated by the executive director; and

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- 283 (b) six members appointed by the governor to serve up to two consecutive, two-year terms of office,
including:
- 285 (i) four licensed health care professionals; and
- 286 (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.
- 290 (5) The executive director may remove a committee member:
- 291 (a) if the member is unable or unwilling to carry out the member's assigned responsibilities; or
- 293 (b) for a rational reason.
- 294 (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:
- 297 (a) Section 63A-3-106;
- 298 (b) Section 63A-3-107; and
- 299 (c) rules made by the Division of Finance in accordance with Sections 63A-3-106 and 63A-3-107.
- 297 Section 4. Section **4** is enacted to read:

Part 9. Inmate Health

299 **26B-4-901. Definitions.**

As used in this part:

- 305 (1) "Assertive community treatment team" means the same as that term is defined in Section
26B-5-601.
- 307 (2) "Correctional facility" means a facility operated to house inmates in a secure or nonsecure setting:
- 309 (a) by the Department of Corrections; or
- 310 (b) under a contract with the Department of Corrections.
- 311 (3) "Health care facility" means the same as that term is defined in Section 26B-2-201.
- 312 (4) "Inmate" means an individual who is:
- 313 (a) committed to the custody of the Department of Corrections; and
- 314 (b) housed at a correctional facility or at a county jail at the request of the Department of Corrections.
- 316 (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-

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based clinically evaluated software and devices that can be used to monitor and treat diseases and disorders.

320 (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.

323 (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.

326 (8) "Telehealth psychiatric consultation" means the same as that term is defined in Section 26B-1-328.

328 (9) "Terminally ill" means the same as that term is defined in Section 31A-36-102.

329 ~~{(10) {"Unanticipated high-cost correctional health care" means inmate health care costs that:}}~~

330 ~~{(a) {the department is obligated to pay;}}~~

331 ~~{(b) {were not and could not reasonably have been foreseen when creating the department's correctional~~
~~health budget for the relevant fiscal year; and;}}~~

333 ~~{(c) {exceed \$100,000 for a single inmate;}}~~

325 Section 5. Section **26B-4-902** is renumbered and amended to read:

327 **~~[26B-4-325] 26B-4-902. Medical care for inmates -- Reporting of statistics.~~**

[As used in this section:]

338 [(1) "Correctional facility" means a facility operated to house inmates in a secure or nonsecure setting:]

340 [(a) by the Department of Corrections; or]

341 [(b) under a contract with the Department of Corrections.]

342 [(2) "Health care facility" means the same as that term is defined in Section 26B-2-201.]

343 [(3) "Inmate" means an individual who is:]

344 [(a) committed to the custody of the Department of Corrections; and]

345 [(b) housed at a correctional facility or at a county jail at the request of the Department of Corrections.]

347 [(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.]

351 [(5) "Terminally ill" means the same as that term is defined in Section 31A-36-102.]

352 [(6)] (1) The department shall:

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- (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;
- 355 (b) in coordination with the Department of Corrections, and as the Department of Correction's agent:
- 357 (i) create policies and procedures for providing comprehensive health care to inmates;
- 358 (ii) provide inmates with comprehensive health care; and
- 359 (iii) develop standard population indicators and performance measures relating to the health of inmates;[~~and~~]
- 361 (c) collaborate with the Department of Corrections to comply with Section 64-13-25.1[~~;~~] ; and
- 363 (d) contract with a telehealth psychiatric consultation provider to provide consultation services to staff responsible for inmates' psychiatric care.
- 365 [(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:
- 369 (a) required to be provided, operated, or managed by the Department of Corrections in accordance with Section 64-13-6; and
- 371 (b) not related to the comprehensive health care provided by the department.
- 372 [(8)] (3) Beginning July 1, 2023, and ending June 30, 2024, the department shall:
- 373 (a) evaluate and study the use of medical monitoring technology and create a plan for a pilot program that identifies:
- 375 (i) the types of medical monitoring technology that will be used during the pilot program; and
- 377 (ii) eligibility for participation in the pilot program; and
- 378 (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.
- 381 [(9)] (4) Beginning July 1, 2024, and ending June 30, 2029, the department shall implement the pilot program.
- 383 [(10)] (5) The department shall submit to the Health and Human Services Interim Committee and the Law Enforcement and Criminal Justice Interim Committee:
- 385 (a) a report on or before October 1 of each year regarding the costs and benefits of the pilot program;
- 387 (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
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- (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).

~~[(11)]~~ (6) An inmate receiving comprehensive health care from the department remains in the custody of the Department of Corrections.

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

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

(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:

(a) identification of the department's electronic health record system requirements;

(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

(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).

(2) The working group described in Subsection (1) shall include department staff as determined by the director.

(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).

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

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.

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- 425 (2) On or before September 1 each year, the department shall provide a report to the Health and Human
426 Services Interim Committee that includes, for the fiscal year immediately preceding the report:
- 428 (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
429 fiscal year;
- 431 (b) the average time after admission for an inmate to receive:
- 432 (i) an initial health assessment;
- 433 (ii) a mental health evaluation; and
- 434 (iii) an oral examination by a dentist;
- 435 (c) the number of inmates who did not receive an initial health assessment within seven days after
436 admission;
- 437 (d) the number of inmates who did not receive a mental health evaluation within 30 days after
438 admission;
- 439 (e) the number of inmates who did not receive an oral examination by a dentist within 30 days after
440 admission;
- 441 (f) the average time for an inmate to have a face-to-face encounter with department staff after the
442 inmate submits a health care request; and
- 443 (g) the number of inmates who did not have a face-to-face encounter with department staff within 24
444 hours after the inmate submitted a health care request.

436 Section 8. Section 8 is enacted to read:

437 **26B-4-905. {Nonlapsing funds} Treatment for opioid use disorder.**

- 438 (1) The department, in consultation with the Department of Corrections, shall prepare and implement a
plan to provide, in accordance with current medical standards, opioid use disorder treatment to all
439 inmates who suffer from opioid use disorder.
- 441 (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.
- 443 (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).
- 447 {(1)} (4) {Funds appropriated by the Legislature to} When implementing the plan described in
Subsection (1), the department {for the purpose of paying} shall prioritize providing medication
assisted treatment for {unanticipated high-cost correctional health care} :

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- 448 (a) the stabilization, prior to discharge, of inmates who are determined to be at high risk for opioid
449 overdose after discharge;
- 449 ~~{(a)}~~ (b) {are nonlapsing} the stabilization of pregnant women; and
- 450 ~~{(b) {may only be used to pay for health care costs that meet the definition of unanticipated high-cost~~
451 correctional health care.}}
- 451 (c) the continued stabilization of inmates who enter incarceration with a valid prescription for
452 medication assisted treatment and whose sentence is for less than or equal to 90 days.
- 452 ~~{(2)}~~ (5) {In any year that} The department shall provide an annual report on the {department uses
funds for the purpose} preparation and implementation of the plan 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:}~~ on or before the date of the
committee's August interim meeting.
- 455 ~~{(a) {the amount expended; and} }~~
- 456 ~~{(b) {the balance of unexpended funds appropriated to the department for unanticipated high-cost~~
correctional health care.}}
- 458 Section 9. Section 9 is enacted to read:
- 459 **26B-4-906. Treatment for substance use disorder.**
- 460 (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.
- 463 (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.
- 465 (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).
- 468 (4) When implementing the plan described in Subsection (1), the department shall prioritize providing
medication assisted treatment for:
- 470 (a) the stabilization, prior to discharge, of inmates who are determined to be at high risk for opioid
overdose after discharge;
- 472 (b) the stabilization of pregnant women; and
- 473 (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.

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(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 **63A-17-307** is amended to read:

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).

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- 509 (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.
- 512 (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.
- 516 (c) The director shall allocate or reallocate the position of each employee in classified service to one of the classes in the classification plan.
- 518 (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.
- 521 (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.
- 524 (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.
- 530 (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.
- 532 (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.
- 535 (c) The director shall adhere to the following in developing each pay plan:
- 536 (i) each pay plan shall consist of sufficient salary ranges to:
- 537 (A) permit adequate salary differential among the various classes of positions in the classification plan; and
- 539 (B) reflect the normal growth and productivity potential of employees in that class.
- 540 (ii) The director shall issue rules for the administration of pay plans.

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- 541 (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.
- 544 (e) The director shall make rules, accordance with Title 63G, Chapter 3, Utah Administrative
Rulemaking Act, providing for:
- 546 (i) agency approved salary adjustments within approved salary ranges, including an administrative
salary adjustment; and
- 548 (ii) structure adjustments that modify salary ranges, including a cost of living adjustment or market
comparability adjustment.
- 550 (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.
- 554 (b) The plan described in Subsection (5)(a) may include recommendations, including:
- 555 (i) salary increases that generally affect employees, including a general increase or merit increase;
- 557 (ii) salary increases that address compensation issues unique to an agency or occupation;
- 559 (iii) structure adjustments, including a cost of living adjustment or market comparability adjustment; or
- 561 (iv) changes to employee benefits.
- 562 (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.
- 566 (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.
- 571 (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.

575

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- (ii) The director may cooperate with or participate in any survey conducted by other public and private employers.
- 577 (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 persons employed by the employer, employer contact information and job titles, county code, and salary if available.
- 581 (iv) The division shall acquire and protect the needed records in compliance with the provisions of Section 35A-4-312.
- 583 (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.
- 586 (e) The director shall:
 - 587 (i) establish criteria to assure the adequacy and accuracy of data used to make recommendations described in this Subsection (5); and
 - 589 (ii) when preparing recommendations use accepted methodologies and techniques similar to and consistent with those used in the private sector.
- 591 (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:
 - 594 (A) demographic and labor market information;
 - 595 (B) information on employee turnover;
 - 596 (C) salary information;
 - 597 (D) information on recruitment; and
 - 598 (E) geographic data.
 - 599 (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.
- 601 (g) The governor shall:
 - 602 (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;
 - 605 (ii) submit compensation recommendations to the Legislature; and
 - 606

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(iii) support the recommendation with schedules indicating the cost to individual departments and the source of funds.

608 (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.

611 (6)

(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.

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

617 (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.

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

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

623 (A) budgetary advantages; or

624 (B) recruitment advantages;

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

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

629 (7)

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

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

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

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

613 Section 10. Section **63I-2-264** is amended to read:

614 **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.

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617 Section 11. Section **64-13-21** is amended to read:

618 **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)

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

645 (i)

(A) is placed on probation by a court;

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

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

649 (ii) has been convicted of:

650 (A) a felony;

651 (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

653 (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.

656 (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.

660 (c) The department shall establish standards for:

661 (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

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

666 (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:

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- 670 (a) sanctions to be used in response to a violation of the terms of probation or parole; and
- 671 (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.
- 675 (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

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(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)

(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

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- (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.
- 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;

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- 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 (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.
778 (c) The local mental health authority may determine whether the offender:
779 (i) meets the criteria for civil commitment;
780 (ii) meets the criteria for assisted outpatient treatment; or
781 (iii) would benefit from assignment to an assertive community treatment team or available community-
 based services.
783 (d) Based on the local mental health authority's determination under Subsection (8)(c), the local mental
 health authority shall, as appropriate:
785 (i) initiate an involuntary commitment court proceeding;
786 (ii) file a written application for assisted outpatient treatment; or
787 (iii) seek to have the offender assigned to an assertive community treatment team or available
 community-based services.
789 (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.
772 Section 12. Section **64-13-25.1** is amended to read:
773 **64-13-25.1. Medication assisted treatment plan.**
796 (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.

799

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(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.

803 (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)~~ 26B-4-905(1).

806 [(3)] (4) A medication used for a medication assisted treatment plan under Subsection (2):

807 (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;

811 (b) may be administered to an inmate under the direction of the chief administrative officer of the correctional facility;

813 (c) may, as funding permits, be paid for by the department or the Department of Health and Human Services; and

815 (d) may be left or stored at a correctional facility at the discretion of the chief administrative officer of the correctional facility.

817 [(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:

821 (a) had an active medication assisted treatment plan within the six months preceding commitment to the custody of the department;

823 (b) continued a medication assisted treatment plan following commitment to the custody of the department; and

825 (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.

806 Section 13. **FY 2026 Appropriations.**

807 The following sums of money are appropriated for the fiscal year beginning July 1,

808 2025, and ending June 30, 2026. These are additions to amounts previously appropriated for

809 fiscal year 2026.

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810 Subsection 13(a). **Operating and Capital Budgets**

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

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

815 From General Fund, One-time { ~~13,000,000~~ } 10,000,000

816 Schedule of Programs:

817 Correctional Health Services { ~~13,000,000~~ } 10,000,000

818 The Legislature intends that the Department of
819 Health and Human Services use the appropriations
820 provided under this section to pay for an electronic health
821 record system as described in Section 26B-4-903.

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

823 From General Fund, One-time { ~~(13,000,000)~~ } (10,000,000)

824 From General Fund Restricted - Medicaid Bud Stabilization Restrict { ~~(13,000,000)~~ } (10,000,000)

Schedule of Programs:

826 Section 14. **Effective date.**

This bill takes effect on May 7, 2025.

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