

HB0572S04 compared with HB0572S02

~~{Omitted text}~~ shows text that was in HB0572S02 but was omitted in HB0572S04

inserted text shows text that was not in HB0572S02 but was inserted into HB0572S04

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1 Behavioral and Mental Health Amendments

2026 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Steve Eliason

Senate Sponsor:Evan J. Vickers

3 LONG TITLE

4 General Description:

5 This bill addresses behavioral and mental health.

6 Highlighted Provisions:

7 This bill:

8 ▸ changes the entity that administers and reports on the Governor's Suicide Prevention Fund from the governor to the Office of Substance Use and Mental Health (office);

10 ▸ requires the Office of Licensing within the Department of Health and Human Services (department) to make rules related to a behavioral health receiving center's communication with prosecutors and law enforcement regarding a justice involved individual's participation in the behavioral health receiving center's treatment program;

14 ▸ requires the department to provide a list of mental health and substance use disorder screening tools used in jails;

16 ▸ requires the department to create a standard form for justice involved individuals to consent to disclosure of a mental health disorder or substance use disorder to certain persons, including health care

HB0572S02

HB0572S02 compared with HB0572S04

providers, first responders, courts, local health authorities, county pretrial and parole services{~~;~~} and
the {~~Division~~} Division of Adult Probation and Parole;

20 ▶ permits first responders to provide an electronic list of local mental health services to certain
individuals under certain circumstances;

22 ▶ creates a community-based peer support specialist program;

23 ▶ amends provisions related to involuntary commitment and court ordered assisted outpatient
treatment for mental illness;

25 ▶ requires the department to maintain a database of involuntary commitments;

26 ▶ amends the duties of the Behavioral Health Commission (commission), including {~~to add~~}
adding certain duties that were previously assigned to the Utah Substance Use and Mental Health
Advisory Committee;

29 ▶ changes the name of the Utah Substance Use and Mental Health Advisory Committee to the Utah
Behavioral {~~health~~} Health Policy Review Committee and amends the committee's duties and other
related provisions;

32 ▶ requires the commission's Legislative Policy Committee to form a working group to investigate
and make recommendations to the Legislature regarding a statewide central authority for coordinating
behavioral health initiatives;

35 ▶ creates a family outreach specialist within the department to:

- 36 • engage with the family of an individual who has recently died by suicide or overdose; and
- 38 • assist the medical examiner with suicide intervention, prevention, and postvention;

39 ▶ makes changes to responsibilities related to the Underage Drinking Prevention Media and
Education Campaign Restricted Account;

41 ▶ amends the duties and membership of the Behavioral Health Crisis Response Committee;

42 ▶ defines terms; and

43 ▶ makes technical and conforming changes.

44 **Money Appropriated in this Bill:**

- 45 ▶ This bill appropriates {~~\$26,950,700~~} \$750,000 in operating and capital budgets for fiscal year
2027, all of
46 which is from the General Fund.

47 ▶ {

HB0572S02 compared with HB0572S04

~~This bill appropriates \$88,000,000 in capital project funds for fiscal year 2027, all of which is from the General Fund.~~

}

Other Special Clauses:

None

Utah Code Sections Affected:

AMENDS:

17-72-408 (Effective 05/06/26), as renumbered and amended by Laws of Utah 2025, First Special Session, Chapter 13

26B-1-325 (Effective 05/06/26), as last amended by Laws of Utah 2023, Chapter 33 and renumbered and amended by Laws of Utah 2023, Chapter 305

26B-1-425 (Effective 05/06/26) (Repealed 07/01/27), as last amended by Laws of Utah 2024, Chapter 245

26B-1-427 (Effective 05/06/26), as last amended by Laws of Utah 2025, Chapter 494

26B-1-428 (Effective 05/06/26) (Repealed 07/01/30), as last amended by Laws of Utah 2025, Chapter 366

26B-2-135 (Effective 05/06/26), as enacted by Laws of Utah 2025, Chapter 499

26B-5-121 (Effective 05/06/26), as last amended by Laws of Utah 2025, First Special Session, Chapter 16

~~{26B-5-326 (Effective 05/06/26), as renumbered and amended by Laws of Utah 2023, Chapter 308}~~

26B-5-331 (Effective 05/06/26), as last amended by Laws of Utah 2025, Chapters 118, 277, 340, and 470

26B-5-332 (Effective 05/06/26), as last amended by Laws of Utah 2025, Chapters 46, 118

26B-5-351 (Effective 05/06/26), as renumbered and amended by Laws of Utah 2023, Chapter 308

~~{26B-5-372 (Effective 05/06/26), as renumbered and amended by Laws of Utah 2023, Chapter 308}~~

26B-5-611 (Effective 05/06/26), as last amended by Laws of Utah 2024, Chapters 245, 250

26B-5-703 (Effective 05/06/26) (Repealed 07/01/29), as enacted by Laws of Utah 2024, Chapter 245

HB0572S02 compared with HB0572S04

72 **26B-5-704 (Effective 05/06/26) (Repealed 07/01/29)**, as enacted by Laws of Utah 2024, Chapter
245

74 **26B-5-705 (Effective 05/06/26) (Repealed 07/01/29)**, as enacted by Laws of Utah 2024, Chapter
245

76 **26B-5-801 (Effective 05/06/26) (Repealed 01/01/33)**, as last amended by Laws of Utah 2025,
First Special Session, Chapter 9

78 **26B-5-802 (Effective 05/06/26) (Repealed 01/01/33)**, as renumbered and amended by Laws of
Utah 2024, Chapter 245

80 **26B-5-803 (Effective 05/06/26) (Repealed 01/01/33)**, as renumbered and amended by Laws of
Utah 2024, Chapter 245

82 **32B-2-306 (Effective 05/06/26) (Partially Repealed 01/01/33)**, as last amended by Laws of Utah
2024, Chapters 245, 385

84 **32B-2-402 (Effective 05/06/26) (Partially Repealed 01/01/33)**, as last amended by Laws of Utah
2025, First Special Session, Chapter 16

86 **32B-2-404 (Effective 05/06/26)**, as last amended by Laws of Utah 2024, Chapters 245, 385

88 **32B-2-405 (Effective 05/06/26)**, as last amended by Laws of Utah 2024, Chapters 245, 385

90 **32B-7-305 (Effective 05/06/26)**, as last amended by Laws of Utah 2024, Chapter 245

91 **63C-18-202 (Effective 05/06/26) (Repealed 12/31/26)**, as last amended by Laws of Utah 2024,
Chapter 245

93 **63C-18-203 (Effective 05/06/26) (Repealed 12/31/26)**, as last amended by Laws of Utah 2025,
Chapter 277

95 **63I-1-226 (Effective 05/06/26)**, as last amended by Laws of Utah 2025, Chapters 47, 277 and 366

97 **63I-1-232 (Effective 05/06/26)**, as last amended by Laws of Utah 2024, Third Special Session,
Chapter 5

99 **63I-1-263 (Effective 05/06/26)**, as last amended by Laws of Utah 2025, Chapters 391, 512

101 **64-13-45 (Effective 05/06/26)**, as last amended by Laws of Utah 2024, Chapters 245, 341

108 ~~**{77-18-106 (Effective 05/06/26), as last amended by Laws of Utah 2023, Chapter 330}**~~

102 ENACTS:

103 **26B-4-1103 (Effective 05/06/26)**, Utah Code Annotated 1953

104 **26B-4-1104 (Effective 05/06/26)**, Utah Code Annotated 1953

105 **26B-5-122 (Effective 05/06/26)**, Utah Code Annotated 1953

HB0572S02 compared with HB0572S04

106 **26B-5-384 (Effective 05/06/26)**, Utah Code Annotated 1953

107 **26B-8-233 (Effective 05/06/26)**, Utah Code Annotated 1953

108

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

110 Section 1. Section **17-72-408** is amended to read:

111 **17-72-408. County jail reporting requirements.**

112 (1) Each county jail shall submit a report to the commission before June 15 of each year that includes,
113 for the preceding calendar year:

114 (a) the average daily prisoner population each month;

115 (b) the number of prisoners in the county jail on the last day of each month who identify as each race
116 or ethnicity included in the Standards for Transmitting Race and Ethnicity published by the United
117 States Federal Bureau of Investigation;

118 (c) the number of prisoners booked into the county jail;

119 (d) the number of prisoners held in the county jail each month on behalf of each of the following
120 entities:

121 (i) the Bureau of Indian Affairs;

122 (ii) a state prison;

123 (iii) a federal prison;

124 (iv) the United States Immigration and Customs Enforcement; and

125 (v) any other entity with which a county jail has entered a contract to house inmates on the entity's
126 behalf;

127 (e) the number of prisoners that are denied pretrial release and held in the custody of the county jail
128 while the prisoner awaited final disposition of the prisoner's criminal charges;

129 (f) for each prisoner booked into the county jail:

130 (i) the name of the agency that arrested the prisoner;

131 (ii) the date and time the prisoner was booked into and released from the custody of the county jail;

132 (iii) if the prisoner was released from the custody of the county jail, the reason the inmate was released
133 from the custody of the county jail;

134 (iv) if the prisoner was released from the custody of the county jail on a financial condition, whether the
135 financial condition was set by a county sheriff or a court;

HB0572S02 compared with HB0572S04

- (v) the number of days the prisoner was held in the custody of the county jail before disposition of the prisoner's criminal charges;
- 147 (vi) whether the prisoner was released from the custody of the county jail before final disposition of the prisoner's criminal charges; and
- 149 (vii) the prisoner's state identification number;
- 150 (g) the number of in-custody deaths that occurred at the county jail;
- 151 (h) for each in-custody death:
- 152 (i) the deceased's name, gender, race, ethnicity, age, and known or suspected medical diagnosis or disability, if any;
- 154 (ii) the date, time, and location of death;
- 155 (iii) the law enforcement agency that detained, arrested, or was in the process of arresting the deceased; and
- 157 (iv) a brief description of the circumstances surrounding the death;
- 158 (i) the known, or discoverable on reasonable inquiry, causes and contributing factors of each of the in-custody deaths described in Subsection (2)(g);
- 160 (j) the county jail's policy for notifying an inmate's next of kin after the prisoner's in-custody death;
- 162 (k) the county jail policies, procedures, and protocols:
- 163 (i) for treatment of a prisoner experiencing withdrawal from alcohol or substance use, including use of opiates;
- 165 (ii) that relate to the county jail's provision, or lack of provision, of medications used to treat, mitigate, or address a prisoner's symptoms of withdrawal, including methadone and all forms of buprenorphine and naltrexone; and
- 168 (iii) that relate to screening, assessment, and treatment of a prisoner for a substance use or mental health disorder, including the policies, procedures, and protocols that implement the requirements described in Section 17-72-501;
- 171 (l)
- (i) the number of prisoners whose screening described in Section 17-72-501 indicated the presence of a substance use disorder; and
- 173 (ii) of the prisoners whose screening indicated the presence of a substance use disorder, the number of prisoners who received medication under a medication assisted treatment plan; and

176

HB0572S02 compared with HB0572S04

(m) any report the county jail provides or is required to provide under federal law or regulation relating to prisoner deaths.

(2)

(a) Subsection (1) does not apply to a county jail if the county jail:

(i) collects and stores the data described in Subsection (1); and

(ii) enters into a memorandum of understanding with the commission that allows the commission to access the data described in Subsection (1).

(b) The memorandum of understanding described in Subsection (2)(a)(ii) shall include a provision to protect any information related to an ongoing investigation and comply with all applicable federal and state laws.

(c) If the commission accesses data from a county jail in accordance with Subsection (2)(a), the commission may not release a report prepared from that data, unless:

(i) the commission provides the report for review to:

(A) the county jail; and

(B) any arresting agency that is named in the report; and

(ii)

(A) the county jail approves the report for release;

(B) the county jail reviews the report and prepares a response to the report to be published with the report; or

(C) the county jail fails to provide a response to the report within four weeks after the day on which the commission provides the report to the county jail.

(3) The commission shall:

(a) compile the information from the reports described in Subsection (1);

(b) omit or redact any identifying information of an inmate in the compilation to the extent omission or redaction is necessary to comply with state and federal law;

(c) submit the compilation to the Law Enforcement and Criminal Justice Interim Committee and the ~~[Utah Substance Use and Mental Health Advisory Committee]~~ Utah Behavioral Health Commission before November 1 of each year; and

(d) submit the compilation to the protection and advocacy agency designated by the governor before November 1 of each year.

HB0572S02 compared with HB0572S04

(4) The commission may not provide access to or use a county jail's policies, procedures, or protocols submitted under this section in a manner or for a purpose not described in this section.

(5) Upon request, a county jail shall make a report, including only the names and causes of death of deceased inmates and the facility in which the deceased inmates were being held in custody, available to the public.

Section 2. Section **26B-1-325** is amended to read:

26B-1-325. Governor's Suicide Prevention Fund.

(1) There is created an expendable special revenue fund known as the Governor's Suicide Prevention Fund.

(2) The fund shall consist of donations, gifts, grants, and bequests of real property or personal property made to the fund.

(3) A donor to the fund may designate a specific purpose for the use of the donor's donation, if the designated purpose is described in Subsection (4).

(4)

(a) Subject to Subsection (3), money in the fund shall be used for the following activities:

(i) efforts to directly improve mental health crisis response;

(ii) efforts that directly reduce risk factors associated with suicide; and

(iii) efforts that directly enhance known protective factors associated with suicide reduction.

(b) Efforts described in Subsections (4)(a)(ii) and (iii) include the components of the state suicide prevention program described in Subsection [26B-5-611(3)] 26B-5-611(4).

(5) The Office of Substance Use and Mental Health shall establish a grant application and review process for the expenditure of money from the fund.

(6) The grant application and review process shall describe:

(a) requirements to complete a grant application;

(b) requirements to receive funding;

(c) criteria for the approval of a grant application;

(d) standards for evaluating the effectiveness of a project proposed in a grant application; and

(e) support offered by the office to complete a grant application.

(7) The Office of Substance Use and Mental Health shall:

(a) review a grant application for completeness;

(b) make a recommendation to the governor or the governor's designee regarding a grant application;

HB0572S02 compared with HB0572S04

- 240 (c) send a grant application to the governor or the governor's designee for evaluation and approval or
rejection;
- 242 (d) inform a grant applicant of the governor or the governor's designee's determination regarding the
grant application; and
- 244 (e) direct the fund administrator to release funding for grant applications approved by the governor or
the governor's designee.
- 246 (8) The state treasurer shall invest the money in the fund under Title 51, Chapter 7, State Money
Management Act, except that all interest or other earnings derived from money in the fund shall be
deposited into the fund.
- 249 (9) Money in the fund may not be used for the Office of the Governor's administrative expenses that are
normally provided for by legislative appropriation.
- 251 (10) The ~~[governor or the governor's designee may authorize the expenditure of fund money]~~ Office of
Substance Use and Mental Health shall administer the fund in accordance with this section.
- 254 (11) The ~~[governor]~~ Office of Substance Use and Mental Health shall make an annual report to the
Legislature regarding the status of the fund, including a report on the contributions received,
expenditures made, and programs and services funded.
- 250 Section 3. Section **26B-1-425** is amended to read:
- 251 **26B-1-425. Utah Health Workforce Advisory Council -- Creation and membership.**
- 260 (1) There is created within the department the Utah Health Workforce Advisory Council.
- 261 (2) The council shall be comprised of at least 14 but not more than 19 members.
- 262 (3) The following are members of the council:
- 263 (a) the executive director or that individual's designee;
- 264 (b) the executive director of the Department of Workforce Services or that individual's designee;
- 266 (c) the commissioner of higher education of the Utah System of Higher Education or that individual's
designee;
- 268 (d) the state superintendent of the State Board of Education or that individual's designee;
- 269 (e) the executive director of the Department of Commerce or that individual's designee;
- 270 (f) the director of the Division of Multicultural Affairs or that individual's designee;
- 271 (g) the ~~[director]~~ chair of the ~~[Utah Substance Use and Mental Health Advisory Committee]~~ Utah
Behavioral Health Commission or that individual's designee;
- 273 (h) the chair of the Utah Indian Health Advisory Board; and

HB0572S02 compared with HB0572S04

- 274 (i) the chair of the Utah Medical Education Council created in Section 26B-4-706.
- 275 (4) The executive director shall appoint at least five but not more than ten additional members that
represent diverse perspectives regarding Utah's health workforce as defined in Section 26B-4-705.
- 278 (5)
- (a) A member appointed by the executive director under Subsection (4) shall serve a four-year term.
- 280 (b) Notwithstanding Subsection (5)(a) for the initial appointments of members described in Subsection
(4) the executive director shall appoint at least three but not more than five members to a two-year
appointment to ensure that approximately half of the members appointed by the executive director
rotate every two years.
- 284 (6) The executive director or the executive director's designee shall chair the council.
- 285 (7)
- (a) As used in this Subsection (7), "health workforce" means the same as that term is defined in Section
26B-4-705.
- 287 (b) The council shall:
- 288 (i) meet at least once each quarter;
- 289 (ii) study and provide recommendations to an entity described in Subsection (8) regarding:
- 291 (A) health workforce supply;
- 292 (B) health workforce employment trends and demand;
- 293 (C) options for training and educating the health workforce;
- 294 ~~{(D)}~~ and
- 287 (D) the implementation or improvement of strategies that entities in the state are using or may use to
address health workforce needs including shortages, recruitment, retention, and other Utah health
workforce priorities as determined by the council;
- 298 (iii) provide guidance to an entity described in Subsection (8) regarding health workforce related
matters;
- 300 (iv) review and comment on legislation relevant to Utah's health workforce; and
- 301 (v) advise the Utah Board of Higher Education and the Legislature on the status and needs of the health
workforce who are in training.
- 303 (8) The council shall provide information described in Subsections (7)(b)(ii) and (iii) to:
- 304 (a) the Legislature;
- 305 (b) the department;

HB0572S02 compared with HB0572S04

- 306 (c) the Department of Workforce Services;
307 (d) the Department of Commerce;
308 (e) the Utah Medical Education Council; and
309 (f) any other entity the council deems appropriate upon the entity's request.
310 (9)
(a) The Utah Medical Education Council created in Section 26B-4-706 is a subcommittee of the
council.
312 (b) The council may establish subcommittees to support the work of the council.
313 (c) A member of the council shall chair a subcommittee created by the council.
314 (d) Except for the Utah Medical Education Council, the chair of the subcommittee may appoint any
individual to the subcommittee.
316 (10) For any report created by the council that pertains to any duty described in Subsection (7), the
council shall:
318 (a) provide the report to:
319 (i) the department; and
320 (ii) any appropriate legislative committee; and
321 (b) post the report on the council's website.
322 (11) The executive director shall:
323 (a) ensure the council has adequate staff to support the council and any subcommittee created by the
council; and
325 (b) provide any available information upon the council's request if:
326 (i) that information is necessary for the council to fulfill a duty described in Subsection (7); and
328 (ii) the department has access to the information.
329 (12) A member of the council or a subcommittee created by the council may not receive compensation
or benefits for the member's service but may receive per diem and travel expenses as allowed in:
332 (a) Section 63A-3-106;
333 (b) Section 63A-3-107; and
334 (c) rules made by the Division of Finance according to Sections 63A-3-106 and 63A-3-107.
329 Section 4. Section **26B-1-427** is amended to read:
330 **26B-1-427. Alcohol Abuse Tracking Committee --Tracking effects of abuse of alcoholic
products.**

HB0572S02 compared with HB0572S04

- 339 (1) There is created a committee within the department known as the Alcohol Abuse Tracking
Committee that consists of:
- 341 (a) the executive director or the executive director's designee;
- 342 (b) the commissioner of the Department of Public Safety or the commissioner's designee;
- 343 (c) the director of the Department of Alcoholic Beverage Services or that director's designee;
- 345 (d) the executive director of the Department of Workforce Services or that executive director's
designee;
- 347 (e) the chair of the [~~Utah Substance Use and Mental Health Advisory Committee~~] Utah Behavioral
Health Commission or the chair's designee;
- 349 (f) the state court administrator or the state court administrator's designee; and
- 350 (g) the director of the Division of Technology Services or that director's designee.
- 351 (2) The executive director or the executive director's designee shall chair the committee.
- 352 (3)
- (a) Four members of the committee constitute a quorum.
- 353 (b) A vote of the majority of the committee members present when a quorum is present is an action of
the committee.
- 355 (4) The committee shall meet at the call of the chair.
- 356 (5) The committee may adopt additional procedures or requirements for:
- 357 (a) voting, when there is a tie of the committee members;
- 358 (b) how meetings are to be called; and
- 359 (c) the frequency of meetings.
- 360 (6) The committee shall establish a process to collect for each calendar year the following information:
- 362 (a) the number of individuals statewide who are convicted of, plead guilty to, plead no contest to,
plead guilty in a similar manner to, or resolve by diversion or its equivalent to a violation related to
underage drinking of alcohol;
- 365 (b) the number of individuals statewide who are convicted of, plead guilty to, plead no contest to,
plead guilty in a similar manner to, or resolve by diversion or its equivalent to a violation related to
driving under the influence of alcohol;
- 368 (c) the number of violations statewide of Title 32B, Alcoholic Beverage Control Act, related to over-
serving or over-consumption of an alcoholic product;

370

HB0572S02 compared with HB0572S04

(d) the cost of social services provided by the state related to abuse of alcohol, including services provided by the Division of Child and Family Services;

(e) the location where the alcoholic products that result in the violations or costs described in Subsections (6)(a) through (d) are obtained; and

(f) any information the committee determines can be collected and relates to the abuse of alcoholic products.

Section 5. Section **26B-1-428** is amended to read:

26B-1-428. Youth Electronic Cigarette, Marijuana, and Other Drug Prevention Committee and Program -- Creation -- Membership -- Duties.

(1) As used in this section:

(a) "Committee" means the Youth Electronic Cigarette, Marijuana, and Other Drug Prevention Committee created in Section 26B-1-204.

(b) "Program" means the Youth Electronic Cigarette, Marijuana, and Other Drug Prevention Program created in this section.

(2)

(a) There is created within the department the Youth Electronic Cigarette, Marijuana, and Other Drug Prevention Program.

(b) In consultation with the committee, the department shall:

(i) establish guidelines for the use of funds appropriated to the program under Subsection 59-14-807(3)(a)(vi);

(ii) ensure that guidelines developed under Subsection (2)(b)(i) are evidence-based and appropriate for the population targeted by the program; and

(iii) subject to appropriations from the Legislature under Subsection 59-14-807(3)(a)(vi), fund statewide initiatives to prevent use of electronic cigarettes, nicotine products, marijuana, and other drugs by youth.

(3)

(a) The committee shall:

(i) advise the department on:

(A) preventing use of electronic cigarettes, marijuana, and other drugs by youth in the state;

(B) developing the guidelines described in Subsection (2)(b)(i); and

(C) implementing the provisions of the program; and

HB0572S02 compared with HB0572S04

- 401 (ii) meet quarterly or more frequently as determined necessary by the department's designee under
Subsection (3)(c)(ii).
- 403 (b) The executive director shall:
- 404 (i) appoint members of the committee; and
- 405 (ii) consult with the [~~Utah Substance Use and Mental Health Advisory Committee~~] Utah Behavioral
Health Commission created in Section [~~26B-5-801~~] 26B-5-702 when making the appointments
under Subsection (3)(b)(i).
- 408 (c) The committee shall include, at a minimum:
- 409 (i) the executive director of a local health department as defined in Section 26A-1-102, or the local
health department executive director's designee;
- 411 (ii) one designee from the department;
- 412 (iii) one representative from the Department of Public Safety;
- 413 (iv) one representative from the behavioral health community; and
- 414 (v) one representative from the education community.
- 415 (d) A member of the committee may not receive compensation or benefits for the member's service on
the committee, but may receive per diem and travel expenses in accordance with:
- 418 (i) Section 63A-3-106;
- 419 (ii) Section 63A-3-107; and
- 420 (iii) rules made by the Division of Finance under Sections 63A-3-106 and 63A-3-107.
- 421 (e) The department shall provide staff support to the committee.
- 422 (4) On or before October 31 of each year, the department shall report to:
- 423 (a) the Health and Human Services Interim Committee regarding:
- 424 (i) the use of funds appropriated to the program;
- 425 (ii) the impact and results of the program, including the effectiveness of each program funded under
Subsection (2)(b)(iii), during the previous fiscal year;
- 427 (iii) a summary of the impacts and results on reducing youth use of electronic cigarettes and nicotine
products by entities represented by members of the committee, including those entities who receive
funding through the Electronic Cigarette Substance and Nicotine Product Proceeds Restricted
Account created in Section 59-14-807; and
- 432 (iv) any recommendations for legislation; and
- 433

HB0572S02 compared with HB0572S04

(b) the [~~Utah Substance Use and Mental Health Advisory Committee~~] Utah Behavioral Health Commission created in Section [~~26B-5-801~~] 26B-5-702, regarding:

(i) the effectiveness of each program funded under Subsection (2)(b)(iii) in preventing youth use of electronic cigarettes, nicotine products, marijuana, and other drugs; and

(ii) any collaborative efforts and partnerships established by the program with public and private entities to prevent youth use of electronic cigarettes, marijuana, and other drugs.

Section 6. Section **26B-2-135** is amended to read:

26B-2-135. Licensing behavioral health receiving centers.

(1) As used in this section:

(a) "Diversion" means referral to a licensed center by a law enforcement agency, a law enforcement officer, or by court order{~~,~~ including} :

(i) under the terms of a diversion agreement described in Section 77-2-5;

(ii) ~~as a~~ voluntary referral as described in Section 26B-5-121;

(iii) as an alternative to penalties for a violation of probation or parole; or

(iv) ~~by~~ any other court ordered or law enforcement facilitated alternative to criminal penalties.

(b) "Diversion contact" means the prosecuting attorney that is a party to a diversion agreement or the law enforcement agency or officer that facilitates the diversion.

(c) "Justice involved individual" means an individual who enters a treatment program through diversion.

(d) "Licensed center" means a behavioral health receiving center licensed under this part.

(e) "Local mental health authority" means a local mental health authority described in Section 17-77-301.

(f) "Responsible law enforcement agency" means the law enforcement agency that employs a law enforcement officer that facilitates an individual's connection with a licensed center as described in Section 26B-5-121.

(g) "Treatment program" means a licensed center's program for providing mental health services to an individual experiencing a mental health crisis.

(2) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, and Section 63J-1-504, the office:

~~[(1)]~~ (a) shall ~~[adopt]~~ make and enforce rules to establish the process for initial and renewal applications to operate a behavioral health receiving center;

HB0572S02 compared with HB0572S04

- 467 [(2)] (b) may assess and collect application and renewal fees for behavioral health receiving center
licenses; and
- 469 [(3)] (c) shall deposit any fees collected under Subsection [(2)] (2)(b) into the General Fund as a
dedicated credit to be used solely to pay for or offset the office's costs incurred in performing the
duties under this section~~[-]~~ ; and
- 472 (d) shall make rules that:
- 473 (i) identify circumstances under which a licensed center shall notify a responsible law enforcement
agency or diversion contacts of a justice involved individual's status in a treatment program,
including to provide notification:
- 476 (A) of treatment recommendations for the justice involved individual;
- 477 (B) if the justice involved individual is actively participating in the treatment program;
- 479 (C) if the justice involved individual is resisting participation in the treatment program;
- 481 (D) if applicable, if the justice involved individual violates the terms of a diversion agreement related to
the justice involved individual's participation in the treatment program;
- 484 (E) within 24 hours after the justice involved individual leaves the treatment program, if the justice
involved individual leaves the treatment program against the licensed center's advice; and
- 487 (F) if applicable, of the name of the health care provider to whom the licensed center referred the justice
involved individual for further treatment; and
- 489 (ii) require a licensed center to adopt a policy to implement the notification requirements described in
Subsection (2)(d)(i).
- 491 (3)
- (a) Rules the office makes in accordance with Subsection (2)(d) may not require the licensed center to
notify a responsible law enforcement agency or diversion contact of the status of a justice involved
individual after the licensed center has referred the justice involved individual to another health care
provider.
- 495 (b) The office shall make the rules described in this Subsection (2) in coordination with licensed
centers, local mental health authorities, law enforcement agencies, and diversion contacts.
- 491 Section 7. Section 7 is enacted to read:
- 492 **26B-4-1103. Mental health and substance use disorder screening -- Study --**
Recommendations -- Report.
- 501 (1) As used in this section:

HB0572S02 compared with HB0572S04

(a) "Commission" means the State Commission on Criminal and Juvenile Justice created in Section 63M-7-201.

(b) "Screening tool" means the evidence-based screening tool to screen an inmate for substance use disorders described in Subsection 17-72-501(2)(e).

(2)

(a) In collaboration with the commission, the department shall provide a list of screening tools.

(b) The department shall ensure that a recommended screening tool described in Subsection (2)(a) is:

(i) evidence-based, standardized, and validated; and

(ii) able to screen for substance use and mental health disorders and risk of substance use and mental health disorders.

Section 8. Section 8 is enacted to read:

**26B-4-1104. Mental health and substance use disorder disclosure -- Standard form --
Consent -- Sharing.**

(1) As used in this section:

(a) "Board of Pardons and Parole" means the Board of Pardons and Parole created in Section 77-27-2.

(a){(b)} "Commission" means the State Commission on Criminal and Juvenile Justice created in Section 63M-7-201.

(b){(c)} "County pretrial and probation services" means {a} county-provided probation services as described in Section 17-72-601.

(c){(d)} "Defendant" means an individual who has been charged with a criminal offense, or been convicted of, or entered into a plea disposition for, criminal conduct.

(e) "Department of Corrections" means the Department of Corrections created in Section 64-13-2.

(d){(f)} "Division of Adult Probation and Parole" means the Division of Adult Probation and Parole created in Section 64-14-202.

(e){(g)} "First responder" means the same as that term is defined in Section 26B-5-121.

(f){(h)} "Health care provider" means the same as that term is defined in Section 78B-3-403.

(g){(i)} "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191, 110 Stat. 1936, as amended.

(h){(j)} "Parolee" means an individual on parole under the supervision of the Division of Adult Probation and Parole.

HB0572S02 compared with HB0572S04

(i){(k)} "Probationer" means an individual on probation under the supervision of the Division of Adult Probation and Parole or county pretrial and probation services.

(2) Before December 31, 2026, the department shall create a standard form that:

(a) is compliant with HIPAA and 42 C.F.R. Part 2; and

(b) a defendant, an inmate, a parolee, or a probationer may use to consent to the disclosure of the individual's mental health disorder or substance use disorder diagnosis to:

(i) health care providers;

(ii) first responders;

(iii) the courts;

(iv) the Board of Pardons and Parole;

(v) the Department of Corrections;

(iv){(vi)} the Division of Adult Probation and Parole;

(v){(vii)} county pretrial and probation services;

(vi){(viii)} local mental health authorities; or

(vii){(ix)} other persons the department, in consultation with the commission, identifies in rules made in accordance with Subsection (5).

(3) The form described in Subsection (2) shall:

(a) include fields for the inmate's name, date of birth, signature, and date of signature;

(b) identify each person described in Subsection (2)(b) to whom the individual's diagnosis information will be disclosed;

(c) describe the circumstances under which the individual's diagnosis information will be disclosed; and

(d) identify the duration of time that the consent to disclosure is valid.

(4) The department shall make the form available for use by health care providers, first responders, courts, the Board of Pardons and Parole, the Department of Corrections, and the Division of Adult Probation and Parole.

(5) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the department, in consultation with the commission, shall make rules to:

(a) develop and implement standards and processes that comply with applicable state and federal laws and regulations for creating a release waiver that allows and individual's records to be used and disclosed in civil, criminal, administrative, or legislative proceedings;

HB0572S02 compared with HB0572S04

(a){(b)} define and restrict a person's access to the information disclosed in the form, which shall be based on:

(i) the person's need to access the information to provide treatment or services to an individual;

(ii) the person's contact with the individual;

(iii) the individual's consent; and

(iv) applicable law; and

(b){(c)} identify additional persons for inclusion on the disclosure form as described in Subsection {(2) ~~(b)(vi)~~ (ix)}.

Section 9. Section **26B-5-121** is amended to read:

26B-5-121. Voluntary referrals to substance use and mental health services by first responders -- Immunity from liability -- Reporting -- Rulemaking.

(1) As used in this section:

(a) "First responder" means:

(i) a law enforcement officer, as that term is defined in Section 53-13-103;

(ii) emergency medical service personnel, as that term is defined in Section 53-2d-101;

(iii) an emergency medical technician, as that term is defined in Section 53-2e-101;

(iv) an advanced emergency medical technician, as that term is defined in Section 53-2e-101;

(v) a firefighter, as that term is defined in Section 53H-11-306; or

(vi) a dispatcher, as that term is defined in Section 53-6-102.

(b) "Local services list" means a comprehensive list of local substance use or mental health services, as described in Subsections 17-77-201(5)(b)(iii) and 17-77-301(5)(c).

(2) As and when appropriate, a first responder is encouraged to offer a referral to substance use or mental health services to an individual who experiences an intentional or accidental overdose.

(3) If an individual expresses interest in substance use or mental health services, a first responder may, as appropriate:

(a) facilitate a real-time connection with an appropriate local service provider;

(b) contact the statewide 988 crisis line for assistance; or

(c) if the individual does not wish to speak with a service provider at that time, provide the individual with a physical copy or electronic copy of a local services list.

(4)

HB0572S02 compared with HB0572S04

(a) This section does not create a duty for a first responder to offer or provide a referral to substance use or mental health services.

(b) A first responder and an employer of a first responder are not liable under this section for a first responder's action or failure to act in regards to offering or providing a referral to substance use or mental health services as described in this section.

(c) This section does not affect any privilege or immunity from liability, exemption from law, ordinance, or rule, or any other benefit that applies to a first responder or an employer of a first responder.

(5)

(a) If a first responder offers a referral to substance use or mental health services as described in this section, the first responder's employer shall report annually to the division the total number of individuals who accepted a referral from all first responders employed by the employer.

(b) The division shall make rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, specifying how the reports required by Subsection (5)(a) shall be submitted.

Section 10. Section **10** is enacted to read:

26B-5-122. Community-based peer support services grant program.

(1) As used in this section:

(a) "Commission" means the Utah Behavioral Health Commission created in Section 26B-5-702.

(b) "Peer support services" means non-clinical, low-barrier, community-based support to individuals recovering from mental health or substance use disorders, delivered by individuals with similar lived experiences.

(c) "Recovery support organization" means a community-based organization that provides peer support services.

(2) Subject to appropriations from the Legislature for this purpose, in consultation with the commission and in accordance with the requirements of this section, the division shall award grants to recovery support organizations to provide peer support services.

(3) The division shall prioritize the award of a grant described in Subsection (2) based on the extent to which providing the grant to the applicant will increase the provision of peer support services in areas with frequent mental health or behavioral health provider shortages.

HB0572S02 compared with HB0572S04

(4) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the division, in consultation with the commission, shall make rules{,-} for the application and award of a grant described in Subsection (2).

~~{Section 11. Section 26B-5-326 is amended to read: }~~

26B-5-326. Allocation of state hospital beds -- Formula.

(1) As used in this section:

(a) "Adult beds" means the total number of patient beds located in the adult general psychiatric unit and the geriatric unit at the state hospital, as determined by the superintendent of the state hospital.

(b) "Mental health catchment area" means a county or group of counties governed by a local mental health authority.

(2)

(a) The division shall establish by rule a formula to separately allocate to local mental health authorities adult beds for persons who meet the requirements of Subsection [26B-5-306(2)(a)] 26B-5-306(3)(a). Beginning on May 10, 2011, and ending on June 30, 2011, 152 beds shall be allocated to local mental health authorities under this section.

(b) The number of beds shall be reviewed and adjusted as necessary:

(i) on July 1, 2011, to restore the number of beds allocated to 212 beds as funding permits; and

(ii) on July 1, 2011, and every three years after July 1, 2011, according to the state's population.

(c) All population figures utilized shall reflect the most recent available population estimates from the Utah Population Committee.

(3) The formula established under Subsection (2) shall provide for allocation of beds based on:

(a) the percentage of the state's adult population located within a mental health catchment area; and

(b) a differential to compensate for the additional demand for hospital beds in mental health catchment areas that are located in urban areas.

(4) A local mental health authority may sell or loan its allocation of beds to another local mental health authority.

(5) The division shall allocate adult beds at the state hospital to local mental health authorities for their use in accordance with the formula established under this section. If a local mental health authority is unable to access a bed allocated to it under the formula established under Subsection (2), the division shall provide that local mental health authority with funding equal to the reasonable, average daily cost of an acute care bed purchased by the local mental health authority.

HB0572S02 compared with HB0572S04

(6) The board shall periodically review and make changes in the formula established under Subsection (2) as necessary to accurately reflect changes in population.

Section 11. Section **26B-5-331** is amended to read:

26B-5-331. Temporary commitment -- Requirements and procedures -- Rights.

(1) An adult shall be temporarily, involuntarily committed to a local mental health authority upon:

(a) a written application that:

(i) is completed by a responsible individual who has reason to know, stating a belief that the adult, due to mental illness, is likely to pose substantial danger to self or others if not restrained and stating the personal knowledge of the adult's condition or circumstances that lead to the individual's belief; and

(ii) includes a certification by a licensed physician, licensed physician assistant, licensed nurse practitioner, or designated examiner stating that the physician, physician assistant, nurse practitioner, or designated examiner has examined the adult within a three-day period immediately preceding the certification, and that the physician, physician assistant, nurse practitioner, or designated examiner is of the opinion that, due to mental illness, the adult poses a substantial danger to self or others; or

(b) a peace officer or a mental health officer:

(i) observing an adult's conduct that gives the peace officer or mental health officer probable cause to believe that:

(A) the adult has a mental illness; and

(B) because of the adult's mental illness and conduct, the adult poses a substantial danger to self or others; and

(ii) completing a temporary commitment application that:

(A) is on a form prescribed by the division;

(B) states the peace officer's or mental health officer's belief that the adult poses a substantial danger to self or others;

(C) states the specific nature of the danger;

(D) provides a summary of the observations upon which the statement of danger is based; and

(E) provides a statement of the facts that called the adult to the peace officer's or mental health officer's attention.

(2) If at any time a patient committed under this section no longer meets the commitment criteria described in Subsection (1), the local mental health authority's designee shall:

HB0572S02 compared with HB0572S04

- 696 (a) document the change and release the patient; and
- 697 (b) if the patient was admitted under Subsection (1)(b), notify the local mental health authority of the
patient's release if deemed appropriate by a licensed health care provider or if the patient consents to
the information being shared.
- 700 (3) A patient committed under this section may be held for a maximum of 72 hours after commitment,
excluding Saturdays, Sundays, and state holidays, unless:
- 702 (a) as described in Section 26B-5-332, an application for involuntary commitment is commenced,
which may be accompanied by an order of detention described in Subsection 26B-5-332(4); or
- 705 (b) the patient makes a voluntary application for admission.
- 706 (4) Upon a written application described in Subsection (1)(a) or the observation and belief described in
Subsection (1)(b)(i), the adult shall be:
- 708 (a) taken into a peace officer's protective custody, by reasonable means, if necessary for public safety;
and
- 710 (b) transported for temporary commitment to a facility designated by the local mental health authority,
by means of:
- 712 (i) an ambulance, if the adult meets any of the criteria described in Section 53-2d-405;
- 713 (ii) an ambulance, if a peace officer is not necessary for public safety, and transportation arrangements
are made by a physician, physician assistant, nurse practitioner, designated examiner, or mental
health officer;
- 716 (iii) the city, town, or municipal law enforcement authority with jurisdiction over the location where the
adult is present, if the adult is not transported by ambulance;
- 718 (iv) the county sheriff, if the designated facility is outside of the jurisdiction of the law enforcement
authority described in Subsection (4)(b)(iii) and the adult is not transported by ambulance; or
- 721 (v) nonemergency secured behavioral health transport as that term is defined in Section 53-2d-101.
- 723 (5) Notwithstanding Subsection (4):
- 724 (a) an individual shall be transported by ambulance to an appropriate medical facility for treatment if
the individual requires physical medical attention;
- 726 (b) if an officer has probable cause to believe, based on the officer's experience and de-escalation
training that taking an individual into protective custody or transporting an individual for temporary
commitment would increase the risk of substantial danger to the individual or others, a peace
officer may exercise discretion to not take the individual into custody or transport the individual, as

HB0572S02 compared with HB0572S04

permitted by policies and procedures established by the officer's law enforcement agency and any applicable federal or state statute, or case law; and

(c) if an officer exercises discretion under Subsection (4)(b) to not take an individual into protective custody or transport an individual, the officer shall document in the officer's report the details and circumstances that led to the officer's decision.

(6)

(a) The local mental health authority or the local mental health authority's designee shall inform an adult patient committed under this section of the reason for commitment.

(b) An adult patient committed under this section has the right to:

(i) within three hours after arrival at the local mental health authority, make a telephone call, at the expense of the local mental health authority, to an individual of the patient's choice; and

(ii) see and communicate with an attorney.

(7)

(a) Title 63G, Chapter 7, Governmental Immunity Act of Utah, applies to this section.

(b) This section does not create a special duty of care.

(8)

(a) A local mental health authority or the local mental health authority's designee shall provide discharge instructions to each individual committed under this section at or before the time the individual is discharged from the local mental health authority's custody, regardless of whether the individual is discharged by being released, taken into a peace officer's protective custody, transported to a medical facility or other facility, or other circumstances.

(b) Discharge instructions provided under Subsection (8)(a) shall include:

(i) a safety plan for the individual based on the individual's mental illness or mental or emotional state, if applicable;

(ii) notification to the individual's primary care provider, if applicable;

(iii) if the individual is discharged without food, housing, or economic security, a referral to appropriate services, if such services exist in the individual's community;

(iv) the phone number to call or text for a crisis services hotline, and information about the availability of peer support services;

(v) a copy of any psychiatric advance directive, if applicable;

(vi) information about how to establish a psychiatric advance directive if one has not been completed;

HB0572S02 compared with HB0572S04

- 764 (vii) as applicable, information about medications that were changed or discontinued during the
commitment;
- 766 (viii) information about how to contact the local mental health authority if needed; and
- 768 (ix) information about how to request a copy of the individual's medical record and how to access the
electronic patient portal for the individual's medical record.
- 770 (c) If an individual's medications were changed, or if an individual was prescribed new medications
while committed under this section, discharge instructions provided under Subsection (8)(a)
shall include a clinically appropriate supply of medications, as determined by a licensed health
care provider, to allow the individual time to access another health care provider or follow-up
appointment.
- 775 (d) Discharge instructions shall be provided in paper or electronic format based on the individual's
preference.
- 777 (e) If an individual refuses to accept discharge instructions, the local mental health authority or the local
mental health authority's designee shall document the refusal in the individual's medical record.
- 780 (f) If an individual's discharge instructions include referrals to services under Subsection (8)(b)(iii), the
local mental health authority or the local mental health authority's designee shall document those
referrals in the individual's medical record.
- 783 (g) The local mental health authority shall attempt to follow up with a discharged individual at least 48
hours after discharge, when appropriate, and may use peer support professionals when performing
follow-up care or developing a continuing care plan.
- 755 Section 12. Section **26B-5-332** is amended to read:
- 756 **26B-5-332. Involuntary commitment under court order -- Examination -- Hearing -- Power
of court -- Findings required -- Costs.**
- 790 (1) A responsible individual who has credible knowledge of an adult's mental illness and the condition
or circumstances that have led to the adult's need to be involuntarily committed may initiate an
involuntary commitment court proceeding by filing, in the court in the county where the proposed
patient resides or is found, a written application that includes:
- 795 (a) unless the court finds that the information is not reasonably available, the proposed patient's:
- 797 (i) name;
- 798 (ii) date of birth; and
- 799 (iii) social security number;

HB0572S02 compared with HB0572S04

- 800 (b)
- (i) a certificate of a licensed physician or a designated examiner stating that within the seven-day period immediately preceding the certification, the physician or designated examiner examined the proposed patient and is of the opinion that the proposed patient has a mental illness and should be involuntarily committed; or
- 804 (ii) a written statement by the applicant that:
- 805 (A) the proposed patient has been requested to, but has refused to, submit to an examination of mental condition by a licensed physician or designated examiner;
- 808 (B) is sworn to under oath; and
- 809 (C) states the facts upon which the application is based; and
- 810 (c) a statement whether the proposed patient has previously been under an assisted outpatient treatment order, if known by the applicant.
- 812 (2) Before issuing a judicial order, the court:
- 813 (a) shall require the applicant to consult with the appropriate local mental health authority at or before the hearing; and
- 815 (b) may direct a mental health professional from the local mental health authority to interview the applicant and the proposed patient to determine the existing facts and report the existing facts to the court.
- 818 (3) The court may issue an order, directed to a mental health officer or peace officer, to immediately place a proposed patient in the custody of a local mental health authority or in a temporary emergency facility, as described in Section 26B-5-334, to be detained for the purpose of examination if:
- 822 (a) the court finds from the application, any other statements under oath, or any reports from a mental health professional that there is a reasonable basis to believe that the proposed patient has a mental illness that poses a danger to self or others and requires involuntary commitment pending examination and hearing; or
- 826 (b) the proposed patient refuses to submit to an interview with a mental health professional as directed by the court or to go to a treatment facility voluntarily.
- 828 (4)
- (a) The court shall provide notice of commencement of proceedings for involuntary commitment, setting forth the allegations of the application and any reported facts, together with a copy of any

HB0572S02 compared with HB0572S04

official order of detention, to a proposed patient before, or upon, placement of the proposed patient in the custody of a local mental health authority or, with respect to any proposed patient presently in the custody of a local mental health authority whose status is being changed from voluntary to involuntary, upon the filing of an application for that purpose with the court.

- 835 (b) The place of detention shall maintain a copy of the order of detention.
836 (5)
- (a) The court shall provide notice of commencement of proceedings for involuntary commitment as soon as practicable to the applicant, any legal guardian, any immediate adult family members, legal counsel for the parties involved, the local mental health authority or the local mental health authority's designee, and any other persons whom the proposed patient or the court designates.
- 841 (b) Except as provided in Subsection (5)(c), the notice under Subsection (5)(a) shall advise the persons that a hearing may be held within the time provided by law.
- 843 (c) If the proposed patient refuses to permit release of information necessary for provisions of notice under this subsection, the court shall determine the extent of notice.
- 846 (6) Proceedings for commitment of an individual under 18 years old to a local mental health authority may be commenced in accordance with Part 4, Commitment of Persons Under Age 18.
- 849 (7)
- (a) The court may, in the court's discretion, transfer the case to any other district court within this state, if the transfer will not be adverse to the interest of the proposed patient.
- 852 (b) If a case is transferred under Subsection (7)(a), the parties to the case may be transferred and the local mental health authority may be substituted in accordance with Utah Rules of Civil Procedure, Rule 25.
- 855 (8) Within 24 hours, excluding Saturdays, Sundays, and legal holidays, of the issuance of a judicial order, or after commitment of a proposed patient to a local mental health authority or the local mental health authority's designee under court order for detention or examination, the court shall appoint two designated examiners:
- 859 (a) who did not sign the civil commitment application nor the civil commitment certification under Subsection (1);
- 861 (b) one of whom is:
- 862 (i) a licensed physician; or
- 863

HB0572S02 compared with HB0572S04

(ii) a psychiatric mental health nurse practitioner or a psychiatric mental health clinical nurse specialist who:

(A) is nationally certified;

(B) is doctorally trained; and

(C) has at least two years of inpatient mental health experience, regardless of the license the individual held at the time of that experience; and

(c) one of whom may be designated by the proposed patient or the proposed patient's counsel, if that designated examiner is reasonably available.

(9) The court shall schedule a hearing to be held within 10 calendar days after the day on which the designated examiners are appointed.

(10)

(a) The designated examiners shall conduct the examinations separately.

(b) The designated examiners shall conduct the examinations:

(i) through telehealth unless the designated examiner determines that:

(A) a telehealth examination would not be sufficient to properly assess the proposed patient;

(B) a telehealth examination would have a harmful effect on the proposed patient's health; or

(C) an in-person examination can be conducted as effectively, conveniently, and timely as an examination through telehealth; and

(ii) if the designated examiner determines, [pursuant to] in accordance with Subsection (10)(b)(i), that the examination should be conducted in person, at the home of the proposed patient, at a hospital or other medical facility, or at any other suitable place that is not likely to have a harmful effect on the proposed patient's health.

(c) The designated examiners shall inform the proposed patient, if not represented by an attorney:

(i) that the proposed patient does not have to say anything;

(ii) of the nature and reasons for the examination;

(iii) that the examination was ordered by the court;

(iv) that any information volunteered could form part of the basis for the proposed patient's involuntary commitment;

(v) that findings resulting from the examination will be made available to the court; and

(vi) that the designated examiner may, under court order, obtain the proposed patient's mental health records.

HB0572S02 compared with HB0572S04

- 897 (d) Within 24 hours of examining the proposed patient, a designated examiner shall report to the
court, orally or in writing, whether the proposed patient is mentally ill, has agreed to voluntary
commitment, as described in Section 26B-5-360, or has acceptable programs available to the
proposed patient without court proceedings.
- 901 (e) If a designated examiner reports orally under Subsection (10)(d), the designated examiner shall
immediately send a written report to the clerk of the court.
- 903 (11) If a designated examiner is unable to complete an examination on the first attempt because the
proposed patient refuses to submit to the examination, the court shall fix a reasonable compensation
to be paid to the examiner.
- 906 (12) If the local mental health authority, the local mental health authority's designee, or a medical
examiner determines before the court hearing that the conditions justifying the findings leading to
a commitment hearing no longer exist, the local mental health authority, the local mental health
authority's designee, or the medical examiner shall immediately report the determination to the
court.
- 911 (13)
- (a) The court shall terminate the proceedings and dismiss the application before the hearing if both
designated examiners inform the court that the proposed patient does not meet the criteria in
Subsection (16).
- 914 (b) The court may terminate the proceedings and dismiss the application at any time, including before
the hearing, if the designated examiners or the local mental health authority or the local mental
health authority's designee informs the court that the proposed patient:
- 918 (i) has agreed to voluntary commitment, as described in Section 26B-5-360;
- 919 (ii) has acceptable options for treatment programs that are available without court proceedings; or
- 921 (iii) meets the criteria for assisted outpatient treatment described in Section 26B-5-351.
- 923 (14)
- (a) Before the hearing, the court shall provide the proposed patient an opportunity to be represented
by counsel, and if neither the proposed patient nor others provide counsel, the court shall appoint
counsel and allow counsel sufficient time to consult with the proposed patient before the hearing.
- 927 (b) In the case of an indigent proposed patient, the county in which the proposed patient resides or is
found shall make payment of reasonable attorney fees for counsel, as determined by the court.
- 930 (15)

HB0572S02 compared with HB0572S04

(a)

(i) The court shall afford the proposed patient, the applicant, and any other person to whom notice is required to be given an opportunity to appear at the hearing, to testify, and to present and cross-examine witnesses.

(ii) The court may, in the court's discretion, receive the testimony of any other person.

(iii) The court may allow a waiver of the proposed patient's right to appear for good cause, which cause shall be set forth in the record, or an informed waiver by the patient, which shall be included in the record.

(b) The court is authorized to exclude any person not necessary for the conduct of the proceedings and may, upon motion of counsel, require the testimony of each designated examiner to be given out of the presence of any other designated examiners.

(c) The court shall:

(i) conduct the hearing in as informal a manner as may be consistent with orderly procedure; and

(ii) while preserving the due process rights of the proposed patient:

(A) conduct the hearing remotely, in accordance with Utah Rules of Civil Procedure, Rule 87, unless the court finds good cause under Rule 87 not to conduct the hearing remotely; or

(B) if the court finds good cause under Rule 87 not to conduct the hearing remotely, conduct the hearing in a physical setting that is not likely to have a harmful effect on the mental health of the proposed patient.

(d) The court shall consider any relevant historical and material information that is offered, subject to the rules of evidence, including reliable hearsay under Utah Rules of Evidence, Rule 1102.

(e)

(i) A local mental health authority or the local mental health authority's designee or the physician in charge of the proposed patient's care shall, at the time of the hearing, provide the court with the following information:

(A) the detention order;

(B) admission notes;

(C) the diagnosis;

(D) any doctors' orders;

(E) progress notes;

(F) nursing notes;

HB0572S02 compared with HB0572S04

- 963 (G) medication records pertaining to the current commitment; and
964 (H) whether the proposed patient has previously been civilly committed or under an order for
assisted outpatient treatment.
- 966 (ii) The local mental health authority or the local mental health authority's designee or the physician in
charge of the proposed patient's care shall also supply the information described in Subsection (15)
(e)(i) to the proposed patient's counsel at the time of the hearing, and at any time prior to the hearing
upon request by the proposed patient's counsel.
- 971 (16)
- (a) The court shall order commitment of an adult proposed patient to a local mental health authority if,
upon completion of the hearing and consideration of the information presented, the court finds by
clear and convincing evidence that:
- 974 (i)
- (A) the proposed patient has a mental illness;
- 975 (B) because of the proposed patient's mental illness the proposed patient poses a substantial danger to
self or others;
- 977 (C) the proposed patient lacks the ability to engage in a rational decision-making process regarding the
acceptance of mental treatment as demonstrated by evidence of inability to weigh the possible risks
of accepting or rejecting treatment;
- 981 (D) there is no appropriate less-restrictive alternative to a court order of commitment; and
- 983 (E) the local mental health authority can provide the proposed patient with treatment that is adequate
and appropriate to the proposed patient's conditions and needs; or
- 986 (ii)
- (A) the proposed patient has been charged with a criminal offense;
- 987 (B) with respect to the charged offense, the proposed patient is found incompetent to proceed as a result
of a mental illness;
- 989 (C) the proposed patient has a mental illness;
- 990 (D) the proposed patient has a persistent unawareness of their mental illness and the negative
consequences of that illness, or within the preceding six months has been requested or ordered to
undergo mental health treatment but has unreasonably refused to undergo that treatment;
- 994 (E) there is no appropriate less-restrictive alternative to a court order of commitment; and
996

HB0572S02 compared with HB0572S04

(F) the local mental health authority can provide the proposed patient with treatment that is adequate and appropriate to the proposed patient's conditions and needs.

999 (b)

(i) If, at the hearing, the court determines that the proposed patient has a mental illness but does not meet the other criteria described in Subsection (16)(a), the court may consider whether the proposed patient meets the criteria for assisted outpatient treatment under Section 26B-5-351.

1003 (ii) The court may order the proposed patient to receive assisted outpatient treatment in accordance with Section 26B-5-351 if, at the hearing, the court finds the proposed patient meets the criteria for assisted outpatient treatment under Section 26B-5-351.

1007 (iii) If the court determines that neither the criteria for commitment under Subsection (16)(a) nor the criteria for assisted outpatient treatment under Section 26B-5-351 are met, the court shall dismiss the proceedings after the hearing.

1010 (17)

(a)

(i) The court shall ~~{immediately}~~ notify the appropriate ~~{local}~~ mental health authority and the division ~~{upon entry of}~~ no later than two business days after the day on which the court enters an order of commitment, including an order to extend the patient's treatment period.

1013 ~~[(i)]~~ (ii) The order of commitment shall designate the period for which the patient shall be treated.

1015 ~~[(ii)]~~ (iii) If the patient is not under an order of commitment at the time of the hearing, the patient's treatment period may not exceed six months without a review hearing.

1017 ~~[(iii)]~~ (iv) Upon a review hearing, to be commenced before the expiration of the previous order of commitment, an order for commitment may be for an indeterminate period, if the court finds by clear and convincing evidence that the criteria described in Subsection (16) will last for an indeterminate period.

1021 (b)

(i) The court shall maintain a current list of all patients under the court's order of commitment and review the list to determine those patients who have been under an order of commitment for the court designated period.

1024 (ii) At least two weeks before the expiration of the designated period of any order of commitment still in effect, the court that entered the original order of commitment shall inform the appropriate local mental health authority or the local mental health authority's designee of the expiration.

HB0572S02 compared with HB0572S04

- 1028 (iii) Upon receipt of the information described in Subsection (17)(b)(ii), the local mental health
authority or the local mental health authority's designee shall immediately reexamine the reasons
upon which the order of commitment was based.
- 1032 (iv) If, after reexamination under Subsection (17)(b)(iii), the local mental health authority or the local
mental health authority's designee determines that the conditions justifying commitment no longer
exist, the local mental health authority or the local mental health authority's designee shall discharge
the patient from involuntary commitment and immediately report the discharge to the court and the
division.
- 1038 (v) If, after reexamination under Subsection (17)(b)(iii), the local mental health authority or the local
mental health authority's designee determines that the conditions justifying commitment continue to
exist, the court shall immediately appoint two designated examiners and proceed under Subsections
(8) through (14).
- 1042 (c)
- (i) The local mental health authority or the local mental health authority's designee responsible for
the care of a patient under an order of commitment for an indeterminate period shall, at six-month
intervals, reexamine the reasons upon which the order of indeterminate commitment was based.
- 1046 (ii) If the local mental health authority or the local mental health authority's designee determines that
the conditions justifying commitment no longer exist, the local mental health authority or the local
mental health authority's designee shall discharge the patient from the local mental health authority's
or the local mental health authority designee's custody and immediately report the discharge to the
court and the division.
- 1052 (iii) If the local mental health authority or the local mental health authority's designee determines that
the conditions justifying commitment continue to exist, the local mental health authority or the local
mental health authority's designee shall send a written report of the findings to the court.
- 1056 (iv) The local mental health authority or the local mental health authority's designee shall notify the
patient and the patient's counsel of record in writing that the involuntary commitment will be
continued under Subsection (17)(c)(iii), the reasons for the decision to continue, and that the patient
has the right to a review hearing by making a request to the court.
- 1061 (v) Upon receiving a request under Subsection (17)(c)(iv), the court shall immediately appoint two
designated examiners and proceed under Subsections (8) through (14).
- 1064 (18)

HB0572S02 compared with HB0572S04

- (a) Any patient committed as a result of an original hearing or a patient's legally designated representative who is aggrieved by the findings, conclusions, and order of the court entered in the original hearing has the right to a new hearing upon filing a petition with the court within 30 days after the day on which the court entered the order.
- 1069 (b) The petition shall allege error or mistake in the findings, in which case the court shall appoint three impartial designated examiners previously unrelated to the case to conduct an additional examination of the patient.
- 1072 (c) Except as provided in Subsection (18)(b), the court shall, in all other respects, conduct the new hearing in the manner otherwise permitted.
- 1074 (19) The county in which the proposed patient resides or is found shall pay the costs of all proceedings under this section.
- 1076 (20)
- (a) A local mental health authority or the local mental health authority's designee shall provide discharge instructions to each individual committed under this section at or before the time the individual is discharged from the local mental health authority's custody, regardless of the circumstances under which the individual is discharged.
- 1081 (b) Discharge instructions provided under Subsection (20)(a) shall include:
- 1082 (i) a safety plan for the individual based on the individual's mental illness or mental or emotional state, if applicable;
- 1084 (ii) notification to the individual's primary care provider, if applicable;
- 1085 (iii) if the individual is discharged without food, housing, or economic security, a referral to appropriate services, if such services exist in the individual's community;
- 1088 (iv) the phone number to call or text for a crisis services hotline, and information about the availability of peer support services;
- 1090 (v) a copy of any psychiatric advance directive, if applicable;
- 1091 (vi) information about how to establish a psychiatric advance directive if one has not been completed;
- 1093 (vii) as applicable, information about medications that were changed or discontinued during the commitment;
- 1095 (viii) information about how to contact the local mental health authority or established provider as appropriate; and
- 1097

HB0572S02 compared with HB0572S04

(ix) information about how to request a copy of the individual's medical record and how to access the electronic patient portal for the individual's medical record.

1099 (c) If an individual's medications were changed, or if an individual was prescribed new medications while committed under this section, discharge instructions provided under Subsection (20)(a) shall include a clinically appropriate supply of medications, as determined by a licensed health care provider, to allow the individual time to access another health care provider or follow-up appointment.

1104 (d) Discharge instructions shall be provided in paper or electronic format based on the individual's preference.

1106 (e) If an individual refuses to accept discharge instructions, the local mental health authority shall document the refusal in the individual's medical record.

1108 (f) If an individual's discharge instructions include referrals to services under Subsection (20)(b)(iii), the local mental health authority shall document those referrals in the individual's medical record.

1111 (g) The local mental health authority shall attempt to follow up with a discharged individual at least 48 hours after discharge, when appropriate, and may use peer support professionals when performing follow-up care or developing a continuing care plan.

1115 (21) If any provision of Subsection (16)(a)(ii) or the application of any provision of Subsection (16)(a)(ii) to any person or circumstance is held invalid by a court with jurisdiction, the remainder of Subsection (16)(a)(ii) shall be given effect without the invalid provision or application. The provisions of Subsection (16)(a)(ii) are severable.

1088 Section 13. Section **26B-5-351** is amended to read:

1089 **26B-5-351. Assisted outpatient treatment proceedings.**

1121 (1) A responsible individual who has credible knowledge of an adult's mental illness and the condition or circumstances that have led to the adult's need for assisted outpatient treatment may file, in the court in the county where the proposed patient resides or is found, a written application that includes:

1125 (a) unless the court finds that the information is not reasonably available, the proposed patient's:

1127 (i) name;

1128 (ii) date of birth; and

1129 (iii) social security number; and

1130 (b)

HB0572S02 compared with HB0572S04

(i) a certificate of a licensed physician or a designated examiner stating that within the seven-day period immediately preceding the certification, the physician or designated examiner examined the proposed patient and is of the opinion that the proposed patient has a mental illness and should be involuntarily committed; or

1134 (ii) a written statement by the applicant that:

1135 (A) the proposed patient has been requested to, but has refused to, submit to an examination of mental condition by a licensed physician or designated examiner;

1138 (B) is sworn to under oath; and

1139 (C) states the facts upon which the application is based.

1140 (2)

(a) Subject to Subsection (2)(b), before issuing a judicial order, the court may require the applicant to consult with the appropriate local mental health authority, and the court may direct a mental health professional from that local mental health authority to interview the applicant and the proposed patient to determine the existing facts and report them to the court.

1145 (b) The consultation described in Subsection (2)(a):

1146 (i) may take place at or before the hearing; and

1147 (ii) is required if the local mental health authority appears at the hearing.

1148 (3) If the proposed patient refuses to submit to an interview described in Subsection (2)(a) or an examination described in Subsection (8), the court may issue an order, directed to a mental health officer or peace officer, to immediately place the proposed patient into the custody of a local mental health authority or in a temporary emergency facility, as provided in Section 26B-5-334, to be detained for the purpose of examination.

1153 (4) Notice of commencement of proceedings for assisted outpatient treatment, setting forth the allegations of the application and any reported facts, together with a copy of any official order of detention, shall:

1156 (a) be provided by the court to a proposed patient before, or upon, placement into the custody of a local mental health authority or, with respect to any proposed patient presently in the custody of a local mental health authority;

1159 (b) be maintained at the proposed patient's place of detention, if any;

1160

HB0572S02 compared with HB0572S04

(c) be provided by the court as soon as practicable to the applicant, any legal guardian, any immediate adult family members, legal counsel for the parties involved, the local mental health authority or its designee, and any other person whom the proposed patient or the court shall designate; and

(d) advise that a hearing may be held within the time provided by law.

(5) The court may, in its discretion, transfer the case to any other court within this state, provided that the transfer will not be adverse to the interest of the proposed patient.

(6) Within 24 hours, excluding Saturdays, Sundays, and legal holidays, of the issuance of a judicial order, or after commitment of a proposed patient to a local mental health authority or its designee under court order for detention in order to complete an examination, the court shall appoint two designated examiners:

(a) who did not sign the assisted outpatient treatment application nor the certification described in Subsection (1);

(b) one of whom is a licensed physician; and

(c) one of whom may be designated by the proposed patient or the proposed patient's counsel, if that designated examiner is reasonably available.

(7) The court shall schedule a hearing to be held within 10 calendar days of the day on which the designated examiners are appointed.

(8)

(a) The designated examiners shall:

(a) (i) conduct their examinations separately;

(b) (ii) conduct the examinations at the home of the proposed patient, at a hospital or other medical facility, or at any other suitable place that is not likely to have a harmful effect on the proposed patient's health;

(c) (iii) inform the proposed patient, if not represented by an attorney:

(i) (A) that the proposed patient does not have to say anything;

(ii) (B) of the nature and reasons for the examination;

(iii) (C) that the examination was ordered by the court;

(iv) (D) that any information volunteered could form part of the basis for the proposed patient to be ordered to receive assisted outpatient treatment; and

(v) (E) that findings resulting from the examination will be made available to the court; and

HB0572S02 compared with HB0572S04

~~[(d)]~~ (iv) within 24 hours of examining the proposed patient, report to the court, orally or in writing, whether the proposed patient is mentally ill.

1193 (e){(b)} If the designated examiner reports orally under Subsection(8)(a)(iv) (8)(d), the designated examiner shall immediately send a written report to the clerk of the court.

1195 (9) If a designated examiner is unable to complete an examination on the first attempt because the proposed patient refuses to submit to the examination, the court shall fix a reasonable compensation to be paid to the examiner.

1198 (10) If the local mental health authority, its designee, or a medical examiner determines before the court hearing that the conditions justifying the findings leading to an assisted outpatient treatment hearing no longer exist, the local mental health authority, its designee, or the medical examiner shall immediately report that determination to the court.

1203 (11) The court may terminate the proceedings and dismiss the application at any time, including prior to the hearing, if the designated examiners or the local mental health authority or its designee informs the court that the proposed patient does not meet the criteria in Subsection (14).

1207 (12) Before the hearing, an opportunity to be represented by counsel shall be afforded to the proposed patient, and if neither the proposed patient nor others provide counsel, the court shall appoint counsel and allow counsel sufficient time to consult with the proposed patient before the hearing. In the case of an indigent proposed patient, the payment of reasonable attorney fees for counsel, as determined by the court, shall be made by the county in which the proposed patient resides or is found.

1213 (13)
(a) All persons to whom notice is required to be given shall be afforded an opportunity to appear at the hearing, to testify, and to present and cross-examine witnesses. The court may, in its discretion, receive the testimony of any other individual. The court may allow a waiver of the proposed patient's right to appear for good cause, which cause shall be set forth in the record, or an informed waiver by the patient, which shall be included in the record.

1219 (b) The court is authorized to exclude all individuals not necessary for the conduct of the proceedings and may, upon motion of counsel, require the testimony of each examiner to be given out of the presence of any other examiners.

1222

HB0572S02 compared with HB0572S04

- (c) The hearing shall be conducted in as informal a manner as may be consistent with orderly procedure, and in a physical setting that is not likely to have a harmful effect on the mental health of the proposed patient.
- 1225 (d) The court shall consider all relevant historical and material information that is offered, subject to the rules of evidence, including reliable hearsay under Rule 1102, Utah Rules of Evidence.
- 1228 (e)
- (i) A local mental health authority or its designee, or the physician in charge of the proposed patient's care shall, at the time of the hearing, provide the court with the following information:
- 1231 (A) the detention order, if any;
- 1232 (B) admission notes, if any;
- 1233 (C) the diagnosis, if any;
- 1234 (D) doctor's orders, if any;
- 1235 (E) progress notes, if any;
- 1236 (F) nursing notes, if any; and
- 1237 (G) medication records, if any.
- 1238 (ii) The information described in Subsection (13)(e)(i) shall also be provided to the proposed patient's counsel:
- 1240 (A) at the time of the hearing; and
- 1241 (B) at any time prior to the hearing, upon request.
- 1242 (14) The court shall order a proposed patient to assisted outpatient treatment if, upon completion of the hearing and consideration of the information presented, the court finds by clear and convincing evidence that:
- 1245 (a) the proposed patient has a mental illness;
- 1246 (b) there is no appropriate less-restrictive alternative to a court order for assisted outpatient treatment; and
- 1248 (c)
- (i) the proposed patient lacks the ability to engage in a rational decision-making process regarding the acceptance of mental health treatment, as demonstrated by evidence of inability to weigh the possible risks of accepting or rejecting treatment; or
- 1252 (ii) the proposed patient needs assisted outpatient treatment in order to prevent relapse or deterioration that is likely to result in the proposed patient posing a substantial danger to self or others.

HB0572S02 compared with HB0572S04

- 1255 (15) The court may order the applicant or a close relative of the patient to be the patient's personal
representative, as described in 45 C.F.R. Sec. 164.502(g), for purposes of the patient's mental health
treatment.
- 1258 (16) In the absence of the findings described in Subsection (14), the court, after the hearing, shall
dismiss the proceedings.
- 1260 (17)
- (a) The court shall {immediately} notify the appropriate mental health authority and the division
{upon entry of} no later than two business days after the day on which the court enters an assisted
outpatient treatment order, including an order extending the duration of an assisted outpatient
treatment order.
- 1263 [(a)] (b) The assisted outpatient treatment order shall designate the period for which the patient shall be
treated, which may not exceed 12 months without a review hearing.
- 1265 [(b)] (c) At a review hearing, the court may extend the duration of an assisted outpatient treatment order
by up to 12 months, if:
- 1267 (i) the court finds by clear and convincing evidence that the patient meets the conditions described in
Subsection (14); or
- 1269 (ii)
- (A) the patient does not appear at the review hearing;
- 1270 (B) notice of the review hearing was provided to the patient's last known address by the applicant
described in Subsection (1) or by a local mental health authority; and
- 1273 (C) the patient has appeared in court or signed an informed waiver within the previous 18 months.
- 1275 [(e)] (d) The court shall maintain a current list of all patients under its order of assisted outpatient
treatment.
- 1277 [(d)] (e) At least two weeks prior to the expiration of the designated period of any assisted outpatient
treatment order still in effect, the court that entered the original order shall inform the appropriate
local mental health authority or its designee.
- 1280 (18) Costs of all proceedings under this section shall be paid by the county in which the proposed
patient resides or is found.
- 1282 (19) A court may not hold an individual in contempt for failure to comply with an assisted outpatient
treatment order.

1284

HB0572S02 compared with HB0572S04

(20) As provided in Section 31A-22-651, a health insurance provider may not deny an insured the benefits of the insured's policy solely because the health care that the insured receives is provided under a court order for assisted outpatient treatment.

~~{Section 15. Section 26B-5-372 is amended to read: }~~

26B-5-372. Admission of person in custody of Department of Corrections to state hospital -- Retransfer of person to Department of Corrections.

(1) The executive director of the Department of Corrections may request the director to admit a person who is in the custody of the Department of Corrections to the state hospital, if the clinical director within the Department of Corrections finds that the inmate has mentally deteriorated to the point that admission to the state hospital is necessary to ensure adequate mental health treatment. In determining whether that inmate should be placed in the state hospital, the director of the division shall consider:

- (a) the mental health treatment needs of the inmate;
- (b) the treatment programs available at the state hospital; and
- (c) whether the inmate meets the requirements of Subsection [26B-5-306(2)] 26B-5-306(3).

(2) If the director denies the admission of an inmate as requested by the clinical director within the Department of Corrections, the Board of Pardons and Parole shall determine whether the inmate will be admitted to the state hospital. The Board of Pardons and Parole shall consider:

- (a) the mental health treatment needs of the inmate;
- (b) the treatment programs available at the state hospital; and
- (c) whether the inmate meets the requirements of Subsection [26B-5-306(2)] 26B-5-306(3).

(3) The state hospital shall receive any person in the custody of the Department of Corrections when ordered by either the director or the Board of Pardons and Parole, pursuant to Subsection (1) or (2). Any person so transferred to the state hospital shall remain in the custody of the Department of Corrections, and the state hospital shall act solely as the agent of the Department of Corrections.

(4) Inmates transferred to the state hospital pursuant to this section shall be transferred back to the Department of Corrections through negotiations between the director and the director of the Department of Corrections. If agreement between the director and the director of the Department of Corrections cannot be reached, the Board of Pardons and Parole shall have final authority in determining whether a person will be transferred back to the Department of Corrections. In making that determination, that board shall consider:

HB0572S02 compared with HB0572S04

- 1320 (a) the mental health treatment needs of the inmate;
- 1321 (b) the treatment programs available at the state hospital;
- 1322 (c) whether the person continues to meet the requirements of Subsection [26B-5-306(2)] 26B-5-306(3);
- 1324 (d) the ability of the state hospital to provide adequate treatment to the person, as well as safety and security to the public; and
- 1326 (e) whether, in the opinion of the director, in consultation with the clinical director of the state hospital, the person's treatment needs have been met.

1257 Section 14. Section 14 is enacted to read:

1258 **26B-5-384. Statewide commitment database -- Restricted use and access.**

1260 (1) As used in this section:

1331 (1){(a)} {As used in this section, "committed"} "Committed individual" means an individual who has been committed under Section 26B-5-331 {or} , 26B-5-332, or 26B-5-351.

1263 (b) "Committee" means the Health and Human Services Interim Committee.

1333 (2) The department shall establish by December 31, 2026, and shall {maintain,} maintain,a database of individuals committed under Sections 26B-5-331 {and} , 26B-5-332, and 26B-5-351.

1335 (3) The database shall include:

1336 (a) the name and identifying information of a committed individual;

1337 (b) the type of commitment and statute authorizing the commitment;

1338 (c) the status of the committed individual;and

1339 (d) any other information the department deems necessary to carry out the requirements of this section.

1341 (4) The department shall make rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to:

1343 (a) implement this section;{and}

1344 (b) ensure the privacy of committed individuals, including by:

1345 (i) establishing and restricting the permissible uses of the information in the database;{and}

1347 (ii) defining and restricting access to the database, including by identifying persons who may have access to the database{.} ;

1279 (iii) ensuring the system contains tools for:

1280 (A) logging;

1281 (B) data loss prevention;

1282 (C) identity management; and

HB0572S02 compared with HB0572S04

- 1283 (D) access management, including role-based access; and
1284 (c) permit local mental health authorities to access civil commitments within the local mental health
authority's authority area.
- 1286 (5) At or before the committee's November 2026 meeting, the department shall report to the committee
on the department's rules made in accordance with Subsection (4)(b) to ensure the privacy of
committed individuals.
- 1289 Section 15. Section **26B-5-611** is amended to read:
1290 **26B-5-611. Suicide prevention -- Reporting requirements.**
- 1351 (1) As used in this section:
1352 (a) "Bureau" means the Bureau of Criminal Identification created in Section 53-10-201 within the
Department of Public Safety.
1354 (b) "Coalition" means the Statewide Suicide Prevention [~~Coalition~~] Committee created under
Subsection (3).
1356 (c) "Commission" means the Utah Behavioral Health Commission created in Section 26B-5-702.
1358 (d) "Coordinator" means the state suicide prevention coordinator appointed under Subsection (2).
1360 (e) "Fund" means the Governor's Suicide Prevention Fund created in Section 26B-1-325.
1361 (f) "Intervention" means an effort to prevent a person from attempting suicide.
1362 (g) "Legal intervention" means an incident in which an individual is shot by another individual who has
legal authority to use deadly force.
1364 (h) "Postvention" means intervention after a suicide attempt or a suicide death to reduce risk and
promote healing.
1366 (i) "Shooter" means an individual who uses a gun in an act that results in the death of the actor or
another individual, whether the act was a suicide, homicide, legal intervention, act of self-defense,
or accident.
- 1369 (2) The [~~division~~] office shall appoint a state suicide prevention coordinator to[, ~~under the direction of~~
~~the commission,~~] administer a state suicide prevention program composed of suicide prevention,
intervention, and postvention programs, services, and efforts.
- 1372 (3) The coordinator shall:
1373 (a) establish a Statewide Suicide Prevention Committee with membership from public and private
organizations and Utah citizens; and
1375 (b) appoint a chair and co-chair from among the membership of the coalition to lead the coalition.

HB0572S02 compared with HB0572S04

- 1377 (4) The state suicide prevention program may include the following components:
- 1378 (a) delivery of resources, tools, and training to community-based coalitions;
- 1379 (b) evidence-based suicide risk assessment tools and training;
- 1380 (c) town hall meetings for building community-based suicide prevention strategies;
- 1381 (d) suicide prevention gatekeeper training;
- 1382 (e) training to identify warning signs and to manage an at-risk individual's crisis;
- 1383 (f) evidence-based intervention training;
- 1384 (g) intervention skills training;
- 1385 (h) postvention training; or
- 1386 (i) a public education campaign to improve public awareness about warning signs of suicide and suicide prevention resources.
- 1388 (5) The coordinator shall coordinate with the following to gather statistics, among other duties:
- 1390 (a) local mental health and substance abuse authorities;
- 1391 (b) the State Board of Education, including the public education suicide prevention coordinator described in Section 53G-9-702;
- 1393 (c) applicable divisions and offices within the department;
- 1394 (d) health care providers, including emergency rooms;
- 1395 (e) federal agencies, including the Federal Bureau of Investigation;
- 1396 (f) other unbiased sources; and
- 1397 (g) other public health suicide prevention efforts.
- 1398 (6) The coordinator shall, in consultation with the bureau, implement and manage the operation of the firearm safety program described in Subsection 26B-5-102(3).
- 1400 (7) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the division shall make rules:
- 1402 (a) governing the implementation of the state suicide prevention program, consistent with this section; and
- 1404 (b) in conjunction with the bureau, defining the criteria for employers to apply for grants under the Suicide Prevention Education Program described in Section 26B-5-110, which shall include:
- 1407 (i) attendance at the suicide prevention education course described in Subsection 26B-5-102(3); and
- 1409

HB0572S02 compared with HB0572S04

(ii) distribution of the firearm safety brochures or packets created in Subsection 26B-5-102(3), but does not require the distribution of a cable-style gun lock with a firearm if the firearm already has a trigger lock or comparable safety mechanism.

1412 (8) As funding by the Legislature allows, the coordinator shall award grants, not to exceed a total of
\$100,000 per fiscal year, to suicide prevention programs that focus on the needs of children who
have been served by the Division of Juvenile Justice and Youth Services.

1355 Section 16. Section **26B-5-703** is amended to read:

1356 **26B-5-703. Purpose -- Duties -- Reporting.**

1418 (1) The purpose of the commission is to be the central authority for coordinating behavioral health
initiatives between state and local governments, health systems, and other interested persons, to
ensure that Utah's behavioral health systems are comprehensive, aligned, effective, and efficient.

1422 (2) To fulfill the commission's purpose, the commission shall:

1423 (a) establish a shared vision across public and private sectors for improving Utah's behavioral health
systems;

1425 (b) make recommendations, including policy recommendations, and advise the governor, executive
branch agencies, and the Legislature on matters pertaining to behavioral health;

1428 (c) provide feedback on proposed bills, rules, policies, and budgets relating to behavioral health;

1430 (d) encourage participation in the commission's work by individuals and populations directly impacted
by behavioral health issues, including family members of individuals with behavioral health issues;

1433 (e) engage private sector payers, providers, and business and employer groups in the commission's
work;

1435 (f) continually review and revise the master plan as appropriate;

1436 (g) identify priorities and lead efforts to implement and advance those priorities by coordinating and
collaborating closely with public and private persons throughout the state;

1439 (h) identify areas where innovation is necessary to improve behavioral health access and care;

1441 (i) cooperate with the Utah System of Higher Education, the State Board of Education, the Division
of Professional Licensing, the Utah Health Workforce Advisory Council, and the department to
oversee the creation and implementation of behavioral health workforce initiatives for the state;

1445 (j) collaborate with the Utah State Hospital, the Department of Corrections, county jails, and the
department;

1447

HB0572S02 compared with HB0572S04

(k) regarding the interaction between an individual with a mental illness or an intellectual disability and the civil commitment system, criminal justice system, or juvenile justice system:

1450 (i) promote communication between and coordination among all agencies interacting with the
individual;

1452 (ii) study, evaluate, and recommend changes to laws and procedures;

1453 (iii) identify and promote the implementation of specific policies and programs to deal fairly and
efficiently with the individual; and

1455 (iv) promote judicial education;

1456 (l) study the long-term need for adult patient staffed beds at the state hospital, including:

1457 (i) the total number of staffed beds currently in use at the state hospital;

1458 (ii) the current staffed bed capacity at the state hospital;

1459 (iii) the projected total number of staffed beds needed in the adult general psychiatric unit of the state
hospital over the next three, five, and 10 years based on:

1461 (A) the state's current and projected population growth;

1462 (B) current access to mental health resources in the community; and

1463 (C) any other factors the committee finds relevant to projecting the total number of staffed beds; and

1465 (iv) the cost associated with the projected total number of staffed beds described in Subsection (2)(l)
(iii);

1467 [(k)] (m) oversee coordination for the funding, implementation, and evaluation of suicide prevention
efforts described in Section 26B-5-611;

1469 [(l)] (n) develop methods or models for implementing and coherently communicating cross-sector
strategies;

1471 [(m)] (o) hold the state's behavioral health systems accountable for clear, measurable outcomes; and

1473 [(n)] (p) maintain independence from the department and the governor such that the commission and
its committees are able to provide independent advice and recommendations, especially regarding
proposed bills and policy considerations.

1476 (3) The commission may delegate responsibilities to the commission's committees and subcommittees
as the { ~~committee~~ } ~~commission~~deems appropriate.

1478 [(3)] (4)

(a) The commission shall meet at least quarterly, but may meet at other times as scheduled by the chair.

1480

HB0572S02 compared with HB0572S04

(b) The chair of the commission shall set the agenda for each commission meeting with input from commission members and staff.

1482 (c) Notice of the time and place of a commission meeting shall be given to each member and to the public in compliance with Title 52, Chapter 4, Open and Public Meetings Act.

1485 (d) A commission meeting is open to the public unless the meeting or a portion of a meeting is closed by the commission pursuant to Section 52-4-204 or Section 52-4-205.

1488 ~~[(4)]~~ (5) On or before December 31, 2024, the commission shall provide a report to the Legislature that includes:

1490 (a) recommendations for behavioral health measures and targets to be included in the next update to the master plan;

1492 (b) recommendations for consolidating into the commission other commissions, committees, subcommittees, task forces, working groups, or other bodies pertaining to behavioral health;

1495 (c) recommendations on the next steps for reviewing and potentially redefining state law and program options regarding county-based behavioral health services; and

1497 (d) recommendations on key budget priorities and key legislative policies for the 2025 General Session and thereafter.

1499 ~~[(5)]~~ (6)

(a) Beginning in 2025, by no later than September 30 of each year, the commission shall provide a report to the Health and Human Services Interim Committee that describes the commission's work during the preceding year and includes, in accordance with Section 26B-5-705, any legislative recommendations from the commission.

1504 (b) Before the commission submits a legislative recommendation to the Health and Human Services Interim Committee or the Legislature, the Legislative Policy Committee created in Section 26B-5-705 shall review the recommendation.

1507 ~~[(6)]~~ (7) Neither the commission nor a committee of the commission may obtain any individual's health or medical information, whether identifiable or deidentified, without first obtaining the consent of the individual or the individual's legal representative.

1450 Section 17. Section **26B-5-704** is amended to read:

1451 **26B-5-704. Committees -- Creation -- Duties.**

1513 (1) Each committee created under this part or formed by the commission in accordance with this section serves under the direction of the commission.

HB0572S02 compared with HB0572S04

- 1515 (2) In addition to the committees created under this part or formed by the commission, the following are
committees of the commission and shall serve under the direction of the commission to assist the
commission in performing the commission's duties:
- 1518 (a) the Behavioral Health Crisis Response Committee created in Section 63C-18-202;
- 1519 (b) the Utah [~~Substance Use and Mental Health Advisory~~] Behavioral Health Policy Review Committee
created in Section 26B-5-801; and
- 1521 (c) the Statewide Suicide Prevention Committee created under Section 26B-5-611.
- 1522 (3)
- (a) In addition to the committees described in Subsection (2) or created under this part, the commission
may form committees to support the commission in fulfilling the commission's duties.
- 1525 (b) When forming a committee, the commission shall, except as provided in Subsection (4):
- 1527 (i) appoint members to the committee who represent a range of views and expertise; and
- 1529 (ii) adopt procedures and directives for the committee.
- 1530 (c) Unless otherwise provided for in statute, a member of a committee may not receive compensation or
benefits for the member's service on the committee, but may receive per diem and travel expenses in
accordance with:
- 1533 (i) Section 63A-3-106;
- 1534 (ii) Section 63A-3-107; and
- 1535 (iii) rules made by the Division of Finance under Sections 63A-3-106 and 63A-3-107.
- 1536 (d) Compensation and expenses of a committee member who is a legislator are governed by Section
36-2-2 and Legislative Joint Rules, Title 5, Legislative Compensation and Expenses.
- 1539 (4) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the department
may make rules, in consultation with the commission, to establish the membership, procedures, and
directives of a committee the commission forms.
- 1482 Section 18. Section **26B-5-705** is amended to read:
- 1483 **26B-5-705. Legislative Policy Committee -- Creation -- Duties -- Staff.**
- 1545 (1) As used in this section, "committee" means the Legislative Policy Committee created in Subsection
(2).
- 1547 (2) Under the commission, there is created the Legislative Policy Committee.
- 1548 (3)
- (a) The committee is composed of five legislators, appointed as follows:

HB0572S02 compared with HB0572S04

- 1549 (i) the speaker of the House of Representatives shall appoint one member of the House of
Representatives;
- 1551 (ii) the minority leader of the House of Representatives shall appoint one member of the House of
Representatives;
- 1553 (iii) the president of the Senate shall appoint one member of the Senate;
- 1554 (iv) the minority leader of the Senate shall appoint one member of the Senate; and
- 1555 (v) the speaker of the House of Representatives and the president of the Senate shall jointly appoint
one legislator.
- 1557 (b) The speaker, president, and minority leaders:
- 1558 (i) shall make the appointments described in Subsection (3)(a) after consulting with the chairs of the
Health and Human Services Interim Committee and the chairs of the Social Services Appropriations
Subcommittee; and
- 1561 (ii) are encouraged but not required to appoint to the committee legislators who are members of one or
more of the following:
- 1563 (A) the Health and Human Services Interim Committee; or
- 1564 (B) the Social Services Appropriations Subcommittee.
- 1565 (4) The speaker of the House of Representatives and the president of the Senate shall each designate
one of their appointees as a co-chair of the committee.
- 1567 (5) The individual who appoints a member of the committee may change the appointment at any time.
- 1569 (6) The committee shall:
- 1570 (a) assist the commission and any of the commission's other committees with developing policy and
legislative recommendations; and
- 1572 (b) review any legislative recommendation proposed by the commission before the legislative
recommendation is provided to the Health and Human Services Interim Committee or the
Legislature.
- 1575 (7)
- (a) As used in this Subsection (7), "working group" means the working group the committee convenes
as described in Subsection (7)(b).
- 1577 (b) The committee shall convene a working group to investigate, study, and make recommendations
to the Legislature regarding the entity in the best position to serve as the central authority for
coordinating behavioral health initiatives between state and local governments, health systems, and

HB0572S02 compared with HB0572S04

other interested persons to ensure that Utah's behavioral health systems are comprehensive, aligned, effective, and efficient.

(c) In carrying out the duties described in Subsection (7)(b), the working group shall consider:

(i) an entity's ability to gather and analyze data; and

(ii) the most effective duties and governance structure for the central authority.

(d) The working group shall make the recommendations described in Subsection (7)(b) to the Health and Human Services Interim Committee on or before the date of the committee's November 2026 interim meeting.

~~[(7)]~~ (8) The committee may:

(a) submit its own proposed legislation to the commission for consideration; and

(b) provide other services as requested by the commission.

~~[(8)]~~ (9)

(a) A majority of the members of the committee constitutes a quorum.

(b) The action of a majority of a quorum constitutes the action of the committee.

~~[(9)]~~ (10) The Office of Legislative Research and General Counsel shall provide staff support to the committee.

Section 19. Section **26B-5-801** is amended to read:

Part 8. Utah Behavioral Health Policy Review Committee

26B-5-801. Definitions -- Creation of committee -- Membership -- Terms.

(1)

(a) As used in this part, "committee" means the Utah ~~[Substance Use and Mental Health Advisory]~~ Behavioral Health Policy Review Committee created in this section.

(b) There is created within the department the Utah ~~[Substance Use and Mental Health Advisory]~~ Behavioral Health Policy Review Committee, which serves under the direction of the Utah Behavioral Health Commission created in Section 26B-5-702.

~~[(2) The committee shall be comprised of the following voting members:]~~

~~[(a) the attorney general or the attorney general's designee;]~~

~~[(b) one elected county official appointed by the Utah Association of Counties;]~~

~~[(c) the commissioner of public safety or the commissioner's designee;]~~

~~[(d) the director of the Division of Integrated Healthcare or the director's designee;]~~

~~[(e) the state superintendent of public instruction or the superintendent's designee;]~~

HB0572S02 compared with HB0572S04

- 1611 [(f) the executive director of the Department of Health and Human Services or the executive director's
designee;]
- 1613 [(g) the executive director of the State Commission on Criminal and Juvenile Justice or the executive
director's designee;]
- 1615 [(h) the executive director of the Department of Corrections or the executive director's designee;]
- 1617 [(i) the director of the Division of Juvenile Justice and Youth Services or the director's designee;]
- 1619 [(j) the director of the Division of Child and Family Services or the director's designee;]
- 1620 [(k) the chair of the Board of Pardons and Parole or the chair's designee;]
- 1621 [(l) the director of the Office of Multicultural Affairs or the director's designee;]
- 1622 [(m) the director of the Division of Indian Affairs or the director's designee;]
- 1623 [(n) the state court administrator or the state court administrator's designee;]
- 1624 [(o) one district court judge who presides over a drug court and who is appointed by the chief justice of
the Utah Supreme Court;]
- 1626 [(p) one district court judge who presides over a mental health court and who is appointed by the chief
justice of the Utah Supreme Court;]
- 1628 [(q) one juvenile court judge who presides over a drug court and who is appointed by the chief justice of
the Utah Supreme Court;]
- 1630 [(r) one prosecutor appointed by the Statewide Association of Prosecutors;]
- 1631 [(s) the chair or co-chair of each subcommittee established by the committee;]
- 1632 [(t) the chair or co-chair of the Statewide Suicide Prevention Committee created under Subsection
26B-5-611(3);]
- 1634 [(u) one representative appointed by the Utah League of Cities and Towns to serve a four-year term;]
- 1636 [(v) the chair of the Utah Victim Services Commission or the chair's designee;]
- 1637 [(w) the superintendent of the Utah State Hospital or the superintendent's designee;]
- 1638 [(x) the following members appointed by the governor to serve four-year terms:]
- 1639 [(i) one resident of the state who has been personally affected by a substance use or mental health
disorder; and]
- 1641 [(ii) one citizen representative; and]
- 1642 [(y) in addition to the voting members described in Subsections (2)(a) through (x), the following voting
members appointed by a majority of the members described in Subsections (2)(a) through (x) to
serve four-year terms:]

HB0572S02 compared with HB0572S04

- 1645 [(i) one resident of the state who represents a statewide advocacy organization for recovery from
substance use disorders;]
- 1647 [(ii) one resident of the state who represents a statewide advocacy organization for recovery from
mental illness;]
- 1649 [(iii) one resident of the state who represents a statewide advocacy organization for protection of rights
of individuals with a disability;]
- 1651 [(iv) one resident of the state who represents prevention professionals;]
- 1652 [(v) one resident of the state who represents treatment professionals;]
- 1653 [(vi) one resident of the state who represents the physical health care field;]
- 1654 [(vii) one resident of the state who is a criminal defense attorney;]
- 1655 [(viii) one resident of the state who is a military servicemember or military veteran under Section
53H-11-202;]
- 1657 [(ix) one resident of the state who represents local law enforcement agencies;]
- 1658 [(x) one representative of private service providers that serve youth with substance use disorders or
mental health disorders; and]
- 1660 [(xi) one resident of the state who is certified by the Division of Integrated Healthcare as a peer support
specialist as described in Subsection 26B-5-102(2)(gg).]
- 1663 [(3) An individual other than an individual described in Subsection (2) may not be appointed as a voting
member of the committee.]
- 1665 (2) The department, in consultation with the Behavioral Health Commission, shall make rules in
accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to establish the
members of the committee.
- 1608 Section 20. Section **26B-5-802** is amended to read:
- 1609 **26B-5-802. Chair -- Vacancies -- Quorum -- Expenses.**
- 1671 (1) The Utah [Substance Use and Mental Health Advisory] Behavioral Health Policy Review
Committee shall annually select one of [its] the committee's members to serve as chair and [one of
its] two of the committee's members to serve as [vice chair] vice chairs.
- 1674 (2) When a vacancy occurs in the membership for any reason, the replacement shall be appointed for
the unexpired term in the same manner as the position was originally filled.
- 1676 (3) A majority of the members of the committee constitutes a quorum.
- 1677

HB0572S02 compared with HB0572S04

(4) A member may not receive compensation or benefits for the member's service, but may receive per diem and travel expenses as allowed in:

(a) Section 63A-3-106;

(b) Section 63A-3-107; and

(c) rules made by the Division of Finance according to Sections 63A-3-106 and 63A-3-107.

(5) The committee may establish subcommittees as needed to assist in accomplishing [its] the committee's duties under Section 26B-5-803.

Section 21. Section **26B-5-803** is amended to read:

26B-5-803. Duties of committee.

(1) Under the direction of the Utah Behavioral Health Commission created in Section 26B-5-702, the Utah [~~Substance Use and Mental Health Advisory~~] Behavioral Health Policy Review Committee shall:

~~[(a) provide leadership and generate unity for Utah's ongoing efforts to reduce and eliminate the impact of substance use and mental health disorders in Utah through a comprehensive and evidence-based prevention, treatment, and justice strategy;]~~

~~[(b) recommend and coordinate the creation, dissemination, and implementation of statewide policies to address substance use and mental health disorders;]~~

~~[(c) facilitate planning for a balanced continuum of substance use and mental health disorder prevention, treatment, and justice services;]~~

~~[(d) promote collaboration and mutually beneficial public and private partnerships;]~~

~~[(e)]~~ (a) coordinate recommendations made by any subcommittee created under Section 26B-5-802;

~~[(f)]~~ (b) analyze and provide an objective assessment of all proposed legislation concerning substance use, mental health, forensic mental health, and related issues; and

(c) advise the commission on behavioral health policy, proposed legislation, and procedures.

~~[(g) comply with Section 32B-2-306;]~~

~~[(h) advise the Department of Health and Human Services regarding the state hospital admissions policy for individuals in the custody of the Department of Corrections;]~~

~~[(i) regarding the interaction between an individual with a mental illness or an intellectual disability and the civil commitment system, criminal justice system, or juvenile justice system:]~~

~~[(i) promote communication between and coordination among all agencies interacting with the individual;]~~

HB0572S02 compared with HB0572S04

- 1713 [~~(ii) study, evaluate, and recommend changes to laws and procedures;~~]
- 1714 [~~(iii) identify and promote the implementation of specific policies and programs to deal fairly and
efficiently with the individual; and]~~
- 1716 [~~(iv) promote judicial education;~~]
- 1717 [~~(j) study the long-term need for adult patient staffed beds at the state hospital, including:~~]
- 1718 [~~(i) the total number of staffed beds currently in use at the state hospital;~~]
- 1719 [~~(ii) the current staffed bed capacity at the state hospital;~~]
- 1720 [~~(iii) the projected total number of staffed beds needed in the adult general psychiatric unit of the state
hospital over the next three, five, and 10 years based on:~~]
- 1723 [~~(A) the state's current and projected population growth;~~]
- 1724 [~~(B) current access to mental health resources in the community; and]~~
- 1725 [~~(C) any other factors the committee finds relevant to projecting the total number of staffed beds; and]~~
- 1727 [~~(iv) the cost associated with the projected total number of staffed beds described in Subsection (1)(j)
(iii); and]~~
- 1729 [~~(k) each year report on whether the pay of the state hospital's employees is adequate based on market
conditions.]~~
- 1731 (2) The committee shall meet quarterly or more frequently as determined necessary by the chair.
- 1733 (3) The committee shall report[:] any recommendations annually to the commission, the governor, and
the Legislature.
- 1735 [~~(a) with the assistance and staff support from the state hospital, regarding the items described
in Subsections (1)(j) and (k), including any recommendations, to the Utah Behavioral Health
Commission on or before July 31 of each year; and]~~
- 1738 [~~(b) any other recommendations annually to the commission, the governor, the Legislature, and the
Judicial Council.]~~
- 1680 Section 22. Section 22 is enacted to read:
- 1681 **26B-8-233. Family outreach specialist.**
- 1742 (1) With funds appropriated by the Legislature for this purpose, the department shall provide
compensation, at a standard rate determined by the department, to a family outreach specialist.
- 1745 (2) The family outreach specialist shall:
- 1746

HB0572S02 compared with HB0572S04

(a) engage with relatives or the legal guardian of an individual who has recently died by suicide or overdose to better understand the circumstances that precede a suicide or drug-related death, including by:

(i) contacting next of kin;

(ii) collecting information in an interview;

(iii) assessing next of kin; and

(iv) providing targeted bereavement care; and

(b) assist the medical examiner with suicide intervention, prevention, and postvention, including:

(i) mortality surveillance;

(ii) research coordination;

(iii) data management and analysis; and

(iv) epidemiological surveillance.

Section 23. Section **32B-2-306** is amended to read:

32B-2-306. Underage drinking prevention media and education campaign.

(1) As used in this section[;], "restricted account" means the Underage Drinking Prevention Media and Education Campaign Restricted Account created in this section.

~~[(a) "Advisory committee" means the Utah Substance Use and Mental Health Advisory Committee created in Section 26B-5-801.]~~

~~[(b) "Restricted account" means the Underage Drinking Prevention Media and Education Campaign Restricted Account created in this section.]~~

(2)

(a) There is created a restricted account within the General Fund known as the "Underage Drinking Prevention Media and Education Campaign Restricted Account."

(b) The restricted account consists of:

(i) deposits made under Subsection (3); and

(ii) interest earned on the restricted account.

(3) The department shall deposit 0.6% of the total gross revenue from sales of liquor with the state treasurer, as determined by the total gross revenue collected for the fiscal year two years preceding the fiscal year for which the deposit is made, to be credited to the restricted account and to be used by the department as provided in Subsection (5).

(4)

HB0572S02 compared with HB0572S04

[(a) Before January 1, 2033, the advisory committee shall:]

- 1778 [(i) provide ongoing oversight of a media and education campaign funded under this section;]
1780 [(ii) create an underage drinking prevention workgroup consistent with guidelines proposed by the
advisory committee related to the membership and duties of the underage drinking prevention
workgroup;]
1783 [(iii) create guidelines for how money appropriated for a media and education campaign can be
used;]
1785 [(iv) include in the guidelines established pursuant to this Subsection (4) that a media and education
campaign funded under this section is carefully researched and developed, and appropriate for
target groups; and]
1788 [(v) approve plans submitted by the department in accordance with Subsection (5).]

1789 [(b) On or after January 1, 2033, the] The department shall:

- 1790 [(i)] (a) provide ongoing oversight of a media and education campaign funded under this section;
1792 [(ii)] (b) create guidelines for how money appropriated for a media and education campaign can be
used; and
1794 [(iii)] (c) include in the guidelines [established pursuant to this Subsection (4)] that a media and
education campaign funded under this section is carefully researched and developed, and
appropriate for target groups.
1797 (5)
(a) Subject to appropriation from the Legislature, the department shall expend money from the
restricted account to direct and fund one or more media and education campaigns designed to reduce
underage drinking[in cooperation with the advisory committee, subject to the advisory committee
being in effect under Section 63I-1-232].

1801 (b)

[(i) Before January 1, 2033, the department shall:]

- 1802 [(A) in cooperation with the underage drinking prevention workgroup created under Subsection (4),
prepare and submit a plan to the advisory committee detailing the intended use of the money
appropriated under this section;]
1805 [(B) upon approval of the plan by the advisory committee, conduct the media and education
campaign in accordance with the guidelines made by the advisory committee; and]

1808

HB0572S02 compared with HB0572S04

~~[(C) submit to the advisory committee annually by no later than October 1, a written report detailing the use of the money for the media and education campaigns conducted under this Subsection (5) and the impact and results of the use of the money during the prior fiscal year ending June 30.]~~

1812 ~~[(ii) On or after January 1, 2033, the]~~ The department shall:
1813 ~~[(A)]~~ (i) prepare a plan detailing the intended use of the money appropriated under this section; ~~[and]~~
1815 ~~[(B)]~~ (ii) conduct the media and education campaign in accordance with the guidelines created by the
department under Subsection (4)(b)[-] ; and
1817 (iii) coordinate and maintain ongoing communications and collaboration with public entities and private
organizations to reduce underage drinking.

1819 (c) The department shall annually, no later than October 1 for the fiscal year ending on June 30 of that
calendar year, report to the Utah Behavioral Health Commission on:

1821 (i) the media and education campaign, including the campaign's impact; and
1822 (ii) the results of the efforts to reduce underage drinking.

1763 Section 24. Section **32B-2-402** is amended to read:

1764 **32B-2-402. Definitions -- Calculations.**

1826 (1) As used in this part:

1827 (a) "Account" means the Alcoholic Beverage and Substance Abuse Enforcement and Treatment
Restricted Account created in Section 32B-2-403.

1829 ~~[(b) "Advisory committee" means the Utah Substance Use and Mental Health Advisory Committee~~
~~created in Section 26B-5-801.]~~

1831 ~~[(e)]~~ (b) "Alcohol-related offense" means:

1832 (i) a violation of:

1833 (A) Section 41-6a-502; or

1834 (B) an ordinance that complies with the requirements of:

1835 (I) Subsection 41-6a-510(1); or

1836 (II) Section 76-5-207; or

1837 (ii) an offense involving the illegal:

1838 (A) sale of an alcoholic product;

1839 (B) consumption of an alcoholic product;

1840 (C) distribution of an alcoholic product;

HB0572S02 compared with HB0572S04

- 1841 (D) transportation of an alcoholic product; or
1842 (E) possession of an alcoholic product.
- 1843 [~~(d)~~] (C) "Annual conviction time period" means the time period that:
1844 (i) begins on July 1 and ends on June 30; and
1845 (ii) immediately precedes the fiscal year for which an appropriation under this part is made.
- 1847 (d) "Commission" means the Utah Behavioral Health Commission created in Section 26B-5-702.
1849 (e) "Municipality" means a city or town.
- 1850 (f)
(i) "Prevention" is as defined by rule, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, by the Division of Integrated Healthcare within the Department of Health and Human Services.
- 1853 (ii) In defining the term "prevention," the Division of Substance Abuse and Mental Health shall:
1855 (A) include only evidence-based or evidence-informed programs; and
1856 (B) provide for coordination with local substance abuse authorities designated to provide substance abuse services in accordance with Section 17-77-201.
- 1858 (2) For purposes of Subsection 32B-2-404(1)(b)(iii), the number of premises located within the limits of a municipality or county:
1860 (a) is the number determined by the department to be so located;
1861 (b) includes the aggregate number of premises of the following:
1862 (i) a state store;
1863 (ii) a package agency; and
1864 (iii) a retail licensee; and
1865 (c) for a county, consists only of the number located within an unincorporated area of the county.
- 1867 (3) The department shall determine:
1868 (a) a population figure according to the most current population estimate prepared by the Utah Population Committee;
1870 (b) a county's population for the 25% distribution to municipalities and counties under Subsection 32B-2-404(1)(b)(i) only with reference to the population in the unincorporated areas of the county; and
1873 (c) a county's population for the 25% distribution to counties under Subsection 32B-2-404(1)(b)(iv) only with reference to the total population in the county, including that of a municipality.

HB0572S02 compared with HB0572S04

- 1876 (4)
- (a) A conviction occurs in the municipality or county that actually prosecutes the offense to judgment.
- 1878 (b) If a conviction is based upon a guilty plea, the conviction is considered to occur in the municipality or county that, except for the guilty plea, would have prosecuted the offense.
- 1821 Section 25. Section **32B-2-404** is amended to read:
- 1822 **32B-2-404. Alcoholic Beverage and Substance Abuse Enforcement and Treatment Restricted Account distribution.**
- 1884 (1)
- (a) The money deposited into the account under Section 32B-2-403 shall be distributed to municipalities and counties:
- 1886 (i) to the extent appropriated by the Legislature, except that the Legislature shall appropriate each fiscal year an amount equal to at least the amount deposited in the account in accordance with Section 59-15-109; and
- 1889 (ii) as provided in this Subsection (1).
- 1890 (b) The amount appropriated from the account shall be distributed as follows:
- 1891 (i) 25% to municipalities and counties on the basis of the percentage of the state population residing in each municipality and county;
- 1893 (ii) 30% to municipalities and counties on the basis of each municipality's and county's percentage of the statewide convictions for all alcohol-related offenses;
- 1895 (iii) 20% to municipalities and counties on the basis of the percentage of the following in the state that are located in each municipality and county:
- 1897 (A) state stores;
- 1898 (B) package agencies;
- 1899 (C) retail licensees; and
- 1900 (D) off-premise beer retailers; and
- 1901 (iv) 25% to the counties for confinement and treatment purposes authorized by this part on the basis of the percentage of the state population located in each county.
- 1903 (c)
- (i) Except as provided in Subsection (1)(c)(ii), if a municipality does not have a law enforcement agency:
- 1905 (A) the municipality may not receive money under this part; and

HB0572S02 compared with HB0572S04

- 1906 (B) the State Tax Commission:
- 1907 (I) may not distribute the money the municipality would receive but for the municipality not having a
- 1909 law enforcement agency to that municipality; and
- (II) shall distribute the money that the municipality would have received but for it not having a law
- 1912 enforcement agency to the county in which the municipality is located for use by the county in
- accordance with this part.
- (ii) If the [~~advisory committee, before January 1, 2033~~] commission, before July 1, 2029, or the
- department, on or after [~~January 1, 2033~~] July 1, 2029, finds that a municipality described in
- Subsection (1)(c)(i) demonstrates that the municipality can use the money that the municipality is
- otherwise eligible to receive in accordance with this part, the [~~advisory committee, before January~~
- 1, 2033] commission, before July 1, 2029, or the department, on or after [~~January 1, 2033~~] July 1,
- 2029, may direct the State Tax Commission to distribute the money to the municipality.
- 1920 (2) To determine the distribution required by Subsection (1)(b)(ii), the State Tax Commission shall
- annually:
- 1922 (a) for an annual conviction time period:
- 1923 (i) multiply by two the total number of convictions in the state obtained during the annual conviction
- time period for violation of:
- 1925 (A) Section 41-6a-502; or
- 1926 (B) an ordinance that complies with the requirements of Subsection 41-6a-510(1) or Section 76-5-207;
- and
- 1928 (ii) add to the number calculated under Subsection (2)(a)(i) the number of convictions obtained during
- the annual conviction time period for the alcohol-related offenses other than the alcohol-related
- offenses described in Subsection (2)(a)(i);
- 1932 (b) divide an amount equal to 30% of the appropriation for that fiscal year by the sum obtained in
- Subsection (2)(a); and
- 1934 (c) multiply the amount calculated under Subsection (2)(b), by the number of convictions obtained in
- each municipality and county during the annual conviction time period for alcohol-related offenses.
- 1937 (3) By not later than September 1 each year:
- 1938 (a) the state court administrator shall certify to the State Tax Commission the number of convictions
- obtained for alcohol-related offenses in each municipality or county in the state during the annual
- conviction time period; and

HB0572S02 compared with HB0572S04

- 1941 (b) the ~~[advisory committee, before January 1, 2033]~~ commission, before July 1, 2029, or the
department, on or after ~~[January 1, 2033]~~ July 1, 2029, shall notify the State Tax Commission of any
municipality that does not have a law enforcement agency.
- 1944 (4) By not later than December 1 of each year, the ~~[advisory committee, before January 1,~~
~~2033]~~ commission, before July 1, 2029, or the department, on or after ~~[January 1, 2033]~~ July 1,
2029, shall notify the State Tax Commission for the fiscal year of appropriation of:
- 1948 (a) a municipality that may receive a distribution under Subsection (1)(c)(ii);
- 1949 (b) a county that may receive a distribution allocated to a municipality described in Subsection (1)(c)(i);
- 1951 (c) a municipality or county that may not receive a distribution because the ~~[advisory committee,~~
~~before January 1, 2033]~~ commission, before July 1, 2029, or the department, on or after ~~[January 1,~~
~~2033]~~ July 1, 2029, has suspended the payment under Subsection 32B-2-405(2)(a); and
- 1955 (d) a municipality or county that receives a distribution because the suspension of payment has been
cancelled under Subsection 32B-2-405(2).
- 1957 (5)
- (a) By not later than January 1 of the fiscal year of appropriation, the State Tax Commission shall
annually distribute to each municipality and county the portion of the appropriation that the
municipality or county is eligible to receive under this part, except for any municipality or county
that the ~~[advisory committee, before January 1, 2033]~~ commission, before July 1, 2029, or the
department, on or after ~~[January 1, 2033]~~ July 1, 2029, notifies the State Tax Commission in
accordance with Subsection (4) may not receive a distribution in that fiscal year.
- 1964 (b)
- (i) The ~~[advisory committee, before January 1, 2033]~~ commission, before July 1, 2029, or the
department, on or after ~~[January 1, 2033]~~ July 1, 2029, shall prepare forms for use by a municipality
or county in applying for a distribution under this part.
- 1968 (ii) A form described in this Subsection (5) may require the submission of information the ~~[advisory~~
~~committee, before January 1, 2033]~~ commission, before July 1, 2029, or the department, on or after
~~[January 1, 2033]~~ July 1, 2029, considers necessary to enable the State Tax Commission to comply
with this part.
- 1912 Section 26. Section **32B-2-405** is amended to read:
- 1913 **32B-2-405. Reporting by municipalities and counties -- Grants.**
- 1975

HB0572S02 compared with HB0572S04

- (1) A municipality or county that receives money under this part during a fiscal year shall by no later than October 1 following the fiscal year:
- 1977 (a) report to the [~~advisory committee, before January 1, 2033~~] committee, before July 1, 2029, or the department, on or after [~~January 1, 2033~~] July 1, 2029:
- 1979 (i) the programs or projects of the municipality or county that receive money under this part;
- 1981 (ii) if the money for programs or projects were exclusively used as required by Subsection 32B-2-403(2);
- 1983 (iii) indicators of whether the programs or projects that receive money under this part are effective; and
- 1985 (iv) if money received under this part was not expended by the municipality or county; and
- 1987 (b) provide the [~~advisory committee, before January 1, 2033~~] committee, before July 1, 2029, or the department, on or after [~~January 1, 2033~~] July 1, 2029, a statement signed by the chief executive officer of the county or municipality attesting that the money received under this part was used in addition to money appropriated or otherwise available for the county's or municipality's law enforcement and was not used to supplant that money.
- 1993 (2) The [~~advisory committee, before January 1, 2033~~] committee, before July 1, 2029, may, by a majority vote, or the department, on or after [~~January 1, 2033~~] July 1, 2029, may:
- 1995 (a) suspend future payments under Subsection 32B-2-404(4) to a municipality or county that:
- 1997 (i) does not file a report that meets the requirements of Subsection (1); or
- 1998 (ii) the [~~advisory committee, before January 1, 2033~~] committee, before July 1, 2029, or the department, on or after [~~January 1, 2033~~] July 1, 2029, finds does not use the money as required by Subsection 32B-2-403(2) on the basis of the report filed by the municipality or county under Subsection (1); and
- 2002 (b) cancel a suspension under Subsection (2)(a).
- 2003 (3) The State Tax Commission shall notify the [~~advisory committee, before January 1, 2033~~] committee, before July 1, 2029, or the department, on or after [~~January 1, 2033~~] July 1, 2029, of the balance of any undistributed money after the annual distribution under Subsection 32B-2-404(5).
- 2007 (4)
- (a) Subject to the requirements of this Subsection (4), the [~~advisory committee, before January 1, 2033~~] committee, before July 1, 2029, or the department, on or after [~~January 1, 2033~~] July 1, 2029, shall award the balance of undistributed money under Subsection (3):

HB0572S02 compared with HB0572S04

- 2011 (i) as prioritized by majority vote of the [~~advisory committee, before January 1, 2033~~] committee,
before July 1, 2029, or by the department, on or after [~~January 1, 2033~~] July 1, 2029; and
- 2014 (ii) as grants to:
- 2015 (A) a county;
- 2016 (B) a municipality;
- 2017 (C) the department;
- 2018 (D) the Department of Health and Human Services;
- 2019 (E) the Department of Public Safety; or
- 2020 (F) the State Board of Education.
- 2021 (b) By not later than May 30 of the fiscal year of the appropriation, the [~~advisory committee, before~~
~~January 1, 2033~~] committee, before July 1, 2029, or the department, on or after [~~January 1,~~
~~2033~~] July 1, 2029, shall notify the State Tax Commission of grants awarded under this Subsection
(4).
- 2025 (c) The State Tax Commission shall make payments of a grant:
- 2026 (i) upon receiving notice as provided under Subsection (4)(b); and
- 2027 (ii) by not later than June 30 of the fiscal year of the appropriation.
- 2028 (d) An entity that receives a grant under this Subsection (4) shall use the grant money exclusively for
programs or projects described in Subsection 32B-2-403(2).
- 1970 Section 27. Section **32B-7-305** is amended to read:
- 1971 **32B-7-305. Tracking of enforcement actions -- Costs of enforcement actions.**
- 2033 (1) The Department of Public Safety shall administer a program to reimburse a municipal or county law
enforcement agency:
- 2035 (a) for the actual costs of an alcohol-related compliance check investigation conducted [~~pursuant to~~] in
accordance with Section 77-39-101 on the premises of an off-premise beer retailer;
- 2037 (b) for administrative costs associated with reporting the compliance check investigation described in
Subsection (1)(a);
- 2039 (c) if the municipal or county law enforcement agency completes and submits to the Department of
Public Safety a report within 90 days after the day on which the compliance check investigation
described in Subsection (1)(a) occurs in a format required by the Department of Public Safety; and
- 2043

HB0572S02 compared with HB0572S04

(d) in the order that the municipal or county law enforcement agency submits the report required by Subsection (1)(c) until the amount allocated by the Department of Public Safety to reimburse a municipal or county law enforcement agency is spent.

2046 (2) By no later than October 1 of each year, the Department of Public Safety shall report to the [Utah
Substance Use and Mental Health Advisory Committee] Utah Behavioral Health Commission on the
compliance check investigations:

2049 (a) funded during the previous fiscal year; and

2050 (b) reimbursed under Subsection (1).

1992 Section 28. Section **63C-18-202** is amended to read:

1993 **63C-18-202. Committee established -- Members.**

2054 (1) As used in this section, "department" means the Department of Health and Human Services created
in Section 26B-1-201.

2056 [(1)] (2) Under the Utah Behavioral Health Commission created in Section 26B-5-702, there is created
the Behavioral Health Crisis Response Committee[, composed of the following members:] .

2059 [(a) the executive director of the Huntsman Mental Health Institute;]

2060 [(b) the governor or the governor's designee;]

2061 [(c) the director of the Office of Substance Use and Mental Health;]

2062 [(d) one representative of the Office of the Attorney General, appointed by the attorney general;]

2064 [(e) the executive director of the Department of Health and Human Services or the executive director's
designee;]

2066 [(f) one member of the public, appointed by the chair of the committee and approved by the
committee;]

2068 [(g) two individuals who are mental or behavioral health clinicians licensed to practice in the state,
appointed by the chair of the committee and approved by the committee, at least one of whom is an
individual who:]

2071 [(i) is licensed as a physician under:]

2072 [(A) Title 58, Chapter 67, Utah Medical Practice Act;]

2073 [(B) Title 58, Chapter 67b, Interstate Medical Licensure Compact; or]

2074 [(C) Title 58, Chapter 68, Utah Osteopathic Medical Practice Act; and]

2075 [(ii) is board eligible for a psychiatry specialization recognized by the American Board of Medical
Specialists or the American Osteopathic Association's Bureau of Osteopathic Specialists;]

HB0572S02 compared with HB0572S04

- 2078 ~~[(h) one individual who represents a county of the first or second class, appointed by the Utah Association of Counties;]~~
- 2080 ~~[(i) one individual who represents a county of the third, fourth, or fifth class, appointed by the Utah Association of Counties;]~~
- 2082 ~~[(j) one individual who represents the Utah Hospital Association, appointed by the chair of the committee;]~~
- 2084 ~~[(k) one individual who represents law enforcement, appointed by the chair of the committee;]~~
- 2086 ~~[(l) one individual who has lived with a mental health disorder, appointed by the chair of the committee;]~~
- 2088 ~~[(m) one individual who represents an integrated health care system that:]~~
- 2089 ~~[(i) is not affiliated with the chair of the committee; and]~~
- 2090 ~~[(ii) provides inpatient behavioral health services and emergency room services to individuals in the state;]~~
- 2092 ~~[(n) one individual who represents a Medicaid accountable care organization, as defined in Section 26B-3-219, with a statewide membership base;]~~
- 2094 ~~[(o) one individual who represents 911 call centers and public safety answering points, appointed by the chair of the committee;]~~
- 2096 ~~[(p) one individual who represents Emergency Medical Services, appointed by the chair of the committee;]~~
- 2098 ~~[(q) one individual who represents the mobile wireless service provider industry, appointed by the chair of the committee;]~~
- 2100 ~~[(r) one individual who represents rural telecommunications providers, appointed by the chair of the committee;]~~
- 2102 ~~[(s) one individual who represents voice over internet protocol and land line providers, appointed by the chair of the committee; and]~~
- 2104 ~~[(t) one individual who represents the Utah League of Cities and Towns, appointed by the Utah League of Cities and Towns.]~~
- 2106 (3) The department, in consultation with the Utah Behavioral Health Commission, shall make rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to establish the membership of the committee.
- 2109 ~~[(2)] (4)~~

HB0572S02 compared with HB0572S04

(a) [~~Except as provided in Subsection (2)(d), the executive director of the Huntsman Mental Health Institute is the chair of the committee.~~] The committee shall annually select one of the committee's members to serve as chair and two of the committee's members to serve as vice chairs.

2113 [(b) ~~The chair of the committee shall appoint a member of the committee to serve as the vice chair of the committee, with the approval of the committee.~~]

2115 [(c)] (b) The chair of the committee shall set the agenda for each committee meeting.

2116 [(d) ~~If the executive director of the Huntsman Mental Health Institute is not available to serve as the chair of the committee, the committee shall elect a chair from among the committee's members.~~]

2119 [(3)] (5)

(a) A majority of the members of the committee constitutes a quorum.

2120 (b) The action of a majority of a quorum constitutes the action of the committee.

2121 [(4)] (6) A member may not receive compensation, benefits, per diem, or travel expenses for the member's service on the committee.

2123 [(5)] (7) The [~~Office of the Attorney General~~] Office of Substance Use and Mental Health shall provide staff support to the committee.

2066 Section 29. Section **63C-18-203** is amended to read:

2067 **63C-18-203. Committee duties.**

2127 [(1) ~~Under the direction of the Utah Behavioral Health Commission created in Section 26B-5-702, the committee shall:~~]

2129 [(a) ~~identify a method to integrate existing local mental health crisis lines to ensure each individual who accesses a local mental health crisis line is connected to a qualified mental or behavioral health professional, regardless of the time, date, or number of individuals trying to simultaneously access the local mental health crisis line;~~]

2133 [(b) ~~study how to establish and implement a statewide mental health crisis line and a statewide warm line, including identifying:~~]

2135 [(i) ~~a statewide phone number or other means for an individual to easily access the statewide mental health crisis line, including a short code for text messaging and a three-digit number for calls;~~]

2138 [(ii) ~~a statewide phone number or other means for an individual to easily access the statewide warm line, including a short code for text messaging and a three-digit number for calls;~~]

2141 [(iii) ~~a supply of:~~]

2142

HB0572S02 compared with HB0572S04

- [(A) qualified mental or behavioral health professionals to staff the statewide mental health crisis line; and]
- 2144 [(B) qualified mental or behavioral health professionals or certified peer support specialists to staff the statewide warm line; and]
- 2146 [(iv) a funding mechanism to operate and maintain the statewide mental health crisis line and the statewide warm line;]
- 2148 [(c) coordinate with local mental health authorities in fulfilling the committee's duties described in Subsections (1)(a) and (b);]
- 2150 [(d) recommend standards for the certifications described in Section 26B-5-610; and]
- 2151 [(e) coordinate services provided by local mental health crisis lines and mobile crisis outreach teams, as defined in Section 62A-15-1401.]
- 2153 [(2)] (1) The committee shall study and make recommendations regarding:
- 2154 [(a) crisis line practices and needs, including:]
- 2155 [(i) quality and timeliness of service;]
- 2156 [(ii) service volume projections;]
- 2157 [(iii) a statewide assessment of crisis line staffing needs, including required certifications; and]
- 2159 [(iv) a statewide assessment of technology needs;]
- 2160 [(b) primary duties performed by crisis line workers;]
- 2161 [(c) coordination or redistribution of secondary duties performed by crisis line workers, including responding to non-emergency calls;]
- 2163 [(d)] (a) operating the statewide 988 hotline:
- 2164 (i) in accordance with federal law;
- 2165 (ii) to ensure the efficient and effective routing of calls to an appropriate crisis center; and
- 2167 (iii) to directly respond to calls with trained personnel and the provision of acute mental health, crisis outreach, and stabilization services;
- 2169 [(e)] (b) opportunities to increase operational and technological efficiencies and effectiveness between 988 and 911, utilizing current technology;
- 2171 [(f)] (c) needs for interoperability partnerships and policies related to 911 call transfers and public safety responses;
- 2173 [(g)] (d) standards for statewide mobile crisis outreach teams, including:
- 2174 (i) current models and projected needs;

HB0572S02 compared with HB0572S04

- 2175 (ii) quality and timeliness of service;
2176 (iii) hospital and jail diversions; and
2177 (iv) staffing and certification;
2178 ~~[(h)]~~ (e) resource centers, including:
2179 (i) current models and projected needs; and
2180 (ii) quality and timeliness of service;
2181 ~~[(i)]~~ (f) policy considerations related to whether the state should:
2182 (i) manage, operate, and pay for a complete behavioral health system; or
2183 (ii) create partnerships with private industry; and
2184 ~~[(j)]~~ (g) sustainable funding source alternatives, including:
2185 (i) charging a 988 fee, including a recommendation on the fee amount;
2186 (ii) General Fund appropriations;
2187 (iii) other government funding options;
2188 (iv) private funding sources;
2189 (v) grants;
2190 (vi) insurance partnerships, including coverage for support and treatment after initial call and triage; and
2192 (vii) other funding resources.
2193 (2) The committee shall monitor the effectiveness, quality, volume, and efficiency of the statewide 988 crisis line.
2195 (3) The committee shall monitor crisis services throughout the state and make recommendations for strategies for the expansion and continuous improvement of quality standards for crisis services.
2198 ~~[(3)]~~ (4) The committee may conduct other business related to the committee's duties described in this section.
2200 ~~[(4)]~~ (5) The committee shall consult with the Office of Substance Use and Mental Health and make recommendations to the Utah Behavioral Health Commission regarding:
2202 (a) the standards and operation of the statewide mental health crisis line and the statewide warm line, in accordance with Section 26B-5-610; and
2204 (b) the incorporation of the statewide mental health crisis line and the statewide warm line into behavioral health systems throughout the state.
2147 Section 30. Section **63I-1-226** is amended to read:
2148 **63I-1-226. Repeal dates: Titles 26 through 26B.**

HB0572S02 compared with HB0572S04

- 2208 (1) Subsection 26B-1-204(2)(g), regarding the Youth Electronic Cigarette, Marijuana, and Other Drug Prevention Committee, is repealed July 1, 2030.
- 2210 (2) Subsection 26B-1-204(2)(h), regarding the Primary Care Grant Committee, is repealed July 1, 2035.
- 2212 (3) Section 26B-1-315, Medicaid ACA Fund, is repealed July 1, 2034.
- 2213 (4) Section 26B-1-318, Brain and Spinal Cord Injury Fund, is repealed July 1, 2029.
- 2214 (5) Section 26B-1-402, Rare Disease Advisory Council Grant Program -- Creation -- Reporting, is repealed July 1, 2026.
- 2216 (6) Section 26B-1-409, Utah Digital Health Service Commission -- Creation -- Membership -- Duties, is repealed July 1, 2025.
- 2218 (7) Section 26B-1-410, Primary Care Grant Committee, is repealed July 1, 2035.
- 2219 (8) Section 26B-1-417, Brain and Spinal Cord Injury Advisory Committee -- Membership -- Duties, is repealed July 1, 2029.
- 2221 (9) Section 26B-1-422, Early Childhood Utah Advisory Council -- Creation -- Compensation -- Duties, is repealed July 1, 2029.
- 2223 (10) Section 26B-1-425, Utah Health Workforce Advisory Council -- Creation and membership, is repealed July 1, 2027.
- 2225 (11) Section 26B-1-428, Youth Electronic Cigarette, Marijuana, and Other Drug Prevention Committee and Program -- Creation -- Membership -- Duties, is repealed July 1, 2030.
- 2227 (12) 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.
- 2230 (13) Section 26B-1-432, Newborn Hearing Screening Committee, is repealed July 1, 2026.
- 2231 (14) Section 26B-2-407, Drinking water quality in child care centers, is repealed July 1, 2027.
- 2233 (15) Subsection 26B-3-107(9), regarding reimbursement for dental hygienists, is repealed July 1, 2028.
- 2235 (16) Section 26B-3-136, Children's Health Care Coverage Program, is repealed July 1, 2025.
- 2236 (17) Section 26B-3-137, Reimbursement for diabetes prevention program, is repealed June 30, 2027.
- 2238 (18) Subsection 26B-3-213(2)(b), regarding consultation with the Behavioral Health Crisis Response Committee, is repealed December 31, 2026.
- 2240 (19) Section 26B-3-302, DUR Board -- Creation and membership -- Expenses, is repealed July 1, 2027.
- 2242 (20) Section 26B-3-303, DUR Board -- Responsibilities, is repealed July 1, 2027.
- 2243 (21) Section 26B-3-304, Confidentiality of records, is repealed July 1, 2027.
- 2244 (22) Section 26B-3-305, Drug prior approval program, is repealed July 1, 2027.

HB0572S02 compared with HB0572S04

- 2245 (23) Section 26B-3-306, Advisory committees, is repealed July 1, 2027.
- 2246 (24) Section 26B-3-307, Retrospective and prospective DUR, is repealed July 1, 2027.
- 2247 (25) Section 26B-3-308, Penalties, is repealed July 1, 2027.
- 2248 (26) Section 26B-3-309, Immunity, is repealed July 1, 2027.
- 2249 (27) Title 26B, Chapter 3, Part 5, Inpatient Hospital Assessment, is repealed July 1, 2034.
- 2250 (28) Title 26B, Chapter 3, Part 6, Medicaid Expansion Hospital Assessment, is repealed July 1, 2034.
- 2252 (29) Title 26B, Chapter 3, Part 7, Hospital Provider Assessment, is repealed July 1, 2028.
- 2253 (30) Section 26B-3-910, Alternative eligibility -- Report -- Alternative Eligibility Expendable Revenue Fund, is repealed July 1, 2028.
- 2255 (31) Section 26B-4-710, Rural residency training program, is repealed July 1, 2025.
- 2256 (32) Subsection 26B-5-112(1)(b), regarding consultation with the Behavioral Health Crisis Response Committee, is repealed [~~December 31, 2026~~] July 1, 2029.
- 2258 (33) Subsection 26B-5-112(5)(b), regarding consultation with the Behavioral Health Crisis Response Committee, is repealed [~~December 31, 2026~~] July 1, 2029.
- 2260 (34) Section 26B-5-112.5, Mobile Crisis Outreach Team Grant Program, is repealed December 31, 2026.
- 2262 (35) Section 26B-5-114, Behavioral Health Receiving Center Grant Program, is repealed [~~December 31, 2026~~] July 1, 2029.
- 2264 (36) Section 26B-5-118, Collaborative care grant program, is repealed December 31, 2024.
- 2265 (37) Section 26B-5-120, Virtual crisis outreach team grant program, is repealed December 31, 2026.
- 2267 (38) Subsection 26B-5-609(1)(a), regarding the Behavioral Health Crisis Response Committee, is repealed [~~December 31, 2026~~] July 1, 2029.
- 2269 (39) Subsection 26B-5-609(3)(b), regarding the Behavioral Health Crisis Response Committee, is repealed [~~December 31, 2026~~] July 1, 2029.
- 2271 (40) Subsection 26B-5-610(1)(b), regarding the Behavioral Health Crisis Response Committee, is repealed [~~December 31, 2026~~] July 1, 2029.
- 2273 (41) Subsection 26B-5-610(2)(b)(ii), regarding the Behavioral Health Crisis Response Committee, is repealed [~~December 31, 2026~~] July 1, 2029.
- 2275 (42) Section 26B-5-612, Integrated behavioral health care grant programs, is repealed December 31, 2025.
- 2277 (43) Title 26B, Chapter 5, Part 7, Utah Behavioral Health Commission, is repealed July 1, 2029.

HB0572S02 compared with HB0572S04

- 2279 (44) Subsection 26B-5-704(2)(a), regarding the Behavioral Health Crisis Response Committee, is
repealed [~~December 31, 2026~~] July 1, 2029.
- 2281 (45) Title 26B, Chapter 5, Part 8, Utah [~~Substance Use and Mental Health Advisory~~] {Utah}
Behavioral Health Policy Review Committee, is repealed [~~January 1, 2033~~] July 1, 2029.
- 2283 (46) Section 26B-7-119, Hepatitis C Outreach Pilot Program, is repealed July 1, 2028.
- 2284 (47) Section 26B-7-122, Communication Habits to reduce Adolescent Threats Pilot Program, is
repealed July 1, 2029.
- 2286 (48) Section 26B-7-123, Report on CHAT campaign, is repealed July 1, 2029.
- 2287 (49) Title 26B, Chapter 8, Part 5, Utah Health Data Authority, is repealed July 1, 2026.
- 2229 Section 31. Section **63I-1-232** is amended to read:
- 2230 **63I-1-232. Repeal dates: Title 32B.**
- 2290 [(1) Subsection 32B-2-306(1)(a), regarding the ~~Utah Substance Use and Mental Health Advisory~~
~~Committee, is repealed January 1, 2033.~~]
- 2292 [(2) Subsection 32B-2-306(4)(a), regarding a duty of the ~~Utah Substance Use and Mental Health~~
~~Advisory Committee, is repealed January 1, 2033.~~]
- 2294 [(3) Subsection 32B-2-306(5)(b), regarding a submission to the ~~Utah Substance Use and Mental Health~~
~~Advisory Committee, is repealed January 1, 2033.~~]
- 2296 [(4) Subsection 32B-2-402(1)(b), regarding the ~~Utah Substance Use and Mental Health Advisory~~
~~Committee, is repealed January 1, 2033.~~] Subsection 32B-2-402(1)(d), regarding the Behavioral
Health Commission, is repealed July 1, 2029.
- 2240 Section 32. Section **63I-1-263** is amended to read:
- 2241 **63I-1-263. Repeal dates: Titles 63A to 63O.**
- 2301 (1) Title 63C, Chapter 4a, Constitutional and Federalism Defense Act, is repealed July 1, 2028.
- 2303 (2) Title 63C, Chapter 18, Behavioral Health Crisis Response Committee, is repealed [~~December 31,~~
~~2026~~] July 1, 2029.
- 2305 (3) Title 63C, Chapter 25, State Finance Review Commission, is repealed July 1, 2027.
- 2306 (4) Title 63C, Chapter 27, Cybersecurity Commission, is repealed July 1, 2032.
- 2307 (5) Title 63C, Chapter 28, Ethnic Studies Commission, is repealed July 1, 2026.
- 2308 (6) Title 63C, Chapter 31, State Employee Benefits Advisory Commission, is repealed July 1, 2028.
- 2310 (7) Section 63G-6a-805, Purchase from community rehabilitation programs, is repealed July 1, 2026.
- 2312 (8) Title 63G, Chapter 21, Agreements to Provide State Services, is repealed July 1, 2028.

HB0572S02 compared with HB0572S04

- 2313 (9) Title 63H, Chapter 4, Heber Valley Historic Railroad Authority, is repealed July 1, 2029.
- 2314 (10) Subsection 63J-1-602.2(16), related to the Communication Habits to reduce Adolescent Threats (CHAT) Pilot Program, is repealed July 1, 2029.
- 2316 (11) Subsection 63J-1-602.2(26), regarding the Utah Seismic Safety Commission, is repealed January 1, 2025.
- 2318 (12) Section 63L-11-204, Canyon resource management plan, is repealed July 1, 2027.
- 2319 (13) Title 63L, Chapter 11, Part 4, Resource Development Coordinating Committee, is repealed July 1, 2027.
- 2321 (14) Title 63M, Chapter 7, Part 7, Domestic Violence Offender Treatment Board, is repealed July 1, 2027.
- 2323 (15) Section 63M-7-902, Creation -- Membership -- Terms -- Vacancies -- Expenses, is repealed July 1, 2029.
- 2325 (16) Title 63M, Chapter 11, Utah Commission on Aging, is repealed July 1, 2026.
- 2326 (17) Title 63N, Chapter 2, Part 2, Enterprise Zone Act, is repealed July 1, 2028.
- 2327 (18) Subsection 63N-2-511(1)(b), regarding the Board of Tourism Development, is repealed July 1, 2030.
- 2329 (19) Section 63N-2-512, Hotel Impact Mitigation Fund, is repealed July 1, 2028.
- 2330 (20) Title 63N, Chapter 3, Part 9, Strategic Innovation Grant Pilot Program, is repealed July 1, 2027.
- 2332 (21) Title 63N, Chapter 3, Part 11, Manufacturing Modernization Grant Program, is repealed July 1, 2028.
- 2334 (22) Title 63N, Chapter 4, Part 4, Rural Employment Expansion Program, is repealed July 1, 2028.
- 2336 (23) Section 63N-4-804, Rural Opportunity Advisory Committee, is repealed July 1, 2027.
- 2337 (24) Subsection 63N-4-805(5)(b), regarding the Rural Employment Expansion Program, is repealed July 1, 2028.
- 2339 (25) Subsection 63N-7-101(1), regarding the Board of Tourism Development, is repealed July 1, 2030.
- 2341 (26) Subsection 63N-7-102(3)(c), regarding a requirement for the Utah Office of Tourism to receive approval from the Board of Tourism Development, is repealed July 1, 2030.
- 2343 (27) Title 63N, Chapter 7, Part 2, Board of Tourism Development, is repealed July 1, 2030.
- 2285 Section 33. Section **64-13-45** is amended to read:
- 2286 **64-13-45. Department reporting requirements.**
- 2346 (1) As used in this section:

HB0572S02 compared with HB0572S04

- 2347 (a) "Biological sex at birth" means the same as that term is defined in Section 26B-8-101.
2348 (b)
- (i) "In-custody death" means an inmate death that occurs while the inmate is in the custody of the department.
- 2350 (ii) "In-custody death" includes an inmate death that occurs while the inmate is:
2351 (A) being transported for medical care; or
2352 (B) receiving medical care outside of a correctional facility, other than a county jail.
- 2354 (c) "Inmate" means an individual who is processed or booked into custody or housed in the department or a correctional facility other than a county jail.
- 2356 (d) "Opiate" means the same as that term is defined in Section 58-37-2.
2357 (e) "Transgender inmate" means the same as that term is defined in Section 64-13-7.
- 2358 (2) The department shall submit a report to the Commission on Criminal and Juvenile Justice created in Section 63M-7-201 before June 15 of each year that includes:
- 2360 (a) the number of in-custody deaths that occurred during the preceding calendar year, including:
2362 (i) the known, or discoverable on reasonable inquiry, causes and contributing factors of each of the in-custody deaths described in this Subsection (2)(a); and
2364 (ii) the department's policy for notifying an inmate's next of kin after the inmate's in-custody death;
- 2366 (b) the department policies, procedures, and protocols:
2367 (i) for treatment of an inmate experiencing withdrawal from alcohol or substance use, including use of opiates;
2369 (ii) that relate to the department's provision, or lack of provision, of medications used to treat, mitigate, or address an inmate's symptoms of withdrawal, including methadone and all forms of buprenorphine and naltrexone; and
- 2372 (iii) that relate to screening, assessment, and treatment of an inmate for a substance use disorder or mental health disorder;
- 2374 (c) the number of inmates who gave birth and were restrained in accordance with Section 64-13-46, including:
2376 (i) the types of restraints used; and
2377 (ii) whether the use of restraints was to prevent escape or to ensure the safety of the inmate, medical or corrections staff, or the public;
- 2379

HB0572S02 compared with HB0572S04

(d) the number of transgender inmates that are assigned to a living area with inmates whose biological sex at birth do not correspond with the transgender inmate's biological sex at birth in accordance with Section 64-13-7, including:

(i) the results of the individualized security analysis conducted for each transgender inmate in accordance with Subsection 64-13-7(5)(a); and

(ii) a detailed explanation regarding how the security conditions described in Subsection 64-13-7(5)(b) are met for each transgender inmate;

(e) the number of transgender inmates that were:

(i) assigned to a living area with inmates whose biological sex at birth do not correspond with the transgender inmate's biological sex at birth; and

(ii) removed and assigned to a living area with inmates whose biological sex at birth corresponds with the transgender inmate's biological sex at birth in accordance with Subsection 64-13-7(6); and

(f) any report the department provides or is required to provide under federal law or regulation relating to inmate deaths.

(3) The Commission on Criminal and Juvenile Justice shall:

(a) compile the information from the reports described in Subsection (2);

(b) omit or redact any identifying information of an inmate in the compilation to the extent omission or redaction is necessary to comply with state and federal law~~[1]~~; and

(c) submit the compilation to the Law Enforcement and Criminal Justice Interim Committee and the ~~[Utah Substance Use and Mental Health Advisory Committee]~~ Utah Behavioral Health Commission before November 1 of each year.

(4) The Commission on Criminal and Juvenile Justice may not provide access to or use the department's policies, procedures, or protocols submitted under this section in a manner or for a purpose not described in this section.

~~{Section 36. Section 77-18-106 is amended to read: }~~

77-18-106. Treatment at the Utah State Hospital -- Condition of probation or stay of sentence.

The court may order as a condition of probation, or a stay of sentence, that the defendant be voluntarily admitted to the custody of the Office of Substance Use and Mental Health for treatment at the Utah State Hospital only if the superintendent of the Utah State Hospital, or the superintendent's designee, certifies to the court that:

HB0572S02 compared with HB0572S04

- 2411 (1) the defendant is appropriate for, and can benefit from, treatment at the Utah State Hospital;
2413 (2) there is space at the Utah State Hospital for treatment of the defendant; and
2414 (3) individuals described in Subsection [~~26B-5-306(2)(g)~~] 26B-5-306(3)(g) are receiving priority for
treatment over the defendant.

2345 Section 34. **FY 2027 Appropriations.**

2378 Section 35. **Effective date.**

Effective Date.

This bill takes effect on May 6, 2026.

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