

HB0070S02 compared with HB0070

~~{Omitted text}~~ shows text that was in HB0070 but was omitted in HB0070S02

inserted text shows text that was not in HB0070 but was inserted into HB0070S02

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1 **Correctional Health Services Amendments**
2026 GENERAL SESSION
STATE OF UTAH
Chief Sponsor: Steve Eliason
Senate Sponsor: Brady Brammer



2
3 **LONG TITLE**

4 **General Description:**

5 This bill addresses correctional health services.

6 **Highlighted Provisions:**

7 This bill:

- 11 ▶ requires the Department of Health and Human Services (department) to contract for a new electronic health record system for inmate care, based on recommendations of a working group;
- 11 ▶ permits appropriations from the Medicaid Growth Reduction and Budget Stabilization Account for the electronic health record system;
- 14 ▶ provides that money appropriated to the department to pay for unanticipated high-cost correctional health expenses is non-lapsing;
- 16 ▶ requires the department, in consultation with the Department of Corrections, to prepare and implement a plan for providing ~~{substance}~~ opioid use disorder treatment to ~~{all}~~ certain inmates who suffer from ~~{a substance}~~ an opioid use disorder, and requires the Department of Corrections to cooperate with the department in providing medication assisted treatment in accordance with that plan;
- 21 ▶

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~~{ requires health care facilities that are owned or operated by the department to meet requirements for certain accreditation by the National Commission on Correctional Health Care; }~~

24 ▶ ~~{ allows the Board of Pardons and Parole (board) to appoint a designated examiner and to consider designated examiners' reports when considering when and under what conditions an offender may be paroled, and allows the board to require assisted outpatient treatment as a condition of parole; }~~

28 ▶ defines terms; and

29 ▶ makes technical and conforming changes.

22 Money Appropriated in this Bill:

23 None

24 Other Special Clauses:

25 None

26 Utah Code Sections Affected:

27 AMENDS:

28 **26B-4-903** , as enacted by Laws of Utah 2025, Chapter 112

29 **63I-2-264** , as last amended by Laws of Utah 2024, Third Special Session, Chapter 5

30 **63J-1-315 , as last amended by Laws of Utah 2025, Chapter 113**

31 **64-13-25.1** , as enacted by Laws of Utah 2024, Chapter 266

39 ~~{64-13-39 , as last amended by Laws of Utah 2023, Chapter 330}~~

40 ~~{77-27-5 , as last amended by Laws of Utah 2025, Chapters 476, 526}~~

41 ~~{77-27-7 , as last amended by Laws of Utah 2024, Chapters 144, 145}~~

32 ENACTS:

33 **26B-4-905** , Utah Code Annotated 1953

34 **26B-4-906** , Utah Code Annotated 1953

35

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

37 Section 1. Section **26B-4-903** is amended to read:

38 **26B-4-903. Electronic health record system study.**

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(1) On or before June 30, 2025, the department shall convene a working group to study and develop recommendations regarding the electronic health record system used in connection with providing inmates with comprehensive health care, including:

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

53 (b) an analysis of what features of an electronic health record system are needed to maximize the implementation, effectiveness, and efficiency of the waiver described in Section 26B-3-217; and

56 (c) a determination of whether the department's current electronic health record system meets the requirements and includes the features identified under Subsections (1)(a) and (b).

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

61 (3) The working group shall provide recommendations regarding the electronic health record system to the Health and Human Services Interim Committee on or before the date of the committee's meeting in November 2025.

64 (4) By no later than December 31, 2026, the department shall enter into a contract, in accordance with Title 63G, Chapter 6a, Utah Procurement Code, for an electronic health record system that meets the requirements and has the features identified in accordance with Subsections (1)(a) and (b).

58 Section 2. Section 2 is enacted to read:

59 **26B-4-905. Nonlapsing funds.**

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

72 (a) are nonlapsing; and

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

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

78 (a) the amount expended; and

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

71 Section 3. Section 3 is enacted to read:

72 **26B-4-906. Treatment for {~~substance~~} opioid use disorder.**

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- 73 (1) As used in this section, "CMS" means the Centers for Medicare and Medicaid Services within the
United States Department of Health and Human Services.
- 83 (1){(2)} The department, in consultation with the Department of Corrections, shall prepare and
implement a plan to provide, in accordance with current medical standards, {substance-} opioid use
disorder treatment to {all-} inmates who suffer from {a substance-} opioid use disorder{:} :
- 78 (a) for up to 90 days after the first day on which the inmate is incarcerated in a correctional facility; and
- 80 (b) for up to 90 days immediately before the date on which the inmate is released from a correctional
facility, if CMS grants a request for a waiver, or a request to amend a waiver, that the department
requests in accordance with Section 26B-3-217.
- 86 (2){(3)} The plan described in Subsection {(+) } (2) shall include the use of medication assisted
treatment as medically necessary.
- 88 (3){(4)} 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 {(+) } (2).
- 91 (4){(5)} The department shall provide an annual report on the preparation and implementation of the
plan described in Subsection {(+) } (2) to the Health and Human Services Interim Committee on or
before the date of the committee's August interim meeting.

91 Section 4. Section **63I-2-264** is amended to read:

92 **63I-2-264. Repeal dates: Title 64.**

[Section{ } Subsection]- {f} 64-13-25.1(4)] 64-13-25.1(5){Subsection 64-13-25.1(5)}, regarding
reporting on continuation

or

discontinuation of a medication assisted treatment plan, is repealed July 1, 2026.

95 Section 5. Section **63J-1-315** is amended to read:

96 **63J-1-315. Medicaid Growth Reduction and Budget Stabilization Account -- Transfers of**
Medicaid growth savings -- Base budget adjustments.

98 (1) As used in this section:

99 (a) "Department" means the Department of Health and Human Services created in Section 26B-1-201.

101 (b) "Division" means the Division of Integrated Healthcare created in Section 26B-3-102.

102 (c) "General Fund revenue surplus" means a situation where actual General Fund revenues collected in
a completed fiscal year exceed the estimated revenues for the General Fund for that fiscal year that
were adopted by the Executive Appropriations Committee of the Legislature.

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- 106 (d) "Medicaid growth savings" means the Medicaid growth target minus Medicaid program
expenditures, if Medicaid program expenditures are less than the Medicaid growth target.
- 109 (e) "Medicaid growth target" means Medicaid program expenditures for the previous year multiplied by
1.08.
- 111 (f) "Medicaid program" is as defined in Section 26B-3-101.
- 112 (g) "Medicaid program expenditures" means total state revenue expended for the Medicaid program
from the General Fund, including restricted accounts within the General Fund, during a fiscal year.
- 115 (h) "Medicaid program expenditures for the previous year" means total state revenue expended for the
Medicaid program from the General Fund, including restricted accounts within the General Fund,
during the fiscal year immediately [~~preceding~~] before a fiscal year for which Medicaid program
expenditures are calculated.
- 119 (i) "Operating deficit" means that, at the end of the fiscal year, the unassigned fund balance in the
General Fund is less than zero.
- 121 (j) "State revenue" means revenue other than federal revenue.
- 122 (k) "State revenue expended for the Medicaid program" includes money transferred or appropriated to
the Medicaid Growth Reduction and Budget Stabilization Account only to the extent the money is
appropriated for the Medicaid program by the Legislature.
- 126 (2) There is created within the General Fund a restricted account to be known as the Medicaid Growth
Reduction and Budget Stabilization Account.
- 128 (3)
- (a) The following shall be deposited into the Medicaid Growth Reduction and Budget Stabilization
Account:
- 130 (i) deposits described in Subsection (4);
- 131 (ii) beginning July 1, 2024, any general funds appropriated to the department for the state plan for
medical assistance or for Medicaid administration by the Division of Integrated Healthcare
that are not expended by the department in the fiscal year for which the general funds were
appropriated and which are not otherwise designated as nonlapsing shall lapse into the Medicaid
Growth Reduction and Budget Stabilization Account;
- 137 (iii) beginning July 1, 2024, any unused state funds that are associated with the Medicaid program
from the Department of Workforce Services;
- 139 (iv) beginning July 1, 2024, any penalties imposed and collected under:

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- 140 (A) Section 17B-2a-818.5;
- 141 (B) Section 19-1-206;
- 142 (C) Section 63A-5b-607;
- 143 (D) Section 63C-9-403;
- 144 (E) Section 72-6-107.5; or
- 145 (F) Section 79-2-404; and
- 146 (v) at the close of fiscal year 2024, the Division of Finance shall transfer any existing balance
in the Medicaid Restricted Account created in Section 26B-1-309 into the Medicaid Growth
Reduction and Budget Stabilization Account.
- 149 (b) In addition to the deposits described in Subsection (3)(a), the Legislature may appropriate money
into the Medicaid Growth Reduction and Budget Stabilization Account.
- 152 (4)
- (a)
- (i) Except as provided in Subsection (7), if, at the end of a fiscal year, there is a General Fund
revenue surplus, the Division of Finance shall transfer an amount equal to Medicaid growth
savings from the General Fund to the Medicaid Growth Reduction and Budget Stabilization
Account.
- 156 (ii) If the amount transferred is reduced to prevent an operating deficit, as provided in Subsection
(7), the Legislature shall include, to the extent revenue is available, an amount equal to the
reduction as an appropriation from the General Fund to the account in the base budget for the
second fiscal year following the fiscal year for which the reduction was made.
- 161 (b) If, at the end of a fiscal year, there is not a General Fund revenue surplus, the Legislature shall
include, to the extent revenue is available, an amount equal to Medicaid growth savings as an
appropriation from the General Fund to the account in the base budget for the second fiscal year
following the fiscal year for which the reduction was made.
- 166 (c) Subsections (4)(a) and (4)(b) apply only to the fiscal year in which the department implements the
proposal developed under Section 26B-3-202 to reduce the long-term growth in state expenditures
for the Medicaid program, and to each fiscal year after that year.
- 170 (5) The Division of Finance shall calculate the amount to be transferred under Subsection (4):
- 172 (a) before transferring revenue from the General Fund revenue surplus to:
- 173 (i) the General Fund Budget Reserve Account under Section 63J-1-312;

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- 174 (ii) the Utah Wildfire Fund created in Section 65A-8-217, as described in Section 63J-1-314; and
176 (iii) the State Disaster Recovery Restricted Account under Section 63J-1-314;
- 177 (b) before earmarking revenue from the General Fund revenue surplus to the Industrial Assistance
Account under Section 63N-3-106; and
- 179 (c) before making any other year-end contingency appropriations, year-end set-asides, or other year-end
transfers required by law.
- 181 (6)
- (a) If, at the close of any fiscal year, there appears to be insufficient money to pay additional debt
service for any bonded debt authorized by the Legislature, the Division of Finance may hold
back from any General Fund revenue surplus money sufficient to pay the additional debt service
requirements resulting from issuance of bonded debt that was authorized by the Legislature.
- 186 (b) The Division of Finance may not spend the hold back amount for debt service under Subsection (6)
(a) unless and until it is appropriated by the Legislature.
- 188 (c) If, after calculating the amount for transfer under Subsection (4), the remaining General Fund
revenue surplus is insufficient to cover the hold back for debt service required by Subsection (6)
(a), the Division of Finance shall reduce the transfer to the Medicaid Growth Reduction and Budget
Stabilization Account by the amount necessary to cover the debt service hold back.
- 193 (d) Notwithstanding Subsections (4) and (5), the Division of Finance shall hold back the General
Fund balance for debt service authorized by this Subsection (6) before making any transfers to
the Medicaid Growth Reduction and Budget Stabilization Account or any other designation or
allocation of General Fund revenue surplus.
- 197 (7) Notwithstanding Subsections (4) and (5), if, at the end of a fiscal year, the Division of Finance
determines that an operating deficit exists and that holding back earmarks to the Industrial
Assistance Account under Section 63N-3-106, transfers to the Utah Wildfire Fund and State
Disaster Recovery Restricted Account under Section 63J-1-314, transfers to the General Fund
Budget Reserve Account under Section 63J-1-312, or earmarks and transfers to more than one of
those accounts, in that order, does not eliminate the operating deficit, the Division of Finance may
reduce the transfer to the Medicaid Growth Reduction and Budget Stabilization Account by the
amount necessary to eliminate the operating deficit.
- 206 (8) The Legislature may appropriate money from the Medicaid Growth Reduction and Budget
Stabilization Account only:

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- 208 (a)
- (i) for the Medicaid program; [~~and~~] or
- 209 (ii) beginning on January 1, 2027, for an electronic health record system for which the department enters into a contract in accordance with Section 26B-4-903; and
- 211 (b)
- (i) if Medicaid program expenditures for the fiscal year for which the appropriation is made are estimated to be 108% or more of Medicaid program expenditures for the previous year; or
- 214 (ii) if the amount of the appropriation is equal to or less than the balance in the Medicaid Growth Reduction and Budget Stabilization Account that comprises deposits described in Subsections (3)(a) (ii) through (v) and appropriations described in Subsection (3)(b).
- 218 (9) The Division of Finance shall deposit interest or other earnings derived from investment of Medicaid Growth Reduction and Budget Stabilization Account money into the General Fund.
- 221 Section 6. Section **64-13-25.1** is amended to read:
- 222 **64-13-25.1. Medication assisted treatment plan.**
- 100 (1) As used in this section, "medication assisted treatment plan" means a prescription plan to use a medication, such as buprenorphine, methadone, or naltrexone, to treat substance use withdrawal symptoms or an opioid use disorder.
- 103 (2) In collaboration with the Department of Health and Human Services the department may cooperate with medical personnel to continue a medication assisted treatment plan for an inmate who had an active medication assisted treatment plan within the last six months before being committed to the custody of the department.
- 107 (3) The department shall cooperate with the Department of Health and Human Services and relevant medical personnel in providing medication assisted treatment in accordance with the substance use disorder plan described in Subsection {26B-4-906(1)} (2).
- 110 [(3)] (4) A medication used for a medication assisted treatment plan under Subsection (2):
- 111 (a) shall be an oral, short-acting medication unless the chief administrative officer or other medical personnel who is familiar with the inmate's medication assisted treatment plan determines that a long-acting, non-oral medication will provide a greater benefit to the individual receiving treatment;
- 115 (b) may be administered to an inmate under the direction of the chief administrative officer of the correctional facility;

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

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

121 ~~[(4)]~~ (5) Before November 30 each year, the Department of Health and Human Services shall provide a report to the Health and Human Services Interim Committee that details, for each category, the number of individuals in the custody of the department who, in the preceding 12 months:

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

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

129 (c) discontinued a medication assisted treatment plan prior to, at the time of, or after commitment to the custody of the department and, as available, the type of medication discontinued and the reason for the discontinuation.

132 ~~{Section 6. Section 64-13-39 is amended to read: }~~

133 **64-13-39. Standards for health care facilities.**

134 (1) As used in this section:

135 (a) "Covered health care facility" means a health care facility owned or operated by the department.

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

138 (2) ~~All covered health care facilities[, as defined in Section 26B-2-201, owned or operated by the department] shall apply for and meet the requirements for accreditation by the National Commission [for] on Correctional Health Care. [The department shall begin the application process in a timely manner to facilitate accreditation of the health care facilities of the department on or before January 1, 1996. Inspections to ensure compliance and accreditation shall be conducted by staff of the national commission.]~~

144 (a) "Covered health care facility" means a health care facility owned or operated by the department.

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

147 (3) The accreditation described in Subsection (2) includes accreditation in:

148 (a) health services;

149 (b) mental health services; and

150 (c) opioid treatment programs.

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- 151 (4) For any accreditation described in Subsection (3) for which a covered health care facility does not
152 meet the requirements on or before the May 6, 2026, the covered health care facility shall apply for
153 and meet the requirements for accreditation on or before December 31, 2027.
- 155 ~~{Section 7. Section 77-27-5 is amended to read: }~~
- 156 **77-27-5. Board of Pardons and Parole authority.**
- 157 (1)
- 158 (a) Subject to this chapter and other laws of the state, and except for a conviction for treason or
159 impeachment, the board shall determine by majority decision when and under what conditions an
160 offender's conviction may be pardoned or commuted.
- 161 (b) The board shall determine by majority decision when and under what conditions an offender
162 committed to serve a sentence at a penal or correctional facility, which is under the jurisdiction of
163 the department, may:
- 164 (i) be released upon parole;
- 165 (ii) have a fine or forfeiture remitted;
- 166 (iii) have the offender's criminal accounts receivable remitted in accordance with Section 77-32b-105 or
167 77-32b-106;
- 168 (iv) have the offender's payment schedule modified in accordance with Section 77-32b-103; or
- 169 (v) have the offender's sentence terminated.
- 170 (c) The board shall prioritize public safety when making a determination under Subsection (1)(a) or (1)
171 (b).
- 172 (d)
- 173 (i) The board may sit together or in panels to conduct hearings.
- 174 (ii) The chair shall appoint members to the panels in any combination and in accordance with rules
175 made by the board in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act.
- 176 (iii) The chair may participate on any panel and when doing so is chair of the panel.
- 177 (iv) The chair of the board may designate the chair for any other panel.
- 178 (e)
- 179 (i) Except after a hearing before the board, or the board's appointed examiner, in an open session, the
180 board may not:
- 181 (A) remit a fine or forfeiture for an offender or the offender's criminal accounts receivable;
- 182 (B) release the offender on parole; or

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- 183 (C) commute, pardon, or terminate an offender's sentence.
- 184 (ii) An action taken under this Subsection (1) other than by a majority of the board shall be affirmed by
a majority of the board.
- 186 (f) A commutation or pardon may be granted only after a full hearing before the board.
- 187 (2)
- (a) In the case of a hearing, timely prior notice of the time and location of the hearing shall be given to
the offender.
- 189 (b) The county or district attorney's office responsible for prosecution of the case, the sentencing court,
and law enforcement officials responsible for the defendant's arrest and conviction shall be notified
of any board hearings through the board's website.
- 192 (c) Whenever possible, the victim or the victim's representative, if designated, shall be notified
of original hearings and any hearing after that if notification is requested and current contact
information has been provided to the board.
- 195 (d)
- (i) Notice to the victim or the victim's representative shall include information provided in Section
77-27-9.5, and any related rules made by the board under that section.
- 198 (ii) The information under Subsection (2)(d)(i) shall be provided in terms that are reasonable for the lay
person to understand.
- 200 (3)
- (a) A decision by the board is final and not subject for judicial review if the decision is regarding:
- 202 (i) a pardon, parole, commutation, or termination of an offender's sentence;
- 203 (ii) restitution, the modification of an offender's payment schedule for restitution, or an order for
costs; or
- 205 (iii) the remission of an offender's criminal accounts receivable or a fine or forfeiture.
- 206 (b) Deliberative processes are not public and the board is exempt from Title 52, Chapter 4, Open and
Public Meetings Act, when the board is engaged in the board's deliberative process.
- 209 (c) Pursuant to Subsection 63G-2-103(25)(b)(xii), records of the deliberative process are exempt from
Title 63G, Chapter 2, Government Records Access and Management Act.
- 212 (d) Unless it will interfere with a constitutional right, deliberative processes are not subject to
disclosure, including discovery.
- 214 (e) Nothing in this section prevents the obtaining or enforcement of a civil judgment.

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- 215 (4)
- (a) This chapter may not be construed as a denial of or limitation of the governor's power to grant respite or reprieves in all cases of convictions for offenses against the state, except treason or conviction on impeachment.
- 218 (b) Notwithstanding Subsection (4)(a), respites or reprieves may not extend beyond the next session of the board.
- 220 (c) At the next session of the board, the board:
- 221 (i) shall continue or terminate the respite or reprieve; or
- 222 (ii) may commute the punishment or pardon the offense as provided.
- 223 (d) In the case of conviction for treason, the governor may suspend execution of the sentence until the case is reported to the Legislature at the Legislature's next session.
- 225 (e) The Legislature shall pardon or commute the sentence or direct the sentence's execution.
- 227 (5)
- (a) In determining when, where, and under what conditions an offender serving a sentence may be paroled or pardoned, have a fine or forfeiture remitted, have the offender's criminal accounts receivable remitted, or have the offender's sentence commuted or terminated, the board shall:
- 231 (i) consider whether the offender has made restitution ordered by the court under Section 77-38b-205, or is prepared to pay restitution as a condition of any parole, pardon, remission of a criminal accounts receivable or a fine or forfeiture, or a commutation or termination of the offender's sentence;
- 235 (ii) except as provided in Subsection (5)(b), develop and use a list of criteria for making determinations under this Subsection (5);
- 237 (iii) consider information provided by the department regarding an offender's individual case action plan; and
- 239 (iv) review an offender's status within 60 days after the day on which the board receives notice from the department that the offender has completed all of the offender's case action plan components that relate to activities that can be accomplished while the offender is imprisoned.
- 243 (b) The board shall determine whether to remit an offender's criminal accounts receivable under this Subsection (5) in accordance with Section 77-32b-105 or 77-32b-106.
- 246 (c) When determining when and under what conditions an offender serving a sentence may be paroled, the board may consider designated examiners' reports with Subsection 77-27-7(5)(b).

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- 249 (6) In determining whether parole may be terminated, the board shall consider:
- 250 (a) the offense committed by the parolee; and
- 251 (b) the parole period under Section 76-3-202, and in accordance with Section 77-27-13.
- 252 (7) For an offender placed on parole after December 31, 2018, the board shall terminate parole in accordance with the adult sentencing and supervision length guidelines, as defined in Section 63M-7-401.1, to the extent the guidelines are consistent with the requirements of the law.
- 256 (8) The board may not rely solely on an algorithm or a risk assessment tool score in determining whether parole should be granted or terminated for an offender.
- 258 (9) The board may intervene as a limited-purpose party in a judicial or administrative proceeding, including a criminal action, to seek:
- 260 (a) correction of an order that has or will impact the board's jurisdiction; or
- 261 (b) clarification regarding an order that may impact the board's jurisdiction.
- 262 (10) A motion to intervene brought under Subsection (9)(a) shall be raised within 60 days after the day on which a court enters the order that impacts the board's jurisdiction.

264 ~~{Section 8. Section 77-27-7 is amended to read: }~~

265 **77-27-7. Parole or hearing dates -- Interview -- Hearings -- Report of licensed mental health professional -- Mental competency -- Report of designated examiner -- Rulemaking authority.**

- 268 (1)
- (a) For an offender serving a sentence upon conviction of a felony or class A misdemeanor offense, the board shall:
- 270 (i) within six months after the day on which the offender is committed to the custody of the department, set a hearing date to establish the offender's release date or date for rehearing; and
- 273 (ii) promptly notify the offender of the date described in Subsection (1)(a)(i).
- 274 (b)
- (i) The board may delay setting the hearing date described in Subsection (1)(a)(i) if the offender has an additional pending criminal case at the time of the offender's commitment to the custody of the department.
- 277 (ii) For purposes of Subsection (1)(b)(i), a pending criminal case includes:
- 278 (A) uncharged conduct that is being screened for prosecution, unless one year has passed since the day on which the board was notified of the screening and no charge has been filed within that time period; and

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- 281 (B) charged conduct that has not reached resolution.
- 282 (c) If the board delays setting the hearing date as described in Subsection (1)(b), the board shall set a
hearing date no later than six months after the day on which the final criminal case described in
Subsection (1)(b) has been resolved.
- 285 (d)
- (i) If the board delays setting the hearing date as described in Subsection (1)(b), the board shall
establish and use a process to monitor the progress of the pending criminal action by seeking or
obtaining updates no less frequently than every six months.
- 289 (ii) The board shall establish the process described in Subsection (1)(d)(i) by creating rules in
accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act.
- 292 (e) When determining the hearing date under Subsection (1)(a), the board shall consider:
- 293 (i) the type and severity of offenses;
- 294 (ii) prior criminal history;
- 295 (iii) criminogenic risk factors; and
- 296 (iv) evidence-based assessments.
- 297 (2)
- (a) Before reaching a final decision to release an offender under this chapter, the chair shall cause the
offender to appear before the board, the board's panel, or an appointed hearing officer, who shall
personally interview the offender to consider the offender's fitness for release and verify as far as
possible information furnished from other sources.
- 302 (b) An offender may waive a personal appearance before the board.
- 303 (c)
- (i) An offender outside of the state shall, if ordered by the board, submit to a courtesy hearing to be
held by the appropriate authority in the jurisdiction in which the offender is housed in lieu of an
appearance before the board.
- 306 (ii) The offender shall be promptly notified in writing of the board's decision.
- 307 (3)
- (a) In the case of an offender convicted of violating or attempting to violate any of the provisions of
Section 76-5-301.1, Subsection 76-5-302(2)(b)(vi), 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, 76-5-404.1, 76-5-404.3, or 76-5-405, the chair may
appoint one or more licensed mental health professionals who shall examine the offender within

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six months prior to a hearing at which an original parole date is granted on any offense listed in this Subsection (3).

- 313 (b)
- (i) The licensed mental health professional shall report in writing the results of the examination to the board prior to the hearing.
- 315 (ii) The report of the appointed licensed mental health professional shall specifically address the question of the offender's current mental condition and attitudes as they relate to any danger the offender may pose to children or others if the offender is released on parole.
- 319 (4) A parolee may petition the board for termination of lifetime parole as provided in Section 76-3-202 in the case of a parolee convicted of a first degree felony violation, or convicted of attempting to violate Section 76-5-301.1, Subsection 76-5-302(2)(b)(vi), 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, 76-5-404.3, or 76-5-405, and released on parole before January 1, 2019.
- 324 (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.
- 328 (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:
- 333 (A) the offender has a mental illness;
- 334 (B) there is no appropriate less-restrictive alternative to including assisted outpatient treatment as a condition of parole; and
- 336 (C) the offender lacks the ability to engage in a rational decision-making process regarding the acceptance of mental health treatment as demonstrated by evidence of an inability to weigh the possible risks of accepting or rejecting treatment, or the offender needs assisted outpatient treatment in order to prevent relapse or deterioration that is likely to result in the offender posing a substantial danger to self or others.

342

HB0070 compared with HB0070S02

(ii) Based on the designated examiners' reports, the board may require assisted outpatient treatment as a condition of parole for an offender with a mental illness.

344 (iii) If assisted outpatient treatment is ordered, failure to continue treatment, except by agreement with
the treatment provider and the board, is a basis for initiation of parole violation hearings by the
board.

347 (6) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the board shall
make rules governing:

349 (a) the hearing process;

350 (b) licensed mental health professional examinations; [~~and~~]

351 (c) designated examiner examinations; and

352 [~~e~~] (d) parolee petitions for termination of parole.

255 Section 7. **Effective date.**

Effective Date.

This bill takes effect on May 6, 2026.

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