

Health Data Amendments

2026 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Norman K Thurston

Senate Sponsor: Kirk A. Cullimore

LONG TITLE**General Description:**

This bill amends provisions related to the Department of Health and Human Services' health data authority.

Highlighted Provisions:

This bill:

- defines terms;
- clarifies and amends provisions related to the Department of Health and Human Services' (department) health data plans;
- clarifies and amends provisions related to the All Payer Claims Database;
- repeals certain reporting requirements;
- allows the department to share data within the department and with public health authorities, local mental health authorities, and local substance use authorities;
- extends the repeal date for the department's health data authority;
- creates a repeal date for the Health Data Committee; and
- makes technical and conforming changes.

Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

AMENDS:

26B-8-501 (Effective 05/06/26) (Repealed 07/01/26), as last amended by Laws of Utah 2024, Chapter 277

26B-8-501.1 (Effective 05/06/26) (Repealed 07/01/26), as enacted by Laws of Utah 2024, Chapter 277

26B-8-504 (Effective 05/06/26) (Repealed 07/01/26), as last amended by Laws of Utah 2024, Chapters 250, 277

31 **26B-8-508 (Effective 05/06/26) (Repealed 07/01/26)**, as last amended by Laws of Utah
 32 2024, Chapter 277
 33 **63I-1-226 (Effective 05/06/26)**, as last amended by Laws of Utah 2025, Chapters 47, 277
 34 and 366

35
 36 *Be it enacted by the Legislature of the state of Utah:*

37 Section 1. Section **26B-8-501** is amended to read:

38 **26B-8-501 (Effective 05/06/26) (Repealed 07/01/26). Definitions.**

39 As used in this part:

- 40 (1) "Committee" means the Health Data Committee created in Section 26B-1-413.
- 41 (2) "Control number" means a number or other identifier that:
- 42 (a) is assigned by the department to ~~[an individual's health data]~~ identifiable health data;
- 43 (b) is consistent with the best practices of data privacy; and
- 44 (c) is used to ensure health data is not able to be readily associated with an individual
- 45 when the health data is provided for research or statistical analysis.
- 46 (3) "Data supplier" means a health care facility, health care provider, self-funded employer,
- 47 third-party payor, health maintenance organization, or government department which
- 48 could reasonably be expected to provide health data under this part.
- 49 (4) "Direct identifiers" means any of the following:
- 50 (a) name;
- 51 (b) address except for:
- 52 (i) a name of a city, town, or state; or
- 53 (ii) a ZIP Code;
- 54 (c) telephone or fax number;
- 55 (d) email address;
- 56 (e) URL or IP address;
- 57 (f) social security number;
- 58 (g) medical record number;
- 59 (h) health plan ID number; or
- 60 (i) patient account number.
- 61 ~~[(4)]~~ (5) "Disclosure" or "disclose" means the communication of health care data to any
- 62 individual or organization outside the ~~[department]~~ division, ~~[its-]~~ division staff, and [~~contracting agencies~~]
- 63 division contractors.
- 64 (6) "Division" means the Division of Data, Systems, and Evaluation within the department.

- 65 ~~[(5)]~~ (7)(a) "Health care facility" means a facility that is licensed by the department under
 66 Chapter 2, Part 2, Health Care Facility Licensing and Inspection.
- 67 (b) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the
 68 department, in consultation with the committee,[-] may by rule add, delete, or modify
 69 the list of facilities that come within this definition for purposes of this part.
- 70 ~~[(6)]~~ (8) "Health care provider" means the same as that term is defined in Section 78B-3-403.
- 71 ~~[(7)]~~ (9) "Health data" means ~~[information relating to the health status of individuals, health
 72 services delivered, the availability of health manpower and facilities, and the use and
 73 costs of resources and services to the consumer, except vital records as defined in
 74 Section 26B-8-101 shall be excluded]~~ the same as that term is defined in Section
 75 26B-8-401.
- 76 ~~[(8)]~~ (10) "Health maintenance organization" means the same as that term is defined in
 77 Section 31A-8-101.
- 78 ~~[(9)]~~ (11) "Identifiable health data" means ~~[any item, collection, or grouping of health data
 79 that makes the individual supplying or described in the health data identifiable]~~ the same
 80 as that term is defined in Section 26B-8-401.
- 81 (12) "Local health department" means the same as that term is defined in Section 26A-1-102.
- 82 (13) "Local mental health authority" means an entity described in Section 17-77-301.
- 83 (14) "Local substance abuse authority" means an entity described in Section 17-77-201.
- 84 ~~[(10)]~~ (15) "Organization" means any corporation, association, partnership, agency,
 85 department, unit, or other legally constituted institution or entity, or part thereof.
- 86 ~~[(11)]~~ (16) "Research and statistical analysis" means activities using health data analysis
 87 including:
- 88 (a) describing the group characteristics of individuals or organizations;
- 89 (b) analyzing the noncompliance among the various characteristics of individuals or
 90 organizations;
- 91 (c) conducting statistical procedures or studies to improve the quality of health data;
- 92 (d) designing sample surveys and selecting samples of individuals or organizations; and
- 93 (e) preparing and publishing reports describing these matters.
- 94 ~~[(12)]~~ (17) "Self-funded employer" means an employer who provides for the payment of
 95 health care services for employees directly from the employer's funds, thereby assuming
 96 the financial risks rather than passing them on to an outside insurer through premium
 97 payments.
- 98 ~~[(13)]~~ "Plan" means the plan developed and adopted by the department under this part.]

99 [(14)] (18) "Third party payor" means:

- 100 (a) an insurer offering a health benefit plan, as defined by Section 31A-1-301, to at least
 101 2,500 enrollees in the state;
- 102 (b) a nonprofit health service insurance corporation licensed under Title 31A, Chapter 7,
 103 Nonprofit Health Service Insurance Corporations;
- 104 (c) a program funded or administered by [Utah] the state for the provision of health care
 105 services, including the Medicaid and medical assistance programs described in
 106 Chapter 3, Part 1, Health Care Assistance; and
- 107 (d) a corporation, organization, association, entity, or person:
- 108 (i) which administers or offers a health benefit plan to at least 2,500 enrollees in the
 109 state; and
- 110 (ii) which is required by administrative rule adopted by the department in accordance
 111 with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to supply health
 112 data to the department.

113 Section 2. Section **26B-8-501.1** is amended to read:

114 **26B-8-501.1 (Effective 05/06/26) (Repealed 07/01/26). Health data authority**
 115 **duties.**

116 (1) The department shall:

- 117 [~~(a) in consultation with the committee and in accordance with Title 63G, Chapter 3,~~
 118 ~~Utah Administrative Rulemaking Act, develop and adopt by rule, following public~~
 119 ~~hearing and comment, a health data plan that shall among its elements:]~~
- 120 [~~(i) identify the key health care issues, questions, and problems amenable to~~
 121 ~~resolution or improvement through better data, more extensive or careful analysis,~~
 122 ~~or improved dissemination of health data;]~~
- 123 [~~(ii) document existing health data activities in the state to collect, organize, or make~~
 124 ~~available types of data pertinent to the needs identified in Subsection (1)(a)(i);]~~
- 125 [~~(iii) describe and prioritize the actions suitable for the department to take in response~~
 126 ~~to the needs identified in Subsection (1)(a)(i) in order to obtain or to facilitate the~~
 127 ~~obtaining of needed data, and to encourage improvements in existing data~~
 128 ~~collection, interpretation, and reporting activities, and indicate how those actions~~
 129 ~~relate to the activities identified under Subsection (1)(a)(ii);]~~
- 130 [~~(iv) detail the types of data needed for the department's work, the intended data~~
 131 ~~suppliers, and the form in which such data are to be supplied, noting the~~
 132 ~~consideration given to the potential alternative sources and forms of such data and~~

133 to the estimated cost to the individual suppliers as well as to the department of
134 acquiring the data in the proposed manner and reasonably demonstrate that the
135 department has attempted to maximize cost-effectiveness in the data acquisition
136 approaches selected;]

137 [(v) describe the types and methods of validation to be performed to assure data
138 validity and reliability;]

139 [(vi) explain the intended uses of and expected benefits to be derived from the data
140 specified in Subsection (1)(a)(iv), including the contemplated tabulation formats
141 and analysis methods; the benefits described shall demonstrably relate to one or
142 more of the following;]

143 [(A) promoting quality health care;]

144 [(B) managing health care costs; or]

145 [(C) improving access to health care services;]

146 [(vii) describe the expected processes for interpretation and analysis of the data
147 flowing to the department, noting specifically the types of expertise and
148 participation to be sought in those processes; and]

149 [(viii) describe the types of reports to be made available by the department and the
150 intended audiences and uses;]

151 [(b)] (a) develop and maintain written plans for collecting, managing, and using data
152 under this part, including:

153 (i) a strategic plan that:

154 (A) identifies the key health care issues, questions, and problems that can be
155 addressed or improved with better data, more thorough analysis, or improved
156 access to data;

157 (B) details current data collection, organization, and dissemination efforts within
158 the state that are relevant to the identified needs; and

159 (C) describes and prioritizes the actions the department will take to obtain needed
160 data, improve any existing processing activity as that term is defined in Section
161 63A-19-101, and outline how these actions address issues, questions, or
162 problems identified under Subsection (1)(a)(i)(A);

163 (ii) a data management plan that:

164 (A) specifies the types of data needed, the intended suppliers, and the required
165 data formats, including consideration for alternative sources and forms of data,
166 estimating costs for both suppliers and the department, and demonstrating a

- 167 cost-effective approach; and
- 168 (B) describes the types and methods of validation to be performed to assess the
- 169 validity and reliability of the data; and
- 170 (iii) a data analytics and dissemination plan that:
- 171 (A) describes the expected processes for interpreting and analyzing the data,
- 172 including the types of expertise and participation needed;
- 173 (B) details the types of reports the department will make available, along with
- 174 their intended audiences and uses; ~~and~~ **[and]** ~~and~~
- 175 (C) explains the intended uses of the data, including analytic approaches and
- 176 expected benefits of the data related to purposes described in Subsection (1)(g); ~~and~~
- 176a **and**
- 176b (D) **describes actions or efforts used to prevent individual reidentification; ~~and~~**
- 177 (b) publish the plans described in Subsection (1)(a) on the department's website;
- 178 (c) have the authority to collect, validate, analyze, and present health data in accordance
- 179 with ~~the~~ a plan described in Subsection (1)(a) while protecting individual privacy
- 180 through the use of the best practices of data privacy;
- 181 ~~(d)~~ (d) evaluate existing identification coding methods and, if necessary, require by rule
- 182 adopted in accordance with Subsection (2), that health data suppliers use a uniform
- 183 system for identification of patients, health care facilities, and health care providers
- 184 on health data they submit under this ~~[section and Chapter 8, Part 5, Utah Health~~
- 185 ~~Data Authority] part; ~~and~~~~
- 186 ~~(e)~~ (e) advise, consult, contract, and cooperate with any ~~[corporation, association, or~~
- 187 ~~other entity] organization for the collection, analysis, processing, or reporting of~~
- 188 health data~~[-]~~ ;
- 189 (f) establish fees to ensure that the users of data collected under this part assist in
- 190 covering the cost for collecting the data; and
- 191 (g) collect health data and other data under this part that are relevant to:
- 192 (i) facilitate data-driven, evidence-based improvements in patient access, patient
- 193 choice, health care quality, and health care cost; and
- 194 (ii) promote and improve:
- 195 (A) public health; and
- 196 (B) the operation and performance of the health care system.
- 197 (2) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the
- 198 department, in consultation with the committee, ~~[may adopt]~~ shall make rules to carry out

199 the provisions of this ~~[section and Chapter 8, Part 5, Utah Health Data Authority]~~ part
 200 when the provisions require action from a person that is not the department.

201 (3)(a) Except for data collection, analysis, and validation functions described in this
 202 section, nothing in this part shall be construed to authorize or permit the department
 203 to perform regulatory functions which are delegated by law to other agencies of the
 204 state or federal governments or to perform quality assurance or medical record audit
 205 functions that health care facilities, health care providers, or third party payors are
 206 required to conduct to comply with federal or state law.

207 (b) The department may not recommend or determine whether a health care provider,
 208 health care facility, third party payor, or self-funded employer is in compliance with
 209 federal or state laws including federal or state licensure, insurance, reimbursement,
 210 tax, malpractice, or quality assurance statutes or common law.

211 (4) Nothing in this part, shall be construed to require a data supplier to supply ~~[health data~~
 212 ~~identifying a patient by name or describing detail on a patient]~~ identifiable health data
 213 beyond that needed to achieve the approved purposes included in [the] a plan described
 214 in Subsection (1)(a).

215 (5) No request for health data shall be made of health care providers and other data
 216 suppliers until a plan for the use of such health data has been adopted.

217 (6)(a) If a proposed request for health data imposes unreasonable costs on a data
 218 supplier, due consideration shall be given by the department to altering the request.

219 (b) If the request is not altered, the department shall pay the costs incurred by the data
 220 supplier associated with satisfying the request that are demonstrated by the data
 221 supplier to be unreasonable.

222 ~~[(7) After a plan is adopted as provided in Section 26B-8-504, the department may require~~
 223 ~~any data supplier to submit fee schedules, maximum allowable costs, area prevailing~~
 224 ~~costs, terms of contracts, discounts, fixed reimbursement arrangements, capitations, or~~
 225 ~~other specific arrangements for reimbursement to a health care provider.]~~

226 ~~[(8)(a) The department may not publish any health data collected under Subsection (7)~~
 227 ~~that would disclose specific terms of contracts, discounts, or fixed reimbursement~~
 228 ~~arrangements, or other specific reimbursement arrangements between an individual~~
 229 ~~provider and a specific payer.]~~

230 ~~[(b) Nothing in Subsection (7) shall prevent the department from requiring the~~
 231 ~~submission of health data on the reimbursements actually made to health care~~
 232 ~~providers from any source of payment, including consumers.]~~

233 ~~[(9)]~~ (7) Any data collected by the department shall be done in accordance with state and
 234 federal data privacy laws.

235 ~~[(10)]~~ (8)(a) The department shall:

236 (i) create an opt-out system where an individual may choose to have ~~[an]~~ the
 237 individual's identifiable health data suppressed or restricted from being accessible
 238 for department duties described under this part;

239 (ii) maintain a list of ~~[people]~~ individuals who have opted out for use in accordance
 240 with Subsection ~~[(10)(b)]~~ (8)(b); and

241 (iii) provide instructions for the opt-out system described in Subsection ~~[(10)(a)(i)]~~
 242 (8)(a)(i) in a conspicuous location on the department's website.

243 (b) For an individual who opts out under Subsection ~~[(10)(a)]~~ (8)(a), the department may
 244 not share, analyze, or use any identifiable health data from the health data obtained
 245 under this part for the individual, including data previously obtained under this part.

246 ~~[(11)]~~ (9)(a) For identifiable health data, the department shall:

247 (i) use the minimum necessary data to accomplish the duties described in this part;
 248 and

249 (ii) only use ~~[personally identifiable information]~~ direct identifiers for:

250 (A) quality assurance;

251 (B) referential integrity; ~~[or]~~

252 (C) complying with breach notification requirements~~[-]~~ ;

253 (D) calculating the distance between addresses or linking external
 254 geographically-based data, provided that the addresses and any geocodes are
 255 removed immediately after the process is complete; or

256 (E) identity resolution.

257 (b) If the department receives an individual's social security number with data obtained
 258 under this part, the department may not share any part of the social security number
 259 with any person.

260 ~~[(12)]~~ The department shall annually report to the Health and Human Services Interim
 261 Committee regarding privacy practices and efforts the department is undertaking to
 262 enhance data privacy.]

263 ~~[(13)(a)]~~ Before October 1, 2024, the department shall review all state statutory
 264 mandates related to the collection of any form of health data and provide a written
 265 report to the Health and Human Services Interim Committee outlining the mandates
 266 that are older than 10 years old with:]

- 267 [(i) a description regarding how the data is used; and]
268 [(ii) a recommendation regarding whether the department should continue collecting
269 the data.]

270 ~~[(b) The department may request assistance from the Office of Legislative Research and
271 General Counsel to determine when statutory mandates were enacted.]~~

272 Section 3. Section **26B-8-504** is amended to read:

273 **26B-8-504 (Effective 05/06/26) (Repealed 07/01/26). Health care cost and**
274 **reimbursement data -- All Payer Claims Database.**

275 (1) The department shall, as funding is available:

276 (a) establish a plan for collecting data from data suppliers to determine measurements of
277 cost and reimbursements for risk-adjusted episodes of health care;

278 (b) share data regarding insurance claims and an individual's and small employer group's
279 health risk factor and characteristics of insurance arrangements that affect claims and
280 usage with the Insurance Department, only to the extent necessary for:

281 (i) risk adjusting; and

282 (ii) the review and analysis of health insurers' premiums and rate filings;

283 (c) assist the Legislature and the public with awareness of, and the promotion of,
284 transparency in the health care market by reporting on:

285 (i) geographic variances in medical care and costs as demonstrated by data available
286 to the department; and

287 (ii) rate and price increases by health care providers:

288 (A) that exceed the Consumer Price Index - Medical as provided by the United
289 States Bureau of Labor Statistics;

290 (B) as calculated yearly from June to June; and

291 (C) as demonstrated by data available to the department;

292 (d) provide on at least a monthly basis, enrollment data collected by the department to a
293 not-for-profit, broad-based coalition of state health care insurers and health care
294 providers that are involved in the standardized electronic exchange of health data as
295 described in Section 31A-22-614.5, to the extent necessary:

296 (i) for the department or the Office of Inspector General of Medicaid Services to
297 determine insurance enrollment of an individual for the purpose of determining
298 Medicaid third party liability;

299 (ii) for an insurer that is a data supplier, to determine insurance enrollment of an
300 individual for the purpose of coordination of health care benefits; and

- 301 (iii) for a health care provider, to determine insurance enrollment for a patient for the
 302 purpose of claims submission by the health care provider;
- 303 (e) coordinate with the Trauma System and Emergency Medical Services Advisory
 304 Committee to publish data regarding air ambulance charges under Section [~~26B-4-106~~]
 305 53-2d-105; [and]
- 306 (f) share data collected under this part with the state auditor for use in the health care
 307 price transparency tool[~~described in Section 67-3-11.~~] ; and
- 308 (g) create a database called the All Payer Claims Database for maintaining health care
 309 cost and claim information.
- 310 (2) A data supplier is not liable for a breach of or unlawful disclosure of the data caused by [
 311 ~~an entity~~] a person that obtains data in accordance with Subsection (1).
- 312 (3) The plan adopted under Subsection [~~(1)~~] (1)(a) shall include:
- 313 (a) the type of data that will be collected;
- 314 (b) how the data will be evaluated;
- 315 (c) how the data will be used;
- 316 (d) the extent to which, and how the data will be protected; and
- 317 (e) who will have access to the data.
- 318 (4) After a plan is adopted as provided in Subsection (1)(a), the department may require any
 319 data supplier to submit fee schedules, maximum allowable costs, area prevailing costs,
 320 terms of contracts, discounts, fixed reimbursement arrangements, capitations, or other
 321 specific arrangements for reimbursement to a health care provider to the extent allowed
 322 under federal law.
- 323 (5)(a) The department may not publish any health data collected under Subsection (4)
 324 that would reveal specific terms of current contracts, discounts, or fixed
 325 reimbursement arrangements, or other specific reimbursement arrangements between
 326 an individual provider and a specific payer.
- 327 (b) Nothing in Subsection (4) shall prevent the department from requiring the
 328 submission of health data on the reimbursements actually made to health care
 329 providers from any source of payment, including consumers.
- 330 Section 4. Section **26B-8-508** is amended to read:
- 331 **26B-8-508 (Effective 05/06/26) (Repealed 07/01/26). Exceptions to prohibition on**
 332 **disclosure of identifiable health data.**
- 333 (1) The department may not disclose any identifiable health data unless:
- 334 (a) the individual whose data is being disclosed has authorized the disclosure;

- 335 (b) the disclosure is [~~to the department or a public health authority~~] made in accordance
 336 with Subsection (2); [~~or~~]
- 337 (c) the disclosure complies with the provisions of[~~:~~]
 338 [(i)] Subsection (3);
 339 [(ii)] (d) the disclosure is:
 340 (i) related to insurance enrollment and coordination of benefits[~~under~~] ; and
 341 (ii) made in accordance with Subsection 26B-8-504(1)(d); or
- 342 [(iii)] (e) the disclosure is:
 343 (i) related to risk adjusting[~~under~~] ; and
 344 (ii) made in accordance with Subsection 26B-8-504(1)(b).
- 345 (2) [~~The department may disclose identifiable health data to the department or a public~~
 346 ~~health authority under Subsection (1)(b) if:~~]
 347 [(a) ~~the department or the public health authority has clear statutory authority to possess~~
 348 ~~the identifiable health data; and]~~
- 349 (a) The department may disclose identifiable health data if the disclosure is solely for
 350 use:
 351 (i) in the Utah Statewide Immunization Information System operated by the
 352 department;
 353 (ii) in the Utah Cancer Registry operated by the University of Utah, in collaboration
 354 with the department; or
 355 (iii) by the medical examiner, as defined in Section 26B-8-201, or the medical
 356 examiner's designee.
- 357 [(b) ~~the disclosure is solely for use:~~]
 358 [(i) ~~in the Utah Statewide Immunization Information System operated by the~~
 359 ~~department;]~~
 360 [(ii) ~~in the Utah Cancer Registry operated by the University of Utah, in collaboration~~
 361 ~~with the department; or]~~
 362 [(iii) ~~by the medical examiner, as defined in Section 26B-8-201, or the medical~~
 363 ~~examiner's designee.]~~
- 364 (b) For a purpose not described in Subsection (2)(a), the department may disclose
 365 identifiable health data within the department or to a local health department, a local
 366 mental health authority, or a local substance abuse authority if the disclosure does not
 367 contain direct identifiers.
- 368 (3) The department shall consider the following when responding to a request for disclosure

- 369 of information that may include identifiable health data:
- 370 (a) whether the request comes from a person after that person has received approval to
- 371 do the specific research or statistical work from an institutional review board; and
- 372 (b) whether the requesting entity complies with the provisions of Subsection (4).
- 373 (4)(a) A request for disclosure of information that may include identifiable health data
- 374 shall:
- 375 ~~[(a)]~~ (i) be for a specified period; or
- 376 ~~[(b)]~~ (ii) be solely for bona fide research or statistical purposes.
- 377 (b) ~~[as determined in accordance with administrative rules adopted by the department~~
- 378 ~~in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act,~~
- 379 ~~which shall require] A requesting entity shall:~~
- 380 (i) ~~[the requesting entity to-]demonstrate to the department that the data is required~~
- 381 ~~for the research or statistical purposes proposed by the requesting entity; and~~
- 382 (ii) ~~[the requesting entity to-]enter into a written agreement satisfactory to the~~
- 383 ~~department to protect the data in accordance with this part or other applicable law.~~
- 384 (c) The department shall make rules in accordance with Title 63G, Chapter 3, Utah
- 385 Administrative Rulemaking Act, to implement this Subsection (4).
- 386 (5) A person accessing identifiable health data ~~[pursuant to]~~ in accordance with Subsection
- 387 (4) may not further disclose the identifiable health data:
- 388 (a) without prior approval of the department; and
- 389 (b) unless the identifiable health data is disclosed or identified by control number only.
- 390 (6) Identifiable health data that has been designated by a data supplier as being subject to
- 391 regulation under 42 C.F.R. Part 2, Confidentiality of Substance Use Disorder Patient
- 392 Records, may only be used or disclosed in accordance with applicable federal
- 393 regulations.
- 394 Section 5. Section **63I-1-226** is amended to read:
- 395 **63I-1-226 (Effective 05/06/26). Repeal dates: Titles 26 through 26B.**
- 396 (1) Subsection 26B-1-204(2)(g), regarding the Youth Electronic Cigarette, Marijuana, and
- 397 Other Drug Prevention Committee, is repealed July 1, 2030.
- 398 (2) Subsection 26B-1-204(2)(h), regarding the Primary Care Grant Committee, is repealed
- 399 July 1, 2035.
- 400 (3) Section 26B-1-315, Medicaid ACA Fund, is repealed July 1, 2034.
- 401 (4) Section 26B-1-318, Brain and Spinal Cord Injury Fund, is repealed July 1, 2029.
- 402 (5) Section 26B-1-402, Rare Disease Advisory Council Grant Program -- Creation --

- 403 Reporting, is repealed July 1, 2026.
- 404 (6) Section 26B-1-409, Utah Digital Health Service Commission -- Creation -- Membership
405 -- Duties, is repealed July 1, 2025.
- 406 (7) Section 26B-1-410, Primary Care Grant Committee, is repealed July 1, 2035.
- 407 (8) Section 26B-1-413, Health Data Committee, is repealed July 1, 2036.
- 408 [~~8~~] (9) Section 26B-1-417, Brain and Spinal Cord Injury Advisory Committee --
409 Membership -- Duties, is repealed July 1, 2029.
- 410 [~~9~~] (10) Section 26B-1-422, Early Childhood Utah Advisory Council -- Creation --
411 Compensation -- Duties, is repealed July 1, 2029.
- 412 [~~10~~] (11) Section 26B-1-425, Utah Health Workforce Advisory Council -- Creation and
413 membership, is repealed July 1, 2027.
- 414 [~~11~~] (12) Section 26B-1-428, Youth Electronic Cigarette, Marijuana, and Other Drug
415 Prevention Committee and Program -- Creation -- Membership -- Duties, is repealed
416 July 1, 2030.
- 417 [~~12~~] (13) Section 26B-1-430, Coordinating Council for Persons with Disabilities -- Policy
418 regarding services to individuals with disabilities -- Creation -- Membership --
419 Expenses, is repealed July 1, 2027.
- 420 [~~13~~] (14) Section 26B-1-432, Newborn Hearing Screening Committee, is repealed July 1,
421 2026.
- 422 [~~14~~] (15) Section 26B-2-407, Drinking water quality in child care centers, is repealed July
423 1, 2027.
- 424 [~~15~~] (16) Subsection 26B-3-107(9), regarding reimbursement for dental hygienists, is
425 repealed July 1, 2028.
- 426 [~~16~~] (17) Section 26B-3-136, Children's Health Care Coverage Program, is repealed July
427 1, 2025.
- 428 [~~17~~] (18) Section 26B-3-137, Reimbursement for diabetes prevention program, is repealed
429 June 30, 2027.
- 430 [~~18~~] (19) Subsection 26B-3-213(2)(b), regarding consultation with the Behavioral Health
431 Crisis Response Committee, is repealed December 31, 2026.
- 432 [~~19~~] (20) Section 26B-3-302, DUR Board -- Creation and membership -- Expenses, is
433 repealed July 1, 2027.
- 434 [~~20~~] (21) Section 26B-3-303, DUR Board -- Responsibilities, is repealed July 1, 2027.
- 435 [~~21~~] (22) Section 26B-3-304, Confidentiality of records, is repealed July 1, 2027.
- 436 [~~22~~] (23) Section 26B-3-305, Drug prior approval program, is repealed July 1, 2027.

- 437 ~~[(23)]~~ (24) Section 26B-3-306, Advisory committees, is repealed July 1, 2027.
- 438 ~~[(24)]~~ (25) Section 26B-3-307, Retrospective and prospective DUR, is repealed July 1, 2027.
- 439 ~~[(25)]~~ (26) Section 26B-3-308, Penalties, is repealed July 1, 2027.
- 440 ~~[(26)]~~ (27) Section 26B-3-309, Immunity, is repealed July 1, 2027.
- 441 ~~[(27)]~~ (28) Title 26B, Chapter 3, Part 5, Inpatient Hospital Assessment, is repealed July 1,
442 2034.
- 443 ~~[(28)]~~ (29) Title 26B, Chapter 3, Part 6, Medicaid Expansion Hospital Assessment, is
444 repealed July 1, 2034.
- 445 ~~[(29)]~~ (30) Title 26B, Chapter 3, Part 7, Hospital Provider Assessment, is repealed July 1,
446 2028.
- 447 ~~[(30)]~~ (31) Section 26B-3-910, Alternative eligibility -- Report -- Alternative Eligibility
448 Expendable Revenue Fund, is repealed July 1, 2028.
- 449 ~~[(31)]~~ (32) Section 26B-4-710, Rural residency training program, is repealed July 1, 2025.
- 450 ~~[(32)]~~ (33) Subsection 26B-5-112(1)(b), regarding consultation with the Behavioral Health
451 Crisis Response Committee, is repealed December 31, 2026.
- 452 ~~[(33)]~~ (34) Subsection 26B-5-112(5)(b), regarding consultation with the Behavioral Health
453 Crisis Response Committee, is repealed December 31, 2026.
- 454 ~~[(34)]~~ (35) Section 26B-5-112.5, Mobile Crisis Outreach Team Grant Program, is repealed
455 December 31, 2026.
- 456 ~~[(35)]~~ (36) Section 26B-5-114, Behavioral Health Receiving Center Grant Program, is
457 repealed December 31, 2026.
- 458 ~~[(36)]~~ (37) Section 26B-5-118, Collaborative care grant program, is repealed December 31,
459 2024.
- 460 ~~[(37)]~~ (38) Section 26B-5-120, Virtual crisis outreach team grant program, is repealed
461 December 31, 2026.
- 462 ~~[(38)]~~ (39) Subsection 26B-5-609(1)(a), regarding the Behavioral Health Crisis Response
463 Committee, is repealed December 31, 2026.
- 464 ~~[(39)]~~ (40) Subsection 26B-5-609(3)(b), regarding the Behavioral Health Crisis Response
465 Committee, is repealed December 31, 2026.
- 466 ~~[(40)]~~ (41) Subsection 26B-5-610(1)(b), regarding the Behavioral Health Crisis Response
467 Committee, is repealed December 31, 2026.
- 468 ~~[(41)]~~ (42) Subsection 26B-5-610(2)(b)(ii), regarding the Behavioral Health Crisis Response
469 Committee, is repealed December 31, 2026.
- 470 ~~[(42)]~~ (43) Section 26B-5-612, Integrated behavioral health care grant programs, is repealed

471 December 31, 2025.
472 [(43)] (44) Title 26B, Chapter 5, Part 7, Utah Behavioral Health Commission, is repealed
473 July 1, 2029.
474 [(44)] (45) Subsection 26B-5-704(2)(a), regarding the Behavioral Health Crisis Response
475 Committee, is repealed December 31, 2026.
476 [(45)] (46) Title 26B, Chapter 5, Part 8, Utah Substance Use and Mental Health Advisory
477 Committee, is repealed January 1, 2033.
478 [(46)] (47) Section 26B-7-119, Hepatitis C Outreach Pilot Program, is repealed July 1, 2028.
479 [(47)] (48) Section 26B-7-122, Communication Habits to reduce Adolescent Threats Pilot
480 Program, is repealed July 1, 2029.
481 [(48)] (49) Section 26B-7-123, Report on CHAT campaign, is repealed July 1, 2029.
482 [(49)] (50) Title 26B, Chapter 8, Part 5, Utah Health Data Authority, is repealed July 1, [
483 2026] 2036.
484 Section 6. **Effective Date.**
485 This bill takes effect on May 6, 2026.