

HB0199S01 compared with HB0199

{Omitted text} shows text that was in HB0199 but was omitted in HB0199S01
inserted text shows text that was not in HB0199 but was inserted into HB0199S01

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1

Health Data Amendments
2026 GENERAL SESSION
STATE OF UTAH
Chief Sponsor: Norman K Thurston
Senate Sponsor:

2

3 **LONG TITLE**

4 **General Description:**

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

7 **Highlighted Provisions:**

8 This bill:

9 ▶ defines terms;

10 ▶ clarifies and amends provisions related to the Department of Health and Human
Services' (department) health data plans;

12 ▶ clarifies and amends provisions related to the All Payer Claims Database;

13 ▶ repeals certain reporting requirements;

14 ▶ allows the department to share data within the department and with public health authorities,
local mental health authorities, and local substance use authorities;

16 ▶ **enacts provisions related to data security and privacy;**

16 ▶ extends the repeal date for the department's health data authority;

17 ▶ creates a repeal date for the Health Data Committee; and

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18 ▸ makes technical and conforming changes.

20 **Money Appropriated in this Bill:**

21 None

22 **Other Special Clauses:**

23 None

24 **Utah Code Sections Affected:**

25 **AMENDS:**

26 **26B-8-501 (Effective 05/06/26) (Repealed 07/01/26)**, as last amended by Laws of Utah 2024,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

28 **26B-8-501.1 (Effective 05/06/26) (Repealed 07/01/26)**, as enacted by Laws of Utah 2024, Chapter
277

30 **26B-8-504 (Effective 05/06/26) (Repealed 07/01/26)**, as last amended by Laws of Utah 2024,
Chapters 250, 277

32 **26B-8-507 (Effective 05/06/26) (Repealed 07/01/26), as last amended by Laws of Utah 2024,
Chapter 277**

34 **26B-8-508 (Effective 05/06/26) (Repealed 07/01/26)**, as last amended by Laws of Utah 2024,
Chapter 277

36 **63I-1-226 (Effective 05/06/26)**, as last amended by Laws of Utah 2025, Chapters 47, 277 and 366

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

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

41 **26B-8-501. Definitions.**

42 As used in this part:

43 (1) "Committee" means the Health Data Committee created in Section 26B-1-413.

44 (2) "Control number" means a number or other identifier that:

45 (a) is assigned by the department to [an individual's health data] identifiable health data;

46 (b) is consistent with the best practices of data privacy; and

47 (c) is used to ensure health data is not able to be readily associated with an individual when the health
data is provided for research or statistical analysis.

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(3) "Data supplier" means a health care facility, health care provider, self-funded employer, third-party payor, health maintenance organization, or government department which 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)~~} the diagnosis code of a rare condition or disease that affects less than 200,000 people in the United States;

66 (k) a date of birth if the day, month, and year are included; or

67 (l) the exact date a health care service was provided to an individual unless the date is randomly shifted or otherwise perturbed in accordance with data protection practices.

69 [~~(4)~~ ~~(5)~~ "Disclosure" or "disclose" means the communication of health care data to any individual or organization outside the [department] division, [its-] division staff, and [e~~on~~tracting agencies] division contractors.

64 (6) "Division" means the Division of Data, Systems, and Evaluation within the department.

65 [~~(5)~~] (7)

67 (a) "Health care facility" means a facility that is licensed by the department under Chapter 2, Part 2, Health Care Facility Licensing and Inspection.

(b) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the department, in consultation with the committee,[-] may by rule add, delete, or modify 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.

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71 [({7})] (9) "Health data" means [information relating to the health status of individuals, health services delivered, the availability of health manpower and facilities, and the use and costs of resources and services to the consumer, except vital records as defined in Section 26B-8-101 shall be excluded] the same as that term is defined in Section 26B-8-401.

76 [({8})] (10) "Health maintenance organization" means the same as that term is defined in Section 31A-8-101.

78 [({9})] (11) "Identifiable health data" means [any item, collection, or grouping of health data that makes the individual supplying or described in the health data identifiable] the same 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, 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 including:

88 (a) describing the group characteristics of individuals or organizations;

89 (b) analyzing the noncompliance among the various characteristics of individuals or 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 health care services for employees directly from the employer's funds, thereby assuming the financial risks rather than passing them on to an outside insurer through premium 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 2,500 enrollees in the state;

102 (b) a nonprofit health service insurance corporation licensed under Title 31A, Chapter 7, Nonprofit Health Service Insurance Corporations;

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- (c) a program funded or administered by [Utah] the state for the provision of health care services, including the Medicaid and medical assistance programs described in 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 state; and
 - 110 (ii) which is required by administrative rule adopted by the department in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to supply health data to the department.

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

26B-8-501.1. Health data authority duties.

- 116 (1) The department shall:

117 [(a) in consultation with the committee and in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, develop and adopt by rule, following public 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 resolution or improvement through better data, more extensive or careful analysis, or improved dissemination of health data;]

123 [(ii) document existing health data activities in the state to collect, organize, or make 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 to the needs identified in Subsection (1)(a)(i) in order to obtain or to facilitate the obtaining of needed data, and to encourage improvements in existing data collection, interpretation, and reporting activities, and indicate how those actions 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 suppliers, and the form in which such data are to be supplied, noting the consideration given to the potential alternative sources and forms of such data and to the estimated cost to the individual suppliers as well as to the department of acquiring the data in the proposed manner and reasonably demonstrate that the department has attempted to maximize cost-effectiveness in the data acquisition approaches selected;]

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

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

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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 flowing to the department, noting specifically the types of expertise and participation to be sought in those processes; and]~~]
149 [(viii) ~~describe the types of reports to be made available by the department and the intended audiences and uses;~~]
151 [(b)] (a) develop and maintain written plans for collecting, managing, and using data under this part, including:
153 (i) a strategic plan that:
154 (A) identifies the key health care issues, questions, and problems that can be addressed or improved with better data, more thorough analysis, or improved access to data;
157 (B) details current data collection, organization, and dissemination efforts within the state that are relevant to the identified needs; and
159 (C) describes and prioritizes the actions the department will take to obtain needed data, improve any existing processing activity as that term is defined in Section 63A-19-101, and outline how these actions address issues, questions, or 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 data formats, including consideration for alternative sources and forms of data, estimating costs for both suppliers and the department, and demonstrating a cost-effective approach; and
168 (B) describes the types and methods of validation to be performed to assess the 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, including the types of expertise and participation needed;
173 (B) details the types of reports the department will make available, along with their intended audiences and uses;
183 (C) explains the intended uses of the data, including analytic approaches and expected benefits of the data related to purposes described in Subsection (1)(g); and

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186 (D) describes actions or efforts used to prevent individual reidentification.
187 (b) publish the plans described in Subsection (1)(a) on the department's website;
188 (c) { $\hat{H} \rightarrow \{ \} \{ f \} \{ \text{and} \}$ have the authority to collect, validate, analyze, and present health data in accordance with $\{ \} \{ \} \{ \leftarrow \hat{H} \}$ }
175 { \mathbb{C} } {explains the intended uses of the data, including analytic approaches and expected benefits of the data related to purposes described in Subsection (1)(g);} { $\hat{H} \rightarrow \{ \} \{ \text{and} \}$ }
176b { \mathbb{D} } {describes actions or efforts used to prevent individual reidentification;} { } { $\leftarrow \hat{H} \right\}$ }
177 { \mathbb{b} } {publish the plans described in Subsection (1)(a) on the department's website;}
178 { \mathbb{e} } {have the authority to collect, validate, analyze, and present health data in accordance with the] a{[the] plan} {a} described in Subsection (1)(a){ plan} while protecting individual privacy through{ described in Subsection (1)(a) } :
191 { \mathbb{i} } {while protecting individual privacy through} the use of the best practices of data privacy;
192 { \mathbb{ii} } {adopting safeguards found in 45 C.F.R. Sec. 164.312 and any relevant definitions in 45 C.F.R. Part 160 and 45 C.F.R. Part 164 Subparts A and C; and}
194 { \mathbb{iii} } {encrypting identifiable health data when stored and when transmitted;}
195 [\mathbb{e}] (d)
181 { \mathbb{f} } {evaluate existing identification coding methods and, if necessary, require by rule adopted in accordance with Subsection (2), that health data suppliers use a uniform system for identification of patients, health care facilities, and health care providers on health data they submit under this [section and Chapter 8, Part 5, Utah Health Data Authority] part;[and]}
186 [\mathbb{d}] (e) advise, consult, contract, and cooperate with any [corporation, association, or other entity] organization for the collection, analysis, processing, or reporting of health data[.];
189 (f) establish fees to ensure that the users of data collected under this part assist in 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 choice, health care quality, and health care cost; and
194 (ii) promote and improve:
195 (A) public health; and
196 (B) the operation, efficiency, value, and {performance} quality of care provided by the health care system.

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197 (2) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the department, in consultation with the committee, ~~[may adopt]~~ shall make rules to carry out the provisions of this ~~[section and Chapter 8, Part 5, Utah Health Data Authority]~~ part 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 section, nothing in this part shall be construed to authorize or permit the department to perform regulatory functions which are delegated by law to other agencies of the state or federal governments or to perform quality assurance or medical record audit functions that health care facilities, health care providers, or third party payors are required to conduct to comply with federal or state law.

207 (b) The department may not recommend or determine whether a health care provider, health care facility, third party payor, or self-funded employer is in compliance with federal or state laws including federal or state licensure, insurance, reimbursement, 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 identifying a patient by name or describing detail on a patient]~~ identifiable health data beyond that needed to achieve the approved purposes included in ~~[the]~~ a plan described in Subsection (1)(a).

215 (5) No request for health data shall be made of health care providers and other data 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 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 supplier associated with satisfying the request that are demonstrated by the data supplier to be unreasonable.

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

226 [(8)]

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

230 [(b) Nothing in Subsection (7) shall prevent the department from requiring the submission of health data on the reimbursements actually made to health care 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 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 individual's identifiable health data suppressed or restricted from being accessible for department duties described under this part;

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

241 (iii) provide instructions for the opt-out system described in Subsection [(10)(a)(i)] (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 not share, analyze, or use any identifiable health data from the health data obtained 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; 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 geographically-based data, provided that the addresses and any geocodes are removed immediately after the process is complete; or

256 (E) identity resolution.

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

260 [(12)] (10) {The department shall }annually report to the Health and Human Services Interim Committee regarding privacy practices and efforts the department is undertaking to enhance data privacy] include information regarding privacy and security requirements of this part in the report described in Section 63A-19-401.3{.}}

263 [(13)]

(a) Before October 1, 2024, the department shall review all state statutory mandates related to the collection of any form of health data and provide a written report to the Health and Human Services Interim Committee outlining the mandates 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 the data.]

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

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

26B-8-504. Health care cost and 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 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 health risk factor and characteristics of insurance arrangements that affect claims and 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, transparency in the health care market by reporting on:

285 (i) geographic variances in medical care and costs as demonstrated by data available 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 States Bureau of Labor Statistics;

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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 not-for-profit, broad-based coalition of state health care insurers and health care providers that are involved in the standardized electronic exchange of health data as 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 determine insurance enrollment of an individual for the purpose of determining Medicaid third party liability;

299 (ii) for an insurer that is a data supplier, to determine insurance enrollment of an 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 purpose of claims submission by the health care provider;

303 (e) coordinate with the Trauma System and Emergency Medical Services Advisory Committee to publish data regarding air ambulance charges under Section [26B-4-106] 53-2d-105; [and]

306 (f) share data collected under this part with the state auditor for use in the health care 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 cost and claim information.

310 (2) A data supplier is not liable for a breach of or unlawful disclosure of the data caused by [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 data supplier to submit fee schedules, maximum allowable costs, area prevailing costs, terms of contracts, discounts, fixed reimbursement arrangements, capitations, or other specific arrangements for reimbursement to a health care provider to the extent allowed under federal law.

323 (5)

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(a) The department may not publish any health data collected under Subsection (4) that would reveal specific terms of current contracts, discounts, or fixed reimbursement arrangements, or other specific reimbursement arrangements between an individual provider and a specific payer.

327 (b) Nothing in Subsection (4) shall prevent the department from requiring the submission of health data on the reimbursements actually made to health care providers from any source of payment, including consumers.

346 **Section 4. Section 26B-8-507 is amended to read:**

347 **26B-8-507. Disclosure of identifiable health data prohibited.**

349 (1)

(a) All information, reports, statements, memoranda, or other data received by the department are strictly confidential.

351 (b) Any use, release, or publication of the information shall be done in such a way that no person is identifiable except as provided in Sections 26B-8-506 and 26B-8-508.

353 (c) A person may not attempt to identify or re-identify an individual using data obtained under this part, including through data linking or correlation, except as provided in Sections 26B-8-506 and 26B-8-508.

356 (2) No member of the department may be held civilly liable by reason of having released or published reports or compilations of data supplied to the department, so long as the publication or release is in accordance with the requirements of Subsection (1).

359 (3) No person, corporation, or entity may be held civilly liable for having provided data to the department in accordance with this part.

361 (4) Except as specifically provided in this part, this part does not abrogate a person's claim to recover damage from another person for civilly liable conduct.

363 **Section 5. Section 26B-8-508 is amended to read:**

364 **26B-8-508. Exceptions to prohibition on 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 with Subsection (2); [or]

337 (c) the disclosure complies with the provisions of[:]

338 [(i)] Subsection (3);

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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 health authority under Subsection (1)(b) if:]

347 [(a) the department or the public health authority has clear statutory authority to possess the identifiable health data; and]

349 (a) The department may disclose identifiable health data if the disclosure is solely for use:

351 (i) in the Utah Statewide Immunization Information System operated by the department;

353 (ii) in the Utah Cancer Registry operated by the University of Utah, in collaboration with the department; or

355 (iii) by the medical examiner, as defined in Section 26B-8-201, or the medical examiner's designee.

357 [(b) the disclosure is solely for use:]

358 [(i) in the Utah Statewide Immunization Information System operated by the department;]

360 [(ii) in the Utah Cancer Registry operated by the University of Utah, in collaboration with the department; or]

362 [(iii) by the medical examiner, as defined in Section 26B-8-201, or the medical examiner's designee.]

364 (b) For a purpose not described in Subsection (2)(a), the department may disclose identifiable health data within the department or to a local health department, a local mental health authority, or a local substance abuse authority if the disclosure does not contain direct identifiers.

368 {③) A person that obtains data under this Subsection (2) and is informed by the department that an individual has opted to suppress or restrict the individual's identifiable health data under Subsection 26B-8-501.1(8) shall delete data about the individual provided by the department that is in the possession of the person.

405 (3) The department shall consider the following when responding to a request for disclosure of information that may include identifiable health data:

370 (a) whether the request comes from a person after that person has received approval to do the specific research or statistical work from an institutional review board; and

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372 (b) whether the requesting entity complies with the provisions of Subsection (4).

373 (4)

374 (a) A request for disclosure of information that may include identifiable health data shall:

375 [(a) (i) be for a specified period; or

376 [(b) be solely for bona fide research or statistical purposes.

377 (b) ~~[as determined in accordance with administrative rules adopted by the department in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, which shall require]~~ A requesting entity shall:

378 (i) ~~[the requesting entity to]~~ demonstrate to the department that the data is required for the research or statistical purposes proposed by the requesting entity; and

379 (ii) ~~[the requesting entity to]~~ enter into a written agreement satisfactory to the department to protect the data in accordance with this part or other applicable law.

380 (c) The department shall make rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to implement this Subsection (4).

381 (5) A person accessing identifiable health data ~~[pursuant to]~~ in accordance with Subsection (4):

382 (a) may not further disclose the identifiable health data:

383 [(a) (i) without prior approval of the department; and

384 [(b) (ii) unless the identifiable health data is disclosed or identified by control number only ~~[,]~~ ; and

385 (b) shall delete any identifiable health data at the earlier of the following:

386 (i) the day the specified period described in Subsection (4)(a)(i) ends; or

387 (ii) the day when the person's need for the identifiable health data ceases.

388 (6) Identifiable health data that has been designated by a data supplier as being subject to regulation under 42 C.F.R. Part 2, Confidentiality of Substance Use Disorder Patient Records, may only be used or disclosed in accordance with applicable federal regulations.

389 (7) Any person that obtains identifiable health data under this section shall:

390 (a) adopt safeguards found in 45 C.F.R. Sec. 164.312 and any relevant definitions in 45 C.F.R. Part 160 and 45 C.F.R. Part 164 Subparts A and C; and

391 (b) encrypt identifiable health data when stored and when transmitted.

392 Section 6. Section **63I-1-226** is amended to read:

393 **63I-1-226. Repeal dates: Titles 26 through 26B.**

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(1) Subsection 26B-1-204(2)(g), regarding the Youth Electronic Cigarette, Marijuana, and 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 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 -- Reporting, is repealed July 1, 2026.

404 (6) Section 26B-1-409, Utah Digital Health Service Commission -- Creation -- Membership -- 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 -- Membership -- Duties, is repealed July 1, 2029.

410 [(9)] (10) Section 26B-1-422, Early Childhood Utah Advisory Council -- Creation -- Compensation -- Duties, is repealed July 1, 2029.

412 [(10)] (11) Section 26B-1-425, Utah Health Workforce Advisory Council -- Creation and membership, is repealed July 1, 2027.

414 [(11)] (12) Section 26B-1-428, Youth Electronic Cigarette, Marijuana, and Other Drug Prevention Committee and Program -- Creation -- Membership -- Duties, is repealed July 1, 2030.

417 [(12)] (13) Section 26B-1-430, Coordinating Council for Persons with Disabilities -- Policy regarding services to individuals with disabilities -- Creation -- Membership -- Expenses, is repealed July 1, 2027.

420 [(13)] (14) Section 26B-1-432, Newborn Hearing Screening Committee, is repealed July 1, 2026.

422 [(14)] (15) Section 26B-2-407, Drinking water quality in child care centers, is repealed July 1, 2027.

424 [(15)] (16) Subsection 26B-3-107(9), regarding reimbursement for dental hygienists, is repealed July 1, 2028.

426 [(16)] (17) Section 26B-3-136, Children's Health Care Coverage Program, is repealed July 1, 2025.

428 [(17)] (18) Section 26B-3-137, Reimbursement for diabetes prevention program, is repealed June 30, 2027.

430 [(18)] (19) Subsection 26B-3-213(2)(b), regarding consultation with the Behavioral Health Crisis Response Committee, is repealed December 31, 2026.

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432 [19] (20) Section 26B-3-302, DUR Board -- Creation and membership -- Expenses, is 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, 2034.

443 [28] (29) Title 26B, Chapter 3, Part 6, Medicaid Expansion Hospital Assessment, is repealed July 1, 2034.

445 [29] (30) Title 26B, Chapter 3, Part 7, Hospital Provider Assessment, is repealed July 1, 2028.

447 [30] (31) Section 26B-3-910, Alternative eligibility -- Report -- Alternative Eligibility 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 Crisis Response Committee, is repealed December 31, 2026.

452 [33] (34) Subsection 26B-5-112(5)(b), regarding consultation with the Behavioral Health Crisis Response Committee, is repealed December 31, 2026.

454 [34] (35) Section 26B-5-112.5, Mobile Crisis Outreach Team Grant Program, is repealed December 31, 2026.

456 [35] (36) Section 26B-5-114, Behavioral Health Receiving Center Grant Program, is repealed December 31, 2026.

458 [36] (37) Section 26B-5-118, Collaborative care grant program, is repealed December 31, 2024.

460 [37] (38) Section 26B-5-120, Virtual crisis outreach team grant program, is repealed December 31, 2026.

462 [38] (39) Subsection 26B-5-609(1)(a), regarding the Behavioral Health Crisis Response Committee, is repealed December 31, 2026.

464 [39] (40) Subsection 26B-5-609(3)(b), regarding the Behavioral Health Crisis Response Committee, is repealed December 31, 2026.

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466 [40] (41) Subsection 26B-5-610(1)(b), regarding the Behavioral Health Crisis Response Committee, is
repealed December 31, 2026.

468 [41] (42) Subsection 26B-5-610(2)(b)(ii), regarding the Behavioral Health Crisis Response
Committee, is repealed December 31, 2026.

470 [42] (43) Section 26B-5-612, Integrated behavioral health care grant programs, is repealed December
31, 2025.

472 [43] (44) Title 26B, Chapter 5, Part 7, Utah Behavioral Health Commission, is repealed July 1, 2029.

474 [44] (45) Subsection 26B-5-704(2)(a), regarding the Behavioral Health Crisis Response Committee, is
repealed December 31, 2026.

476 [45] (46) Title 26B, Chapter 5, Part 8, Utah Substance Use and Mental Health Advisory 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 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, [2026] 2036.

530 Section 7. **Effective date.**

Effective Date.

This bill takes effect on May 6, 2026.

1-27-26 10:12 AM