

HB0070S04 compared with HB0070S03

~~{Omitted text}~~ shows text that was in HB0070S03 but was omitted in HB0070S04
inserted text shows text that was not in HB0070S03 but was inserted into HB0070S04

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

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:

- 8 ▶ 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;
- 13 ▶ provides that money appropriated to the department to pay for unanticipated high-cost correctional health expenses is non-lapsing;
- 15 ▶ requires the department, in consultation with the Department of Corrections, to prepare and implement a plan for providing opioid use disorder treatment to certain inmates who suffer from 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;
- 20 ▶ defines terms; and

HB0070S03

HB0070S03 compared with HB0070S04

21 ▶ makes technical and conforming changes.

22 **Money Appropriated in this Bill:**

23 ▶ This bill appropriates (\$7,000,000) in restricted fund and account transfers for fiscal year
24 2027, all of which is from the General Fund.

25 ▶ {

~~This bill appropriates \$7,000,000 in operating and capital budgets for fiscal year 2027,
all~~

~~of which is from the General Fund.~~

26 }

27 **Other Special Clauses:**

28 None

29 **Utah Code Sections Affected:**

30 AMENDS:

31 **26B-4-903** , as enacted by Laws of Utah 2025, Chapter 112

32 **63I-2-264** , as last amended by Laws of Utah 2024, Third Special Session, Chapter 5

33 **63J-1-315** , as last amended by Laws of Utah 2025, Chapter 113

34 **64-13-25.1** , as enacted by Laws of Utah 2024, Chapter 266

35 ENACTS:

36 **26B-4-905** , Utah Code Annotated 1953

37 **26B-4-906** , Utah Code Annotated 1953

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

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

40 **26B-4-903. Electronic health record system study.**

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

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

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

47

HB0070S03 compared with HB0070S04

(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).

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

54 (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.

57 (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).

59 Section 2. Section 2 is enacted to read:

60 **26B-4-905. Nonlapsing funds.**

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

65 (a) are nonlapsing; and

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

68 (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:

71 (a) the amount expended; and

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

72 Section 3. Section 3 is enacted to read:

73 **26B-4-906. Treatment for opioid use disorder.**

76 (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.

78 (2) The department, in consultation with the Department of Corrections, shall prepare and implement a plan to provide, in accordance with current medical standards, opioid use disorder treatment to inmates who suffer from opioid use disorder:

81 (a) for up to 90 days after the first day on which the inmate is incarcerated in a correctional facility; and

HB0070S03 compared with HB0070S04

- 83 (b) for up to 90 days immediately before the date on which the inmate is released from a correctional
84 facility, if CMS grants a request for a waiver, or a request to amend a waiver, that the department
85 requests in accordance with Section 26B-3-217.
- 86 (3) The plan described in Subsection (2) shall include the use of medication assisted treatment as
87 medically necessary.
- 88 (4) The department shall consult and may contract with addiction specialists at the Huntsman Mental
89 Health Institute to prepare and implement the plan described in Subsection (2).
- 90 (5) The department shall provide an annual report on the preparation and implementation of the plan
91 described in Subsection (2) to the Health and Human Services Interim Committee on or before the
92 date of the committee's August interim meeting.

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

93 **63I-2-264. Repeal dates: Title 64.**

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

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

97 **63J-1-315. Medicaid Growth Reduction and Budget Stabilization Account -- Transfers of**
Medicaid growth savings -- Base budget adjustments.

101 (1) As used in this section:

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

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

105 (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.

109 (d) "Medicaid growth savings" means the Medicaid growth target minus Medicaid program
expenditures, if Medicaid program expenditures are less than the Medicaid growth target.

112 (e) "Medicaid growth target" means Medicaid program expenditures for the previous year multiplied by
1.08.

114 (f) "Medicaid program" is as defined in Section 26B-3-101.

115 (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.

118

HB0070S03 compared with HB0070S04

- (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 [~~preceeding~~] before a fiscal year for which Medicaid program expenditures are calculated.
- 122 (i) "Operating deficit" means that, at the end of the fiscal year, the unassigned fund balance in the General Fund is less than zero.
- 124 (j) "State revenue" means revenue other than federal revenue.
- 125 (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.
- 129 (2) There is created within the General Fund a restricted account to be known as the Medicaid Growth Reduction and Budget Stabilization Account.
- 131 (3)
- (a) The following shall be deposited into the Medicaid Growth Reduction and Budget Stabilization Account:
- 133 (i) deposits described in Subsection (4);
- 134 (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;
- 140 (iii) beginning July 1, 2024, any unused state funds that are associated with the Medicaid program from the Department of Workforce Services;
- 142 (iv) beginning July 1, 2024, any penalties imposed and collected under:
- 143 (A) Section 17B-2a-818.5;
- 144 (B) Section 19-1-206;
- 145 (C) Section 63A-5b-607;
- 146 (D) Section 63C-9-403;
- 147 (E) Section 72-6-107.5; or
- 148 (F) Section 79-2-404; and
- 149

HB0070S03 compared with HB0070S04

- (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.
- 152 (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.
- 155 (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.
- 159 (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.
- 164 (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.
- 169 (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.
- 173 (5) The Division of Finance shall calculate the amount to be transferred under Subsection (4):
- 175 (a) before transferring revenue from the General Fund revenue surplus to:
- 176 (i) the General Fund Budget Reserve Account under Section 63J-1-312;
- 177 (ii) the Utah Wildfire Fund created in Section 65A-8-217, as described in Section 63J-1-314; and
- 179 (iii) the State Disaster Recovery Restricted Account under Section 63J-1-314;
- 180 (b) before earmarking revenue from the General Fund revenue surplus to the Industrial Assistance Account under Section 63N-3-106; and
- 182 (c) before making any other year-end contingency appropriations, year-end set-asides, or other year-end transfers required by law.

HB0070S03 compared with HB0070S04

- 184 (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.
- 189 (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.
- 191 (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.
- 196 (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.
- 200 (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.
- 209 (8) The Legislature may appropriate money from the Medicaid Growth Reduction and Budget Stabilization Account only:
- 211 (a)
- (i) for the Medicaid program; [~~and~~] or
- 212 (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
- 214 (b)

HB0070S03 compared with HB0070S04

- 217 (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
- 218 (ii) if the amount of the appropriation is equal to or less than the balance in the Medicaid Growth
219 Reduction and Budget Stabilization Account that comprises deposits described in Subsections (3)(a)
220 (ii) through (v) and appropriations described in Subsection (3)(b).
- 221 (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.
- 222 Section 6. Section **64-13-25.1** is amended to read:
- 223 **64-13-25.1. Medication assisted treatment plan.**
- 224 (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
225 symptoms or an opioid use disorder.
- 226 (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
227 active medication assisted treatment plan within the last six months before being committed to the
custody of the department.
- 228 (3) The department shall cooperate with the Department of Health and Human Services and relevant
229 medical personnel in providing medication assisted treatment in accordance with the substance use
disorder plan described in Subsection (2).
- 230 [~~3~~] (4) A medication used for a medication assisted treatment plan under Subsection (2):
- 231 (a) shall be an oral, short-acting medication unless the chief administrative officer or other medical
232 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;
- 233 (b) may be administered to an inmate under the direction of the chief administrative officer of the
234 correctional facility;
- 235 (c) may, as funding permits, be paid for by the department or the Department of Health and Human
236 Services; and
- 237 (d) may be left or stored at a correctional facility at the discretion of the chief administrative officer of
the correctional facility.
- 247

HB0070S03 compared with HB0070S04

[(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:

- 251 (a) had an active medication assisted treatment plan within the six months preceding commitment to the
custody of the department;
- 253 (b) continued a medication assisted treatment plan following commitment to the custody of the
department; and
- 255 (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.

256 Section 7. **FY 2027 Appropriations.**

257 The following sums of money are appropriated for the fiscal year beginning July 1,
258 2026, and ending June 30, 2027. These are additions to amounts previously appropriated for
259 fiscal year 2027.

260 Subsection 7(a). **Operating and Capital Budgets**

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

264 ITEM 1 To Department of Health and Human Services - Integrated Health Care Services

265 **From Medicaid Growth Reduction and Budget Stabilization Account, One-~~(7,000,000)~~**

266 Schedule of Programs:

267 **Medicaid Accountable Care Organizations (7,000,000)**

269 ITEM 2 To Department of Health and Human Services - Correctional Health Services

270 From General Fund, One-time 7,000,000

271 Schedule of Programs:

272 Correctional Health Services 7,000,000

273 The Legislature intends that the Department of
274 Health and Human Services use the appropriation in this
275 item for the electronic health record system described in
276 Section 26B-4-903.

277 Subsection 7(b). **Restricted Fund and Account Transfers**

HB0070S03 compared with HB0070S04

278 The Legislature authorizes the State Division of Finance to transfer the following
279 amounts between the following funds or accounts as indicated. Expenditures and outlays from
280 the funds to which the money is transferred must be authorized by an appropriation.

281 ITEM 3 To General Fund Restricted - Medicaid Growth Reduction and Budget
282 Stabilization Account

283 **From General Fund, One-time (7,000,000)**

284 Schedule of Programs:

285 **Medicaid Growth Reduction and Budget Stabilization (7,000,000)**

278 ITEM 2 To General Fund Restricted - Medicaid Growth Reduction and Budget
279 Stabilization Account

280 ~~From General Fund, One-time (7,000,000)~~

}

281 Schedule of Programs:

282 ~~Medicaid Growth Reduction and Budget Stabilization (7,000,000)~~

}

287 Section 8. **Effective date.**

Effective Date.

This bill takes effect on May 6, 2026.

3-3-26 7:59 PM