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## **Correctional Health Amendments**

### 2025 GENERAL SESSION

## STATE OF UTAH

# **Chief Sponsor: Steve Eliason**

(	Committee Note:
	The Health and Human Services Interim Committee recommended this bill.
	Legislative Vote: 14 voting for 0 voting against 5 absent
,	General Description:
	This bill addresses correctional health care.
]	Highlighted Provisions:
	This bill:
	<ul> <li>defines terms;</li> </ul>
	<ul> <li>requires the Department of Health and Human Services (department) to contract with a</li> </ul>
1	telehealth psychiatric consultation provider to provide consultation services to staff
	responsible for inmates' psychiatric care;
	<ul> <li>requires the department to convene a working group to study the department's needs</li> </ul>
]	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;
	<ul> <li>requires the department to contract with psychiatrists to meet staffing needs for</li> </ul>
(	correctional health services, except under certain circumstances;
	<ul> <li>requires the department to provide an annual report to the Health and Human Services</li> </ul>
	Interim Committee concerning the provision of comprehensive health care to inmates;
	<ul> <li>provides that money appropriated to the department to pay for unanticipated high-cost</li> </ul>
(	correctional health expenses is non-lapsing;
	<ul> <li>requires the department, in consultation with the Department of Corrections, to prepare</li> </ul>
i	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
1	that plan;
	<ul> <li>allows the director of the Division of Human Resource Management to create a</li> </ul>
(	classification plan for employee positions responsible for providing comprehensive

32 health care to inmates in a correctional facility that accounts for the specific challenges

- 33 of providing health care in a correctional facility;
- A allows the Board of Pardons and Parole (board) to appoint a designated examiner and to

35 consider designated examiners' reports when considering when and under what

- 36 conditions an offender may be paroled, and allows the board to require assisted
- 37 outpatient treatment as a condition of parole; and
- 38 makes technical and conforming changes.

#### **39 Money Appropriated in this Bill:**

40 This bill appropriates \$13,000,000 in operating and capital budgets for fiscal year 2026,

41 including:

- 42 \$2,340,000 from General Fund; and
- 43 \$10,660,000 from various sources as detailed in this bill.
- 44 This bill appropriates (\$1,800,000) in restricted fund and account transfers for fiscal year 2026,
- 45 all of which is from the General Fund.
- 46 **Other Special Clauses:**
- 47 None
- 48 Utah Code Sections Affected:
- 49 AMENDS:
- 50 **26B-1-235**, as renumbered and amended by Laws of Utah 2023, Chapter 305
- 51 **26B-1-410**, as renumbered and amended by Laws of Utah 2023, Chapter 305
- 52 **63A-17-307**, as last amended by Laws of Utah 2023, Chapter 489
- 53 **63I-2-264**, as last amended by Laws of Utah 2024, Third Special Session, Chapter 5
- 54 **64-13-25.1**, as enacted by Laws of Utah 2024, Chapter 266
- 55 **77-27-5**, as last amended by Laws of Utah 2024, Chapters 145, 187 and 208
- 56 **77-27-7**, as last amended by Laws of Utah 2024, Chapters 144, 145
- 57 ENACTS:
- 58 **26B-4-901**, Utah Code Annotated 1953
- 59 **26B-4-903**, Utah Code Annotated 1953
- 60 **26B-4-904**, Utah Code Annotated 1953
- 61 **26B-4-905**, Utah Code Annotated 1953
- 62 **26B-4-906**, Utah Code Annotated 1953
- 63 RENUMBERS AND AMENDS:
- 64 **26B-4-902**, (Renumbered from 26B-4-325, as last amended by Laws of Utah 2024,

65 Chapter 266)

Be it enacted by the Legislature of the state of Utah:
Section 1. Section <b>26B-1-235</b> 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 2. Section <b>26B-1-410</b> 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);
(c) evaluate:
(i) the need for primary health care as defined in Section 26B-4-325 in different areas
of the state;
(ii) how the program is addressing those needs; and
(iii) the overall effectiveness and efficiency of the program;
(d) review annual reports from primary care grant recipients;
(e) meet as necessary to carry out its duties, or upon a call by the committee chair or by

100	a majority of committee members; and
101	(f) make rules, with the concurrence of the department, in accordance with Title 63G,
102	Chapter 3, Utah Administrative Rulemaking Act, that govern the committee,
103	including the committee's grant selection criteria.
104	(4) The committee shall consist of:
105	(a) as chair, the executive director or an individual designated by the executive director;
106	and
107	(b) six members appointed by the governor to serve up to two consecutive, two-year
108	terms of office, including:
109	(i) four licensed health care professionals; and
110	(ii) two community advocates who are familiar with a medically underserved
111	population as defined in Section [26B-4-325] 26B-4-301 and with health care
112	systems, where at least one is familiar with a rural medically underserved
113	population.
114	(5) The executive director may remove a committee member:
115	(a) if the member is unable or unwilling to carry out the member's assigned
116	responsibilities; or
117	(b) for a rational reason.
118	(6) A committee member may not receive compensation or benefits for the member's
119	service, except a committee member who is not an employee of the department may
120	receive per diem and travel expenses in accordance with:
121	(a) Section 63A-3-106;
122	(b) Section 63A-3-107; and
123	(c) rules made by the Division of Finance in accordance with Sections 63A-3-106 and
124	63A-3-107.
125	Section 3. Section <b>26B-4-901</b> is enacted to read:
126	Part 9. Inmate Health
127	<u>26B-4-901</u> . Definitions.
128	As used in this part:
129	(1) "Correctional facility" means a facility operated to house inmates in a secure or
130	nonsecure setting:
131	(a) by the Department of Corrections; or
132	(b) under a contract with the Department of Corrections.

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133	(2)	"Health care facility" means the same as that term is defined in Section 26B-2-201.
134	(3)	"Inmate" means an individual who is:
135		(a) committed to the custody of the Department of Corrections; and
136		(b) housed at a correctional facility or at a county jail at the request of the Department of
137		Corrections.
138	<u>(4)</u>	"Medical monitoring technology" means a device, application, or other technology that
139		can be used to improve health outcomes and the experience of care for patients,
140		including evidence-based clinically evaluated software and devices that can be used to
141		monitor and treat diseases and disorders.
142	(5)	"Medication assisted treatment" means the use of a medication, such as buprenorphine,
143		methadone, or naltrexone, to treat substance use withdrawal symptoms or an opioid use
144		disorder.
145	<u>(6)</u>	"Substance use disorder" means the same as that term is defined in the current edition of
146		the Diagnostic and Statistical Manual of Mental Disorders published by the American
147		Psychiatric Association.
148	(7)	"Telehealth psychiatric consultation" means the same as that term is defined in Section
149		<u>26B-1-328.</u>
150	<u>(8)</u>	"Terminally ill" means the same as that term is defined in Section 31A-36-102.
151	<u>(9)</u>	"Unanticipated high-cost correctional health care" means inmate health care costs that:
152		(a) the department is obligated to pay;
153		(b) were not and could not reasonably have been foreseen when creating the
154		department's correctional health budget for the relevant fiscal year; and
155		(c) exceed \$100,000 for a single inmate.
156		Section 4. Section 26B-4-902, which is renumbered from Section 26B-4-325 is renumbered
156	and	amended to read:
158		[26B-4-325] 26B-4-902 . Medical care for inmates Reporting of statistics.
159		[As used in this section:]
160	[ <del>(1)</del>	• "Correctional facility" means a facility operated to house inmates in a secure or
161		nonsecure setting:]
162		[(a) by the Department of Corrections; or]
163		[(b) under a contract with the Department of Corrections.]
164		[(2) "Health care facility" means the same as that term is defined in Section 26B-2-201.]
165		[(3) "Inmate" means an individual who is:]
166		[(a) committed to the custody of the Department of Corrections; and]

167	[(b) housed at a correctional facility or at a county jail at the request of the
	Department of
168	Corrections.]
169	[(4) "Medical monitoring technology" means a device, application, or
	other technology
170	that can be used to improve health outcomes and the experience of care
	for patients,
171	including evidence-based clinically evaluated software and devices that
	ean be used to
172	monitor and treat diseases and disorders.]
173	[(5) "Terminally ill" means the same as that term is defined in Section
	<del>31A-36-102.</del> ]
174	[(6)] (1) The department shall:
175	(a) for each health care facility owned or operated by the Department of Corrections,
176	assist the Department of Corrections in complying with Section 64-13-39;
177	(b) in coordination with the Department of Corrections, and as the Department of
178	Correction's agent:
179	(i) create policies and procedures for providing comprehensive health care to inmates;
180	(ii) provide inmates with comprehensive health care; and
181	(iii) develop standard population indicators and performance measures relating to the
182	health of inmates;[-and]
183	(c) collaborate with the Department of Corrections to comply with Section 64-13-25.1[-];
1 <b>884</b>	and
185	(d) contract with a telehealth psychiatric consultation provider to provide consultation
186	services to staff responsible for inmates' psychiatric care.
187	[(7)] (2) In providing the comprehensive health care described in Subsection $[(6)(b)(ii)]$
188	(1)(b)(ii), the department may not, without entering into an agreement with the
189	Department of Corrections, provide, operate, or manage any treatment plans for inmates
190	that are:
191	(a) required to be provided, operated, or managed by the Department of Corrections in
192	accordance with Section 64-13-6; and
193	(b) not related to the comprehensive health care provided by the department.
194	[(8)] (3) Beginning July 1, 2023, and ending June 30, 2024, the department shall:
195	(a) evaluate and study the use of medical monitoring technology and create a plan for a

196	pilot program that identifies:
197	(i) the types of medical monitoring technology that will be used during the pilot
198	program; and
199	(ii) eligibility for participation in the pilot program; and
200	(b) make the indicators and performance measures described in Subsection $[(6)(b)(iii)]$
201	(1)(b)(iii) available to the public through the Department of Corrections and the
202	department websites.
203	[(9)] (4) Beginning July 1, 2024, and ending June 30, 2029, the department shall implement
204	the pilot program.
205	[(10)] (5) The department shall submit to the Health and Human Services Interim
206	Committee and the Law Enforcement and Criminal Justice Interim Committee:
207	(a) a report on or before October 1 of each year regarding the costs and benefits of the
208	pilot program;
209	(b) a report that summarizes the indicators and performance measures described in
210	Subsection $[(6)(b)(iii)]$ (1)(b)(iii) on or before October 1, 2024; and
211	(c) an updated report before October 1 of each year that compares the indicators and
212	population measures of the most recent year to the initial report described in
213	Subsection $[(10)(b)] (5)(b)$ .
214	[(11)] (6) An inmate receiving comprehensive health care from the department remains in
215	the custody of the Department of Corrections.
216	Section 5. Section <b>26B-4-903</b> is enacted to read:
217	<b><u>26B-4-903</u></b> . Electronic health record system.
218	(1) On or before June 30, 2025, the department shall convene a working group to study and
219	develop recommendations regarding the electronic health record system used in
220	connection with providing inmates with comprehensive health care, including:
221	(a) identification of the department's electronic health record system requirements;
222	(b) an analysis of what features of an electronic health record system are needed to
223	maximize the implementation, effectiveness, and efficiency of the waiver described
224	in Section 26B-3-217; and
225	(c) a determination of whether the department's current electronic health record system
226	meets the requirements and includes the features identified under Subsections (1)(a)
227	and (b).
228	(2) The working group described in Subsection (1) shall include department staff as
229	determined by the director.

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230	(3) If the working group determines that the department's current electronic health record
231	system does not meet the department's requirements identified pursuant to Subsection
232	(1)(a) or does not include the features identified under Subsection (1)(b), the department
233	shall contract for an electronic health record system, in accordance with Title 63G,
234	Chapter 6a, Utah Procurement Code, that meets the requirements and has the features
235	identified pursuant to Subsections (1)(a) and (b).
236	Section 6. Section <b>26B-4-904</b> is enacted to read:
237	<u>26B-4-904</u> . Staffing Reporting.
238	(1)(a) Except as provided in Subsection (1)(b), the department shall contract with
239	psychiatrists to ensure that all correctional psychiatric positions are filled.
240	(b) If all correctional psychiatric positions are filled by internal staff for six continuous
241	months:
242	(i) the department shall submit a certification of that fact to the Health and Human
243	Services Interim Committee; and
244	(ii) the department is exempt from the requirement in Subsection (1)(a) for a period
245	of 24 months from the date the certification is submitted to the Health and Human
246	Services Interim Committee.
247	(2) On or before September 1 each year, the department shall provide a report to the Health
248	and Human Services Interim Committee that includes, for the fiscal year immediately
249	preceding the report:
250	(a) a description of the staff positions responsible for providing comprehensive health
251	care to inmates, including an identification of any staff position that was open for
252	more than half of the preceding fiscal year;
253	(b) the average time after admission for an inmate to receive:
254	(i) an initial health assessment;
255	(ii) a mental health evaluation; and
256	(iii) an oral examination by a dentist;
257	(c) the number of inmates who did not receive an initial health assessment within seven
258	days after admission;
259	(d) the number of inmates who did not receive a mental health evaluation within 30 days
260	after admission;
261	(e) the number of inmates who did not receive an oral examination by a dentist within 30
262	days after admission;
263	(f) the average time for an inmate to have a face-to-face encounter with department staff

264	after the inmate submits a health care request; and
265	(g) the number of inmates who did not have a face-to-face encounter with department
266	staff within 24 hours after the inmate submitted a health care request.
267	Section 7. Section <b>26B-4-905</b> is enacted to read:
268	<u>26B-4-905</u> . Nonlapsing funds.
269	(1) Funds appropriated by the Legislature to the department for the purpose of paying for
270	unanticipated high-cost correctional health care:
271	(a) are nonlapsing; and
272	(b) may only be used to pay for health care costs that meet the definition of
273	unanticipated high-cost correctional health care.
274	(2) In any year that the department uses funds for the purpose described in Subsection (1),
275	the department shall provide a report to the Social Services Appropriations
276	Subcommittee and the Health and Human Services Interim Committee that includes:
277	(a) the amount expended; and
278	(b) the balance of unexpended funds appropriated to the department for unanticipated
279	high-cost correctional health care.
280	Section 8. Section <b>26B-4-906</b> is enacted to read:
281	<b><u>26B-4-906</u></b> . Treatment for substance use disorder.
281 282	<u>26B-4-906</u> . Treatment for substance use disorder. (1) <u>The department, in consultation with the Department of Corrections, shall prepare and</u>
282	(1) The department, in consultation with the Department of Corrections, shall prepare and
282 283 284 285	(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
282 283 284	(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.
282 283 284 285	<ul> <li>(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.</li> <li>(2) The plan described in Subsection (1) shall include the use of medication assisted</li> </ul>
282 283 284 285 286 287 288	<ol> <li>(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.</li> <li>(2) The plan described in Subsection (1) shall include the use of medication assisted treatment as medically necessary.</li> <li>(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</li> </ol>
282 283 284 285 286 287	<ol> <li>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.</li> <li>The plan described in Subsection (1) shall include the use of medication assisted treatment as medically necessary.</li> <li>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).</li> </ol>
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282 283 284 285 286 287 288 289 290 291	<ol> <li>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.</li> <li>The plan described in Subsection (1) shall include the use of medication assisted treatment as medically necessary.</li> <li>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).</li> <li>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</li> </ol>
282 283 284 285 286 287 288 289 290 291 292	<ol> <li>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.</li> <li>The plan described in Subsection (1) shall include the use of medication assisted treatment as medically necessary.</li> <li>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).</li> <li>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.</li> </ol>
282 283 284 285 286 287 288 289 290 291 292 293	<ol> <li>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.</li> <li>The plan described in Subsection (1) shall include the use of medication assisted treatment as medically necessary.</li> <li>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).</li> <li>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:</li> </ol>
282 283 284 285 286 287 288 289 290 291 292 293 294	<ol> <li>(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.</li> <li>(2) The plan described in Subsection (1) shall include the use of medication assisted treatment as medically necessary.</li> <li>(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).</li> <li>(4) 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</li> </ol>
282 283 284 285 286 287 288 289 290 291 292 293 294 295	<ol> <li>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.</li> <li>The plan described in Subsection (1) shall include the use of medication assisted treatment as medically necessary.</li> <li>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).</li> <li>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.</li> </ol>
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298	(b) If not exempted under Subsection (2), an employee is considered to be in classified
299	service.
300	(2) The following employees are exempt from this section:
301	(a) members of the Legislature and legislative employees;
302	(b) members of the judiciary and judicial employees;
303	(c) elected members of the executive branch and employees designated as schedule AC
304	as provided under Subsection 63A-17-301(1)(c);
305	(d) employees of the State Board of Education;
306	(e) officers, faculty, and other employees of state institutions of higher education;
307	(f) employees in a position that is specified by statute to be exempt from this Subsection
308	(2);
309	(g) employees in the Office of the Attorney General;
310	(h) department heads and other persons appointed by the governor under statute;
311	(i) schedule AS employees as provided under Subsection 63A-17-301(1)(m);
312	(j) department deputy directors, division directors, and other employees designated as
313	schedule AD as provided under Subsection 63A-17-301(1)(d);
314	(k) employees that determine and execute policy designated as schedule AR as provided
315	under Subsection 63A-17-301(1)(l);
316	(l) teaching staff, educational interpreters, and educators designated as schedule AH as
317	provided under Subsection 63A-17-301(1)(g);
318	(m) temporary employees described in Subsection 63A-17-301(1)(r);
319	(n) patients and inmates designated as schedule AU as provided under Subsection
320	63A-17-301(1)(o) who are employed by state institutions; and
321	(o) members of state and local boards and councils and other employees designated as
322	schedule AQ as provided under Subsection 63A-17-301(1)(k).
323	(3)(a) The director shall prepare, maintain, and revise a position classification plan for
324	each employee position not exempted under Subsection (2) to provide equal pay for
325	equal work.
326	(b) Classification of positions shall be based upon similarity of duties performed and
327	responsibilities assumed, so that the same job requirements and the same salary
328	range, subject to Section 63A-17-112, may be applied equitably to each position in
329	the same class.
330	(c) The director shall allocate or reallocate the position of each employee in classified
331	service to one of the classes in the classification plan.

332	(d)(i) The division shall conduct periodic studies and interviews to provide that the
333	classification plan remains reasonably current and reflects the duties and
334	responsibilities assigned to and performed by employees.
335	(ii) The director shall determine the need for studies and interviews after considering
336	factors such as changes in duties and responsibilities of positions or agency
337	reorganizations.
338	(e) In accordance with Subsections (3)(a) and (b), and in consultation with the
339	Department of Health and Human Services and the Department of Corrections, the
340	director may create a classification plan for employee positions responsible for
341	providing comprehensive health care to inmates in a correctional facility, as those
342	terms are defined in Section 26B-4-901, that accounts for the specific challenges of
343	providing health care in a correctional facility.
344	(4)(a) With the approval of the executive director and the governor, the director shall
345	develop and adopt pay plans for each position in classified service.
346	(b) The director shall design each pay plan to achieve, to the degree that funds permit,
347	comparability of state salary ranges to the market using data obtained from private
348	enterprise and other public employment for similar work.
349	(c) The director shall adhere to the following in developing each pay plan:
350	(i) each pay plan shall consist of sufficient salary ranges to:
351	(A) permit adequate salary differential among the various classes of positions in
352	the classification plan; and
353	(B) reflect the normal growth and productivity potential of employees in that class.
354	(ii) The director shall issue rules for the administration of pay plans.
355	(d) The establishing of a salary range is a nondelegable activity and is not appealable
356	under the grievance procedures of Part 6, Grievance Provisions, Title 67, Chapter
357	19a, Grievance Procedures, or otherwise.
358	(e) The director shall make rules, accordance with Title 63G, Chapter 3, Utah
359	Administrative Rulemaking Act, providing for:
360	(i) agency approved salary adjustments within approved salary ranges, including an
361	administrative salary adjustment; and
362	(ii) structure adjustments that modify salary ranges, including a cost of living
363	adjustment or market comparability adjustment.
364	(5)(a) On or before October 31 of each year, the director shall submit an annual
365	compensation plan to the executive director and the governor for consideration in the

366	executive budget and to the State Employee Benefits Advisory Commission created
367	in Section 63C-31-102.
368	(b) The plan described in Subsection (5)(a) may include recommendations, including:
369	(i) salary increases that generally affect employees, including a general increase or
370	merit increase;
371	(ii) salary increases that address compensation issues unique to an agency or
372	occupation;
373	(iii) structure adjustments, including a cost of living adjustment or market
374	comparability adjustment; or
375	(iv) changes to employee benefits.
376	(c)(i)(A) Subject to Subsection (5)(c)(i)(B) or (C), the director shall incorporate
377	the results of a salary survey of a reasonable cross section of comparable
378	positions in private and public employment in the state into the annual
379	compensation plan.
380	(B) The salary survey for a law enforcement officer, as defined in Section
381	53-13-103, a correctional officer, as defined in Section 53-13-104, or a
382	dispatcher, as defined in Section 53-6-102, shall at minimum include the three
383	largest political subdivisions in the state that employ, respectively, comparable
384	positions.
385	(C) The salary survey for an examiner or supervisor described in Title 7, Chapter
386	1, Part 2, Department of Financial Institutions, shall at minimum include the
387	Federal Deposit Insurance Corporation, Federal Reserve, and National Credit
388	Union Administration.
389	(ii) The director may cooperate with or participate in any survey conducted by other
390	public and private employers.
391	(iii) The director shall obtain information for the purpose of constructing the survey
392	from the Division of Workforce Information and Payment Services and shall
393	include employer name, number of persons employed by the employer, employer
394	contact information and job titles, county code, and salary if available.
395	(iv) The division shall acquire and protect the needed records in compliance with the
396	provisions of Section 35A-4-312.
397	(d) The director may incorporate any other relevant information in the plan described in
398	Subsection (5)(a), including information on staff turnover, recruitment data, or
399	external market trends.

400	(e) The director shall:
401	(i) establish criteria to assure the adequacy and accuracy of data used to make
402	recommendations described in this Subsection (5); and
403	(ii) when preparing recommendations use accepted methodologies and techniques
404	similar to and consistent with those used in the private sector.
405	(f)(i) Upon request and subject to Subsection (5)(f)(ii), the division shall make
406	available foundational information used by the division or director in the drafting
407	of a plan described in Subsection (5)(a), including:
408	(A) demographic and labor market information;
409	(B) information on employee turnover;
410	(C) salary information;
411	(D) information on recruitment; and
412	(E) geographic data.
413	(ii) The division may not provide under Subsection (5)(f)(i) information or other data
414	that is proprietary or otherwise protected under the terms of a contract or by law.
415	(g) The governor shall:
416	(i) consider salary and structure adjustments recommended under Subsection (5)(b)
417	in preparing the executive budget and shall recommend the method of distributing
418	the adjustments;
419	(ii) submit compensation recommendations to the Legislature; and
420	(iii) support the recommendation with schedules indicating the cost to individual
421	departments and the source of funds.
422	(h) If funding is approved by the Legislature in a general appropriations act, the
423	adjustments take effect on the July 1 following the enactment unless otherwise
424	indicated.
425	(6)(a) The director shall make rules, in accordance with Title 63G, Chapter 3, Utah
426	Administrative Rulemaking Act, for the granting of incentive awards, including
427	awards for cost saving actions, awards for commendable actions by an employee, or a
428	market-based award to attract or retain employees.
429	(b) An agency may not grant a market-based award unless the award is previously
430	approved by the division.
431	(c) In accordance with Subsection (6)(b), an agency requesting the division's approval of
432	a market-based award shall submit a request and documentation, subject to
433	Subsection (6)(d), to the division.

434	(d) In the documentation required in Subsection (6)(c), the requesting agency shall		
435	identify for the division:		
436	(i) any benefit the market-based award would provide for the agency, including:		
437	(A) budgetary advantages; or		
438	(B) recruitment advantages;		
439	(ii) a mission critical need to attract or retain unique or hard to find skills in the		
440	market; or		
441	(iii) any other advantage the agency would gain through the utilization of a		
442	market-based award.		
443	(7)(a) The director shall regularly evaluate the total compensation program of state		
444	employees in the classified service.		
445	(b) The division shall determine if employee benefits are comparable to those offered by		
446	other private and public employers using information from:		
447	(i) a study conducted by a third-party consultant; or		
448	(ii) the most recent edition of a nationally recognized benefits survey.		
449	Section 10. Section 63I-2-264 is amended to read:		
450	63I-2-264 . Repeal dates: Title 64.		
451	Section [64-13-25.1(4)] 64-13-25.1(5), regarding reporting on continuation or		
452	discontinuation of a medication assisted treatment plan, is repealed July 1, 2026.		
453	Section 11. Section 64-13-25.1 is amended to read:		
454	64-13-25.1 . Medication assisted treatment plan.		
455	(1) As used in this section, "medication assisted treatment plan" means a prescription plan		
456	to use a medication, such as buprenorphine, methadone, or naltrexone, to treat substance		
457	use withdrawal symptoms or an opioid use disorder.		
458	(2) In collaboration with the Department of Health and Human Services the department		
459	may cooperate with medical personnel to continue a medication assisted treatment plan		
460	for an inmate who had an active medication assisted treatment plan within the last six		
461	months before being committed to the custody of the department.		
462	(3) The department shall cooperate with the Department of Health and Human Services and		
463	relevant medical personnel in providing medication assisted treatment in accordance		
464	with the substance use disorder plan described in Subsection 26B-4-906(1).		
465	[(3)] (4) A medication used for a medication assisted treatment plan under Subsection (2):		
466	(a) shall be an oral, short-acting medication unless the chief administrative officer or		
467	other medical personnel who is familiar with the inmate's medication assisted		

468	treatment plan determines that a long-acting, non-oral medication will provide a
469	greater benefit to the individual receiving treatment;
470	(b) may be administered to an inmate under the direction of the chief administrative
471	officer of the correctional facility;
472	(c) may, as funding permits, be paid for by the department or the Department of Health
473	and Human Services; and
474	(d) may be left or stored at a correctional facility at the discretion of the chief
475	administrative officer of the correctional facility.
476	[(4)] (5) Before November 30 each year, the Department of Health and Human Services
477	shall provide a report to the Health and Human Services Interim Committee that details,
478	for each category, the number of individuals in the custody of the department who, in
479	the preceding 12 months:
480	(a) had an active medication assisted treatment plan within the six months preceding
481	commitment to the custody of the department;
482	(b) continued a medication assisted treatment plan following commitment to the custody
483	of the department; and
484	(c) discontinued a medication assisted treatment plan prior to, at the time of, or after
485	commitment to the custody of the department and, as available, the type of
486	medication discontinued and the reason for the discontinuation.
487	Section 12. Section <b>77-27-5</b> is amended to read:
488	77-27-5 . Board of Pardons and Parole authority.
489	(1)(a) Subject to this chapter and other laws of the state, and except for a conviction for
490	treason or impeachment, the board shall determine by majority decision when and
491	under what conditions an offender's conviction may be pardoned or commuted.
492	(b) The board shall determine by majority decision when and under what conditions an
493	offender committed to serve a sentence at a penal or correctional facility, which is
494	under the jurisdiction of the department, may:
495	(i) be released upon parole;
496	(ii) have a fine or forfeiture remitted;
497	(iii) have the offender's criminal accounts receivable remitted in accordance with
498	Section 77-32b-105 or 77-32b-106;
499	(iv) have the offender's payment schedule modified in accordance with Section
500	77-32b-103; or
501	(v) have the offender's sentence terminated.

502	(c) The board shall prioritize public safety when making a determination under			
503	Subsection (1)(a) or (1)(b).			
504	(d)(i) The board may sit together or in panels to conduct hearings.			
505	(ii) The chair shall appoint members to the panels in any combination and in			
506	accordance with rules made by the board in accordance with Title 63G, Chapter 3,			
507	Utah Administrative Rulemaking Act.			
508	(iii) The chair may participate on any panel and when doing so is chair of the panel.			
509	(iv) The chair of the board may designate the chair for any other panel.			
510	(e)(i) Except after a hearing before the board, or the board's appointed examiner, in			
511	an open session, the board may not:			
512	(A) remit a fine or forfeiture for an offender or the offender's criminal accounts			
513	receivable;			
514	(B) release the offender on parole; or			
515	(C) commute, pardon, or terminate an offender's sentence.			
516	(ii) An action taken under this Subsection (1) other than by a majority of the board			
517	shall be affirmed by a majority of the board.			
518	(f) A commutation or pardon may be granted only after a full hearing before the board.			
519	(2)(a) In the case of a hearing, timely prior notice of the time and location of the hearing			
520	shall be given to the offender.			
521	(b) The county or district attorney's office responsible for prosecution of the case, the			
522	sentencing court, and law enforcement officials responsible for the defendant's arrest			
523	and conviction shall be notified of any board hearings through the board's website.			
524	(c) Whenever possible, the victim or the victim's representative, if designated, shall be			
525	notified of original hearings and any hearing after that if notification is requested and			
526	current contact information has been provided to the board.			
527	(d)(i) Notice to the victim or the victim's representative shall include information			
528	provided in Section 77-27-9.5, and any related rules made by the board under that			
529	section.			
530	(ii) The information under Subsection (2)(d)(i) shall be provided in terms that are			
531	reasonable for the lay person to understand.			
532	(3)(a) A decision by the board is final and not subject for judicial review if the decision			
533	is regarding:			
534	(i) a pardon, parole, commutation, or termination of an offender's sentence;			
535	(ii) the modification of an offender's payment schedule for restitution; or			

536	(iii) the remission of an offender's criminal accounts receivable or a fine or forfeiture.		
537	<ul><li>(h) the remission of an orienter's criminal accounts receivable of a fine of foreture.</li><li>(b) Deliberative processes are not public and the board is exempt from Title 52, Chapter</li></ul>		
538	4, Open and Public Meetings Act, when the board is engaged in the board's		
539	deliberative process.		
540	(c) Pursuant to Subsection $63G-2-103(25)(b)(xi)$ , records of the deliberative process are		
541	exempt from Title 63G, Chapter 2, Government Records Access and Management		
542	Act.		
543	(d) Unless it will interfere with a constitutional right, deliberative processes are not		
544	subject to disclosure, including discovery.		
545	(e) Nothing in this section prevents the obtaining or enforcement of a civil judgment.		
546	(4)(a) This chapter may not be construed as a denial of or limitation of the governor's		
547	power to grant respite or reprieves in all cases of convictions for offenses against the		
548	state, except treason or conviction on impeachment.		
549	(b) Notwithstanding Subsection (4)(a), respites or reprieves may not extend beyond the		
550	next session of the board.		
551	(c) At the next session of the board, the board:		
552	(i) shall continue or terminate the respite or reprieve; or		
553	(ii) may commute the punishment or pardon the offense as provided.		
554	(d) In the case of conviction for treason, the governor may suspend execution of the		
555	sentence until the case is reported to the Legislature at the Legislature's next session.		
556	(e) The Legislature shall pardon or commute the sentence or direct the sentence's		
557	execution.		
558	(5)(a) In determining when, where, and under what conditions an offender serving a		
559	sentence may be paroled or pardoned, have a fine or forfeiture remitted, have the		
560	offender's criminal accounts receivable remitted, or have the offender's sentence		
561	commuted or terminated, the board shall:		
562	(i) consider whether the offender has made restitution ordered by the court under		
563	Section 77-38b-205, or is prepared to pay restitution as a condition of any parole,		
564	pardon, remission of a criminal accounts receivable or a fine or forfeiture, or a		
565	commutation or termination of the offender's sentence;		
566	(ii) except as provided in Subsection (5)(b), develop and use a list of criteria for		
567	making determinations under this Subsection (5);		
568	(iii) consider information provided by the department regarding an offender's		
569	individual case action plan; and		

570	(iv) review an offender's status within 60 days after the day on which the board		
571	receives notice from the department that the offender has completed all of the		
572	offender's case action plan components that relate to activities that can be		
573	accomplished while the offender is imprisoned.		
574	(b) The board shall determine whether to remit an offender's criminal accounts		
575	receivable under this Subsection (5) in accordance with Section 77-32b-105 or		
576	77-32b-106.		
577	(c) When determining when and under what conditions an offender serving a sentence		
578	may be paroled, the board may consider designated examiners' reports in accordance		
579	with Subsection 77-27-7(5)(b).		
580	(6) In determining whether parole may be terminated, the board shall consider:		
581	(a) the offense committed by the parolee; and		
582	(b) the parole period under Section 76-3-202, and in accordance with Section 77-27-13.		
583	(7) For an offender placed on parole after December 31, 2018, the board shall terminate		
584	parole in accordance with the adult sentencing and supervision length guidelines, as		
585	defined in Section 63M-7-401.1, to the extent the guidelines are consistent with the		
586	requirements of the law.		
587	(8) The board may not rely solely on an algorithm or a risk assessment tool score in		
588	determining whether parole should be granted or terminated for an offender.		
589	(9) The board may intervene as a limited-purpose party in a judicial or administrative		
590	proceeding, including a criminal action, to seek:		
591	(a) correction of an order that has or will impact the board's jurisdiction; or		
592	(b) clarification regarding an order that may impact the board's jurisdiction.		
593	(10) A motion to intervene brought under Subsection [ $(8)(a)$ ] (9)(a) shall be raised within 60		
594	days after the day on which a court enters the order that impacts the board's jurisdiction.		
595	Section 13. Section 77-27-7 is amended to read:		
596	77-27-7 . Parole or hearing dates Interview Hearings Report of licensed		
597	mental health professional Mental competency Report of designated examiner		
598	Rulemaking authority.		
599	(1)(a) For an offender serving a sentence upon conviction of a felony or class A		
600	misdemeanor offense, the board shall:		
601	(i) within six months after the day on which the offender is committed to the custody		
602	of the department, set a hearing date to establish the offender's release date or date		
603	for rehearing; and		

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604	(ii) promptly notify the offender of the date described in Subsection (1)(a)(i).			
605	(b)(i) The board may delay setting the hearing date described in Subsection (1)(a)(i)			
606	if the offender has an additional pending criminal case at the time of the offender's			
607	commitment to the custody of the department.			
608	(ii) For purposes of Subsection (1)(b)(i), a pending criminal case includes:			
609	(A) uncharged conduct that is being screened for prosecution, unless one year has			
610	passed since the day on which the board was notified of the screening and no			
611	charge has been filed within that time period; and			
612	(B) charged conduct that has not reached resolution.			
613	(c) If the board delays setting the hearing date as described in Subsection (1)(b), the			
614	board shall set a hearing date no later than six months after the day on which the final			
615	criminal case described in Subsection (1)(b) has been resolved.			
616	(d)(i) If the board delays setting the hearing date as described in Subsection (1)(b),			
617	the board shall establish and use a process to monitor the progress of the pending			
618	criminal action by seeking or obtaining updates no less frequently than every six			
619	months.			
620	(ii) The board shall establish the process described in Subsection (1)(d)(i) by creating			
621	rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking			
622	Act.			
623	(e) When determining the hearing date under Subsection (1)(a), the board shall consider:			
624	(i) the type and severity of offenses;			
625	(ii) prior criminal history;			
626	(iii) criminogenic risk factors; and			
627	(iv) evidence-based assessments.			
628	(2)(a) Before reaching a final decision to release an offender under this chapter, the			
629	chair shall cause the offender to appear before the board, the board's panel, or an			
630	appointed hearing officer, who shall personally interview the offender to consider the			
631	offender's fitness for release and verify as far as possible information furnished from			
632	other sources.			
633	(b) An offender may waive a personal appearance before the board.			
634	(c)(i) An offender outside of the state shall, if ordered by the board, submit to a			
635	courtesy hearing to be held by the appropriate authority in the jurisdiction in			
636	which the offender is housed in lieu of an appearance before the board.			
637	(ii) The offender shall be promptly notified in writing of the board's decision.			

638	(3)(a) In the case of an offender convicted of violating or attempting to violate any of
639	the provisions of Section 76-5-301.1, Subsection 76-5-302(2)(b)(vi), Section
640	76-5-402, 76-5-402.1, 76-5-402.2, 76-5-402.3, 76-5-403, 76-5-403.1, 76-5-404,
641	76-5-404.1, 76-5-404.3, or 76-5-405, the chair may appoint one or more licensed
642	mental health professionals who shall examine the offender within six months prior
643	to a hearing at which an original parole date is granted on any offense listed in this
644	Subsection (3).
645	(b)(i) The licensed mental health professional shall report in writing the results of the
646	examination to the board prior to the hearing.
647	(ii) The report of the appointed licensed mental health professional shall specifically
648	address the question of the offender's current mental condition and attitudes as
649	they relate to any danger the offender may pose to children or others if the
650	offender is released on parole.
651	(4) A parolee may petition the board for termination of lifetime parole as provided in
652	Section 76-3-202 in the case of a parolee convicted of a first degree felony violation, or
653	convicted of attempting to violate Section 76-5-301.1, Subsection 76-5-302(2)(b)(vi),
654	Section 76-5-402, 76-5-402.1, 76-5-402.2, 76-5-402.3, 76-5-403, 76-5-403.1, 76-5-404.1,
654a	
655	$7654042$ or $765405$ and released on neural hefers $L_{\rm envers}$ 1, 2010
055	76-5-404.3, or 76-5-405, and released on parole before January 1, 2019.
656	(5)(a) In a case in which an offender's mental competency is questioned by the board,
656	(5)(a) In a case in which an offender's mental competency is questioned by the board,
656 657	<ul><li>(5)(a) In a case in which an offender's mental competency is questioned by the board, the chair may appoint one or more licensed mental health professionals to examine</li></ul>
656 657 658	<ul><li>(5)(a) In a case in which an offender's mental competency is questioned by the board, the chair may appoint one or more licensed mental health professionals to examine the offender and report in writing to the board, specifically addressing the issue of</li></ul>
656 657 658 659	(5)(a) In a case in which an offender's mental competency is questioned by the board, the chair may appoint one or more licensed mental health professionals to examine the offender and report in writing to the board, specifically addressing the issue of competency.
656 657 658 659 660	<ul> <li>(5)(a) In a case in which an offender's mental competency is questioned by the board, the chair may appoint one or more licensed mental health professionals to examine the offender and report in writing to the board, specifically addressing the issue of competency.</li> <li>(b)(i) In a case in which the board has reason to believe that an offender may have a</li> </ul>
656 657 658 659 660 661	<ul> <li>(5)(a) In a case in which an offender's mental competency is questioned by the board, the chair may appoint one or more licensed mental health professionals to examine the offender and report in writing to the board, specifically addressing the issue of competency.</li> <li>(b)(i) In a case in which the board has reason to believe that an offender may have a mental illness, as that term is defined in Section 26B-5-301, the chair may appoint</li> </ul>
656 657 658 659 660 661 662	<ul> <li>(5)(a) In a case in which an offender's mental competency is questioned by the board, the chair may appoint one or more licensed mental health professionals to examine the offender and report in writing to the board, specifically addressing the issue of competency.</li> <li>(b)(i) In a case in which the board has reason to believe that an offender may have a mental illness, as that term is defined in Section 26B-5-301, the chair may appoint two designated examiners, as that term is defined in Section 26B-5-301, each of</li> </ul>
656 657 658 659 660 661 662 663	<ul> <li>(5)(a) In a case in which an offender's mental competency is questioned by the board, the chair may appoint one or more licensed mental health professionals to examine the offender and report in writing to the board, specifically addressing the issue of competency.</li> <li>(b)(i) In a case in which the board has reason to believe that an offender may have a mental illness, as that term is defined in Section 26B-5-301, the chair may appoint two designated examiners, as that term is defined in Section 26B-5-301, each of which shall examine the offender and prepare a report that includes the designated</li> </ul>
656 657 658 659 660 661 662 663 664	<ul> <li>(5)(a) In a case in which an offender's mental competency is questioned by the board, the chair may appoint one or more licensed mental health professionals to examine the offender and report in writing to the board, specifically addressing the issue of competency.</li> <li>(b)(i) In a case in which the board has reason to believe that an offender may have a mental illness, as that term is defined in Section 26B-5-301, the chair may appoint two designated examiners, as that term is defined in Section 26B-5-301, each of which shall examine the offender and prepare a report that includes the designated examiner's determinations regarding whether:</li> </ul>
656 657 658 659 660 661 662 663 664 665	<ul> <li>(5)(a) In a case in which an offender's mental competency is questioned by the board, the chair may appoint one or more licensed mental health professionals to examine the offender and report in writing to the board, specifically addressing the issue of competency.</li> <li>(b)(i) In a case in which the board has reason to believe that an offender may have a mental illness, as that term is defined in Section 26B-5-301, the chair may appoint two designated examiners, as that term is defined in Section 26B-5-301, each of which shall examine the offender and prepare a report that includes the designated examiner's determinations regarding whether: <ul> <li>(A) the offender has a mental illness;</li> </ul> </li> </ul>
656 657 658 659 660 661 662 663 664 665 666	<ul> <li>(5)(a) In a case in which an offender's mental competency is questioned by the board, the chair may appoint one or more licensed mental health professionals to examine the offender and report in writing to the board, specifically addressing the issue of competency.</li> <li>(b)(i) In a case in which the board has reason to believe that an offender may have a mental illness, as that term is defined in Section 26B-5-301, the chair may appoint two designated examiners, as that term is defined in Section 26B-5-301, each of which shall examine the offender and prepare a report that includes the designated examiner's determinations regarding whether: <ul> <li>(A) the offender has a mental illness;</li> <li>(B) there is no appropriate less-restrictive alternative to including assisted</li> </ul> </li> </ul>
656 657 658 660 661 662 663 664 665 666 667	<ul> <li>(5)(a) In a case in which an offender's mental competency is questioned by the board, the chair may appoint one or more licensed mental health professionals to examine the offender and report in writing to the board, specifically addressing the issue of competency.</li> <li>(b)(i) In a case in which the board has reason to believe that an offender may have a mental illness, as that term is defined in Section 26B-5-301, the chair may appoint two designated examiners, as that term is defined in Section 26B-5-301, each of which shall examine the offender and prepare a report that includes the designated examiner's determinations regarding whether: <ul> <li>(A) the offender has a mental illness;</li> <li>(B) there is no appropriate less-restrictive alternative to including assisted outpatient treatment as a condition of parole; and</li> </ul> </li> </ul>

671	treatment, or the offender needs assisted outpatient treatment in order to		
672	prevent relapse or deterioration that is likely to result in the offender posing a		
673	substantial danger to self or others.		
674	(ii) Based on the designated examiners' reports, the board may require assisted		
675	outpatient treatment as a condition of parole for an offender with a mental illness.		
676	(iii) If assisted outpatient treatment is ordered, failure to continue treatment, except		
677	by agreement with the treatment provider and the board, is a basis for initiation of		
678	parole violation hearings by the board.		
679	(6) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the		
680	board shall make rules governing:		
681	(a) the hearing process;		
682	(b) licensed mental health professional examinations;[-and]		
683	(c) designated examiner examinations; and		
684	[(c)] (d) parolee petitions for termination of parole.		
685	Section 14. FY 2026 Appropriation.		
686	The following sums of money are appropriated for the fiscal year beginning July 1,		
687	2025, and ending June 30, 2026. These are additions to amounts previously appropriated for		
688	fiscal year 2026.		
689	Subsection 14(a). Operating and Capital Budgets		
690	Under the terms and conditions of Title 63J, Chapter 1, Budgetary Procedures Act, the		
691	Legislature appropriates the following sums of money from the funds or accounts indicated for		
692	the use and support of the government of the state of Utah.		
693	ITEM 1 To Department of Health and Human Services - Correctional Health Services		
694	From Medicaid Expansion Fund, One-time 2,460,000		
695	Schedule of Programs:		
696	Correctional Health Services 2,460,000		
697	The Legislature intends that the Department of		
698	Health and Human Services use the appropriations		
699	provided under this section to pay for unanticipated		
700	high-cost correctional health care as described in Section		
701	26B-4-905.		
702	ITEM 2 To Department of Health and Human Services - Correctional Health Services		
703	From General Fund, One-time 540,000		
704	Schedule of Programs:		

705	Correctional Health Services	540,000
706	The Legislature intends that the Department of	
707	Health and Human Services use the appropriations	
708	provided under this section to pay for unanticipated	
709	high-cost correctional health care as described in Section	1
710	26B-4-905.	
711	ITEM 3 To Department of Health and Human Services - Health Care Admin	istration
712	From General Fund, One-time	1,800,000
713	From Medicaid Expansion Fund, One-time	8,200,000
714	Schedule of Programs:	
715	Integrated Health Care Administration	10,000,000
716	The Legislature intends that the Department of	
717	Health and Human Services use the appropriations	
718	provided under this section to pay for an electronic healt	h
719	record system as described in Section 26B-4-903.	
720	Subsection 14(b). Restricted Fund and Account Transfers	
721	The Legislature authorizes the State Division of Finance to transfer the	following
722	amounts between the following funds or accounts as indicated. Expenditures a	nd outlays from
723	the funds to which the money is transferred must be authorized by an appropri	ation.
724	ITEM 4 To Medicaid ACA Fund	
725	From General Fund, One-time	(1,800,000)
726	Schedule of Programs:	
727	Medicaid ACA Fund	(1,800,000)
728	Section 15. Effective Date.	
729	This bill takes effect on May 7, 2025.	