

SB0300 compared with SB0300S01

- 20 ▸ requires the state operated health financing program to begin billing on behalf of health care facilities;
- 22 ▸ requires all government entities to transition government employees to the state operated health financing program;
- 24 ▸ repeals certain unnecessary or obsolete programs; and
- 25 ▸ creates a tax to fund the state operated health financing program.

26 **Money Appropriated in this Bill:**

27 None

28 **Other Special Clauses:**

29 This bill provides a special effective date.

30 **Utah Code Sections Affected:**

31 **AMENDS:**

32 **17-63-706 (Effective 01/01/28)**, as renumbered and amended by Laws of Utah 2025, First Special Session, Chapter 13

34 ~~**{26B-1-423 (Effective 01/01/28) (Repealed 07/01/26), as renumbered and amended by Laws of Utah 2023, Chapter 305}**~~

34 **26B-2-101 (Effective 01/01/28)**, as last amended by Laws of Utah 2025, First Special Session, Chapter 16

36 **26B-2-201 (Effective 01/01/27)**, as last amended by Laws of Utah 2024, Chapters 113, 240

38 **26B-2-206 (Effective 01/01/27)**, as last amended by Laws of Utah 2024, Chapter 313

39 **26B-3-908 (Effective 01/01/27)**, as renumbered and amended by Laws of Utah 2023, Chapter 306

41 **31A-22-605.5 (Effective 01/01/28)**, as last amended by Laws of Utah 2012, Chapter 127

42 **31A-22-613.5 (Effective 01/01/28)**, as last amended by Laws of Utah 2023, Chapter 327

43 **31A-22-635 (Effective 01/01/28)**, as last amended by Laws of Utah 2017, Chapter 292

44 **31A-22-647 (Effective 01/01/28)**, as enacted by Laws of Utah 2018, Chapter 181

45 **31A-22-654 (Effective 01/01/28)**, as last amended by Laws of Utah 2021, Chapter 252

46 **31A-46-311 (Effective 01/01/28)**, as enacted by Laws of Utah 2025, Chapter 514

47 **49-21-105 (Effective 01/01/28)**, as last amended by Laws of Utah 2013, Chapter 66

48 **53-2d-703 (Effective 01/01/28)**, as last amended by Laws of Utah 2025, Chapter 240

49 **53-17-201 (Effective 01/01/28)**, as last amended by Laws of Utah 2025, Chapter 56

50 **58-1-112 (Effective 01/01/28)**, as last amended by Laws of Utah 2023, Chapter 328

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- 51 **58-17b-802 (Effective 01/01/28)**, as last amended by Laws of Utah 2016, Chapter 159
- 52 **58-37-6.5 (Effective 01/01/28)**, as last amended by Laws of Utah 2023, Chapter 329
- 53 **63A-17-804 (Effective 01/01/28)**, as renumbered and amended by Laws of Utah 2021, Chapter 344
- 55 **63C-31-102 (Effective 01/01/28) (Repealed 07/01/28)**, as enacted by Laws of Utah 2023, Chapter 489
- 57 **63E-1-102 (Effective 01/01/28), as last amended by Laws of Utah 2023, Chapters 16, 431 and 502**
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- 59 **63G-2-103 (Effective 01/01/28)**, as last amended by Laws of Utah 2025, First Special Session, Chapter 17
- 61 **63H-9-101 (Effective 01/01/28), as last amended by Laws of Utah 2025, First Special Session, Chapters 9, 11**
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- 63 **63I-1-226 (Effective 01/01/28)**, as last amended by Laws of Utah 2025, Chapters 47, 277 and 366
- 63 ~~**{63I-1-252 (Effective 01/01/28), as enacted by Laws of Utah 2024, Third Special Session, Chapter 5}**~~
- 65 ~~**{63I-1-253 (Effective 01/01/28), as last amended by Laws of Utah 2025, First Special Session, Chapter 9}**~~
- 67 ~~**{63I-2-226 (Effective 01/01/28), as last amended by Laws of Utah 2025, Chapters 277, 414}**~~
- 65 **63I-2-249 (Effective 01/01/28)**, as last amended by Laws of Utah 2024, Chapter 385
- 66 **63J-1-602.2 (Effective 01/01/28) (Partially Repealed 07/01/29)**, as last amended by Laws of Utah 2025, First Special Session, Chapter 17
- 68 **63J-7-102 (Effective 01/01/28)**, as last amended by Laws of Utah 2023, Chapters 330, 502
- 70 **64-13-30 (Effective 01/01/28)**, as last amended by Laws of Utah 2016, Chapter 243
- 71 **67-19d-201.5 (Effective 01/01/28)**, as enacted by Laws of Utah 2012, Chapter 376
- 72 ENACTS:
- 73 **26B-3-104.1 (Effective 01/01/27)**, Utah Code Annotated 1953
- 74 **26C-1-101 (Effective 07/01/27)**, Utah Code Annotated 1953
- 75 **26C-1-102 (Effective 07/01/27)**, Utah Code Annotated 1953
- 76 **26C-1-103 (Effective 07/01/27)**, Utah Code Annotated 1953
- 77 **26C-1-104 (Effective 07/01/27)**, Utah Code Annotated 1953
- 78 **26C-2-101 (Effective 07/01/27)**, Utah Code Annotated 1953
- 79 **26C-2-102 (Effective 07/01/27)**, Utah Code Annotated 1953

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80 **26C-2-103 (Effective 07/01/27)**, Utah Code Annotated 1953
81 **26C-2-104 (Effective 07/01/27)**, Utah Code Annotated 1953
82 **26C-3-101 (Effective 07/01/27)**, Utah Code Annotated 1953
83 **26C-3-102 (Effective 01/01/28)**, Utah Code Annotated 1953
84 **26C-4-101 (Effective 01/01/28)**, Utah Code Annotated 1953
85 **26C-4-102 (Effective 01/01/28)**, Utah Code Annotated 1953
86 **26C-5-101 (Effective 01/01/28)**, Utah Code Annotated 1953
87 **26C-6-101 (Effective 01/01/28)**, Utah Code Annotated 1953
88 **26C-6-102 (Effective 01/01/28)**, Utah Code Annotated 1953
89 **31A-22-663 (Effective 01/01/28)**, Utah Code Annotated 1953
90 **59-35-101 (Effective 01/01/28)**, Utah Code Annotated 1953
91 **59-35-102 (Effective 01/01/28)**, Utah Code Annotated 1953
92 **59-35-103 (Effective 01/01/28)**, Utah Code Annotated 1953
93 **59-35-104 (Effective 01/01/28)**, Utah Code Annotated 1953
94 **59-35-105 (Effective 01/01/28)**, Utah Code Annotated 1953
95 **59-35-106 (Effective 01/01/28)**, Utah Code Annotated 1953
96 **59-35-107 (Effective 01/01/28)**, Utah Code Annotated 1953
97 **59-35-108 (Effective 01/01/28)**, Utah Code Annotated 1953
98 **59-35-109 (Effective 01/01/28)**, Utah Code Annotated 1953

RENUMBERS AND AMENDS:

100 **26C-2-105 (Effective 07/01/27) (Repealed 07/01/27)**, (Renumbered from 26B-1-425, as last
amended by Laws of Utah 2024, Chapter 245)
102 **26C-2-106 (Effective 07/01/27)**, (Renumbered from 26B-4-705, as last amended by Laws of Utah
2025, First Special Session, Chapter 9)
104 **26C-2-107 (Effective 07/01/27)**, (Renumbered from 26B-4-706, as last amended by Laws of Utah
2023, Chapter 139 and renumbered and amended by Laws of Utah 2023, Chapter 307)
107 **26C-2-108 (Effective 07/01/27)**, (Renumbered from 26B-4-707, as renumbered and amended by
Laws of Utah 2023, Chapter 307)
109 **26C-2-109 (Effective 07/01/27)**, (Renumbered from 26B-4-708, as renumbered and amended by
Laws of Utah 2023, Chapter 307)

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113 **26C-2-110 (Effective 07/01/27)**, (Renumbered from 26B-4-709, as renumbered and amended by
Laws of Utah 2023, Chapter 307)

115 **26C-2-111 (Effective 07/01/27)**, (Renumbered from 26B-4-711, as last amended by Laws of Utah
2024, Chapters 250, 303)

117 **26C-2-112 (Effective 07/01/27)**, (Renumbered from 26B-4-712, as last amended by Laws of Utah
2024, Chapter 303)

119 **26C-5-102 (Effective 01/01/28)**, (Renumbered from 49-20-416, as enacted by Laws of Utah 2017,
Chapter 180)

121 **26C-5-103 (Effective 01/01/28)**, (Renumbered from 49-20-418, as last amended by Laws of Utah
2025, Chapter 52)

123 **26C-5-104 (Effective 01/01/28)**, (Renumbered from 49-20-419, as enacted by Laws of Utah 2019,
Chapter 320)

125 **26C-5-105 (Effective 01/01/28) (Partially Repealed 01/01/30)**, (Renumbered from 49-20-420, as
enacted by Laws of Utah 2020, Chapter 187)

127 **26C-5-106 (Effective 01/01/28) (Repealed 07/01/27)**, (Renumbered from 49-20-422, as enacted
by Laws of Utah 2023, Chapter 292)

129 **26C-7-101 (Effective 01/01/28)**, (Renumbered from 49-20-406, as last amended by Laws of Utah
2025, Chapter 56)

131 **67-19d-201.6 (Effective 01/01/28)**, (Renumbered from 49-20-404, as last amended by Laws of
Utah 2013, Chapter 410)

REPEALS:

132 **26B-4-701 (Effective 07/01/27)**, as last amended by Laws of Utah 2025, First Special Session,
Chapter 16

134 **31A-22-626 (Effective 01/01/28)**, as last amended by Laws of Utah 2020, Chapter 310

135 **31A-22-656 (Effective 01/01/28)**, as enacted by Laws of Utah 2021, Chapter 255

136 **49-20-101 (Effective 01/01/28)**, as renumbered and amended by Laws of Utah 2002, Chapter 250

138 **49-20-102 (Effective 01/01/28)**, as renumbered and amended by Laws of Utah 2002, Chapter 250

140 **49-20-103 (Effective 01/01/28)**, as last amended by Laws of Utah 2017, Chapter 141

141 **49-20-104 (Effective 01/01/28)**, as renumbered and amended by Laws of Utah 2002, Chapter 250

143 **49-20-105 (Effective 01/01/28)**, as last amended by Laws of Utah 2012, Chapter 406

144 **49-20-201 (Effective 01/01/28)**, as last amended by Laws of Utah 2024, Chapter 138

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- 145 **49-20-202 (Effective 01/01/28)**, as last amended by Laws of Utah 2025, First Special Session,
Chapter 9
- 147 **49-20-301 (Effective 01/01/28)**, as last amended by Laws of Utah 2003, Chapter 240
- 148 **49-20-401 (Effective 01/01/28)**, as last amended by Laws of Utah 2023, Chapters 194, 328
- 150 **49-20-402 (Effective 01/01/28)**, as last amended by Laws of Utah 2007, Chapter 130
- 151 **49-20-403 (Effective 01/01/28)**, as enacted by Laws of Utah 2002, Chapter 250
- 152 **49-20-405 (Effective 01/01/28)**, as renumbered and amended by Laws of Utah 2002, Chapter 250
- 154 **49-20-407 (Effective 01/01/28)**, as last amended by Laws of Utah 2017, Chapter 292
- 155 **49-20-407.1 (Effective 01/01/28)**, as enacted by Laws of Utah 2025, Chapter 55
- 156 **49-20-409 (Effective 01/01/28)**, as last amended by Laws of Utah 2007, Chapter 130
- 157 **49-20-410 (Effective 01/01/28)**, as last amended by Laws of Utah 2021, Chapters 344, 382
- 159 **49-20-413 (Effective 01/01/28)**, as enacted by Laws of Utah 2015, Chapter 68
- 160 **49-20-414 (Effective 01/01/28)**, as last amended by Laws of Utah 2023, Chapter 328
- 161 **49-20-417 (Effective 01/01/28)**, as enacted by Laws of Utah 2017, Chapter 349
- 162 **49-20-421 (Effective 01/01/28)**, as last amended by Laws of Utah 2025, Chapter 122
- 163 **49-20-501 (Effective 01/01/28)**, as enacted by Laws of Utah 2011, Chapter 83
- 164 **49-20-502 (Effective 01/01/28)**, as last amended by Laws of Utah 2021, Chapter 340
- 165 **49-20-503 (Effective 01/01/28)**, as last amended by Laws of Utah 2012, Chapter 265
- 166 **53G-11-203 (Effective 01/01/28)**, as last amended by Laws of Utah 2019, Chapter 293
- 167 **53H-3-505 (Effective 01/01/28)**, as renumbered and amended by Laws of Utah 2025, First Special
Session, Chapter 8

169

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

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Section 1. Section **17-63-706** is amended to read:

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17-63-706. County charges enumerated.

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(1) County charges are:

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(a) charges incurred against the county by any law;

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(b) the necessary expenses of the county attorney or district attorney incurred in criminal cases arising in the county, and all other expenses necessarily incurred by the county or district attorney in the prosecution of criminal cases, except jury and witness fees;

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- (c) the expenses of health care as described in Section 17-72-501, and other expenses necessarily incurred in the support of prisoners committed to the county jail, except as provided in Subsection (2);
- 185 (d) for a county not within the state district court administrative system, the sum required by law to be paid jurors in civil cases;
- 187 (e) all charges and accounts for services rendered by any justice court judge for services in the trial and examination of persons charged with a criminal offense not otherwise provided for by law;
- 190 (f) the contingent expenses necessarily incurred for the use and benefit of the county;
- 191 (g) every other sum directed by law to be raised for any county purposes under the direction of the county legislative body or declared a county charge;
- 193 (h) the fees of constables for services rendered in criminal cases;
- 194 (i) the necessary expenses of the sheriff and deputies incurred in civil and criminal cases arising in the county, and all other expenses necessarily incurred by the sheriff and deputies in performing the duties imposed upon the sheriff and deputies by law;
- 197 (j) the sums required by law to be paid by the county to jurors and witnesses serving at inquests and in criminal cases in justice courts; and
- 199 (k) subject to Subsection (2), expenses incurred by a health care facility or health care provider in providing health care services, treatment, hospitalization, or related transportation, at the request of a county sheriff for:
- 202 (i) prisoners booked into a county jail on a charge of a criminal offense; or
- 203 (ii) inmates convicted of a criminal offense and committed to a county jail.
- 204 (2)
- (a) Expenses described in Subsections (1)(c) and (1)(k) are a charge to the county only to the extent that the charge exceeds any private insurance in effect that covers the expenses described in Subsections (1)(c) and (1)(k).
- 207 (b) The county may collect costs of health care, treatment, hospitalization, and related transportation provided to a person described in Subsection (1)(k) who has the resources or the ability to pay, subject to the following priorities for payment:
- 210 (i) first priority shall be given to restitution; and
- 211 (ii) second priority shall be given to family support obligations.
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- (c) A county may seek reimbursement from a prisoner or inmate described in Subsection (1)(k) for expenses incurred by the county in behalf of the prisoner or inmate for health care, treatment, hospitalization, or related transportation by:
- 215 (i) deducting the cost from the prisoner's or inmate's cash account on deposit with the detention facility
during the prisoner's or inmate's incarceration or during a subsequent incarceration if:
- 218 (A) the subsequent incarceration occurs within the same county; and
- 219 (B) the incarceration is within 10 years of the date of the expense in behalf of the prisoner or inmate;
- 221 (ii) placing a lien for the amount of the expense against the prisoner's or inmate's personal property held
by the jail; and
- 223 (iii) adding the amount of expenses incurred to any other amount owed by the prisoner or inmate to the
jail upon the prisoner's or inmate's release in accordance with Subsection 76-3-201(4)(c).
- 226 (d)
- (i) A jail shall ensure that each prisoner or inmate is enrolled in the Utah Cares Health Financing
Program, created in Title 26C, Utah Cares Act, to cover health care expenses if the inmate is eligible
for enrollment when enrollment opens on January 1, 2029.
- 230 (ii) A prisoner or inmate who receives health care, treatment, hospitalization, or related transportation
shall cooperate with the jail facility seeking payment or reimbursement under this section for the
prisoner's or inmate's expenses.
- 233 (e) If there is no contract between a county jail and a health care facility or health care provider that
establishes a fee schedule for services rendered or the individual is not an enrollee described in
Subsection (2)(d)(i), expenses under Subsection (1)(k) shall be commensurate with:
- 237 (i) for a health care facility, the current noncapitated state Medicaid rates; and
- 238 (ii) for a health care provider, 65% of the amount that would be paid to the health care provider:
- 240 (A) under the [~~Public Employees' Benefit and Insurance Program~~] Utah Cares Health Financing
Program, created in [Section 49-20-103] Title 26C, Utah Cares Act; and
- 243 (B) if the person receiving the health care service were [~~a covered employee under the Public
Employees' Benefit and Insurance Program~~] an enrollee of the Utah Cares Health Financing
Program.
- 246 (f) Subsection (1)(k) does not apply to expenses of an individual held at the county jail at the request of
an agency of the United States.

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- (g) [~~A county that receives information from the Public Employees' Benefit and Insurance Program to enable the county to~~] The Utah Cares Health Financing Program shall calculate the amount to be paid to a health care provider under Subsection (2)(e)(ii)~~[shall keep that information confidential].~~

252 ~~{Section 2. Section 26B-1-423 is amended to read: }~~

253 **26B-1-423. Rural Physician Loan Repayment Program Advisory Committee -- Membership**
-- Compensation -- Duties.

- 255 (1) There is created the Rural Physician Loan Repayment Program Advisory Committee consisting of
the following eight members appointed by the executive director:
- 257 (a) two legislators whose districts include a rural county as defined in Section ~~[26B-4-701]~~ 26C-1-101;
- 259 (b) five administrators of a hospital located in a rural county as defined in Section
~~[26B-4-701]~~ 26C-1-101, nominated by an association representing Utah hospitals, no more than two
of whom are employed by hospitals affiliated by ownership; and
- 262 (c) a physician currently practicing in a rural county as defined in Section ~~[26B-4-701]~~ 26C-1-101.
- 264 (2)
- (a) An appointment to the committee shall be for a four-year term unless the member is appointed to
complete an unexpired term.
- 266 (b) The executive director shall adjust the length of term at the time of appointment or reappointment so
that approximately one-half of the committee is appointed every two years.
- 269 (c) The executive director shall annually appoint a committee chair from among the members of the
committee.
- 271 (3)
- (a) The committee shall meet at the call of:
- 272 (i) the chair;
- 273 (ii) at least three members of the committee; or
- 274 (iii) the executive director.
- 275 (b) The committee shall meet at least once each calendar year.
- 276 (4)
- (a) A majority of the members of the committee constitutes a quorum.
- 277 (b) The action of a majority of a quorum constitutes the action of the committee.
- 278 (5) A member may not receive compensation or benefits for the member's service, but may receive per
diem and travel expenses in accordance with:

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- 280 (a) Section 63A-3-106;
- 281 (b) Section 63A-3-107; and
- 282 (c) rules made by the Division of Finance pursuant to Sections 63A-3-106 and 63A-3-107.
- 284 (6) The committee shall make recommendations to the department for the development and modification of rules to administer the Rural Physician Loan Repayment Program created in Section 26B-4-703.
- 287 (7) As funding permits, the department shall provide staff and other administrative support to the committee.

248 Section 2. Section **26B-2-101** is amended to read:

249 **26B-2-101. Definitions.**

As used in this part:

- 292 (1) "Abuse" means the same as that term is defined in Section 80-1-102.
- 293 (2) "Adoption services" means the same as that term is defined in Section 80-2-801.
- 294 (3) "Adult day care" means nonresidential care and supervision:
- 295 (a) for three or more adults for at least four but less than 24 hours a day; and
- 296 (b) that meets the needs of functionally impaired adults through a comprehensive program that provides a variety of health, social, recreational, and related support services in a protective setting.
- 299 (4) "Applicant" means a person that applies for an initial license or a license renewal under this part.
- 301 (5)
- (a) "Associated with the licensee" means that an individual is:
- 302 (i) affiliated with a licensee as an owner, director, member of the governing body, employee, agent, provider of care, department contractor, or volunteer; or
- 304 (ii) applying to become affiliated with a licensee in a capacity described in Subsection (5)(a)(i).
- 306 (b) "Associated with the licensee" does not include:
- 307 (i) service on the following bodies, unless that service includes direct access to a child or a vulnerable adult:
- 309 (A) a local mental health authority described in Section 17-77-301;
- 310 (B) a local substance abuse authority described in Section 17-77-201; or
- 311 (C) a board of an organization operating under a contract to provide mental health or substance use programs, or services for the local mental health authority or substance abuse authority; or
- 314 (ii) a guest or visitor whose access to a child or a vulnerable adult is directly supervised at all times.

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- 316 (6) "Behavioral health receiving center" means a 23-hour non-secure program or facility that is
responsible for, and provides mental health crisis services to, an individual experiencing a mental
health crisis.
- 319 (7)
- (a) "Boarding school" means a private school that:
- 320 (i) uses a regionally accredited education program;
- 321 (ii) provides a residence to the school's students:
- 322 (A) for the purpose of enabling the school's students to attend classes at the school; and
- 324 (B) as an ancillary service to educating the students at the school;
- 325 (iii) has the primary purpose of providing the school's students with an education, as defined in
Subsection (7)(b)(i); and
- 327 (iv)
- (A) does not provide the treatment or services described in Subsection (49)(a); or
- 329 (B) provides the treatment or services described in Subsection (49)(a) on a limited basis, as described in
Subsection (7)(b)(ii).
- 331 (b)
- (i) For purposes of Subsection (7)(a)(iii), "education" means a course of study for one or more grades
from kindergarten through grade 12.
- 333 (ii) For purposes of Subsection (7)(a)(iv)(B), a private school provides the treatment or services
described in Subsection (49)(a) on a limited basis if:
- 335 (A) the treatment or services described in Subsection (49)(a) are provided only as an incidental service
to a student; and
- 337 (B) the school does not:
- 338 (I) specifically solicit a student for the purpose of providing the treatment or services described in
Subsection (49)(a); or
- 340 (II) have a primary purpose of providing the treatment or services described in Subsection (49)(a).
- 342 (c) "Boarding school" does not include a therapeutic school.
- 343 (8) "Certification" means a less restrictive level of licensure issued by the department.
- 344 (9) "Child" means an individual under 18 years old.
- 345 (10) "Child placing" means receiving, accepting, or providing custody or care for any child, temporarily
or permanently, for the purpose of:

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- 347 (a) finding a person to adopt the child;
- 348 (b) placing the child in a home for adoption; or
- 349 (c) foster home placement.
- 350 (11) "Child-placing agency" means a person that engages in child placing.
- 351 (12) "Client" means an individual who receives or has received services from a licensee.
- 352 (13)
- (a) "Congregate care program" means any of the following that provide services to a child:
- 354 (i) an outdoor youth program;
- 355 (ii) a residential support program;
- 356 (iii) a residential treatment program; or
- 357 (iv) a therapeutic school.
- 358 (b) "Congregate care program" does not include a human services program that:
- 359 (i) is licensed to serve adults; and
- 360 (ii) is approved by the office to service a child for a limited time.
- 361 (14) "Day treatment" means specialized treatment that is provided to:
- 362 (a) a client less than 24 hours a day; and
- 363 (b) four or more persons who:
- 364 (i) are unrelated to the owner or provider; and
- 365 (ii) have emotional, psychological, developmental, physical, or behavioral dysfunctions, impairments,
or chemical dependencies.
- 367 (15) "Department contractor" means an individual who:
- 368 (a) provides services under a contract with the department; and
- 369 (b) due to the contract with the department, has or will likely have direct access to a child or vulnerable
adult.
- 371 (16) "Direct access" means that an individual has, or likely will have:
- 372 (a) contact with or access to a child or vulnerable adult that provides the individual with an opportunity
for personal communication or touch; or
- 374 (b) an opportunity to view medical, financial, or other confidential personal identifying information of
the child, the child's parents or legal guardians, or the vulnerable adult.

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- (17) "Directly supervised" means that an individual is being supervised under the uninterrupted visual and auditory surveillance of another individual who has a current background check approval issued by the office.
- 379 (18) "Director" means the director of the office.
- 380 (19) "Division" means the Division of Licensing and Background Checks created under Section 26B-2-103.
- 382 (20) "Domestic violence" means the same as that term is defined in Section 77-36-1.
- 383 (21) "Domestic violence treatment program" means a nonresidential program designed to provide psychological treatment and educational services to perpetrators and victims of domestic violence.
- 386 (22) "Elder adult" means a person 65 years old or older.
- 387 (23) "Emergency safety intervention" means a tactic used to protect staff or a client from being physically injured, utilized by an appropriately trained direct care staff and only performed in accordance with a nationally or regionally recognized curriculum in the least restrictive manner to restore staff or client safety.
- 391 (24) "Foster home" means a residence that is licensed or certified by the office for the full-time substitute care of a child.
- 393 (25) "Harm" means the same as that term is defined in Section 80-1-102.
- 394 (26) "Health benefit plan" means the same as that term is defined in Section 31A-1-301.
- 395 (27) "Health care provider" means the same as that term is defined in Section 78B-3-403.
- 396 (28) "Health insurer" means:
- 397 (a) an insurer who offers health care insurance as that term is defined in Section 31A-1-301;
- 399 (b) health benefits offered [~~to state employees under Section 49-20-202~~] under Title 26C, Utah Cares Act; and
- 401 (c) a workers' compensation insurer:
- 402 (i) authorized to provide workers' compensation insurance in the state; or
- 403 (ii) that is a self-insured employer as defined in Section 34A-2-201.5.
- 404 (29)
- (a) "Human services program" means:
- 405 (i) a foster home;
- 406 (ii) a therapeutic school;
- 407 (iii) a youth program;

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- 408 (iv) an outdoor youth program;
- 409 (v) a residential treatment program;
- 410 (vi) a residential support program;
- 411 (vii) a resource family home;
- 412 (viii) a recovery residence;
- 413 (ix) a behavioral health receiving center; or
- 414 (x) a facility or program that provides:
- 415 (A) adult day care;
- 416 (B) day treatment;
- 417 (C) outpatient treatment;
- 418 (D) domestic violence treatment;
- 419 (E) child-placing services;
- 420 (F) social detoxification; or
- 421 (G) any other human services that are required by contract with the department to be licensed with the department.
- 423 (b) "Human services program" does not include:
- 424 (i) a boarding school;
- 425 (ii) a residential vocational or life skills program, as defined in Section 13-53-102; or
- 426 (iii) a short-term relief care provider.
- 427 (30) "Indian child" means the same as that term is defined in 25 U.S.C. Sec. 1903.
- 428 (31) "Indian country" means the same as that term is defined in 18 U.S.C. Sec. 1151.
- 429 (32) "Indian tribe" means the same as that term is defined in 25 U.S.C. Sec. 1903.
- 430 (33) "Intermediate secure treatment" means 24-hour specialized residential treatment or care for an individual who:
- 432 (a) cannot live independently or in a less restrictive environment; and
- 433 (b) requires, without the individual's consent or control, the use of locked doors to care for the individual.
- 435 (34) "Licensee" means an individual or a human services program licensed by the office.
- 436 (35) "Local government" means a city, town, or county.
- 437 (36) "Mental health treatment program" means a program that:
- 438 (a) is a structured intervention; and

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- 439 (b) is used to improve mental health, prevent mental disorders, and treat mental health conditions.
- 441 (37) "Medication assisted treatment" means the use of a prescribed medication approved by the United
States Food and Drug Administration, such as buprenorphine, methadone, or naltrexone, to treat
substance use withdrawal symptoms or a substance use disorder.
- 444 (38) "Minor" means child.
- 445 (39) "Office" means, except as provided in Section 26B-2-120, the Office of Licensing within the
department.
- 447 (40) "Ombudsman" means the congregate care ombudsman created in Section 26B-2-124.2.
- 448 (41) "Outdoor youth program" means a program that provides:
- 449 (a) services to a child who has:
- 450 (i) a chemical dependency; or
- 451 (ii) a dysfunction or impairment that is emotional, psychological, developmental, physical, or
behavioral;
- 453 (b) a 24-hour outdoor group living environment; and
- 454 (c)
- (i) regular therapy, including group, individual, or supportive family therapy; or
- 455 (ii) informal therapy or similar services, including wilderness therapy, adventure therapy, or outdoor
behavioral healthcare.
- 457 (42) "Outpatient treatment" means individual, family, or group therapy or counseling designed to
improve and enhance social or psychological functioning for those whose physical and emotional
status allows them to continue functioning in their usual living environment.
- 461 (43) "Practice group" or "group practice" means two or more health care providers legally organized as
a partnership, professional corporation, or similar association, for which:
- 463 (a) substantially all of the services of the health care providers who are members of the group are
provided through the group and are billed in the name of the group and amounts received are treated
as receipts of the group; and
- 466 (b) the overhead expenses of and the income from the practice are distributed in accordance with
methods previously determined by members of the group.
- 468 (44) "Private-placement child" means a child whose parent or guardian enters into a contract with a
congregate care program for the child to receive services.

470

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(45) "Qualifying residential treatment program" means a residential treatment program that is licensed under this part and:

472 (a) is operated as a nonprofit corporation or foreign nonprofit corporation, as those terms are defined in Section 16-6a-102; or

474 (b) receives any local, state, or federal government funding, government grant money, or any other form of government assistance to operate or provide services or training in the ordinary course of business.

477 (46) "Qualifying recovery residence" means a recovery residence that is licensed under this part and:

479 (a) is operated as a nonprofit corporation or foreign nonprofit corporation, as those terms are defined in Section 16-6a-102; or

481 (b) receives any local, state, or federal government funding, government grant money, or any other form of government assistance to operate or provide services or training in the ordinary course of business.

484 (47)

(a) "Recovery residence" means a home, residence, or facility that meets at least two of the following requirements:

486 (i) provides a supervised living environment for individuals recovering from a substance use disorder;

488 (ii) provides a living environment in which more than half of the individuals in the residence are recovering from a substance use disorder;

490 (iii) provides or arranges for residents to receive services related to the resident's recovery from a substance use disorder, either on or off site;

492 (iv) is held out as a living environment in which individuals recovering from substance abuse disorders live together to encourage continued sobriety; or

494 (v)

(A) receives public funding; or

495 (B) is run as a business venture, either for-profit or not-for-profit.

496 (b) "Recovery residence" does not mean:

497 (i) a residential treatment program;

498 (ii) residential support program;

499 (iii) a residential vocational or life skills program; or

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- 500 (iv) a home, residence, or facility, in which:
- 501 (A) residents, by a majority vote of the residents, establish, implement, and enforce policies governing
the living environment, including the manner in which applications for residence are approved and
the manner in which residents are expelled;
- 505 (B) residents equitably share rent and housing-related expenses; and
- 506 (C) a landlord, owner, or operator does not receive compensation, other than fair market rental income,
for establishing, implementing, or enforcing policies governing the living environment.
- 509 (48) "Regular business hours" means:
- 510 (a) the hours during which services of any kind are provided to a client; or
- 511 (b) the hours during which a client is present at the facility of a licensee.
- 512 (49)
- (a) "Residential support program" means a program that arranges for or provides the necessities of life
as a protective service to individuals or families who have a disability or who are experiencing a
dislocation or emergency that prevents them from providing these services for themselves or their
families.
- 516 (b) "Residential support program" includes a program that provides a supervised living environment for
individuals with dysfunctions or impairments that are:
- 518 (i) emotional;
- 519 (ii) psychological;
- 520 (iii) developmental; or
- 521 (iv) behavioral.
- 522 (c) Treatment is not a necessary component of a residential support program.
- 523 (d) "Residential support program" does not include:
- 524 (i) a recovery residence; or
- 525 (ii) a program that provides residential services that are performed:
- 526 (A) exclusively under contract with the department and provided to individuals through the Division of
Services for People with Disabilities; or
- 528 (B) in a facility that serves fewer than four individuals.
- 529 (50)
- (a) "Residential treatment" means a 24-hour group living environment for four or more individuals
unrelated to the owner or provider that offers room or board and specialized treatment, behavior

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modification, rehabilitation, discipline, emotional growth, or habilitation services for persons with emotional, psychological, developmental, or behavioral dysfunctions, impairments, or chemical dependencies.

534 (b) "Residential treatment" does not include a:

535 (i) boarding school;

536 (ii) foster home; or

537 (iii) recovery residence.

538 (51) "Residential treatment program" means a program or facility that provides:

539 (a) residential treatment; or

540 (b) intermediate secure treatment.

541 (52) "Seclusion" means the involuntary confinement of an individual in a room or an area:

542 (a) away from the individual's peers; and

543 (b) in a manner that physically prevents the individual from leaving the room or area.

544 (53) "Short-term relief care provider" means an individual who:

545 (a) provides short-term and temporary relief care to a foster parent:

546 (i) for less than six consecutive nights; and

547 (ii) in the short-term relief care provider's home;

548 (b) is an immediate family member or relative, as those terms are defined in Section 80-3-102, of the foster parent;

550 (c) is direct access qualified, as that term is defined in Section 26B-2-120;

551 (d) has been approved to provide short-term relief care by the department;

552 (e) is not reimbursed by the department for the temporary relief care provided; and

553 (f) is not an immediate family member or relative, as those terms are defined in Section 80-3-102, of the foster child.

555 (54) "Social detoxification" means short-term residential services for persons who are experiencing or have recently experienced drug or alcohol intoxication, that are provided outside of a health care facility licensed under Part 2, Health Care Facility Licensing and Inspection, and that include:

559 (a) room and board for persons who are unrelated to the owner or manager of the facility;

560 (b) specialized rehabilitation to acquire sobriety; and

561 (c) aftercare services.

562

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(55) "Substance abuse disorder" or "substance use disorder" mean the same as "substance use disorder" is defined in Section 26B-5-501.

564 (56) "Substance abuse treatment program" or "substance use disorder treatment program" means a program:

566 (a) designed to provide:

567 (i) specialized drug or alcohol treatment;

568 (ii) rehabilitation; or

569 (iii) habilitation services; and

570 (b) that provides the treatment or services described in Subsection (56)(a) to persons with:

572 (i) a diagnosed substance use disorder; or

573 (ii) chemical dependency disorder.

574 (57) "Therapeutic school" means a residential group living facility:

575 (a) for four or more individuals that are not related to:

576 (i) the owner of the facility; or

577 (ii) the primary service provider of the facility;

578 (b) that serves students who have a history of failing to function:

579 (i) at home;

580 (ii) in a public school; or

581 (iii) in a nonresidential private school; and

582 (c) that offers:

583 (i) room and board; and

584 (ii) an academic education integrated with:

585 (A) specialized structure and supervision; or

586 (B) services or treatment related to:

587 (I) a disability;

588 (II) emotional development;

589 (III) behavioral development;

590 (IV) familial development; or

591 (V) social development.

592 (58) "Unrelated persons" means persons other than parents, legal guardians, grandparents, brothers, sisters, uncles, or aunts.

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- 594 (59) "Vulnerable adult" means an elder adult or an adult who has a temporary or permanent mental or
physical impairment that substantially affects the person's ability to:
- 596 (a) provide personal protection;
- 597 (b) provide necessities such as food, shelter, clothing, or mental or other health care;
- 598 (c) obtain services necessary for health, safety, or welfare;
- 599 (d) carry out the activities of daily living;
- 600 (e) manage the adult's own resources; or
- 601 (f) comprehend the nature and consequences of remaining in a situation of abuse, neglect, or
exploitation.
- 603 (60)
- (a) "Youth program" means a program designed to provide behavioral, substance use, or mental health
services to minors that:
- 605 (i) serves adjudicated or nonadjudicated youth;
- 606 (ii) charges a fee for the program's services;
- 607 (iii) may provide host homes or other arrangements for overnight accommodation of the youth;
- 609 (iv) may provide all or part of the program's services in the outdoors;
- 610 (v) may limit or censor access to parents or guardians; and
- 611 (vi) prohibits or restricts a minor's ability to leave the program at any time of the minor's own free
will.
- 613 (b) "Youth program" does not include recreational programs such as Boy Scouts, Girl Scouts, 4-H, and
other such organizations.
- 615 (61)
- (a) "Youth transportation company" means any person that transports a child for payment to or from a
congregate care program in Utah.
- 617 (b) "Youth transportation company" does not include:
- 618 (i) a relative of the child;
- 619 (ii) a state agency; or
- 620 (iii) a congregate care program's employee who transports the child from the congregate care program
that employs the employee and returns the child to the same congregate care program.
- 582 Section 3. Section **26B-2-201** is amended to read:
- 583 **26B-2-201. Definitions.**

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As used in this part:

- 626 (1) "Abortion clinic" means a type I abortion clinic or a type II abortion clinic.
- 627 (2) "Activities of daily living" means essential activities including:
- 628 (a) dressing;
- 629 (b) eating;
- 630 (c) grooming;
- 631 (d) bathing;
- 632 (e) toileting;
- 633 (f) ambulation;
- 634 (g) transferring; and
- 635 (h) self-administration of medication.
- 636 (3) "Ambulatory surgical facility" means a freestanding facility, which provides surgical services to patients not requiring hospitalization.
- 638 (4) "Assistance with activities of daily living" means providing of or arranging for the provision of assistance with activities of daily living.
- 640 (5)
- (a) "Assisted living facility" means:
- 641 (i) a type I assisted living facility, which is a residential facility that provides assistance with activities of daily living and social care to two or more residents who:
- 644 (A) require protected living arrangements; and
- 645 (B) are capable of achieving mobility sufficient to exit the facility without the assistance of another person; and
- 647 (ii) a type II assisted living facility, which is a residential facility with a home-like setting that provides an array of coordinated supportive personal and health care services available 24 hours per day to residents who have been assessed under department rule to need any of these services.
- 651 (b) Each resident in a type I or type II assisted living facility shall have a service plan based on the assessment, which may include:
- 653 (i) specified services of intermittent nursing care;
- 654 (ii) administration of medication; and
- 655 (iii) support services promoting residents' independence and self-sufficiency.

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- 656 (6) "Birthing center" means a facility that:
- 657 (a) receives maternal clients and provides care during pregnancy, delivery, and immediately after
delivery; and
- 659 (b)
- (i) is freestanding; or
- 660 (ii) is not freestanding, but meets the requirements for an alongside midwifery unit described in
Subsection 26B-2-228(7).
- 662 (7) "Committee" means the Health Facility Committee created in Section 26B-1-204.
- 663 (8) "Consumer" means any person not primarily engaged in the provision of health care to individuals
or in the administration of facilities or institutions in which such care is provided and who does not
hold a fiduciary position, or have a fiduciary interest in any entity involved in the provision of health
care, and does not receive, either directly or through his spouse, more than 1/10 of his gross income
from any entity or activity relating to health care.
- 669 (9) "End stage renal disease facility" means a facility which furnishes staff-assisted kidney dialysis
services, self-dialysis services, or home-dialysis services on an outpatient basis.
- 671 (10) "Freestanding" means existing independently or physically separated from another health care
facility by fire walls and doors and administrated by separate staff with separate records.
- 674 (11) "General acute hospital" means a facility which provides diagnostic, therapeutic, and rehabilitative
services to both inpatients and outpatients by or under the supervision of physicians.
- 677 (12) "Governmental unit" means the state, or any county, municipality, or other political subdivision
or any department, division, board, or agency of the state, a county, municipality, or other political
subdivision.
- 680 (13)
- (a) "Health care facility" means general acute hospitals, specialty hospitals, home health agencies,
hospices, nursing care facilities, residential-assisted living facilities, birthing centers, ambulatory
surgical facilities, small health care facilities, abortion clinics, facilities owned or operated by health
maintenance organizations, end stage renal disease facilities, and any other health care facility
which the committee designates by rule.
- 686 (b) "Health care facility" does not include the offices of private physicians or dentists, whether for
individual or group practice, except that it does include an abortion clinic.

688

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- (14) "Health maintenance organization" means an organization, organized under the laws of any state which:
- 690 (a) is a qualified health maintenance organization under 42 U.S.C. Sec. 300e-9; or
691 (b)
- (i) provides or otherwise makes available to enrolled participants at least the following basic health care services: usual physician services, hospitalization, laboratory, x-ray, emergency, and preventive services and out-of-area coverage;
- 694 (ii) is compensated, except for copayments, for the provision of the basic health services listed in Subsection (14)(b)(i) to enrolled participants by a payment which is paid on a periodic basis without regard to the date the health services are provided and which is fixed without regard to the frequency, extent, or kind of health services actually provided;
- 699 (iii) provides physicians' services primarily directly through physicians who are either employees or partners of such organizations, or through arrangements with individual physicians or one or more groups of physicians organized on a group practice or individual practice basis; and
- 703 (iv) provides physician assistant services.
- 704 (15)
- (a) "Home health agency" means an agency, organization, or facility or a subdivision of an agency, organization, or facility which employs two or more direct care staff persons who provide licensed nursing services, therapeutic services of physical therapy, speech therapy, occupational therapy, medical social services, or home health aide services on a visiting basis.
- 709 (b) "Home health agency" does not mean an individual who provides services under the authority of a private license.
- 711 (16) "Hospice" means a program of care for the terminally ill and their families which occurs in a home or in a health care facility and which provides medical, palliative, psychological, spiritual, and supportive care and treatment.
- 714 (17) "Nursing care facility" means a health care facility, other than a general acute or specialty hospital, constructed, licensed, and operated to provide patient living accommodations, 24-hour staff availability, and at least two of the following patient services:
- 718 (a) a selection of patient care services, under the direction and supervision of a registered nurse, ranging from continuous medical, skilled nursing, psychological, or other professional therapies to intermittent health-related or paraprofessional personal care services;

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- 722 (b) a structured, supportive social living environment based on a professionally designed and supervised
treatment plan, oriented to the individual's habilitation or rehabilitation needs; or
- 725 (c) a supervised living environment that provides support, training, or assistance with individual
activities of daily living.
- 727 (18) "Person" means any individual, firm, partnership, corporation, company, association, or joint stock
association, and the legal successor thereof.
- 729 (19) "Resident" means a person 21 years old or older who:
- 730 (a) as a result of physical or mental limitations or age requires or requests services provided in an
assisted living facility; and
- 732 (b) does not require intensive medical or nursing services as provided in a hospital or nursing care
facility.
- 734 (20) "Small health care facility" means a four to 16 bed facility that provides licensed health care
programs and services to residents.
- 736 (21) "Specialty hospital" means a facility which provides specialized diagnostic, therapeutic, or
rehabilitative services in the recognized specialty or specialties for which the hospital is licensed.
- 739 (22) "Substantial compliance" means in a department survey of a licensee, the department determines
there is an absence of deficiencies which would harm the physical health, mental health, safety, or
welfare of patients or residents of a licensee.
- 742 (23) "Type I abortion clinic" means a facility, including a physician's office, but not including a general
acute or specialty hospital, that:
- 744 (a) performs abortions, as defined in Section 76-7-301, during the first trimester of pregnancy; and
- 746 (b) does not perform abortions, as defined in Section 76-7-301, after the first trimester of pregnancy.
- 748 (24) "Type II abortion clinic" means a facility, including a physician's office, but not including a
general acute or specialty hospital, that:
- 750 (a) performs abortions, as defined in Section 76-7-301, after the first trimester of pregnancy; or
- 752 (b) performs abortions, as defined in Section 76-7-301, during the first trimester of pregnancy and after
the first trimester of pregnancy.
- 754 (25) "Utah Cares program" means the Utah Cares Health Financing Program created in Title 26C, Utah
Cares Act.

715 Section 4. Section **26B-2-206** is amended to read:

716

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26B-2-206. License required -- Not assignable or transferable -- Posting -- Expiration and renewal -- Time for compliance by operating facilities.

- 760 (1)
- (a) A person or governmental unit acting severally or jointly with any other person or governmental unit, may not establish, conduct, or maintain a health care facility in this state without receiving a license from the department as provided by this part and the rules[-] adopted pursuant to this part .
- 764 (b) This Subsection (1) does not apply to facilities that are exempt under Section 26B-2-205.
- 766 (2) A license issued under this part is not assignable or transferable.
- 767 (3) The current license shall at all times be posted in each health care facility in a place readily visible and accessible to the public.
- 769 (4)
- (a) The department may issue a license for a period of time not to exceed 12 months from the date of issuance for an abortion clinic and not to exceed 24 months from the date of issuance for other health care facilities that meet the provisions of this part and department rules adopted pursuant to this part.
- 773 (b) Each license expires at midnight on the day designated on the license as the expiration date, unless previously revoked by the department.
- 775 (c) The license shall be renewed upon completion of the application requirements, unless the department finds the health care facility has not complied with the provisions of this part or the rules adopted pursuant to this part.
- 778 (5) A license may be issued under this section only for the operation of a specific facility at a specific site by a specific person.
- 780 (6) Any health care facility in operation at the time of adoption of any applicable rules as provided under this part shall be given a reasonable time for compliance as determined by the committee.
- 783 (7)
- (a) Beginning November 1, 2030, the department may not issue or renew a health care facility license unless the licensee has:
- 785 (i) agreed to a payment structure described in Section 26C-4-102 with the Utah Cares program; and
- 787 (ii) authorized the Utah Cares program to conduct all billing operations on behalf of the health care facility.
- 789 (b) Subsection (7)(a) does not apply to a health care facility licensed as a long-term care facility.

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750 Section 5. Section 5 is enacted to read:

751 **26B-3-104.1. Medicaid transition to Utah Cares Health Financing Program.**

- 794 (1) Notwithstanding any other provision of law, the department shall amend the state plan and any
necessary Medicaid waivers to transition the Medicaid program to using the Utah Cares Health
Financing Program described in Title 26C, Utah Cares Act, for payment of all Medicaid services.
- 798 (2) The department and the Utah Cares Health Financing Program shall apply for any waivers and make
necessary state plan amendments to transition the Utah Cares Health Financing Program as the
primary entity for maintaining and administering the Medicaid program, including the state plan.
- 802 (3) When necessary waivers and state plan amendments are approved, the department shall transition
the operation of the Medicaid program and all Medicaid services to the Utah Cares Health Financing
Program.

764 Section 6. Section 26B-3-908 is amended to read:

765 **26B-3-908. Managed care -- Contracting for services.**

- 807 (1) Program benefits provided to a member under the program, as described in Section 26B-3-904, shall
be delivered by a managed care organization if the department determines that adequate services are
available where the member lives or resides.
- 810 (2) The department may contract with a managed care organization to provide program benefits. The
department shall evaluate a potential contract with a managed care organization based on:
- 813 (a) the managed care organization's:
- 814 (i) ability to manage medical expenses, including mental health costs;
- 815 (ii) proven ability to handle accident and health insurance;
- 816 (iii) efficiency of claim paying procedures;
- 817 (iv) proven ability for managed care and quality assurance;
- 818 (v) provider contracting and discounts;
- 819 (vi) pharmacy benefit management;
- 820 (vii) estimated total charges for administering the pool;
- 821 (viii) ability to administer the pool in a cost-efficient manner;
- 822 (ix) ability to provide adequate providers and services in the state; and
- 823 (x) ability to meet quality measures for emergency room use and access to primary care established by
the department under Subsection 26B-3-204(4); and
- 825 (b) other factors established by the department.

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- 826 (3) The department may enter into separate managed care organization contracts to provide dental
benefits required by Section 26B-3-904.
- 828 (4) The department's contract with a managed care organization for the program's benefits shall include
risk sharing provisions in which the plan shall accept at least 75% of the risk for any difference
between the department's premium payments per member and actual medical expenditures.
- 832 (5) Notwithstanding any other provision of law, all program benefits shall be provided by the Utah
Cares Health Financing Program once the department obtains necessary approval from CMS to
provide services through the Utah Cares Health Financing Program.
- 836 [~~(5)~~
(a) ~~The department may contract with the Group Insurance Division within the Utah State Retirement
Office to provide services under Subsection (1) if no managed care organization is willing to
contract with the department or the department determines no managed care organization meets the
criteria established under Subsection (2).]~~
- 840 [~~(b) In accordance with Section 49-20-201, a contract awarded under Subsection (5)(a) is not subject to
the risk sharing required by Subsection (4).]~~
- 801 Section 7. Section 7 is enacted to read:
804 **26C-1-101. Utah Cares Act.**
26C. Utah Cares Act
1. General Provisions
This title is known as the "Utah Cares Act."
- 806 Section 8. Section 8 is enacted to read:
807 **26C-1-102. Definitions.**
As used in this title:
- 850 (1) "Accredited clinical education program" means a clinical education program for a health care
profession that is accredited by the Accreditation Council on Graduate Medical Education.
- 853 (2) "Accredited clinical training program" means a clinical training program that is accredited by an
entity recognized within medical education circles as an accrediting body for medical education,
advanced practice nursing education, physician assistant education, doctor of pharmacy education,
dental education, or registered nursing education.
- 858 (3) "Centers for Medicare and Medicaid Services" means the Centers for Medicare and Medicaid
Services within the United States Department of Health and Human Services.

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- 860 (4) "Commission" means the Utah Health Services Commission created in Section 26C-2-101.
- 862 (5) "Enrollee" means an individual enrolled in the program.
- 863 (6) "Executive director" means the executive director of the program.
- 864 (7) "Fund" means the Utah Cares Trust Fund, created in Section 26C-1-103.
- 865 (8) "General acute hospital" means the same as that term is defined in Section 26B-2-201.
- 866 (9) "Health care facility" means the same as that term is defined in Section 26B-2-201.
- 867 (10) "Health care professionals in training" means medical students and residents, advanced practice nursing students, physician assistant students, doctor of pharmacy students, dental students, and registered nursing students.
- 870 (11)
- (a) "Health workforce" means the individuals, collectively and by profession, who deliver health care services or assist in the delivery of health care services.
- 872 (b) "Health workforce" includes any health care professional who does not work in the health sector and any non-health care professional who works in the health sector.
- 874 (12) "Medical education program" means the program created in Section 26C-2-108.
- 875 (13) "Nursing care facility" means the same as that term is defined in Section 26B-2-201.
- 876 (14) "Operating and capital budget facility" means any of the following:
- 877 (a) a nursing care facility;
- 878 (b) a general acute hospital; and
- 879 (c) a specialty hospital.
- 880 (15) "Pharmacist" means the same as that term is defined in Section 58-17b-102.
- 881 (16) "Pharmacy" means the same as that term is defined in Section 58-17b-102.
- 882 (17) "Pharmacy service" means a product, good, or service provided by a pharmacy or pharmacist to an individual.
- 884 (18) "Physician" means an individual:
- 885 (a) licensed as a physician under Title 58, Chapter 67, Utah Medical Practice Act; or
- 886 (b) licensed as a physician under Title 58, Chapter 68, Utah Osteopathic Medical Practice Act.
- 888 (19) "Program" means the Utah Cares Health Financing Program.
- 889 (20) "Rural county" means a county of the third, fourth, fifth, or sixth class under Section 17-60-104.
- 891 (21) "Rural hospital" means a general acute hospital located within a rural county.
- 892 (22) "Specialty hospital" means the same as that term is defined in Section 26B-2-201.

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893 (23) "UMEC" means the Utah Medical Education Council created in Section 26C-2-107.

853 Section 9. Section **9** is enacted to read:

854 **26C-1-103. Utah Cares Trust Fund -- Audit.**

896 (1) There is created the "Utah Cares Trust Fund" for the purpose of paying the benefits and the costs of administering this program.

898 (2) The fund shall consist of:

899 (a) money appropriated to the fund by the Legislature;

900 (b) money provided under Section 26C-3-101;

901 (c) tax revenue deposited under Title 59, Chapter 35, Utah Health Care Tax;

902 (d) money paid by non-enrollees to the program for health care services provided by an operating and capital budget facility;

904 (e) any federal funds received from the federal government for federal savings resulting from 42 U.S.C. Sec. 18052; and

906 (f) the reserve funds of private insurers.

907 (3) The fund shall be used to pay for:

908 (a) health care provided to enrollees of the program;

909 (b) enrollees of Medicaid when all waivers are approved as described in Section 26B-3-104.1;

911 (c) payments to a operating and capital budget facility;

912 (d) administering the program; and

913 (e) benefits provided under this title.

914 (4) Every two years, the Insurance Department shall audit the Utah Cares Trust Fund and programs authorized under this chapter and report the Insurance Department's findings to the governor and the Legislature, but the commissioner may accept the annual audited statement of the programs under this chapter in lieu of the biennial audit requirement.

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

878 **26C-1-104. Social security number prohibition.**

Notwithstanding the provisions of Subsection 31A-1-103(3)(f), the program shall comply with the provisions of Section 31A-22-634.

881 Section 11. Section **11** is enacted to read:

883 **26C-2-101. Utah Health Services Commission -- Creation -- Members -- Terms -- Quorum -- Compensation.**

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2. Utah Health Service Commission

- 926 (1) ~~{There}~~ Notwithstanding Section 63E-1-302, there is created an independent state agency known
as the Utah Health Services Commission.
- 927 (2) The commission shall consist of seven members appointed by the governor, with the advice and
consent of the Senate and in accordance with Title 63G, Chapter 24, Part 2, Vacancies.
- 930 (3)
- (a) Subject to Subsection (3)(e), the term of office of each appointed commission member is six years.
- 932 (b) A member may be appointed to more than one term.
- 933 (c) When a vacancy occurs in the membership for any reason, the replacement shall be appointed for
the unexpired term by the governor with advice and consent of the Senate.
- 936 (d) Any member of the commission may be removed for cause by the governor.
- 937 (e) The terms of the members shall be staggered to ensure that at least two commissioners are appointed
for a term of six years on February 1 of each odd-numbered year.
- 940 (4)
- (a) A majority of the commission members constitutes a quorum.
- 941 (b) The action of a majority of a quorum constitutes the action of the commission.
- 942 (c) One member of the commission shall be designated by the governor as chair of the commission.
- 944 (5) Commissioners shall receive compensation as established by the governor within the salary range
fixed by the Legislature in Title 67, Chapter 22, State Officer Compensation, and all actual and
necessary expenses incurred in attending to official business.
- 948 (6) Each commissioner at the time of appointment and qualification shall be a resident citizen of the
United States and of this state.
- 950 (7) Except as provided by law, no commissioner may hold any other office either under the government
of the United States or of this state or of any municipal corporation within this state.
- 953 (8) A commissioner shall comply with the conflict of interest provisions described in Title 63G,
Chapter 24, Part 3, Conflicts of Interest.
- 915 Section 12. Section 12 is enacted to read:
- 916 **26C-2-102. Commission duties.**
- The commission shall:
- 958 (1) design and administer the program;
- 959 (2) establish a budget for the program;

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- 960 (3) ensure the delivery of quality health care services to all enrollees;
961 (4) conduct regular audits and evaluations of the system's performance and cost-effectiveness;
963 (5) provide an annual report to the governor and the Legislature on the status and performance of the
program;
965 (6) promote cooperation among providers;
966 (7) create advisory boards to address health care needs regarding health care quality improvement,
health care modernization, and financial budgeting;
968 (8) create regional advisory boards to solicit information regarding the various health care needs in the
different regions of the state;
970 (9) adjudicate disputes between patients, the program, health care providers, and health care facilities;
972 (10) develop a no-fault medical injury payment system as an alternative to litigation;
973 (11) establish and conduct public meetings where patients, health care providers, and health care
facilities may provide feedback to the commission; and
975 (12) make rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to
implement and administer this chapter.

937 Section 13. Section 13 is enacted to read:

938 **26C-2-103. Planning and forecasting health care needs.**

979 (1) The commission shall:

- 980 (a) coordinate health care resources and capital expenditures to ensure all enrollees have reasonable
access to covered services;
982 (b) develop short term and long term plans to meet health care needs;
983 (c) complete an annual review of health care needs, including:
984 (i) evaluating health care workforce needs;
985 (ii) establishing a budget for all operating and capital budget facilities;
986 (iii) evaluating all capital expenses in excess of a threshold amount to be determined annually by the
commission; and
988 (iv) collaborating with local and statewide government and health care institutions to coordinate capital
health planning and investment;
990 (d) develop short term and long term plans to meet capital expenditure needs; and
991 (e) develop plans to improve access to care in rural and frontier counties in the state.
992 (2) When conducting the review described in Subsection (1)(c), the commission shall:

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- 993 (a) consult with:
994 (i) advisory boards created by the commission; and
995 (ii) the Utah Health Workforce Advisory Council; and
996 (b) hold public hearings across the state.
997 (3) The commission may request assistance from the program to carry out the duties described in this section.

959 Section 14. Section **14** is enacted to read:

960 **26C-2-104. Health care best practices.**

- 1001 (1) The commission shall establish a best practices standard of care regarding:
1002 (a) appropriate hospital staffing levels;
1003 (b) evidence-based best clinical practices, including for primary care and mental health care;
1005 (c) appropriate medical technology;
1006 (d) design and scope of work in the health workplace;
1007 (e) development of clinical practices that lead toward the elimination of medical errors or medical waste;
1009 (f) timely access to needed medical and dental care; and
1010 (g) compassionate end-of-life care to provide comfort and relieve pain.
1011 (2) The commission may request assistance from the program to carry out the duties described in this section.

973 Section 15. Section **26C-2-105** is renumbered and amended to read:

975 **[26B-1-425] 26C-2-105. Utah Health Workforce Advisory Council -- Creation and membership.**

- 1017 (1) There is created within the [~~department~~] commission the Utah Health Workforce Advisory Council.
1019 (2) The council shall be comprised of at least [~~14~~] 15 but not more than [~~19~~] 20 members.
1020 (3) The following are members of the council:
1021 (a) the executive director of the Department of Health and Human Services or that individual's designee;
1023 (b) the executive director of the Department of Workforce Services or that individual's designee;
1025 (c) the commissioner of higher education of the Utah System of Higher Education or that individual's designee;
1027 (d) the state superintendent of the State Board of Education or that individual's designee;

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- 1028 (e) the executive director of the Department of Commerce or that individual's designee;
- 1029 (f) the director of the Division of Multicultural Affairs or that individual's designee;
- 1030 (g) the director of the Utah Substance Use and Mental Health Advisory Committee or that individual's designee;
- 1032 (h) the chair of the Utah Indian Health Advisory Board; ~~[{f} and]~~
- 1033 (i) the chair of the Utah Medical Education Council created in Section ~~[26B-4-706.]~~ 26C-2-107; and
- 1035 (j) the executive director or that individual's designee.
- 1036 (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]~~ 26C-2-106.
- 1039 (5)
- (a) A member appointed by the executive director under Subsection (4) shall serve a four-year term.
- 1041 (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.
- 1045 (6) The executive director or the executive director's designee shall chair the council.
- 1046 ~~(7)~~
- ~~(a) As used in this Subsection (7), "health workforce" means the same as that term is defined in Section 26B-4-705.]~~
- 1048 ~~(b)~~ (7) The council shall:
- 1049 ~~(i)~~ (a) meet at least once each quarter;
- 1050 ~~(ii)~~ (b) study and provide recommendations to an entity described in Subsection (8) regarding:
- 1052 ~~(A)~~ (i) health workforce supply;
- 1053 ~~(B)~~ (ii) health workforce employment trends and demand;
- 1054 ~~(C)~~ (iii) options for training and educating the health workforce; and
- 1055 ~~(D)~~ (iv) 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;
- 1059 ~~(iii)~~ (c) provide guidance to an entity described in Subsection (8) regarding health workforce related matters;

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- 1061 [(iv)] (d) review and comment on legislation relevant to Utah's health workforce; and
1062 [(v)] (e) advise the Utah Board of Higher Education and the Legislature on the status and needs of the
health workforce who are in training.
- 1064 (8) The council shall provide information described in Subsections [(7)(b)(ii)] (7)(b) and [(iii)] (c) to:
1066 (a) the Legislature;
1067 (b) the [department] Department of Health and Human Services;
1068 (c) the Department of Workforce Services;
1069 (d) the Department of Commerce;
1070 (e) the Utah Medical Education Council; and
1071 (f) any other entity the council deems appropriate upon the entity's request.
1072 (9)
- (a) The Utah Medical Education Council created in Section [26B-4-706] 26C-2-107 is a subcommittee
of the council.
- 1074 (b) The council may establish subcommittees to support the work of the council.
1075 (c) A member of the council shall chair a subcommittee created by the council.
1076 (d) Except for the Utah Medical Education Council, the chair of the subcommittee may appoint any
individual to the subcommittee.
- 1078 (10) For any report created by the council that pertains to any duty described in Subsection (7), the
council shall:
- 1080 (a) provide the report to:
1081 (i) the [department] commission; and
1082 (ii) any appropriate legislative committee; and
1083 (b) post the report on the council's website.
- 1084 (11) The executive director shall:
1085 (a) ensure the council has adequate staff to support the council and any subcommittee created by the
council; and
1087 (b) provide any available information upon the council's request if:
1088 (i) that information is necessary for the council to fulfill a duty described in Subsection (7); and
1090 (ii) the [department] commission has access to the information.
- 1091 (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:

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- 1094 (a) Section 63A-3-106;
- 1095 (b) Section 63A-3-107; and
- 1096 (c) rules made by the Division of Finance according to Sections 63A-3-106 and 63A-3-107.
- 1058 Section 16. Section **26C-2-106** is renumbered and amended to read:
- 1060 ~~[26B-4-705]~~ **26C-2-106. Utah Health Workforce Information Center.**
- 1102 (1) As used in this section:
- 1103 (a) "Council" means the Utah Health Workforce Advisory Council created in Section
[26B-1-425] 26C-2-105.
- 1105 (b) "Health sector" means any place of employment where the primary function is the delivery of health
care services.
- 1107 [(e)
- (i) ~~"Health workforce" means the individuals, collectively and by profession, who deliver health care
services or assist in the delivery of health care services.]~~
- 1109 [(ii) ~~"Health workforce" includes any health care professional who does not work in the health sector
and any non-health care professional who works in the health sector.]~~
- 1112 (2) There is created within the department the Utah Health Workforce Information Center.
- 1113 (3) The information center shall:
- 1114 (a) under the guidance of the council, work with the Department of Commerce to collect data described
in Section 58-1-112;
- 1116 (b) analyze data from any available source regarding Utah's health workforce including data collected
by the Department of Commerce under Section 58-1-112;
- 1118 (c) send a report to the council regarding any analysis of health workforce data;
- 1119 (d) conduct research on Utah's health workforce as directed by the council;
- 1120 (e) notwithstanding the provisions of Subsection 35A-4-312(3), receive information obtained by
the Department of Workforce Services under the provisions of Section 35A-4-312 for purposes
consistent with the information center's duties, including identifying changes in Utah's health
workforce numbers, types, and geographic distribution;
- 1125 (f) subject to data sharing limitations the program creates that are the same or substantially similar to
limitations described in Section 26B-8-406, share data with any appropriate person as determined by
the information center; and
- 1128

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(g) conduct research and provide analysis for any state agency as approved by the ~~[executive director or the executive director's designee]~~ commission.

1130 (4) Notwithstanding any other provision of state law, the information center is authorized to obtain data from any state agency if:

1132 (a) the council and the information center deem receiving the data necessary to perform a duty listed under Subsection (3) or ~~[26B-1-425(7)]~~ 26C-2-105(7); and

1134 (b) the information center's access to the data will not:

1135 (i) violate any federal statute or federal regulation; or

1136 (ii) violate a condition a state agency must follow:

1137 (A) to participate in a federal program; or

1138 (B) to receive federal funds.

1099 Section 17. Section **26C-2-107** is renumbered and amended to read:

1101 ~~[26B-4-706]~~ **26C-2-107. Utah Medical Education Council.**

1142 (1)

(a) There is created the Utah Medical Education Council, which is a subcommittee of the Utah Health Workforce Advisory Council.

1144 (b) The membership of UMEC shall consist of the following appointed by the governor:

1145 (i) the dean of the school of medicine at the University of Utah;

1146 (ii) an individual who represents graduate medical education at the University of Utah;

1148 (iii) an individual from each institution, other than the University of Utah, that sponsors an accredited clinical education program; and

1150 ~~[(iv) an individual from the health care insurance industry; and]~~

1151 ~~[(v)]~~ (iv)

(A) three members of the general public who are not employed by or affiliated with any institution that offers, sponsors, or finances health care or medical education; and

1154 (B) if the number of individuals appointed under Subsection (1)(b)(iii) is more than two, the governor may appoint an additional member of the public under this Subsection ~~[(1)(b)(v)]~~ (1)(b)(iv) for each individual the governor appoints under Subsection (1)(b)(iii) beyond two.

1158 (2) Except as provided in Subsections (1)(b)(i) and (ii), no two UMEC members may be employed by or affiliated with the same:

1160 (a) institution of higher education;

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- 1161 (b) state agency outside of higher education; or
1162 (c) private entity.
- 1163 (3) The dean of the school of medicine at the University of Utah:
1164 (a) shall chair UMEC;
1165 (b) may not be counted in determining the existence of a quorum; and
1166 (c) may only cast a vote on a matter before the council if the vote of the other council members results
in a tied vote.
- 1168 (4) UMEC shall annually elect a vice chair from UMEC's members.
1169 (5)
(a) [~~Consistent with Subsection (6)(b), a-~~] A majority of the members constitute a quorum.
- 1171 (b) The action of a majority of a quorum is the action of UMEC.
1172 (6)
(a) Except as provided in Subsection (6)(b), members are appointed to four-year terms of office.
1174 (b) Notwithstanding Subsection (6)(a), the governor shall, at the time of the initial appointment, adjust
the length of terms to ensure that the terms of UMEC members are staggered so that approximately
half of the members are appointed every two years.
- 1178 (c) If a vacancy occurs in the membership for any reason, the replacement shall be appointed by the
governor for the unexpired term in the same manner as the original appointment was made.
- 1181 (7) A member may not receive compensation or benefits for the member's service, but may receive per
diem and travel expenses in accordance with:
1183 (a) Section 63A-3-106;
1184 (b) Section 63A-3-107; and
1185 (c) rules made by the Division of Finance pursuant to Sections 63A-3-106 and 63A-3-107.
- 1187 (8) The council shall provide staff for UMEC.
- 1148 Section 18. Section **26C-2-108** is renumbered and amended to read:
1150 ~~[26B-4-707]~~ **26C-2-108. Medical education program.**
- 1191 (1) There is created a [~~Medical Education Program~~] medical education program to be administered by
UMEK in cooperation with the Division of Finance.
- 1193 (2) The [~~program~~] medical education program shall be funded from money received for graduate
medical education from:
1195 (a) the federal Centers for Medicare and Medicaid Services or other federal agency;

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- 1196 (b) state appropriations; and
1197 (c) donation or private contributions.
- 1198 (3) All funding for this [~~program~~] medical education program shall be nonlapsing.
- 1199 (4) [~~Program~~] Medical education program money may only be expended if:
- 1200 (a) approved by UMEC; and
1201 (b) used for graduate medical education in accordance with [~~Subsection 26B-4-708(4)~~] Section 26C-2-109.
- 1163 Section 19. Section **26C-2-109** is renumbered and amended to read:
1165 ~~[26B-4-708]~~ 26C-2-109. Duties of UMEC.
- UMEC shall:
- 1207 (1) seek private and public contributions for the [~~program~~] medical education program;
1208 (2) determine the method for reimbursing institutions that sponsor health care professionals in training;
1210 (3) determine the number and type of positions for health care professionals in training for which
[~~program~~] medical education program money may be used;
1212 (4) distribute [~~program~~] medical education program money for graduate medical education in a manner
that:
1214 (a) prepares postgraduate medical residents, as defined by the accreditation council on graduate medical
education, for inpatient, outpatient, hospital, community, and geographically diverse settings;
1217 (b) encourages the coordination of interdisciplinary clinical training among health care professionals in
training;
1219 (c) promotes stable funding for the clinical training of health care professionals in training; and
1221 (d) only funds accredited clinical training programs; and
1222 (5) advise on the implementation of the program.
- 1183 Section 20. Section **26C-2-110** is renumbered and amended to read:
1185 ~~[26B-4-709]~~ 26C-2-110. Powers of UMEC.
- The UMEC may:
- 1227 (1) appoint advisory committees of broad representation on interdisciplinary clinical education,
workforce mix planning and projections, funding mechanisms, and other topics as is necessary;
1230 (2) use federal money for necessary administrative expenses to carry out UMEC's duties and powers as
permitted by federal law;
1232 (3) distribute program money in accordance with Subsection [~~26B-4-708(4)~~] 26C-2-109(4); and

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- 1234 (4) as is necessary to carry out UMEC's duties under Section [~~26B-4-708~~] 26C-2-109, adopt rules in
accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act.
- 1196 Section 21. Section **26C-2-111** is renumbered and amended to read:
- 1198 ~~[26B-4-711]~~ **26C-2-111. Residency grant program.**
- 1239 (1) As used in this section:
- 1240 (a) "D.O. program" means an osteopathic medical program that prepares a graduate to obtain licensure
as a doctor of osteopathic medicine upon completing a state's licensing requirements.
- 1243 (b) "M.D. program" means a medical education program that prepares a graduate to obtain licensure as
a doctor of medicine upon completing a state's licensing requirements.
- 1246 (c) "Residency program" means a program that provides training for graduates of a D.O. program or an
M.D. program.
- 1248 (2) UMEC shall develop a grant program where a sponsoring institution in Utah may apply for a grant
to establish a new residency program or expand a current residency program.
- 1250 (3) An applicant for a grant shall:
- 1251 (a) provide the proposed specialty area for each grant funded residency position;
- 1252 (b) identify where the grant funded residency position will provide care;
- 1253 (c)
- (i) provide proof that the residency program is accredited by the Accreditation Council for Graduate
Medical Education; or
- 1255 (ii) identify what actions need to occur for the proposed residency program to become accredited by the
Accreditation Council for Graduate Medical Education;
- 1257 (d) identify how a grant funded residency position will be funded once the residency program exhausts
the grant money;
- 1259 (e) agree to implement selection processes for a residency position that treat applicants from D.O.
programs and applicants from M.D. programs equally;
- 1261 (f) agree to provide information identified by UMEC that relates to post-residency employment
outcomes for individuals who work in grant funded residency positions; and
- 1264 (g) provide any other information related to the grant application UMEC deems necessary.
- 1266 (4) UMEC shall prioritize awarding grants to new or existing residency programs that will:
- 1267 (a) address a workforce shortage, occurring in Utah, for a specialty; or
- 1268 (b) serve an underserved population, including a rural population.

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- 1269 (5)
- (a) An applicant that receives a grant under this section may apply, every two years, to renew the grant for two years.
- 1271 (b) An applicant to renew a grant under Subsection (5)(a) shall provide a statement that:
- 1272 (i) the applicant applied for federal funding and was not awarded federal funding in an amount that fully funds each grant funded residency position; or
- 1274 (ii) the funding the applicant described in Subsection (3)(d) is unavailable to the applicant.
- 1276 (6) Each November 1 until November 2026 and then every three years thereafter, the Health Workforce Advisory Council, in consultation with UMEC, shall provide a written report to the Higher Education Appropriations Subcommittee and the Social Services Appropriations Subcommittee describing:
- 1280 (a) which sponsoring institutions received a grant;
- 1281 (b) the number of residency positions created; and
- 1282 (c) for each residency position created:
- 1283 (i) the type of specialty;
- 1284 (ii) where the residency position provides care; and
- 1285 (iii) an estimated date of when a grant funded residency position will no longer need grant funding.
- 1247 Section 22. Section **26C-2-112** is renumbered and amended to read:
- 1249 ~~**26B-4-712**~~ **26C-2-112. Forensic psychiatrist fellowship grant.**
- 1291 (1) As used in this section, "forensic psychiatry" means the provision of services by an individual who:
- 1293 (a) is a licensed physician;
- 1294 (b) is board certified or board eligible for a psychiatry specialization recognized by the American Board of Medical Specialists or the American Osteopathic Association's Bureau of Osteopathic Specialists; and
- 1297 (c) uses scientific and clinical expertise in legal contexts involving the mental health of individuals.
- 1299 (2) UMEC shall establish a grant program that will facilitate the creation of a single forensic psychiatrist fellowship program.
- 1301 (3) An applicant for the grant shall:
- 1302 (a) demonstrate how the applicant is best suited for developing a forensic psychiatry fellowship program, including:
- 1304 (i) a description of resources that would be available to the program; and

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- 1305 (ii) any resources or staff that need to be acquired for the program;
- 1306 (b) identify what needs to occur for the proposed residency program to become accredited by the Accreditation Council for Graduate Medical Education;
- 1308 (c) provide an estimate of how many individuals would be trained in the program at any one time;
- 1310 (d) provide any information related to the grant application UMEC deems necessary for awarding the grant; and
- 1312 (e) if awarded the grant, agree to:
- 1313 (i) enter into a contract with the Department of Corrections that the applicant will provide for the provision of forensic psychiatry services to an individual:
- 1315 (A) who needs psychiatric services; and
- 1316 (B) is under the Department of Corrections' jurisdiction; and
- 1317 (ii) ensure that any individual hired to provide forensic psychiatry services will comply with all relevant:
- 1319 (A) national licensing requirements; and
- 1320 (B) state licensing requirements under Title 58, Occupations and Professions.
- 1281 Section 23. Section **23** is enacted to read:
- 1283 **26C-3-101. Program -- Executive director -- Duties.**
3. Utah Cares Health Financing Program
- 1324 (1) The commission shall appoint an executive director who shall be the executive and administrative head of the program.
- 1326 (2) The executive director:
- 1327 (a) may hire and remove employees and consultants as necessary to accomplish the duties described in this chapter and to assist with the commission's duties;
- 1329 (b) shall establish an enrollment system that will ensure that all eligible Utah residents are formally enrolled;
- 1331 (c) shall ensure the program carries out duties assigned to the program under this title; and
- 1333 (d) may utilize and shall coordinate with the offices, staff, and resources of any agencies of the executive branch.
- 1335 (3) The program shall:
- 1336 (a) act as a self-insurer of enrollee benefit plans and administer those plans;
- 1337

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- (b) indemnify benefit plans or purchase commercial reinsurance as considered appropriate by the program;
- 1339 (c) process claims by making prompt payments to health care providers and health care facilities for covered services;
- 1341 (d) invest trust fund assets consistent with state law;
- 1342 (e) establish and maintain a formulary of covered prescription drugs and negotiate prices with pharmaceutical companies;
- 1344 (f) obtain an annual actuarial review of all health and dental benefit plans and a periodic review of the program;
- 1346 (g) annually submit a budget and audited financial statements to the governor and Legislature that includes total projected benefit costs and administrative costs;
- 1348 (h) submit the program's recommended benefit and rate adjustments to:
- 1349 (i) the Legislature;
- 1350 (ii) the commission; and
- 1351 (iii) the director of the state Division of Human Resource Management;
- 1352 (i) administer benefits and rates upon ratification of the commission;
- 1353 (j)
- (i) require enrollees to participate in the electronic exchange of clinical health records in accordance with Section 26B-8-411 unless the enrollee opts out of participation; and
- 1356 (ii) before enrollment, each time the enrollee logs onto the program's website, and each time the enrollee receives written enrollment information from the program, provide notice to the enrollee of the enrollee's participation in the electronic exchange of clinical health records and the option to opt out of participation at any time;
- 1361 (k) develop an information management system that is compatible with medical and dental facilities and offices in the state;
- 1363 (l) develop a system to monitor the quality of care;
- 1364 (m) develop utilization management strategies;
- 1365 (n) be the state's primary entity for applying for and negotiating waivers described in 42 U.S.C. Sec. 18052;
- 1367 (o) negotiate with the federal government to provide coverage for veterans, Native Americans, federal employees, and the military; and

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- 1369 (p) take additional actions necessary or appropriate to carry out the purposes of this chapter.
- 1371 (4) The program may establish a partnership with a public entity in a different state to purchase or share
services related to the administration of medical benefits if:
- 1373 (a) the program receives approval for the partnership from the commission; and
- 1374 (b) the partnership:
- 1375 (i) creates cost savings for Utah;
- 1376 (ii) does not commingle state funds with funds of the public entity in the other state; and
- 1378 (iii) does not pose a greater actuarial risk to Utah than the program has already assumed.
- 1380 (5) Before January 1, 2031, the program shall provide a report to the Legislature regarding the
coordination and incorporation of benefits for medically necessary care between the program and
the following:
- 1383 (a) workers' compensation;
- 1384 (b) automotive insurance carriers; and
- 1385 (c) other entities that provide indemnity insurance that involves medical care.
- 1346 Section 24. Section 24 is enacted to read:
- 1347 **26C-3-102. Eligibility.**
- 1388 (1) An individual is eligible to enroll in the program if the individual is:
- 1389 (a) a United States citizen;
- 1390 (b) lives in Utah as evidenced by an intent to continue to live in Utah and to return to Utah if
temporarily absent, coupled with an act or acts consistent with that intent; and
- 1392 (c) not enrolled in Medicaid or Medicare.
- 1393 (2) Beginning January 1, 2028, the program shall enroll:
- 1394 (a) employees of:
- 1395 (i) the state;
- 1396 (ii) counties and municipalities;
- 1397 (iii) public school districts;
- 1398 (iv) charter schools; and
- 1399 (v) state institutions of higher education; and
- 1400 (b) individuals described in Section 53-2d-703.
- 1401

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(3) Beginning January 1, 2028, and ending on January 1, 2030, entities described in Subsection (2) (a) shall transfer money to the fund equal to the annual amount the entity expended to provide employee health {care} insurance as of January 1, {2025} 2026.

1404 (4) Beginning January 1, 2029, the program shall begin enrolling any eligible individual.

1405 (5) Beginning January 1, 2029, a nonprofit entity may choose to merge the nonprofit entity's health benefit plan with the program if the nonprofit entity transfers funds equal to the annual amount of funds the nonprofit entity expended to provide employee health care:

1409 (a) based on the immediate year before the transfer; and

1410 (b) for at least two years thereafter.

1371 Section 25. Section **25** is enacted to read:

1373 **26C-4-101. Payments for non-enrollee health care -- Out-of-state care -- Secondary coverage.**

4. Rates and Payments

1415 (1) Beginning November 1, 2029, for health care services provided to a non-enrollee, the program will bill the individual and reimburse the health care provider at a reasonable rate.

1418 (2)

(a) Payment for emergency care of an enrollee obtained out-of-state shall be paid at prevailing local rates of where the care was obtained.

1420 (b) Payment for non-emergency care of an enrollee obtained out-of-state shall be according to rates and conditions established by the commission.

1422 (c)

(i) The commission may require that an enrollee be transported back to Utah when prolonged treatment of an emergency condition is necessary if transportation is safe for the patient in light of the patient's medical condition.

1425 (ii) The program shall pay for transporting an individual described in Subsection (2)(c)(i).

1427 (3) If an enrollee has other health insurance coverage for a service that is covered by the program, the program shall act as the secondary insurer for insurance coverage purposes.

1389 Section 26. Section **26** is enacted to read:

1390 **26C-4-102. Health care provider and facility rates and payments.**

1432 (1) Beginning November 1, 2029, a health care facility may not bill an individual for services performed by the health care facility.

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1434 (2) Except for operating and capital budget facilities, the program shall negotiate and set rates for health care providers and health care facilities participating in the program in an amount equal to or exceeding the Medicare fee amount plus 10% of the Medicare fee.

1437 (3)

(a) The program shall negotiate with each operating and capital budget facility independently to set a specific operating and capital budget for each facility.

1439 (b) The program shall make payments to an operating and capital budget facility on a monthly basis.

1401 Section 27. Section **27** is enacted to read:

1403 **26C-5-101. Health plan.**

5. Covered Health Benefits

1444 (1) The program shall provide a health plan that:

1445 (a) complies with 42 U.S.C. Sec. 18022(b)(1);

1446 (b) unless otherwise provided in this title, contains no cost-sharing for all non-pharmaceutical services;

1448 (c) provides the lowest possible cost-sharing for pharmaceutical services; and

1449 (d) maintains a benefits offering that is equivalent to the offering provided to state employees as of January 1, 2026.

1451 (2) As soon as practicable, the program shall develop a Medicare advantage plan for eligible individuals.

1413 Section 28. Section **26C-5-102** is renumbered and amended to read:

1415 ~~[49-20-416]~~ **26C-5-102. Screening, Brief Intervention, and Referral to Treatment program reimbursement.**

1457 (1) As used in this section:

1458 (a) "Controlled substance prescriber" means a controlled substance prescriber, as that term is defined in Section 58-37-6.5, who:

1460 (i) has a record of having completed SBIRT training, in accordance with Subsection 58-37-6.5(2), before providing the SBIRT services; and

1462 (ii) is a program enrolled controlled substance prescriber.

1463 (b) "SBIRT" means the same as that term is defined in Section 58-37-6.5.

1464 (2) The ~~[health{ }]~~ program ~~[offered to the state employee risk pool under Section 49-20-202]~~ shall reimburse a controlled substance prescriber who provides SBIRT services to ~~[a covered individual]~~ an enrollee who is 13 years ~~[of age]~~ old or older for the SBIRT services.

SB0300 compared with SB0300S01

- 1428 Section 29. Section **26C-5-103** is renumbered and amended to read:
- 1430 ~~[49-20-418]~~ **26C-5-103. Expanded infertility treatment benefit.**
- 1472 (1) As used in this section:
- 1473 (a) "Assisted reproductive technology" means the same as the term is defined in 42 U.S.C. Sec. 263a-7.
- 1475 (b) "Physician" means the same as the term is defined in Section 58-67-102.
- 1476 (c) "Qualified assisted reproductive technology cycle" means the use of covered assisted reproductive
technology to transfer a single embryo for implantation.
- 1478 (d) "Qualified individual" means an individual[;]
- 1479 ~~[(i) covered within the state risk pool; and]~~
- 1480 ~~[(ii)]~~ _eligible for maternity benefits under the program.
- 1481 (2)
- 1483 (a) The program shall provide coverage for qualified assisted reproductive technology cycles.
- 1485 (b) The benefit is subject to the same cost sharing requirements as the qualified individual's plan.
- 1485 (3) A qualified individual shall receive the benefit described in Subsection (2) if:
- 1486 (a) the qualified individual is the patient who will use the assisted reproductive technology;
- 1488 (b)
- 1490 (i) the patient's physician verifies that the patient or the patient's spouse has a demonstrated condition
recognized by a physician as a cause of infertility; or
- 1493 (ii) the patient attests that the patient is unable to conceive a pregnancy or carry a pregnancy to a live
birth after a year or more of regular sexual relations without contraception;
- 1493 (c) the patient attests that the patient has been unable to attain a successful pregnancy through any less-
costly, potentially effective infertility treatments for which coverage is available under the health
benefit plan; and
- 1496 (d) the use of the assisted reproductive technology procedure complies with the program's clinical
policies and is performed by a health care provider who contracts with or is otherwise approved by
the program.
- 1499 (4)
- 1502 (a) The provision of a benefit in accordance with this section shall satisfy, in accordance with
Subsection 31A-22-610.1(1)(c)(ii), the requirement to provide an adoption indemnity benefit to a
qualified individual under Section 31A-22-610.1.

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- (b) If a qualified individual has received the adoption indemnity benefit required under Section 31A-22-610.1, the qualified individual may not receive a benefit in accordance with this section.

1465 Section 30. Section **26C-5-104** is renumbered and amended to read:

1467 ~~[49-20-419]~~ **26C-5-104. Coverage of exome sequence testing.**

- 1508 (1) As used in this section, "exome sequence testing" means a genomic technique for sequencing the genome of an individual for diagnostic purposes.
- 1510 (2) ~~[Beginning July 1, 2019, the]~~ The program shall provide coverage for exome sequence testing:
- 1512 (a) for ~~[a covered individual within the state risk pool]~~ an enrollee who:
- 1513 (i) is younger than 21 years ~~[of age]~~ old; and
- 1514 (ii) who remains undiagnosed after exhausting all other appropriate diagnostic-related tests;
- 1516 (b) performed by a nationally recognized provider with significant experience in exome sequence testing;
- 1518 (c) that is medically necessary; and
- 1519 (d) at a rate set by the program.

1480 Section 31. Section **26C-5-105** is renumbered and amended to read:

1482 ~~[49-20-420]~~ **26C-5-105. Coverage for in vitro fertilization and genetic testing.**

- 1524 (1) As used in this section:
- 1525 (a) "Qualified condition" means:
- 1526 (i) cystic fibrosis;
- 1527 (ii) spinal muscular atrophy;
- 1528 (iii) Morquio Syndrome;
- 1529 (iv) myotonic dystrophy; or
- 1530 (v) sickle cell anemia.
- 1531 (b) "Qualified individual" means ~~[a covered individual]~~ an enrollee who:
- 1532 (i) has been diagnosed by a physician as having a genetic trait associated with a qualified condition; and
- 1534 (ii) intends to get pregnant with a partner who is diagnosed by a physician as having a genetic trait associated with the same qualified condition as the ~~[covered individual]~~ enrollee.
- 1537 (2) ~~[For a plan year that begins on or after July 1, 2020, the]~~ The program shall provide coverage for a qualified individual for:
- 1539 (a) in vitro fertilization services; and

1540

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(b) genetic testing of a qualified individual who receives in vitro fertilization services under Subsection (2)(a).

1542 (3) Before November 1, 2022, and before November 1 of every third year thereafter, the program shall:

1544 (a) calculate the change in state spending attributable to the coverage under this section; and

1546 (b) report the amount described in Subsection (3)(a) to the Health and Human Services Interim Committee and the Social Services Appropriations Subcommittee.

1508 Section 32. Section **26C-5-106** is renumbered and amended to read:

1510 ~~[49-20-422]~~ **26C-5-106. Coverage of pregnancy and childbirth services, including doula, direct-entry midwife, and birthing center services.**

1553 (1) As used in this section:

1554 (a) "Doula" means an individual who:

1555 (i) provides information and physical and emotional support:

1556 (A) to a pregnant or postpartum individual; and

1557 (B) related to the pregnant or postpartum individual's pregnancy; and

1558 (ii) is certified by one or more organizations approved by the program.

1559 (b) "Pregnancy and childbirth services" means services provided to a pregnant individual before, during, or shortly after childbirth:

1561 (i) by a doula for the services described in Subsections (1)(a)(i) and (ii); and

1562 (ii) at a birthing center that:

1563 (A) is licensed under Title 26B, Chapter 2, Licensing and Certifications, or accredited by the Commission for the Accreditation of Birth Centers; and

1565 (B) may include services by a direct-entry midwife licensed under Title 58, Chapter 77, Direct-Entry Midwife Act, if the direct-entry midwife is engaged in the practice of direct-entry midwifery, as defined in Section 58-77-102.

1568 (c) "Qualified individual" means ~~[a covered individual]~~ an enrollee who~~[-is]~~:

1569 ~~[(i) within the state employees' risk pool; and]~~

1570 ~~[(ii)~~

~~(A)]~~ (i) is pregnant; or

1571 ~~[(B)]~~ (ii) was pregnant within the past six months.

1572 (2) For a plan year that begins on or after July 1, 2023, and before July 1, 2026, the program shall cover pregnancy and childbirth services to a qualified individual.

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- 1574 (3) The program may establish limits for coverage under Subsection (2), including limits based on:
1576 (a) the type or number of services provided;
1577 (b) a qualified individual's physical or emotional condition; and
1578 (c) conditions for provider participation.
1579 (4) The program shall report to the Health and Human Services Interim Committee on or before
October 1 of each year regarding coverage provided under Subsection (2), including:
1582 (a) covered providers;
1583 (b) covered services;
1584 (c) provider payment rates;
1585 (d) covered-individual cost sharing;
1586 (e) total provider payments and covered-individual cost sharing; and
1587 (f) any indicators of whether pregnancy and childbirth services covered under Subsection (2) have:
1589 (i) reduced pregnancy or postpartum coverage costs; or
1590 (ii) improved pregnancy or postpartum care.

1551 Section 33. Section **33** is enacted to read:

1553 **26C-6-101. Reserved.**

6. Medicaid Division

Reserved.

1555 Section 34. Section **34** is enacted to read:

1556 **26C-6-102. Medicaid Division.**

- 1597 (1) There is created within the program the Medicaid Division.
1598 (2) The state Medicaid director shall be the head of the division and report to the executive director of
the program.
1600 (3) The Medicaid Division shall administer the Medicaid program described in Title 26B, Health and
Human Services Code.
1602 (4) This section does not take affect until necessary waivers and state plan amendments are approved
under Section 26B-3-104.1.

1564 Section 35. Section **26C-7-101** is renumbered and amended to read:

1606 **CHAPTER 7. Employee Benefits**

1567 **~~[49-20-406]~~ 26C-7-101. Insurance benefits for employees' beneficiaries.**

- 1609 (1) As used in this section:

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- 1610 (a) "Children" includes stepchildren and legally adopted children.
- 1611 (b) "Covered individual" means an employee of the state.
- 1612 [~~(b)~~] (c)
- (i) "Line-of-duty death" means a death resulting from:
- 1613 (A) external force or violence occasioned by an act of duty as an employee; or
- 1614 (B) strenuous activity, including a heart attack or stroke, that occurs during strenuous training or another strenuous activity required as an act of duty as an employee.
- 1617 (ii) "Line-of-duty death" does not include a death that:
- 1618 (A) occurs during an activity that is required as an act of duty as an employee if the activity is not a strenuous activity, including an activity that is clerical, administrative, or of a nonmanual nature contributes to the employee's death;
- 1621 (B) occurs during the commission of a crime committed by the employee;
- 1622 (C) the employee's intoxication or use of alcohol or drugs, whether prescribed or nonprescribed, contributes to the employee's death; or
- 1624 (D) occurs in a manner other than as described in Subsection [~~(1)(b)(i)~~] (1)(c)(i).
- 1625 [~~(e)~~] (d)
- (i) "Strenuous activity" means engagement involving a difficult, stressful, or vigorous fire suppression, rescue, hazardous material response, emergency medical service, physical law enforcement, prison security, disaster relief, or other emergency response activity.
- 1629 (ii) "Strenuous activity" includes participating in a participating employer sanctioned and funded training exercise that involves difficult, stressful, or vigorous physical activity.
- 1632 (2) The beneficiary of a covered individual [~~who is employed by the state~~] and who has a line-of-duty death shall receive[~~;~~]
- 1634 [~~(a)~~] the proceeds of a \$50,000 group term life insurance policy paid for by the state and administered and provided as part of the group life insurance program under this chapter[~~;~~ and] .
- 1637 [~~(b) group health, dental, and vision coverage paid for by the state that covers the covered individual's:~~]
- 1639 [~~(i) surviving spouse until becoming eligible for Medicare as long as the surviving spouse continues coverage with the program; and]~~
- 1641 [~~(ii) unmarried children up to the age of 26.]~~
- 1642 (3) A covered employer not required to provide the benefits under Subsection (2) may provide any of the benefits described in Subsection (2) by paying rates established by the program.

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1645 (4) The benefit provided under Subsection [(2)(a)] (2) is subject to the same terms and conditions as the
group life insurance program provided under this chapter.

1607 Section 36. Section 31A-22-605.5 is amended to read:

1608 **31A-22-605.5. Application.**

1649 (1) For purposes of this section "insurance mandate":

1650 (a) means a mandatory obligation with respect to coverage, benefits, or the number or types of
providers imposed on policies of accident and health insurance; and

1652 (b) does not mean:

1653 (i) an administrative rule imposing a mandatory obligation with respect to coverage, benefits, or
providers unless that mandatory obligation was specifically imposed on policies of accident and
health insurance by statute; or

1656 (ii) an insurance mandate in an essential health benefits package imposed pursuant to the Patient
Protection and Affordable Care Act, Pub. L. No. 111-148, and the Health Care Education
Reconciliation Act of 2010, Pub. L. No. 111-152, and federal rules related to their implementation.

1660 (2)

(a) Notwithstanding the provisions of Subsection 31A-1-103(3)(f), the following shall apply to health
coverage offered [~~to the state employees' risk pool under Subsection 49-20-202(1)(a)] through the
program described in Section 26C-3-101:~~

1663 (i) any law enacted under this title that becomes effective after January 1, 2002, which provides for
an insurance mandate for policies of accident and health insurance; and

1666 (ii) in accordance with Section 31A-22-613.5, disclosure requirements for coverage limitations.

1668 (b) Notwithstanding the provisions of Subsection 31A-1-103(3)(f), a health insurance mandate enacted
under this title after January 1, 2012, shall apply to~~[-]~~ the program described in Section 26C-3-101.

1671 [~~(i) health coverage offered to the state employees' risk pool under Subsection 49-20-202(1)(a); and]~~

1673 [~~(ii) health coverage offered to public school districts, charter schools, and institutions of higher
education under Subsection 49-20-201(1)(b).]~~

1675 [(e)] (3) [~~If health coverage offered to the state employees' risk pool under Subsections 49-20-201(1)
(b) and 49-20-202(1)(a) offers coverage in the same manner and to the same extent as the
coverage required by an insurance mandate enacted under this title or coverage that is greater
than the insurance mandate enacted under this title, the coverage offered to state employees under
Subsections 49-20-201(1)(b) and 49-20-202(1)(a) will be considered in compliance with the~~

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~~insurance mandate.] Beginning January 1, 2028, a political subdivision, a public school district, a charter school, and a state funded institution of higher education may provide a health benefit plan exclusively through the program described in Section 26C-3-101.~~

1684 [(d) The programs regulated under Subsections 49-20-201(1)(b) and 49-20-202(1)(a) shall report to the Retirement and Independent Entities Committee created under Section 63E-1-201 by November 30 of each year in which a mandate is enacted under the provisions of this section. The report shall include the costs and benefits of the particular mandatory obligation.]

1689 [(3)

(a) ~~An insurance mandate for policies of accident and health insurance enacted under this title after January 1, 2012, shall apply to a health plan offered by a public school district, a charter school, or a state funded institution of higher education that is not insured through the Public Employees' Benefit and Insurance Program.]~~

1693 [(b) If an insurance mandate for policies of accident and health insurance is enacted under this title after January 1, 2012, the state shall determine whether each entity described in Subsections (2) and (3)(a) offers coverage in the same manner and to the same extent, or greater than the insurance coverage required in the mandate enacted after January 1, 2012.]

1698 [(c) Before enacting an insurance mandate, the state shall, for each entity that does not offer coverage in accordance with Subsection (3)(b):]

1700 [(i) determine the cost to the entity of implementing the insurance mandate; and]

1701 [(ii) appropriate money necessary to fund the full cost to the entity of implementing the insurance mandate.]

1663 Section 37. Section **31A-22-613.5** is amended to read:

1664 **31A-22-613.5. Price and value comparisons of health insurance.**

1706 (1)

(a) This section applies to all health benefit plans.

1707 (b) Subsection (2) applies to[;]

1708 [(i)] all health benefit plans[; and] .

1709 [(ii) coverage offered to state employees under Subsection 49-20-202(1)(a).]

1710 (2) The commissioner shall promote informed consumer behavior and responsible health benefit plans by requiring an insurer issuing a health benefit plan to provide to all enrollees, before enrollment in the health benefit plan, written disclosure of:

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- 1713 (a) restrictions or limitations on prescription drugs and biologics, including:
- 1714 (i) the use of a formulary;
- 1715 (ii) co-payments and deductibles for prescription drugs; and
- 1716 (iii) requirements for generic substitution;
- 1717 (b) coverage limits under the plan;
- 1718 (c) any limitation or exclusion of coverage, including:
- 1719 (i) a limitation or exclusion for a secondary medical condition related to a limitation or exclusion from coverage; and
- 1721 (ii) easily understood examples of a limitation or exclusion of coverage for a secondary medical condition;
- 1723 (d)
- (i)
- (A) each drug, device, and covered service that is subject to a preauthorization requirement as defined in Section 31A-22-650; or
- 1725 (B) if listing each device or covered service in accordance with Subsection (2)(d)(i)(A) is too numerous to list separately, all devices or covered services in a particular category where all devices or covered services have the same preauthorization requirement;
- 1729 (ii) each requirement for authorization as defined in Section 31A-22-650 for:
- 1730 (A) each drug, device, or covered service described in Subsection (2)(d)(i)(A); and
- 1731 (B) each category of devices or covered services described in Subsection (2)(d)(i)(B); and
- 1733 (iii) sufficient information to allow a network provider or enrollee to submit all of the information to the insurer necessary to meet each requirement for authorization described in Subsection (2)(d)(ii);
- 1736 (e) whether the insurer permits an exchange of the adoption indemnity benefit in Section 31A-22-610.1 for infertility treatments, in accordance with Subsection 31A-22-610.1(1)(c)(ii) and the terms associated with the exchange of benefits; and
- 1739 (f) whether the insurer provides coverage for telehealth services in accordance with Section 26B-3-123 and terms associated with that coverage.
- 1741 (3) An insurer shall provide the disclosure required by Subsection (2) in writing to the commissioner:
- 1743 (a) upon commencement of operations in the state; and
- 1744 (b) anytime the insurer amends any of the following described in Subsection (2):
- 1745 (i) treatment policies;

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- 1746 (ii) practice standards;
- 1747 (iii) restrictions;
- 1748 (iv) coverage limits of the insurer's health benefit plan or health insurance policy; or
- 1749 (v) limitations or exclusions of coverage including a limitation or exclusion for a secondary medical condition related to a limitation or exclusion of the insurer's health insurance plan.
- 1752 (4)
- (a) An insurer shall provide the enrollee with notice of an increase in costs for prescription drug coverage due to a change in benefit design under Subsection (2)(a):
- 1754 (i) either:
- 1755 (A) in writing; or
- 1756 (B) on the insurer's website; and
- 1757 (ii) at least 30 days prior to the date of the implementation of the increase in cost, or as soon as reasonably possible.
- 1759 (b) If under Subsection (2)(a) a formulary is used, the insurer shall make available to prospective enrollees and maintain evidence of the fact of the disclosure of:
- 1761 (i) the drugs included;
- 1762 (ii) the patented drugs not included;
- 1763 (iii) any conditions that exist as a precedent to coverage; and
- 1764 (iv) any exclusion from coverage for secondary medical conditions that may result from the use of an excluded drug.
- 1766 (c) The commissioner shall develop examples of limitations or exclusions of a secondary medical condition that an insurer may use under Subsection (2)(c).
- 1768 (5) Examples of a limitation or exclusion of coverage provided under this section or otherwise are for illustrative purposes only, and the failure of a particular fact situation to fall within the description of an example does not, by itself, support a finding of coverage.
- 1772 (6) An insurer shall:
- 1773 (a) post the information described in Subsection (2)(d) on the insurer's website and provider portal;
- 1775 (b) if requested by an enrollee, provide the enrollee with the information required by this section by mail or email; and
- 1777

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- (c) if requested by a network provider for a specific drug, device, or covered service, provide the network provider with the information described in Subsection (2)(d) for the drug, device, or covered service by mail or email.

1740 Section 38. Section **31A-22-635** is amended to read:

1741 **31A-22-635. Uniform application -- Uniform waiver of coverage.**

1783 (1) For purposes of this section, "insurer"[:] means the same as that term

1784 [~~(a)~~] ~~is defined in Subsection 31A-22-634(1)[;and] .~~

1785 [~~(b) includes the state employee's risk pool under Section 49-20-202.]~~

1786 (2)

(a) Insurers offering a health benefit plan to an individual or small employer shall use a uniform application form.

1788 (b) The uniform application form:

1789 (i) may not include questions about an applicant's health history; and

1790 (ii) shall be shortened and simplified in accordance with rules adopted by the commissioner.

1792 (c) Insurers offering a health benefit plan to a small employer shall use a uniform waiver of coverage form, which may not include health status related questions, and is limited to:

1795 (i) information that identifies the employee;

1796 (ii) proof of the employee's insurance coverage; and

1797 (iii) a statement that the employee declines coverage with a particular employer group.

1799 (3) Notwithstanding the requirements of Subsection (2)(a), the uniform application and uniform waiver of coverage forms may, if the combination or modification is approved by the commissioner, be combined or modified to facilitate a more efficient and consumer friendly experience for insurers using electronic applications.

1803 (4)

(a) The uniform application form, and uniform waiver form, shall be adopted and approved by the commissioner in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act.

1806 (b) The commissioner shall regulate the fees charged by insurers to an enrollee for a uniform application form or electronic submission of the application forms.

1768 Section 39. Section **31A-22-647** is amended to read:

1769 **31A-22-647. Insurer shared savings program.**

1810 (1) As used in this section:

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- 1811 (a) "Insurer" means a person who offers health care insurance, including a health maintenance
organization as that term is defined in Section 31A-8-101.
- 1813 [~~(b) "PEHP" means the Public Employees' Benefit and Insurance Program created in Section
49-20-103.~~]
- 1815 [~~(e)~~] (b) "Savings reward program" means a program to reward a health insurance enrollee if the
enrollee receives services:
- 1817 (i) covered by the enrollee's health plan; and
- 1818 (ii) from a provider whose costs for services are lower than the average costs for the services.
- 1820 (2) An insurer may, in accordance with Subsection [~~(4)~~] (3), establish a savings reward program for a
health benefit plan that is:
- 1822 (a) offered by the insurer; and
- 1823 (b) entered into or renewed on or after January 1, 2019.
- 1824 [~~(3) PEHP shall, in accordance with Subsection (4), establish a savings reward program for a health
plan that is:~~]
- 1826 [~~(a) offered to state employees under Title 49, Chapter 20, Public Employees' Benefit and Insurance
Program Act; and]~~
- 1828 [~~(b) entered into or renewed on or after July 1, 2019.~~]
- 1829 [~~(4)~~] (3) A savings reward program described in Subsection (2)[~~or (3)~~] may include, in accordance with
federal and state law, rewards to the enrollee through:
- 1831 (a) premium discounts;
- 1832 (b) rebates;
- 1833 (c) reduction of out-of-pocket costs; or
- 1834 (d) other rewards or incentives developed by the insurer.
- 1795 Section 40. Section **31A-22-654** is amended to read:
- 1796 **31A-22-654. Study of coverage for in vitro fertilization and genetic testing -- Reporting --
Coverage requirements.**
- 1838 (1) As used in this section:
- 1839 (a) "Qualified condition" means the same as that term is defined in Section [~~49-20-420~~] 26C-5-105.
- 1841 (b) "Qualified insurer" means an insurer that provides a health benefit plan as defined in Section
31A-1-301 to more than 25,000 enrollees in the state as of December 31 of the preceding reporting
year.

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- 1844 (c) "Qualified enrollee" means an enrollee of a qualified insurer who:
- 1845 (i) has been diagnosed by a physician as having a genetic trait associated with a qualified condition; and
- 1847 (ii) intends to get pregnant with a partner who is diagnosed by a physician as having a genetic trait associated with the same qualified condition as the enrollee.
- 1849 (2)
- (a) A qualified insurer shall submit the information described in this Subsection (2) to the department for a plan year beginning:
- 1851 (i) on or after January 1, 2022, but before December 31, 2022; and
- 1852 (ii) on or after January 1, 2025, but before December 31, 2025.
- 1853 (b) A qualified insurer shall study whether providing the coverage for the services described in Subsections (3)(a) and (b) for qualified enrollees will result in cost savings for the qualified insurer.
- 1856 (c)
- (i) If a qualified insurer determines that providing the coverage described in Subsection (3) for qualified enrollees will result in cost savings for the qualified insurer, the qualified insurer shall submit a summary of the results of the study described in Subsection (2)(b), and:
- 1860 (A) describe how the qualified insurer intends to provide the coverage described in Subsection (3);
- or
- 1862 (B) submit an explanation of why the insurer will not provide the coverage described in Subsection (3).
- 1864 (ii) If a qualified insurer determines that providing the coverage described in Subsection (3) will not result in cost savings to the qualified insurer, the qualified insurer shall submit a summary of the results of the study described in Subsection (2)(b).
- 1868 (d) A qualified insurer shall provide the information required under this Subsection (2) to the department no later than:
- 1870 (i) January 1, 2022, for a plan year beginning on or after January 1, 2022, but before December 31, 2022; and
- 1872 (ii) January 1, 2025, for a plan year beginning on or after January 1, 2025, but before December 31, 2025.
- 1874 (3) A qualified insurer shall consider coverage for:
- 1875 (a) in vitro fertilization services for a qualified enrollee; and
- 1876

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(b) genetic testing of a qualified enrollee who received in vitro fertilization services under Subsection (3)(a).

1878 (4) The department shall report the information received under Subsection (2) to the Health and Human Services Interim Committee on or before:

1880 (a) for information submitted under Subsection (2)(a)(i), November 1, 2022; and

1881 (b) for information submitted under Subsection (2)(a)(ii), November 1, 2025.

1842 Section 41. Section **41** is enacted to read:

1843 **31A-22-663. Premium prohibition.**

1884 (1) As used in this section, "program" means the Utah Cares Health Financing Program created Title 26C, Utah Cares Act.

1886 (2) Notwithstanding any other provision of law, beginning January 1, 2029, a health benefit plan may not charge premiums for services covered by the program to an individual who is eligible to receive health benefit coverage through the program.

1889 (3) If an insurer offering a health benefit plan leaves the Utah market, the insurer shall forfeit any cash reserves held by the insurer to the department for the provision of health benefit coverage of individuals in the state.

1892 (4) The department shall deposit money obtained under this section into the fund described in Section 26C-1-103.

1854 Section 42. Section **31A-46-311** is amended to read:

1855 **31A-46-311. Prohibited actions with respect to the 340B drug discount program.**

1897 (1) As used in this section, "manufacturer" means a pharmaceutical manufacturer, including an agent or affiliate of a pharmaceutical manufacturer.

1899 (2) A manufacturer may not:

1900 (a) directly or indirectly restrict or prohibit:

1901 (i) a pharmacy from contracting with a 340B entity, including by denying the pharmacy access to a drug that is manufactured by the manufacturer;

1903 (ii) a 340B entity from contracting with a pharmacy, including by denying the 340B entity access to a drug that is manufactured by the manufacturer;

1905 (iii) the acquisition, dispensing, or delivery of a 340B drug to any location authorized by a 340B entity to receive the drug, unless prohibited by federal law; or

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- (iv) a 340B entity from receiving 340B drug discount program pricing for a 340B drug, including by imposing a time limitation on a 340B entity to replenish or submit a claim for a 340B drug;
- 1910 (b) directly or indirectly:
- 1911 (i) require a 340B entity to purchase a 340B drug from a supplier if the manufacturer would otherwise permit the 340B entity to purchase a drug that is not a 340B drug from the supplier; or
- 1914 (ii) require a 340B entity to submit any claim data, utilization data, or information about a 340B entity's contracts with a third-party as a condition for allowing the acquisition of a 340B drug by, or delivery of a 340B drug to, a 340B entity, unless the data or information sharing is required by federal law; or

1918 (c) interfere with:

- 1919 (i) a contract between a pharmacy and a 340B entity; or
- 1920 (ii) the ability of a pharmacy and a 340B entity to enter into a contract.

1921 [~~(3) The Public Employees' Benefit and Insurance Program created in Section 49-20-103 may adjust the program's business practices to mitigate any financial impacts resulting from this section.~~]

1924 [(4)] (3) Nothing in this section is to be construed to conflict with federal law.

1885 Section 43. Section **49-21-105** is amended to read:

1886 **49-21-105. Purpose -- Flexibility -- Administration.**

- 1927 (1) The purpose of this chapter is to provide long-term disability benefits for an eligible employee.
- 1929 (2) Subject to the provisions of Section 49-21-201, the program may include one or more long-term disability benefit plans that differ from the benefit plan specified by this chapter for [~~an eligible employee of a covered employer as defined under Section 49-20-102~~] employers who provided health benefits through the Public Employees' Benefit and Insurance Program as of January 1, 2027.
- 1934 (3) The program shall be administered by the office, under policies and rules adopted by the board.

1896 Section 44. Section **53-2d-703** is amended to read:

1897 **53-2d-703. Volunteer Emergency Medical Service Personnel Insurance Program -- Creation -- Administration -- Eligibility -- Benefits -- Rulemaking -- Advisory board.**

1940 (1) As used in this section:

- 1941 (a) "Basic life insurance benefit" means the standard group life insurance benefit offered by PEHP that combines basic life, line-of-duty, accidental death and disability, and dependent coverage into one benefit package.

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- (b) "Basic long-term disability benefit" means a \$1,000 monthly benefit arising from a disability determined in accordance with Title 49, Chapter 21, Public Employees' Long-Term Disability Act, and excluding any coverage offered on a pilot basis.
- 1947 (c) "Dental plan" means the same as that term is defined in Section 31A-22-646.
- 1948 (d) "Health benefit plan" means the same as that term is defined in Section 31A-1-301.
- 1949 (e) "Local government entity" means a political subdivision that:
- 1950 (i) is licensed as a ground ambulance provider under Part 5, Ambulance and Paramedic Providers or a quick response provider as designated under 53-2d-403; and
- 1953 (ii) does not offer health insurance benefits to volunteer emergency medical service personnel.
- 1955 (f) "PEHP" means the Public Employees' Benefit and Insurance Program created in Section 49-20-103.
- 1957 (g) "Political subdivision" means a county, a municipality, a limited purpose government entity described in Title 17B, Limited Purpose Local Government Entities - Special Districts, or Title 17D, Limited Purpose Local Government Entities - Other Entities, or an entity created by an interlocal agreement under Title 11, Chapter 13, Interlocal Cooperation Act.
- 1962 (h) "Qualifying association" means an association that represents two or more political subdivisions in the state.
- 1964 (i) "Qualifying community" means any of the following located in a county of the second class:
- 1966 (i) a city of the fifth class; or
- 1967 (ii) a town.
- 1968 (2) The Volunteer Emergency Medical Service Personnel Insurance Program shall promote recruitment and retention of volunteer emergency medical service personnel by making insurance available to volunteer emergency medical service personnel in accordance with this section.
- 1972 (3)
- (a) The bureau shall contract with a qualifying association to create, implement, and administer the Volunteer Emergency Medical Service Personnel Insurance Program described in this section.
- 1975 (b) The qualifying association will create promotional campaigns for the Volunteer Emergency Medical Service Personnel Insurance Program and volunteer emergency medical service recruitment and retention including outreach to local government entities through social media, video production, and other media platforms.
- 1979 (4) Participation in the program is limited to any individual who:
- 1980

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- (a) is licensed under Section 53-2d-402 as an emergency medical technician, an advanced emergency medical technician, or a paramedic;
- 1982 (b) is able to perform all necessary functions associated with the license;
- 1983 (c) provides emergency medical services under the direction of a local governmental entity:
- 1985 (i) by responding to 20% of calls for emergency medical services in a rolling twelve-month period; and
- 1987 (ii) within a qualifying community or a county of the third, fourth, fifth, or sixth class by responding to the number of calls described in Subsection (4)(c)(i); and
- 1989 (iii)
- (A) as a volunteer under the Fair Labor Standards Act, in accordance with 29 C.F.R. Sec. 553.106; or
- 1991 (B) as a part-time unbenefited employee, as classified by the employing local government entity;
- 1993 (d) if seeking health insurance:
- 1994 (i)
- (A) is not eligible for a health benefit plan through an employer or a spouse's employer; and
- 1996 (B) is not eligible for medical coverage under a government sponsored healthcare program; or
- 1998 (ii) the individual's premium cost for individual, double, or family coverage through another source exceeds 20% or greater of the premium cost of the program created by this section;
- 2001 (e) if seeking dental insurance:
- 2002 (i)
- (A) is not eligible for a dental plan through an employer or a spouse's employer; and
- 2004 (B) is not eligible for dental coverage under a government sponsored healthcare program; or
- 2006 (ii) the individual's premium cost for individual, double, or family coverage exceeds 20% or greater of the premium cost of the program created by this section; and
- 2008 (f) resides in the state.
- 2009 (5)
- (a) A participant in the program is eligible to participate in PEHP in accordance with Subsection (5)(b) and Subsection 49-20-201(3).
- 2011 (b) Health and dental benefits available to program participants under PEHP are limited to health insurance and dental insurance that:
- 2013 (i) covers the program participant and the program participant's eligible dependents on a July 1 plan year;
- 2015

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- (ii) accepts enrollment during an open enrollment period or for a special enrollment event, including the initial eligibility of a program participant;
- 2017 (iii) if the program participant is no longer eligible for benefits, terminates on the last day of the last month for which the individual is a participant in the Volunteer Emergency Medical Service Personnel Insurance Program; and
- 2020 (iv) is not subject to continuation rights under state or federal law.
- 2021 (c) Within existing appropriations, the Volunteer Emergency Medical Service Personnel Insurance Program may offer basic life insurance and long-term disability insurance to participants to enhance recruitment and retention efforts.
- 2024 (6)
- (a) The bureau may make rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to define additional criteria regarding benefit design, eligibility for the program, and to implement this section.
- 2027 (b) The bureau shall convene an advisory board:
- 2028 (i) to advise the bureau on making rules under Subsection (6)(a); and
- 2029 (ii) that includes representation from at least the following entities:
- 2030 (A) the qualifying association that receives the contract under Subsection (3); and
- 2031 (B) PEHP.
- 2032 (7) For purposes of this section, the qualifying association that receives the contract under Subsection (3) shall be considered the public agency for whom the program participant is volunteering under 29 C.F.R. Sec. 553.101.
- 2035 (8) Notwithstanding any other provision of law, coverage provided under this section shall be provided under Title 26C, Utah {~~Care Act beginning~~} Cares Act, beginning January 1, 2028.
- 1997 Section 45. Section **53-17-201** is amended to read:
- 1998 **53-17-201. Surviving spouse and children health, dental, and vision coverage for line-of-duty death.**
- 2040 (1)
- (a) Subject to Subsection (1)(b), and in accordance with this section, an employer shall allow the surviving spouse and children of a member whose death is classified by the Utah State Retirement Office as a line-of-duty death under the provisions of Title 49, Utah State Retirement and Insurance

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Benefit Act, to remain eligible for the following coverage, if offered by the employer, as if the surviving spouse was an employee of the employer:

- 2046 (i) health coverage;
- 2047 (ii) dental coverage; and
- 2048 (iii) vision coverage.
- 2049 (b) Except as provided in Subsection (1)(d), the employer shall pay:
- 2050 (i) 100% of the premium costs for the coverage described in Subsection (1)(a); and
- 2051 (ii) if the health coverage is a high-deductible plan, the employer share of any contribution into a health savings account for the surviving spouse and dependent children as described under Subsections (1)(a) and (2).
- 2054 (c) The employer may not require the surviving spouse to pay for premium costs or health savings account contributions as a condition of qualifying to continue to receive the coverage described in Subsection (1)(a).
- 2057 (d) An employer may pay the amount specified under Subsection (1)(b) through a cost-sharing agreement under Section 53-17-301 associated with the trust fund created under Section 53-17-401.
- 2060 (2) An employer shall allow a surviving spouse and children to remain eligible to receive coverage from the employer under this section at the option of the surviving spouse:
- 2062 (a) for the surviving spouse, until the surviving spouse becomes eligible for Medicare; and
- 2064 (b) for a child, until the child reaches the age of 26.
- 2065 (3) This section does not apply to:
- 2066 (a) a member who does not qualify for a line-of-duty death benefit under Title 49, Utah State Retirement and Insurance Benefit Act;
- 2068 (b) coverage for which, at the time of death, the member did not receive or qualify to receive; or
- 2070 ~~[(e) a member who is covered under Section {f} 49-20-406{ } 26C-7-101};]~~
- 2031 (c) an individual eligible for coverage under Title 26C, Utah Cares Act.
- 2032 Section 46. Section **58-1-112** is amended to read:
- 2033 **58-1-112. Data collection.**
- 2073 (1) As used in this section:
- 2074 (a) "Council" means the Utah Health Workforce Advisory Council created in Section [26B-1-425] 26C-2-105.

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(b) "Information center" means the Utah Health Workforce Information Center created in Section [26B-4-705] 26C-2-106.

2078 (2)

(a) In accordance with Subsection [26B-4-705(3)(a)] 26C-2-106(3)(a), the department shall work with the information center to identify relevant data pertaining to a profession described in Subsection (3).

2081 (b) The data should focus on:

2082 (i) identifying workforce shortages;

2083 (ii) identifying labor market indicators;

2084 (iii) determining the educational background of a licensee; and

2085 (iv) determining whether Utah is retaining a stable health workforce.

2086 (c) After the council approves data to be collected, the department shall request the data from a licensee when a licensee applies for a license or renews the licensee's license.

2088 (d) The department shall send the obtained data to the information center.

2089 (e) A licensee may not be denied a license for failing to provide the data described in Subsection (2)(c) to the department.

2091 (3)

(a) The department shall prioritize data collection for each profession licensed under:

2092 (i) Chapter 31b, Nurse Practice Act;

2093 (ii) Chapter 60, Mental Health Professional Practice Act;

2094 (iii) Chapter 61, Psychologist Licensing Act;

2095 (iv) Chapter 67, Utah Medical Practice Act;

2096 (v) Chapter 68, Utah Osteopathic Medical Practice Act;

2097 (vi) Chapter 69, Dentist and Dental Hygienist Practice Act; or

2098 (vii) Chapter 70a, Utah Physician Assistant Act.

2099 (b) After the department has collected data for each profession described in Subsection (3)(a), the department shall collect data for each profession licensed under:

2101 (i) Chapter 5a, Podiatric Physician Licensing Act;

2102 (ii) Chapter 17b, Pharmacy Practice Act;

2103 (iii) Chapter 24b, Physical Therapy Practice Act;

2104 (iv) Chapter 40, Recreational Therapy Practice Act;

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- 2105 (v) Chapter 41, Speech-Language Pathology and Audiology Licensing Act;
- 2106 (vi) Chapter 42a, Occupational Therapy Practice Act;
- 2107 (vii) Chapter 44a, Nurse Midwife Practice Act;
- 2108 (viii) Chapter 54, Radiologic Technologist, Radiologist Assistant, and Radiology Practical Technician
Licensing Act; or
- 2110 (ix) Chapter 57, Respiratory Care Practices Act.
- 2111 (c) The department shall collect data in accordance with this section for any health-related occupation
or profession that is regulated by the department and is not described in Subsection (3)(a) or (b) if:
- 2114 (i) funding is available;
- 2115 (ii) the council has identified a need for the data; and
- 2116 (iii) data has been collected for each profession described in Subsections (3)(a) and (3)(b).
- 2079 Section 47. Section **58-17b-802** is amended to read:
- 2080 **58-17b-802. Definitions.**
- As used in this part:
- 2121 (1)
- (a) "Cosmetic drug" means a prescription drug that:
- 2122 (i) is for the purpose of promoting attractiveness or altering the appearance of an individual; and
- 2124 (ii)
- (A) is listed as a cosmetic drug subject to the exemption under this section by the division by
administrative rule; or
- 2126 (B) has been expressly approved for online dispensing, whether or not it is dispensed online or through
a physician's office.
- 2128 (b) "Cosmetic drug" does not include a prescription drug that is:
- 2129 (i) a controlled substance;
- 2130 (ii) compounded by the physician; or
- 2131 (iii) prescribed for or used by the patient for the purpose of diagnosing, curing, or preventing a disease.
- 2133 (2) "Employer sponsored clinic" means[~~:]~~
- 2134 [~~(a)~~] _an entity that has a medical director who is licensed as a physician as defined in Section
58-67-102 and offers health care only to the employees of an exclusive group of employers and the
employees' dependents[~~;-or~~] _.
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~~[(b) a clinic designated as a clinic for state employees and their dependents by the Public Employees' Benefit and Insurance Program under the pilot program created by Section 49-20-413 including all the patients at that clinic, regardless of the patients' participation in the pilot program.]~~

2141 (3) "Health care" is as defined in Section 31A-1-301.

2142 (4)

(a) "Injectable weight loss drug" means an injectable prescription drug:

2143 (i) prescribed to promote weight loss; and

2144 (ii) listed as an injectable prescription drug subject to exemption under this section by the division by administrative rule.

2146 (b) "Injectable weight loss drug" does not include a prescription drug that is a controlled substance.

2148 (5) "Prepackaged drug" means a prescription drug that:

2149 (a) is not listed under federal or state law as a Schedule I, II, III, IV, or V drug; and

2150 (b) is packaged in a fixed quantity per package by:

2151 (i) the drug manufacturer;

2152 (ii) a pharmaceutical wholesaler or distributor; or

2153 (iii) a pharmacy licensed under this title.

2115 Section 48. Section **58-37-6.5** is amended to read:

2116 **58-37-6.5. Continuing education for controlled substance prescribers.**

2157 (1) For the purposes of this section:

2158 (a) "Controlled substance prescriber" means an individual, other than a veterinarian, who:

2160 (i) is licensed to prescribe a controlled substance under this chapter; and

2161 (ii) possesses the authority, in accordance with the individual's scope of practice, to prescribe schedule II controlled substances and schedule III controlled substances that are applicable to opioid narcotics, hypnotic depressants, or psychostimulants.

2164 (b) "D.O." means an osteopathic physician and surgeon licensed under Chapter 68, Utah Osteopathic Medical Practice Act.

2166 (c) "FDA" means the United States Food and Drug Administration.

2167 (d) "M.D." means a physician and surgeon licensed under Chapter 67, Utah Medical Practice Act.

2169 (e) "SBIRT" means the Screening, Brief Intervention, and Referral to Treatment approach used by the federal Substance Abuse and Mental Health Services Administration or defined by the division,

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in consultation with the Office of Substance Use and Mental Health, by administrative rule, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act.

- 2174 (2)
- (a) Beginning with the licensing period that begins after January 1, 2014, as a condition precedent for license renewal, each controlled substance prescriber shall complete at least 3.5 continuing education hours per licensing period that satisfy the requirements of Subsection (3).
- 2178 (b)
- (i) Beginning with the licensing period that begins after January 1, 2024, as a condition precedent for license renewal, each controlled substance prescriber shall complete at least 3.5 continuing education hours in an SBIRT-training class that satisfies the requirements of Subsection (4).
- 2182 (ii) Completion of the SBIRT-training class, in compliance with Subsection (2)(b)(i), fulfills the continuing education hours requirement in Subsection (3) for the licensing period in which the class was completed.
- 2185 (iii) A controlled substance prescriber:
- 2186 (A) need only take the SBIRT-training class once during the controlled substance prescriber's licensure in the state; and
- 2188 (B) shall provide a completion record of the SBIRT-training class in order to be reimbursed for SBIRT services to patients, in accordance with Sections 26B-3-131 and ~~[49-20-416]~~ 26C-5-102.
- 2191 (3) A controlled substance prescriber shall complete at least 3.5 hours of continuing education in one or more controlled substance prescribing classes, except dentists who shall complete at least two hours, that satisfy the requirements of Subsections (4) and (6).
- 2194 (4) A controlled substance prescribing class shall:
- 2195 (a) satisfy the division's requirements for the continuing education required for the renewal of the controlled substance prescriber's respective license type;
- 2197 (b) be delivered by an accredited or approved continuing education provider recognized by the division as offering continuing education appropriate for the controlled substance prescriber's respective license type; and
- 2200 (c) include a postcourse knowledge assessment.
- 2201 (5) An M.D. or D.O. completing continuing professional education hours under Subsection (4) shall complete those hours in classes that qualify for the American Medical Association Physician's Recognition Award Category 1 Credit.

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- 2204 (6) The 3.5 hours of the controlled substance prescribing classes under Subsection (4) shall include educational content covering the following:
- 2206 (a) the scope of the controlled substance abuse problem in Utah and the nation;
- 2207 (b) all elements of the FDA Blueprint for Prescriber Education under the FDA's Extended-Release and Long-Acting Opioid Analgesics Risk Evaluation and Mitigation Strategy, as published July 9, 2012, or as it may be subsequently revised;
- 2210 (c) the national and Utah-specific resources available to prescribers to assist in appropriate controlled substance and opioid prescribing;
- 2212 (d) patient record documentation for controlled substance and opioid prescribing;
- 2213 (e) office policies, procedures, and implementation; and
- 2214 (f) some training regarding medical cannabis, as that term is defined in Section 26B-4-201.
- 2216 (7)
- (a) The division, in consultation with the Utah Medical Association Foundation, shall determine whether a particular controlled substance prescribing class satisfies the educational content requirements of Subsections (4) and (6) for an M.D. or D.O.
- 2219 (b) The division, in consultation with the applicable professional licensing boards, shall determine whether a particular controlled substance prescribing class satisfies the educational content requirements of Subsections (4) and (6) for a controlled substance prescriber other than an M.D. or D.O.
- 2223 (c) The division may by rule establish a committee that may audit compliance with the Utah Risk Evaluation and Mitigation Strategy (REMS) Educational Programming Project grant, that satisfies the educational content requirements of Subsections (4) and (6) for a controlled substance prescriber.
- 2227 (d) The division shall consult with the Department of Health and Human Services regarding the medical cannabis training described in Subsection (6)(f).
- 2229 (8) A controlled substance prescribing class required under this section:
- 2230 (a) may be held:
- 2231 (i) in conjunction with other continuing professional education programs; and
- 2232 (ii) online; and
- 2233 (b) does not increase the total number of state-required continuing professional education hours required for prescriber licensing.

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- 2235 (9) The division may establish rules, in accordance with Title 63G, Chapter 3, Utah Administrative
Rulemaking Act, to implement this section.
- 2237 (10) A controlled substance prescriber who, on or after July 1, 2017, obtains a waiver to treat opioid
dependency with narcotic medications, in accordance with the Drug Addiction Treatment Act of
2000, 21 U.S.C. Sec. 823 et seq., may use the waiver to satisfy the 3.5 hours of the continuing
education requirement under Subsection (3) for two consecutive licensing periods.
- 2203 Section 49. Section **49** is enacted to read:
- 2205 **59-35-101. Definitions.**
35. Utah Health Care Tax
- As used in this section:
- 2246 (1) "Corporation" means any of the following:
- 2247 (a) a domestic corporation; or
- 2248 (b) a foreign corporation.
- 2249 (2) "Domestic corporation" means the same as that term is defined in Section 59-7-101.
- 2250 (3) "Foreign corporation" means the same as that term is defined in Section 59-7-101.
- 2251 (4) "Fund" means the Utah Cares Trust Fund created in Section 26C-1-103.
- 2252 (5)
- (a) "Gross margin" means the direct cost of producing a good or providing a service.
- 2253 (b) "Gross margin" does not include any indirect cost that may be used to calculate net margin.
- 2255 (6) "Gross receipts" means the totality of the money that an entity receives for any good or service
produced or rendered in the state without any deduction.
- 2257 (7) "Pass-through entity" means the same as that term is defined in Section 59-10-1402.
- 2219 Section 50. Section **50** is enacted to read:
- 2220 **59-35-102. Application -- Utah source-- Credit.**
- 2260 (1) There is created a tax on gross receipts of corporations and pass-through entities.
- 2261 (2) For a domestic corporation or a pass-through entity that is commercially domiciled in this state, the
tax is applicable to all gross receipts of the domestic corporation or pass-through entity.
- 2264 (3) For a foreign corporation or a pass-through entity not described in Subsection (2), the tax on gross
receipts is applicable to gross receipts derived from Utah sources attributable to or resulting from:
- 2267

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(a) the ownership in this state of any interest in real or tangible personal property, including real property or property rights from which gross receipts from mining as described by Section 613(c), Internal Revenue Code, is derived; and

2270 (b) the carrying on of a business, trade, profession, or occupation in this state.

2271 (4) If a domestic corporation or pass-through entity described in Subsection (2) pays a gross receipts tax in another state for sales deriving in that state, the domestic corporation or pass-through entity described in Subsection (2) may claim a credit for a tax collected under this chapter in an amount equal to the amount of gross receipts tax paid in the other state.

2237 Section 51. Section **51** is enacted to read:

2238 **59-35-103. Rates.**

2278 (1) Except as provided in Subsection (2), the gross receipts tax shall be calculated as follows on each dollar of gross receipts:

2280 (a) 0% on the first \$10,000;

2281 (b) 2% on the amount between \$10,001 and \$100,000;

2282 (c) 2.5% on the amount between \$100,001 and \$1,000,000; and

2283 (d) 2.85% on any amount over \$1,000,000.

2284 (2) If the total amount of the tax required by Subsection (1) that a corporation or pass-through entity is liable for exceeds the corporation's or pass-through entity's gross margin, the corporation or pass-through entity shall pay an amount in tax that is equal to the entity's gross margin.

2249 Section 52. Section **52** is enacted to read:

2250 **59-35-104. Commission duties -- Rulemaking.**

2290 (1) The commission shall deposit all revenue collected or received by the commission under this chapter into the fund at least monthly.

2292 (2) The commission may make rules in accordance with Title 63G, Chapter 3, Administrative Rulemaking Act, to effectuate this chapter.

2255 Section 53. Section **53** is enacted to read:

2256 **59-35-105. Filing -- Taxable year.**

2296 (1) Each taxpayer upon whom a gross receipts tax is imposed under this chapter shall file a return with and pay the tax reflected in the return to the commission annually.

2298 (2) A taxpayer's taxable year under this chapter is the taxpayer's fiscal year.

2299

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(3) A taxpayer shall file a return no later than 90 days from the day on which the tax payer's fiscal year ends.

2262 Section 54. Section **54** is enacted to read:

2263 **59-35-106. Timely mailing treating as timely filing.**

2303 (1)

(a) A return, claim, statement, other document, or payment is considered mailed on the date of the postmark.

2305 (b) Subsection (1)(a) shall apply only if:

2306 (i) the postmark date falls within the prescribed period or on or before the prescribed date:

2308 (A) for the filing of the return, claim, statement, or other document; or

2309 (B) for making the payment; and

2310 (ii) the return, claim, statement, other document, or payment, was, within the time prescribed in Subsection (1)(b)(i), deposited in the mail in the United States in an envelope or other appropriate wrapper, postage prepaid, properly addressed to the agency, officer, or office with which the return, claim, statement, or other document is required to be filed, or to which such payment is required to be made.

2315 (2) This section shall apply in the case of postmarks not made by the United States Postal Service only if and to the extent provided by rules prescribed by the commission.

2317 (3)

(a) For purposes of this section, if any such return, claim, statement, other document, or payment is sent by United States registered mail:

2319 (i) such registration shall be prima facie evidence that the return, claim, statement, or other document was delivered to the agency, officer, or office to which addressed; and

2322 (ii) the date of registration shall be deemed the postmark date.

2323 (b) The commission may provide by rule the extent to which the provisions of Subsection (3)(a) with respect to prima facie evidence of delivery and the postmark date shall apply to certified mail.

2326 (4) This section does not apply with respect to currency or other medium of payment unless actually received and accounted for.

2328 (5)

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(a) If any deposit required to be made on or before a prescribed date is, after such date, delivered by the United States mail to the commission, such deposit shall be deemed received by the commission on the date the deposit was mailed.

2331 (b) Subsection (5)(a) applies only if the person required to make the deposit establishes that:

2333 (i) the date of mailing falls on or before the second day before the prescribed date for making the deposit, including any extension of time granted for making the deposit; and

2336 (ii) the deposit was, on or before such second day, mailed in the United States in an envelope or other appropriate wrapper, postage prepaid, properly addressed to the commission.

2300 Section 55. Section **55** is enacted to read:

2301 **59-35-107. Place for filing returns.**

When not otherwise provided for by this chapter, the commission shall by rule made in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, prescribe the place and for the filing of any return, statement, or other documents, required by this chapter or rules.

2306 Section 56. Section **56** is enacted to read:

2307 **59-35-108. Time and place for paying tax.**

2347 (1) If a taxpayer under this chapter obtains an extension under Section 59-35-109, the taxpayer shall pay an amount equal to the previous year's tax required under this chapter when the tax is due.

2350 (2) The taxpayer that pays under Subsection (1) shall pay the difference of the tax owed or receive a refund of the amount of tax overpaid when the taxpayer files the return.

2313 Section 57. Section **57** is enacted to read:

2314 **59-35-109. Extension.**

2354 (1) The commission shall allow a taxpayer an extension of time for filing a return.

2355 (2) An extension described in Subsection (1) may be up to six months.

2317 Section 58. Section **63A-17-804** is amended to read:

2318 **63A-17-804. Continuation of Insurance Benefits Program -- Creation -- Coverage following death in the line of duty.**

2359 (1) There is created the "Continuation of Insurance Benefits Program" to provide a continuation of insurance to the surviving spouse and family of any state employee whose death occurs in the line of duty.

2362

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(2) The insurance coverage shall be the same coverage as provided under Section [49-20-406] 26C-7-101.

2364 (3) The program provides that unused accumulated sick leave of a deceased employee may be used for additional medical coverage in the same manner as provided under Section 63A-17-507 or 63A-17-508 as applicable.

2328 Section 59. Section **63C-31-102** is amended to read:

2329 **63C-31-102. Creation of State Employee Benefits Advisory Commission -- Membership.**

2370 (1) There is created the State Employee Benefits Advisory Commission consisting of the following members:

2372 (a) one member of the Senate, appointed by the president of the Senate;

2373 (b) one member of the House of Representatives, appointed by the speaker of the House of Representatives;

2375 (c) the director of the Division of Human Resource Management, created in Section 63A-17-105, or the director's designee;

2377 (d) the executive director of the Governor's Office of Planning and Budget, created in Section 63J-4-201, or the executive director's designee;

2379 (e) the following four individuals who are not employed by the state or another public entity and are appointed jointly by the president of the Senate and speaker of the House of Representatives:

2382 (i) an individual who has experience in health insurance benefits in the private sector;

2383 (ii) an individual who has experience in business and employee benefits in the private sector; and

2385 (iii) a representative of an organization that represents the interests of state employees; and

2387 (f) a representative of the [~~Public Employees' Benefit and Insurance Program~~] Utah Cares Health Financing Program, created in [~~Section 49-20-103~~] Title 26C, Utah Cares Act, appointed by the [~~executive director of the Utah State Retirement Office~~] Utah Health Services Commission.

2391 (2)

(a) The member of the Senate appointed under Subsection (1)(a) is a cochair of the benefits advisory commission.

2393 (b) The member of the House of Representatives appointed under Subsection (1)(b) is a cochair of the benefits advisory commission.

2395 (3)

(a) Each position described in Subsection (1)(e) is for a term of four years.

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- 2396 (b) A vacancy in a position appointed under Subsection (1)(a), (b), (e), or (f) shall be filled by
appointing a replacement member in the same manner as the member creating the vacancy was
appointed under Subsection (1)(a), (b), (e), or (f), respectively.
- 2400 (c) If a position described in Subsection (1)(e) is vacant, the president of the Senate and speaker of the
House of Representatives shall jointly appoint the replacement member for the remainder of the
unexpired term.
- 2403 (4)
- 2404 (a) A majority of members constitute a quorum.
- 2406 (b) The action of a majority of a quorum constitutes the action of the benefits advisory commission.
- 2408 (5) The benefits advisory commission shall meet as necessary to effectively conduct the commission's
business and duties as prescribed by statute, but not less than twice a year.
- 2411 (6) The Division of Human Resource Management shall provide staff support to facilitate the function
of the benefits advisory commission and record the benefits advisory commission's action and
recommendations.
- 2414 (7)
- 2419 (a) The salary and expenses of a benefits advisory commission member who is a legislator shall be paid
in accordance with Section 36-2-2 and Legislative Joint Rules, Title 5, Legislative Compensation
and Expenses.
- 2420 (b) A benefits advisory commission member who is not a legislator may not receive compensation or
benefits for the member's service on the benefits advisory commission, but may receive per diem
and reimbursement for travel expenses incurred as a benefits advisory commission member at the
rates established by the Division of Finance under:
- 2421 (i) Sections 63A-3-106 and 63A-3-107; and
- 2421 (ii) rules made by the Division of Finance under Sections 63A-3-106 and 63A-3-107.
- 2384 (8) The benefits advisory commission shall comply with the provisions of Title 52, Chapter 4, Open and
Public Meetings Act.
- 2385 Section 60. Section 63E-1-102 is amended to read:
- 2387 **63E-1-102. Definitions -- List of independent entities.**
- 2388 As used in this title:
- 2387 (1) "Authorizing statute" means the statute creating an entity as an independent entity.

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- 2390 (2) "Committee" means the Retirement and Independent Entities Committee created by Section
63E-1-201.
- 2392 (3) "Independent corporation" means a corporation incorporated in accordance with Chapter 2,
Independent Corporations Act.
- 2395 (4)
- 2396 (a) "Independent entity" means an entity having a public purpose relating to the state or its citizens that
is individually created by the state or is given by the state the right to exist and conduct its affairs as
an:
- 2397 (i) independent state agency; or
- 2398 (ii) independent corporation.
- 2399 (b) For purposes of this title, the independent entities are the:
- 2400 (i) Utah Beef Council, created by Section 4-21-103;
- 2401 (ii) Utah Dairy Commission created by Section 4-22-103;
- 2402 (iii) Heber Valley Historic Railroad Authority created by Section 63H-4-102;
- 2403 (iv) Utah Housing Corporation created by Section 63H-8-201;
- 2404 (v) Utah State Retirement Office created by Section 49-11-201;
- 2405 (vi) School and Institutional Trust Lands Administration created by Section 53C-1-201;
- 2406 (vii) School and Institutional Trust Fund Office created by Section 53D-1-201;
- 2407 (viii) Utah Communications Authority created by Section 63H-7a-201;
- 2408 (ix) Utah Capital Investment Corporation created by Section 63N-6-301;
- 2409 (x) Military Installation Development Authority created by Section 63H-1-201;[-and]
- 2410 (xi) Public Service Commission of Utah created by Section 54-1-1[-] ; and
- 2411 (xii) Utah Health Services Commission created by Section 26C-2-101.
- 2412 (c) Notwithstanding this Subsection (4), "independent entity" does not include:
- 2413 (i) an institution within the state system of higher education;
- 2414 (ii) a city, county, or town;
- 2415 (iii) a local school district;
- 2416 (iv) a special district under Title 17B, Limited Purpose Local Government Entities - Special Districts;
or
- 2417 (v) a special service district under Title 17D, Chapter 1, Special Service District Act.
- 2418

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- (5) "Independent state agency" means an entity that is created by the state, but is independent of the governor's direct supervisory control.
- 2420 (6) "Money held in trust" means money maintained for the benefit of:
- 2421 (a) one or more private individuals, including public employees;
- 2422 (b) one or more public or private entities; or
- 2423 (c) the owners of a quasi-public corporation.
- 2424 (7) "Public corporation" means an artificial person, public in ownership, individually created by the state as a body politic and corporate for the administration of a public purpose relating to the state or its citizens.
- 2427 (8) "Quasi-public corporation" means an artificial person, private in ownership, individually created as a corporation by the state, which has accepted from the state the grant of a franchise or contract involving the performance of a public purpose relating to the state or its citizens.
- 2431 Section 61. Section **63G-2-103** is amended to read:
- 2432 **63G-2-103. Definitions.**
- As used in this chapter:
- 2426 (1) "Audit" means:
- 2427 (a) a systematic examination of financial, management, program, and related records for the purpose of determining the fair presentation of financial statements, adequacy of internal controls, or compliance with laws and regulations; or
- 2430 (b) a systematic examination of program procedures and operations for the purpose of determining their effectiveness, economy, efficiency, and compliance with statutes and regulations.
- 2433 (2) "Chief administrative officer" means the chief administrative officer of a governmental entity who is responsible to fulfill the duties described in Section 63A-12-103.
- 2435 (3) "Chronological logs" mean the regular and customary summary records of law enforcement agencies and other public safety agencies that show:
- 2437 (a) the time and general nature of police, fire, and paramedic calls made to the agency; and
- 2439 (b) any arrests or jail bookings made by the agency.
- 2440 (4) "Classification," "classify," and their derivative forms mean determining whether a record series, record, or information within a record is public, private, controlled, protected, or exempt from disclosure under Subsection 63G-2-201(3)(b).
- 2443 (5)

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- 2444 (a) "Computer program" means:
- 2444 (i) a series of instructions or statements that permit the functioning of a computer system in a manner designed to provide storage, retrieval, and manipulation of data from the computer system; and
 - 2447 (ii) any associated documentation and source material that explain how to operate the computer program.
- 2449 (b) "Computer program" does not mean:
- 2450 (i) the original data, including numbers, text, voice, graphics, and images;
 - 2451 (ii) analysis, compilation, and other manipulated forms of the original data produced by use of the program; or
 - 2453 (iii) the mathematical or statistical formulas, excluding the underlying mathematical algorithms contained in the program, that would be used if the manipulated forms of the original data were to be produced manually.
- 2456 (6)
- 2457 (a) "Contractor" means:
- 2457 (i) any person who contracts with a governmental entity to provide goods or services directly to a governmental entity; or
 - 2459 (ii) any private, nonprofit organization that receives funds from a governmental entity.
- 2460 (b) "Contractor" does not mean a private provider.
- 2461 (7) "Controlled record" means a record containing data on individuals that is controlled as provided by Section 63G-2-304.
- 2463 (8) "Designation," "designate," and their derivative forms mean indicating, based on a governmental entity's familiarity with a record series or based on a governmental entity's review of a reasonable sample of a record series, the primary classification that a majority of records in a record series would be given if classified and the classification that other records typically present in the record series would be given if classified.
- 2468 (9) "Elected official" means each person elected to a state office, county office, municipal office, school board or school district office, special district office, or special service district office, but does not include judges.
- 2471 (10) "Explosive" means a chemical compound, device, or mixture:
- 2472 (a) commonly used or intended for the purpose of producing an explosion; and

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- 2473 (b) that contains oxidizing or combustive units or other ingredients in proportions, quantities, or
packing so that:
- 2475 (i) an ignition by fire, friction, concussion, percussion, or detonator of any part of the compound or
mixture may cause a sudden generation of highly heated gases; and
- 2477 (ii) the resultant gaseous pressures are capable of:
- 2478 (A) producing destructive effects on contiguous objects; or
- 2479 (B) causing death or serious bodily injury.
- 2480 (11) "Government audit agency" means any governmental entity that conducts an audit.
- 2481 (12)
- (a) "Governmental entity" means:
- 2482 (i) executive department agencies of the state, the offices of the governor, lieutenant governor,
state auditor, attorney general, and state treasurer, the Board of Pardons and Parole, the Board
of Examiners, the National Guard, the Career Service Review Office, the State Board of
Education, the Utah Board of Higher Education, and the State Archives;
- 2487 (ii) the Office of the Legislative Auditor General, Office of the Legislative Fiscal Analyst, Office of
Legislative Research and General Counsel, the Legislature, and legislative committees, except
any political party, group, caucus, or rules or sifting committee of the Legislature;
- 2491 (iii) courts, the Judicial Council, the Administrative Office of the Courts, and similar administrative
units in the judicial branch;
- 2493 (iv) any state-funded institution of higher education or public education; or
- 2494 (v) any political subdivision of the state, but, if a political subdivision has adopted an ordinance or a
policy relating to information practices pursuant to Section 63G-2-701, this chapter shall apply
to the political subdivision to the extent specified in Section 63G-2-701 or as specified in any
other section of this chapter that specifically refers to political subdivisions.
- 2499 (b) "Governmental entity" also means:
- 2500 (i) every office, agency, board, bureau, committee, department, advisory board, or commission of an
entity listed in Subsection (12)(a) that is funded or established by the government to carry out the
public's business;
- 2503 (ii) as defined in Section 11-13-103, an interlocal entity or joint or cooperative undertaking, except for
the Water District Water Development Council created pursuant to Section 11-13-228;
- 2506 (iii) as defined in Section 11-13a-102, a governmental nonprofit corporation;

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- 2507 (iv) an association as defined in Section 53G-7-1101;
- 2508 (v) the Utah Independent Redistricting Commission; and
- 2509 (vi) a law enforcement agency, as defined in Section 53-1-102, that employs one or more law enforcement officers, as defined in Section 53-13-103.
- 2511 (c) "Governmental entity" does not include the Utah Educational Savings Plan created in Section 53H-10-202.
- 2513 (13) "Government Records Office" means the same as that term is defined in Section 63A-12-201.
- 2515 (14) "Gross compensation" means every form of remuneration payable for a given period to an individual for services provided including salaries, commissions, vacation pay, severance pay, bonuses, and any board, rent, housing, lodging, payments in kind, and any similar benefit received from the individual's employer.
- 2519 (15) "Individual" means a human being.
- 2520 (16)
- (a) "Initial contact report" means an initial written or recorded report, however titled, prepared by peace officers engaged in public patrol or response duties describing official actions initially taken in response to either a public complaint about or the discovery of an apparent violation of law, which report may describe:
- 2524 (i) the date, time, location, and nature of the complaint, the incident, or offense;
- 2525 (ii) names of victims;
- 2526 (iii) the nature or general scope of the agency's initial actions taken in response to the incident;
- 2528 (iv) the general nature of any injuries or estimate of damages sustained in the incident;
- 2529 (v) the name, address, and other identifying information about any person arrested or charged in connection with the incident; or
- 2531 (vi) the identity of the public safety personnel, except undercover personnel, or prosecuting attorney involved in responding to the initial incident.
- 2533 (b) Initial contact reports do not include follow-up or investigative reports prepared after the initial contact report. However, if the information specified in Subsection (16)(a) appears in follow-up or investigative reports, it may only be treated confidentially if it is private, controlled, protected, or exempt from disclosure under Subsection 63G-2-201(3)(b).
- 2538 (c) Initial contact reports do not include accident reports, as that term is described in Title 41, Chapter 6a, Part 4, Accident Responsibilities.

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- 2540 (17) "Legislative body" means the Legislature.
- 2541 (18) "Notice of compliance" means a statement confirming that a governmental entity has complied
with an order of the director of the Government Records Office.
- 2543 (19) "Person" means:
- 2544 (a) an individual;
- 2545 (b) a nonprofit or profit corporation;
- 2546 (c) a partnership;
- 2547 (d) a sole proprietorship;
- 2548 (e) other type of business organization; or
- 2549 (f) any combination acting in concert with one another.
- 2550 (20) "Private provider" means any person who contracts with a governmental entity to provide services
directly to the public.
- 2552 (21) "Private record" means a record containing data on individuals that is private as provided by
Section 63G-2-302.
- 2554 (22) "Protected record" means a record that is classified protected as provided by Section 63G-2-305.
- 2556 (23) "Public record" means a record that is not private, controlled, or protected and that is not exempt
from disclosure as provided in Subsection 63G-2-201(3)(b).
- 2558 (24) "Reasonable search" means a search that is:
- 2559 (a) reasonable in scope and intensity; and
- 2560 (b) not unreasonably burdensome for the government entity.
- 2561 (25)
- (a) "Record" means a book, letter, document, paper, map, plan, photograph, film, card, tape, recording,
electronic data, or other documentary material regardless of physical form or characteristics:
- 2564 (i) that is prepared, owned, received, or retained by a governmental entity or political subdivision;
and
- 2566 (ii) where all of the information in the original is reproducible by photocopy or other mechanical or
electronic means.
- 2568 (b) "Record" does not include:
- 2569 (i) a personal note or personal communication prepared or received by an employee or officer of a
governmental entity:
- 2571 (A) in a capacity other than the employee's or officer's governmental capacity; or

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- 2572 (B) that is unrelated to the conduct of the public's business;
- 2573 (ii) a temporary draft or similar material prepared for the originator's personal use or prepared by the originator for the personal use of an individual for whom the originator is working;
- 2576 (iii) material that is legally owned by an individual in the individual's private capacity;
- 2577 (iv) material to which access is limited by the laws of copyright or patent unless the copyright or patent is owned by a governmental entity or political subdivision;
- 2579 (v) proprietary software;
- 2580 (vi) junk mail or a commercial publication received by a governmental entity or an official or employee of a governmental entity;
- 2582 (vii) a book that is cataloged, indexed, or inventoried and contained in the collections of a library open to the public;
- 2584 (viii) material that is cataloged, indexed, or inventoried and contained in the collections of a library open to the public, regardless of physical form or characteristics of the material;
- 2587 (ix) a daily calendar ;
- 2588 (x) a note prepared by the originator for the originator's own use or for the sole use of an individual for whom the originator is working;
- 2590 (xi) a computer program that is developed or purchased by or for any governmental entity for its own use;
- 2592 (xii) a note or internal memorandum prepared as part of the deliberative process by:
- 2593 (A) a member of the judiciary;
- 2594 (B) an administrative law judge;
- 2595 (C) a member of the Board of Pardons and Parole; or
- 2596 (D) a member of any other body, other than an association or appeals panel as defined in Section 53G-7-1101, charged by law with performing a quasi-judicial function;
- 2599 (xiii) a telephone number or similar code used to access a mobile communication device that is used by an employee or officer of a governmental entity, provided that the employee or officer of the governmental entity has designated at least one business telephone number that is a public record as provided in Section 63G-2-301;
- 2604 [~~(xiv) information provided by the Public Employees' Benefit and Insurance Program, created in Section 49-20-103, to a county to enable the county to calculate the amount to be paid to a health care provider under Subsection 17-63-706(2)(c)(ii);]~~

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- 2608 [~~(xv)~~] (xiv) information that an owner of unimproved property provides to a local entity as provided in
Section 11-42-205;
- 2610 [~~(xvi)~~] (xv) a video or audio recording of an interview, or a transcript of the video or audio recording,
that is conducted at a Children's Justice Center established under Section 67-5b-102;
- 2613 [~~(xvii)~~] (xvi) child sexual abuse material, as defined by Section 76-5b-103;
- 2614 [~~(xviii)~~] (xvii) before final disposition of an ethics complaint occurs, a video or audio recording of the
closed portion of a meeting or hearing of:
- 2616 (A) a Senate or House Ethics Committee;
- 2617 (B) the Independent Legislative Ethics Commission;
- 2618 (C) the Independent Executive Branch Ethics Commission, created in Section 63A-14-202; or
- 2620 (D) the Political Subdivisions Ethics Review Commission established in Section 63A-15-201;
- 2622 [~~(xix)~~] (xviii) confidential communication described in Section 58-60-102, 58-61-102, or 58-61-702;
- 2624 [~~(xx)~~] (xix) any item described in Subsection (25)(a) that is:
- 2625 (A) described in Subsection 63G-2-305(17), (18), or (23)(b); and
- 2626 (B) shared between any of the following entities:
- 2627 (I) the Division of Risk Management;
- 2628 (II) the Office of the Attorney General;
- 2629 (III) the governor's office; or
- 2630 (IV) the Legislature;
- 2631 [~~(xxi)~~] (xx) the email address that a candidate for elective office provides to a filing officer under
Subsection 20A-9-201(5)(c)(ii) or 20A-9-203(4)(c)(iv); or
- 2633 [~~(xxii)~~] (xxi) except as provided in Sections 31A-16-105, 31A-16-107.5, and 27a-3-303, an investment
policy, or information related to an investment policy, provided to the insurance commissioner as
described in Title 31A, Chapter 18, Investments.
- 2637 (26) "Record series" means a group of records that may be treated as a unit for purposes of designation,
description, management, or disposition.
- 2639 (27) "Records officer" means the individual appointed by the chief administrative officer of
each governmental entity, or the political subdivision to work with state archives in the care,
maintenance, scheduling, designation, classification, disposal, and preservation of records.
- 2643 (28) "Schedule," "scheduling," and their derivative forms mean the process of specifying the length of
time each record series should be retained by a governmental entity for administrative, legal, fiscal,

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or historical purposes and when each record series should be transferred to the state archives or destroyed.

- 2647 (29) "Sponsored research" means research, training, and other sponsored activities as defined by the
federal Executive Office of the President, Office of Management and Budget:
- 2650 (a) conducted:
- 2651 (i) by an institution within the state system of higher education described in Section 53H-1-102; and
- 2653 (ii) through an office responsible for sponsored projects or programs; and
- 2654 (b) funded or otherwise supported by an external:
- 2655 (i) person that is not created or controlled by the institution within the state system of higher education;
or
- 2657 (ii) federal, state, or local governmental entity.
- 2658 (30) "State archives" means the Division of Archives and Records Service created in Section
63A-12-101.
- 2660 (31) "State archivist" means the director of the state archives.
- 2661 (32) "Summary data" means statistical records and compilations that contain data derived from private,
controlled, or protected information but that do not disclose private, controlled, or protected
information.

2672 Section 62. Section 63H-9-101 is amended to read:

2673 **63H-9-101. Definitions.**

As used in this chapter:

- 2675 (1) "Best practices toolbox" means the collection of resources for governmental entities provided on the
website of the Office of the Legislative Auditor General that includes a best practice self-assessment
and other resources, tools, surveys, and reports designed to help government organizations better
serve the citizens of the state.
- 2679 (2) "Consensus group" means the Office of Legislative Research and General Counsel, the Office of the
Legislative Auditor General, and the Office of the Legislative Fiscal Analyst.
- 2682 (3)
- (a) "Independent entity" means an entity that:
- 2683 (i) has a public purpose relating to the state or its citizens;
- 2684 (ii) is individually created by the state;
- 2685 (iii) is separate from the judicial and legislative branches of state government; and

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- 2686 (iv) is not under the direct supervisory control of the governor.
- 2687 (b) "Independent entity" does not include an entity that is:
- 2688 (i) a county;
- 2689 (ii) a municipality as defined in Section 10-1-104;
- 2690 (iii) an institution of higher education as defined in Section 53H-1-101;
- 2691 (iv) a public school as defined in Section 53G-8-701;
- 2692 (v) a special district as defined in Section 17B-1-102;
- 2693 (vi) a special service district as defined in Section 17D-1-102;
- 2694 (vii) created by an interlocal agreement as described in Section 11-13-203; or
- 2695 (viii) an elective constitutional office, including the state auditor, the state treasurer, and the attorney general.
- 2697 (c) Independent entities that are subject to the provisions of this chapter include the:
- 2698 (i) Career Service Review Office created in Section 67-19a-201;
- 2699 (ii) State Capitol Preservation Board created in Section [~~63C-9-201~~] 63O-2-201;
- 2700 (iii) Heber Valley Historic Railroad Authority created in Section 63H-4-102;
- 2701 (iv) Military Installation Development Authority created in Section 63H-1-201;
- 2702 (v) Office of Inspector General of Medicaid Services created in Section 63A-13-201;
- 2703 (vi) Point of the Mountain State Land Authority created in Section 11-59-201;
- 2704 (vii) Public Service Commission created in Section 54-1-1;
- 2705 (viii) School and Institutional Trust Fund Office created in Section [~~53C-1-201~~] 53D-1-201;
- 2707 (ix) School and Institutional Trust Lands Administration created in Section [~~53D-1-201~~] 53C-1-201;
- 2709 (x) Utah Beef Council created in Section 4-21-103;
- 2710 (xi) Utah Capital Investment Corporation created in Section 63N-6-301;
- 2711 (xii) Utah Communications Authority created in Section 63H-7a-201;
- 2712 (xiii) Utah Dairy Commission created in Section 4-22-103;
- 2713 (xiv) Utah Education and Telehealth Network created in Section 53H-4-213.4;
- 2714 (xv) Utah Housing Corporation created in Section 63H-8-201;
- 2715 (xvi) Utah Inland Port Authority created in Section 11-58-201;
- 2716 (xvii) Utah Lake Authority created in Section 11-65-201;
- 2717 (xviii) Utah Retirement Systems created in Section 49-11-201;[-and]
- 2718 (xix) [~~Utah~~]State Fair Park Authority created in Section 11-68-201[:]; and

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- 2719 (xx) Utah Health Services Commission created in Section 26C-2-101.
- 2720 Section 63. Section **63I-1-226** is amended to read:
- 2721 **63I-1-226. Repeal dates: Titles 26 through 26C.**
- 2666 (1) Subsection 26B-1-204(2)(g), regarding the Youth Electronic Cigarette, Marijuana, and Other Drug Prevention Committee, is repealed July 1, 2030.
- 2668 (2) Subsection 26B-1-204(2)(h), regarding the Primary Care Grant Committee, is repealed July 1, 2035.
- 2670 (3) Section 26B-1-315, Medicaid ACA Fund, is repealed July 1, 2034.
- 2671 (4) Section 26B-1-318, Brain and Spinal Cord Injury Fund, is repealed July 1, 2029.
- 2672 (5) Section 26B-1-402, Rare Disease Advisory Council Grant Program -- Creation -- Reporting, is repealed July 1, 2026.
- 2674 (6) Section 26B-1-409, Utah Digital Health Service Commission -- Creation -- Membership -- Duties, is repealed July 1, 2025.
- 2676 (7) Section 26B-1-410, Primary Care Grant Committee, is repealed July 1, 2035.
- 2677 (8) Section 26B-1-417, Brain and Spinal Cord Injury Advisory Committee -- Membership -- Duties, is repealed July 1, 2029.
- 2679 (9) Section 26B-1-422, Early Childhood Utah Advisory Council -- Creation -- Compensation -- Duties, is repealed July 1, 2029.
- 2681 [~~(10)~~ Section 26B-1-425, Utah Health Workforce Advisory Council -- Creation and membership, is repealed July 1, 2027.]
- 2683 [~~(11)~~ (10) Section 26B-1-428, Youth Electronic Cigarette, Marijuana, and Other Drug Prevention Committee and Program -- Creation -- Membership -- Duties, is repealed July 1, 2030.
- 2686 [~~(12)~~ (11) 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.
- 2689 [~~(13)~~ (12) Section 26B-1-432, Newborn Hearing Screening Committee, is repealed July 1, 2026.
- 2691 [~~(14)~~ (13) Section 26B-2-407, Drinking water quality in child care centers, is repealed July 1, 2027.
- 2693 [~~(15)~~ (14) Subsection 26B-3-107(9), regarding reimbursement for dental hygienists, is repealed July 1, 2028.
- 2695 [~~(16)~~ (15) Section 26B-3-136, Children's Health Care Coverage Program, is repealed July 1, 2025.
- 2697 [~~(17)~~ (16) Section 26B-3-137, Reimbursement for diabetes prevention program, is repealed June 30, 2027.

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- 2699 [(18)] (17) Subsection 26B-3-213(2)(b), regarding consultation with the Behavioral Health Crisis Response Committee, is repealed December 31, 2026.
- 2701 [(19)] (18) Section 26B-3-302, DUR Board -- Creation and membership -- Expenses, is repealed July 1, 2027.
- 2703 [(20)] (19) Section 26B-3-303, DUR Board -- Responsibilities, is repealed July 1, 2027.
- 2704 [(21)] (20) Section 26B-3-304, Confidentiality of records, is repealed July 1, 2027.
- 2705 [(22)] (21) Section 26B-3-305, Drug prior approval program, is repealed July 1, 2027.
- 2706 [(23)] (22) Section 26B-3-306, Advisory committees, is repealed July 1, 2027.
- 2707 [(24)] (23) Section 26B-3-307, Retrospective and prospective DUR, is repealed July 1, 2027.
- 2708 [(25)] (24) Section 26B-3-308, Penalties, is repealed July 1, 2027.
- 2709 [(26)] (25) Section 26B-3-309, Immunity, is repealed July 1, 2027.
- 2710 [(27)] (26) Title 26B, Chapter 3, Part 5, Inpatient Hospital Assessment, is repealed July 1, 2034.
- 2712 [(28)] (27) Title 26B, Chapter 3, Part 6, Medicaid Expansion Hospital Assessment, is repealed July 1, 2034.
- 2714 [(29)] (28) Title 26B, Chapter 3, Part 7, Hospital Provider Assessment, is repealed July 1, 2028.
- 2716 [(30)] (29) Section 26B-3-910, Alternative eligibility -- Report -- Alternative Eligibility Expendable Revenue Fund, is repealed July 1, 2028.
- 2718 [(31)] (30) Section 26B-4-710, Rural residency training program, is repealed July 1, 2025.
- 2719 [(32)] (31) Subsection 26B-5-112(1)(b), regarding consultation with the Behavioral Health Crisis Response Committee, is repealed December 31, 2026.
- 2721 [(33)] (32) Subsection 26B-5-112(5)(b), regarding consultation with the Behavioral Health Crisis Response Committee, is repealed December 31, 2026.
- 2723 [(34)] (33) Section 26B-5-112.5, Mobile Crisis Outreach Team Grant Program, is repealed December 31, 2026.
- 2725 [(35)] (34) Section 26B-5-114, Behavioral Health Receiving Center Grant Program, is repealed December 31, 2026.
- 2727 [(36)] (35) Section 26B-5-118, Collaborative care grant program, is repealed December 31, 2024.
- 2729 [(37)] (36) Section 26B-5-120, Virtual crisis outreach team grant program, is repealed December 31, 2026.
- 2731 [(38)] (37) Subsection 26B-5-609(1)(a), regarding the Behavioral Health Crisis Response Committee, is repealed December 31, 2026.

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- 2733 [(39)] (38) Subsection 26B-5-609(3)(b), regarding the Behavioral Health Crisis Response Committee, is repealed December 31, 2026.
- 2735 [(40)] (39) Subsection 26B-5-610(1)(b), regarding the Behavioral Health Crisis Response Committee, is repealed December 31, 2026.
- 2737 [(41)] (40) Subsection 26B-5-610(2)(b)(ii), regarding the Behavioral Health Crisis Response Committee, is repealed December 31, 2026.
- 2739 [(42)] (41) Section 26B-5-612, Integrated behavioral health care grant programs, is repealed December 31, 2025.
- 2741 [(43)] (42) Title 26B, Chapter 5, Part 7, Utah Behavioral Health Commission, is repealed July 1, 2029.
- 2743 [(44)] (43) Subsection 26B-5-704(2)(a), regarding the Behavioral Health Crisis Response Committee, is repealed December 31, 2026.
- 2745 [(45)] (44) Title 26B, Chapter 5, Part 8, Utah Substance Use and Mental Health Advisory Committee, is repealed January 1, 2033.
- 2747 [(46)] (45) Section 26B-7-119, Hepatitis C Outreach Pilot Program, is repealed July 1, 2028.
- 2748 [(47)] (46) Section 26B-7-122, Communication Habits to reduce Adolescent Threats Pilot Program, is repealed July 1, 2029.
- 2750 [(48)] (47) Section 26B-7-123, Report on CHAT campaign, is repealed July 1, 2029.
- 2751 [(49)] (48) Title 26B, Chapter 8, Part 5, Utah Health Data Authority, is repealed July 1, 2026.
- 2753 ~~{Section 63. Section 63I-1-252 is amended to read: }~~
- 2754 **63I-1-252. Repeal dates: Title 52.**
Reserved.
- 2756 ~~{Section 64. Section 63I-1-253 is amended to read: }~~
- 2757 **63I-1-253. Repeal dates: Titles 53 through 53G.**
- 2758 (1) Section 53-1-122, Road Rage Awareness and Prevention Restricted Account, is repealed July 1, 2028.
- 2760 (2) Section 53-2a-105, Emergency Management Administration Council created -- Function -- Composition -- Expenses, is repealed July 1, 2029.
- 2762 (3) Section 53-2a-1103, Search and Rescue Advisory Board -- Members -- Compensation, is repealed July 1, 2030.
- 2764 (4) Section 53-2a-1104, General duties of the Search and Rescue Advisory Board, is repealed July 1, 2027.

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- 2766 (5) Title 53, Chapter 2a, Part 15, Grid Resilience Committee, is repealed July 1, 2027.
- 2767 (6) Section 53-2d-104, State Emergency Medical Services Committee -- Membership -- Expenses, is repealed July 1, 2029.
- 2769 (7) Section 53-2d-503, Establishment of maximum rates, is repealed July 1, 2027.
- 2770 (8) Section 53-5a-302, Concealed Firearm Review Board -- Membership -- Compensation -- Terms -- Duties, is repealed July 1, 2029.
- 2772 (9) Section 53-11-104, Board, is repealed July 1, 2029.
- 2773 (10) Title 53, Chapter 31, Department Interaction With Local Law Enforcement, is repealed July 1, 2027.
- 2775 (11) Subsection 53C-3-203(4)(b)(vii), regarding the distribution of money from the Land Exchange Distribution Account to the Geological Survey for test wells and other hydrologic studies in the West Desert, is repealed July 1, 2030.
- 2778 (12) Subsection 53E-1-201(1)(q), regarding the Higher Education and Corrections Council, is repealed July 1, 2027.
- 2780 (13) Subsection 53E-2-304(6), regarding foreclosing a private right of action or waiver of governmental immunity, is repealed July 1, 2027.
- 2782 (14) Subsection 53E-3-503(5), regarding coordinating councils for youth in care, is repealed July 1, 2027.
- 2784 (15) Subsection 53E-3-503(6), regarding coordinating councils for youth in care, is repealed July 1, 2027.
- 2786 (16) Subsection 53E-4-202(8)(b), regarding a standards review committee, is repealed January 1, 2028.
- 2788 (17) Section 53E-4-203, Standards review committee, is repealed January 1, 2028.
- 2789 (18) Title 53E, Chapter 6, Part 5, Utah Professional Practices Advisory Commission, is repealed July 1, 2033.
- 2791 (19) Subsection 53E-7-207(7), regarding a private right of action or waiver of governmental immunity, is repealed July 1, 2027.
- 2793 (20) Section 53F-5-215, Elementary teacher preparation assessment grant, is repealed July 1, 2028.
- 2795 (21) Section 53F-5-219, Local Innovations Civics Education Pilot Program, is repealed July 1, 2026.
- 2797 (22) Title 53F, Chapter 10, Part 2, Capital Projects Evaluation Panel, is repealed July 1, 2027.
- 2799 (23) Subsection 53G-4-608(2)(b), regarding the Utah Seismic Safety Commission, is repealed January 1, 2025.

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- 2801 (24) Subsection 53G-4-608(4)(b), regarding the Utah Seismic Safety Commission, is repealed January 1, 2025.
- 2803 (25) Section 53G-9-212, Drinking water quality in schools, is repealed July 1, 2027.
- 2804 (26) Subsection 53G-9-703(4), regarding the parental video presentation concerning student use of technology, is repealed January 1, 2030.
- 2806 (27) Subsection 53H-1-402(1)(j), regarding the Higher Education and Corrections Council, is repealed July 1, 2027.
- 2808 (28) Section 53H-1-604, Higher Education and Corrections Council, is repealed July 1, 2027.
- 2810 (29) Subsection 53H-4-210(3), regarding the creation of the SafeUT and School Safety Commission, is repealed January 1, 2030.
- 2812 (30) Subsection 53H-4-210(4), regarding the appointment of the members of the SafeUT and School Safety Commission, is repealed January 1, 2030.
- 2814 (31) Subsection 53H-4-210(5), regarding the attorney general designating the chair of the SafeUT and School Safety Commission, is repealed January 1, 2030.
- 2816 (32) Subsection 53H-4-210(6), regarding the quorum requirements of the SafeUT and School Safety Commission, is repealed January 1, 2030.
- 2818 (33) Subsection 53H-4-210(7), regarding a formal action of the SafeUT and School Safety Commission, is repealed January 1, 2030.
- 2820 (34) Subsection 53H-4-210(8), regarding compensation for members of the SafeUT and School Safety Commission, is repealed January 1, 2030.
- 2822 (35) Subsection 53H-4-210(9), regarding the support staff for the SafeUT and School Safety Commission, is repealed January 1, 2030.
- 2824 (36) Section 53H-4-306.1, Definitions -- Electrification of Transportation Infrastructure Research Center, is repealed July 1, 2028.
- 2826 (37) Section 53H-4-306.2, Electrification of Transportation Infrastructure Research Center -- Designation -- Duties, is repealed July 1, 2028.
- 2828 (38) Section 53H-4-306.3, Electrification of Transportation Infrastructure Research Center -- Steering committee, is repealed July 1, 2028.
- 2830 (39) Section 53H-4-306.4, Electrification of Transportation Infrastructure Research Center -- Industry advisory board, is repealed July 1, 2028.

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- (40) Section 53H-4-306.5, Electrification of Transportation Infrastructure Research Center -- Duties of the project director, is repealed July 1, 2028.
- 2834 (41) Section 53H-4-306.6, Electrification of Transportation Infrastructure Research Center -- Project development and strategic objectives -- Reporting requirements, is repealed July 1, 2028.
- 2837 (42) Section 53H-4-307.1, Center for Civic Excellence, is repealed July 1, 2030.
- 2838 (43) Section 53H-4-307.2, Center for Civic Excellence -- Duties -- Authority, is repealed July 1, 2030.
- 2840 (44) Section 53H-4-307.3, Center for Civic Excellence -- Leadership, is repealed July 1, 2030.
- 2842 (45) Section 53H-4-307.4, Center for Civic Excellence -- Faculty, is repealed July 1, 2030.
- 2843 (46) Section 53H-4-307.5, Center for Civic Excellence -- Curriculum, is repealed July 1, 2030.
- 2845 (47) Section 53H-4-307.6, Center for Civic Excellence -- Oversight -- Reporting, is repealed July 1, 2030.
- 2847 (48) Section 53H-4-313, Food Security Council, is repealed July 1, 2027.
- 2848 (49) Section 53H-8-305, Five-year performance goals, is repealed July 1, 2027.
- 2849 (50) Title 53H, Chapter 10, Part 4, Education Savings Incentive Program, is repealed July 1, 2028.
- 2851 ~~{Section 65. Section 63I-2-226 is amended to read: }~~
- 2852 **63I-2-226. Repeal dates: Titles 26 through 26B.**
- 2853 (1) Section 26B-1-420, Cannabis Research Review Board, is repealed July 1, 2025.
- 2854 (2) Subsection 26B-1-421(9)(a), regarding a report to the Cannabis Research Review Board, is repealed July 1, 2025.
- 2856 (3) Section 26B-1-423, Rural Physician Loan Repayment Program Advisory Committee -- Membership -- Compensation -- Duties, is repealed July 1, 2026.
- 2858 (4) Section 26B-2-243, Data collection and reporting requirements concerning incidents of abuse, neglect, or exploitation, is repealed July 1, 2027.
- 2860 (5) Subsection 26B-3-215(5), regarding reporting on coverage for in vitro fertilization and genetic testing, is repealed July 1, 2030.
- 2862 (6) Subsection 26B-4-201(5), regarding the Cannabis Research Review Board, is repealed July 1, 2025.
- 2864 (7) Subsection 26B-4-212(1)(b), regarding the Cannabis Research Review Board, is repealed July 1, 2025.
- 2866 (8) Section 26B-4-702, Creation of Utah Health Care Workforce Financial Assistance Program, is repealed July 1, 2027.
- 2868

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- 2870 (9) Subsection 26B-4-703(3)(b), regarding per diem and expenses for the Rural Physician Loan Repayment Program Advisory Committee, is repealed July 1, 2026.
- 2872 (10) Subsection 26B-4-703(3)(c), regarding expenses for the Rural Physician Loan Repayment Program, is repealed July 1, 2026.
- 2874 (11) Subsection 26B-4-703(6)(b), regarding recommendations from the Rural Physician Loan Repayment Program Advisory Committee, is repealed July 1, 2026.
- 2876 (12) Section 26B-5-117, Early childhood mental health support grant program, is repealed January 2, 2025.
- 2878 (13) Section 26B-5-302.5, Study concerning civil commitment and the Utah State Hospital, is repealed July 1, 2025.
- 2879 (14) Section 26B-6-414, Respite care services, is repealed July 1, 2025.
- 2809 (15) Section 26B-7-120, Invisible condition alert program education and outreach, is repealed July 1, 2025.
- 2810 Section 64. Section **63I-2-249** is amended to read:
- 2816 **63I-2-249. Repeal dates: Title 49.**
- _____ Reserved.
- 2884 [~~(1) Subsection 49-20-420(3), regarding a requirement to report to the Legislature, is repealed January 1, 2030.~~]
- 2886 [~~(2) Section 49-20-422, Coverage of pregnancy and childbirth services, including doula, direct-entry midwife, and birthing-center services, is repealed July 1, 2027.~~]
- 2816 Section 65. Section **63J-1-602.2** is amended to read:
- 2817 **63J-1-602.2. List of nonlapsing appropriations to programs.**
- Appropriations made to the following programs are nonlapsing:
- 2892 (1) The Legislature and the Legislature's committees.
- 2893 (2) The State Board of Education, including all appropriations to agencies, line items, and programs under the jurisdiction of the State Board of Education, in accordance with Section 53F-9-103.
- 2896 (3) The Rangeland Improvement Act created in Section 4-20-101.
- 2897 (4) The Percent-for-Art Program created in Section 9-6-404.
- 2898 (5) The LeRay McAllister Working Farm and Ranch Fund Program created in Title 4, Chapter 46, Part 3, LeRay McAllister Working Farm and Ranch Fund.
- 2900 (6) The Utah Lake Authority created in Section 11-65-201.

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- 2901 (7) Dedicated credits accrued to the Utah Marriage Commission as provided under Subsection
17-66-303(2)(d)(ii).
- 2903 (8) The Wildlife Land and Water Acquisition Program created in Section 23A-6-205.
- 2904 (9) Sanctions collected as dedicated credits from Medicaid providers under Subsection 26B-3-108(7).
- 2906 (10) The primary care grant program created in Section 26B-4-310.
- 2907 (11) The Opiate Overdose Outreach Pilot Program created in Section 26B-4-512.
- 2908 (12) The Utah Health Care Workforce Financial Assistance Program created in Section 26B-4-702.
- 2910 (13) The Rural Physician Loan Repayment Program created in Section 26B-4-703.
- 2911 (14) The Utah Medical Education Council for the:
- 2912 (a) administration of the Utah Medical Education Program created in Section [~~26B-4-707~~] 26C-2-108;
- 2914 (b) provision of medical residency grants described in Section [~~26B-4-711~~] 26C-2-111; and
- 2916 (c) provision of the forensic psychiatric fellowship grant described in Section [~~26B-4-712~~] 26C-2-112.
- 2918 (15) The Division of Services for People with Disabilities, as provided in Section 26B-6-402.
- 2919 (16) The Communication Habits to reduce Adolescent Threats (CHAT) Pilot Program created in
Section 26B-7-122.
- 2921 (17) Funds that the Department of Alcoholic Beverage Services retains in accordance with Subsection
32B-2-301(8)(a) or (b).
- 2923 (18) The General Assistance program administered by the Department of Workforce Services, as
provided in Section 35A-3-401.
- 2925 (19) The Utah National Guard, created in Title 39A, National Guard and Militia Act.
- 2926 (20) The Search and Rescue Financial Assistance Program, as provided in Section 53-2a-1102.
- 2928 (21) The Emergency Medical Services Grant Program, as provided in Section 53-2d-207.
- 2929 (22) The Motorcycle Rider Education Program, as provided in Section 53-3-905.
- 2930 (23) The Utah Board of Higher Education for teacher preparation programs, as provided in Section
53H-5-402.
- 2932 (24) Innovation grants under Section 53G-10-608, except as provided in Subsection 53G-10-608(3).
- 2934 (25) The Division of Fleet Operations for the purpose of upgrading underground storage tanks under
Section 63A-9-401.
- 2936 (26) The Division of Technology Services for technology innovation as provided under Section
63A-16-903.
- 2938 (27) The State Capitol Preservation Board created by Section 63O-2-201.

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- 2939 (28) The Office of Administrative Rules for publishing, as provided in Section 63G-3-402.
- 2940 (29) The Colorado River Authority of Utah, created in Title 63M, Chapter 14, Colorado River Authority of Utah Act.
- 2942 (30) The Governor's Office of Economic Opportunity to fund the Enterprise Zone Act, as provided in Title 63N, Chapter 2, Part 2, Enterprise Zone Act.
- 2944 (31) The Governor's Office of Economic Opportunity's Rural Employment Expansion Program, as described in Title 63N, Chapter 4, Part 4, Rural Employment Expansion Program.
- 2947 (32) County correctional facility contracting program for state inmates as described in Section 64-13e-103.
- 2949 (33) County correctional facility reimbursement program for state probationary inmates and state parole inmates as described in Section 64-13e-104.
- 2951 (34) Programs for the Jordan River Recreation Area as described in Section 65A-2-8.
- 2952 (35) The Division of Human Resource Management user training program, as provided in Section 63A-17-106.
- 2954 (36) A public safety answering point's emergency telecommunications service fund, as provided in Section 69-2-301.
- 2956 (37) The Traffic Noise Abatement Program created in Section 72-6-112.
- 2957 (38) The money appropriated from the Navajo Water Rights Negotiation Account to the Division of Water Rights, created in Section 73-2-1.1, for purposes of participating in a settlement of federal reserved water right claims.
- 2960 (39) The Judicial Council for compensation for special prosecutors, as provided in Section 77-10a-19.
- 2962 (40) A state rehabilitative employment program, as provided in Section 78A-6-210.
- 2963 (41) The Utah Geological Survey, as provided in Section 79-3-401.
- 2964 (42) The Bonneville Shoreline Trail Program created under Section 79-5-503.
- 2965 (43) Adoption document access as provided in Sections 81-13-103, 81-13-504, and 81-13-505.
- 2967 (44) Indigent defense as provided in Title 78B, Chapter 22, Part 4, Utah Indigent Defense Commission.
- 2969 (45) The program established by the Division of Facilities Construction and Management under Section 63A-5b-703 under which state agencies receive an appropriation and pay lease payments for the use and occupancy of buildings owned by the Division of Facilities Construction and Management.
- 2973 (46) The State Tax Commission for reimbursing counties for deferrals in accordance with Section 59-2-1802.5.

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- 2975 (47) The Veterinarian Education Loan Repayment Program created in Section 4-2-902.
2904 Section 66. Section **63J-7-102** is amended to read:
2905 **63J-7-102. Scope and applicability of chapter.**
2978 (1) Except as provided in Subsection (2), and except as otherwise provided by a statute superseding
provisions of this chapter by explicit reference to this chapter, the provisions of this chapter apply to
each agency and govern each grant received on or after May 5, 2008.
- 2982 (2) This chapter does not govern:
- 2983 (a) a grant deposited into a General Fund restricted account;
- 2984 (b) a grant deposited into a Fiduciary Fund as defined in Section 51-5-4;
- 2985 (c) a grant deposited into an Enterprise Fund as defined in Section 51-5-4;
- 2986 (d) a grant made to the state without a restriction or other designated purpose that is deposited into the
General Fund as free revenue;
- 2988 (e) a grant made to the state that is restricted only to "education" and that is deposited into the Income
Tax Fund or Uniform School Fund as free revenue;
- 2990 (f) in-kind donations;
- 2991 (g) a tax, fees, penalty, fine, surcharge, money judgment, or other money due the state when required by
state law or application of state law;
- 2993 (h) a contribution made under Title 59, Chapter 10, Part 13, Individual Income Tax Contribution Act;
- 2995 (i) a grant received by an agency from another agency or political subdivision;
- 2996 (j) a grant to the Utah Dairy Commission created in Section 4-22-103;
- 2997 (k) a grant to the Heber Valley Historic Railroad Authority created in Section 63H-4-102;
- 2998 (l) a grant to the Utah State Railroad Museum Authority created in Section 63H-5-102;
- 2999 (m) a grant to the Utah Housing Corporation created in Section 63H-8-201;
- 3000 (n) a grant to the State Fair Park Authority created in Section 11-68-201;
- 3001 (o) a grant to the Utah State Retirement Office created in Section 49-11-201;
- 3002 (p) a grant to the School and Institutional Trust Lands Administration created in Section 53C-1-201;
- 3004 (q) a grant to the Utah Communications Authority created in Section 63H-7a-201;
- 3005 (r) a grant to the Medical Education Program created in Section [~~26B-4-707~~] 26C-2-108;
- 3006 (s) a grant to the Utah Capital Investment Corporation created in Section 63N-6-301;
- 3007 (t) a grant to the Utah Charter School Finance Authority created in Section 53G-5-602;
- 3008 (u) a grant to the State Building Ownership Authority created in Section 63B-1-304; or

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- 3009 (v) a grant to the Military Installation Development Authority created in Section 63H-1-201.
- 3011 (3) An agency need not seek legislative review or approval of grants under Part 2, Grant Approval Requirements, if:
- 3013 (a) the governor has declared a state of emergency; and
- 3014 (b) the grant is donated to the agency to assist victims of the state of emergency under Subsection 53-2a-204(1).
- 2944 Section 67. Section **64-13-30** is amended to read:
- 2945 **64-13-30. Expenses incurred by offenders -- Payment to department or county jail -- Medical care expenses and copayments.**
- 3019 (1)
- (a) The department or county jail may require an inmate to make a copayment for medical and dental services provided by the department or county jail.
- 3021 (b) For services provided while in the custody of the department, the copayment by the inmate is \$5 for primary medical care, \$5 for dental care, and \$2 for prescription medication.
- 3024 (c) For services provided outside of a prison facility while in the custody of the department, the offender is responsible for 10% of the costs associated with hospital care with a cap on an inmate's share of hospital care expenses not to exceed \$2,000 per fiscal year.
- 3028 (2)
- (a) An inmate who has assets exceeding \$200,000, as determined by the department upon entry into the department's custody, is responsible to pay the costs of all medical and dental care up to 20% of the inmate's total determined asset value.
- 3031 (b) After an inmate has received medical and dental care equal to 20% of the inmate's total asset value, the inmate is subject to the copayments provided in Subsection (1).
- 3033 (3) The department shall turn over to the Office of State Debt Collection any debt under this section that is unpaid at the time the offender is released from parole.
- 3035 (4) An inmate may not be denied medical treatment if the inmate is unable to pay for the treatment because of inadequate financial resources.
- 3037 (5) When an offender in the custody of the department receives medical care that is provided outside of a prison facility, the department shall pay the costs:
- 3039 (a) at the contracted rate; or
- 3040 (b)

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- (i) if there is no contract between the department and a health care facility that establishes a fee schedule for medical services rendered or the individual is not an enrollee described in Subsection (6)(a), expenses shall be at the noncapitated state Medicaid rate in effect at the time the service was provided; and
- 3044 (ii) if there is no contract between the department and a health care provider that establishes a fee schedule for medical services rendered, expenses shall be 65% of the amount that would be paid under the [~~Public Employees' Benefit and Insurance Program, created in Section 49-20-103~~] Utah Cares Health Financing Program, created in Title 26C, Utah Cares Act.
- 3049 (6)
- (a) A jail shall ensure that each inmate is enrolled in the Utah Cares Health Financing Program if the inmate is eligible for enrollment when enrollment opens on January 1, 2029.
- 3052 (b) Expenses described in Subsection (5) are a cost to the department only to the extent that they exceed an offender's private insurance that is in effect at the time of the service and that covers those expenses.
- 3055 (7)
- (a) The [~~Public Employees' Benefit and Insurance Program shall provide information to the department that enables the department to~~] Utah Cares Health Financing Program shall calculate the amount to be paid to a health care provider under Subsection (5)(b).
- 3059 (b) The department shall ensure that information provided under Subsection (7)(a) is confidential.
- 2989 Section 68. Section **67-19d-201.5** is amended to read:
- 2990 **67-19d-201.5. Elected Official Post-Retirement Benefits Trust Fund -- Creation -- Oversight -- Dissolution.**
- 3064 (1) There is created the "Elected Official Post-Retirement Benefits Trust Fund."
- 3065 (2) The Elected Official Post-Retirement Benefits Trust Fund consists of:
- 3066 (a) appropriations made to the fund by the Legislature for the purpose of funding the post-retirement benefits in Section 49-20-404;
- 3068 (b) revenues received by the state treasurer from the investment of the Elected Official Post-Retirement Benefits Trust Fund; and
- 3070 (c) other revenues received from other sources.
- 3071 (3) The Division of Finance shall account for the receipt and expenditures of money in the Elected Official Post-Retirement Benefits Trust Fund.

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- 3073 (4)
- (a) Except as provided in Subsection (4)(c), the state treasurer shall invest the Elected Official Post-Retirement Benefits Trust Fund money by following the same procedures and requirements for the investment of the State Post-Retirement Benefits Trust Fund in Part 3, Trust Fund Investments.
- 3077 (b)
- (i) The Elected Official Post-Retirement Benefits Trust Fund shall earn interest.
- 3078 (ii) The state treasurer shall deposit all interest or other income earned from investment of the Elected Official Post-Retirement Benefits Trust Fund back into the Elected Official Post-Retirement Benefits Trust Fund.
- 3081 (c) The Elected Official Post-Retirement Benefits Trust Fund is exempt from Title 51, Chapter 7, State Money Management Act.
- 3083 (5) The board of trustees created in Section 67-19d-202 may expend money from the Elected Official Post-Retirement Benefits Trust Fund for:
- 3085 (a) the employer portion of the cost of the program established in Section [~~49-20-404~~] 67-19d-201.6;
and
- 3087 (b) reasonable administrative costs that the board of trustees incurs in performing its duties as trustees of the Elected Official Post-Retirement Benefits Trust Fund.
- 3089 (6) The board of trustees shall ensure that:
- 3090 (a) money deposited into the Elected Official Post-Retirement Benefits Trust Fund is irrevocable and is expended only for the employer portion of the costs of post-retirement benefits under Section 49-20-404; and
- 3093 (b) creditors of the board of trustees and of employers liable for the post-retirement benefits may not seize, attach, or otherwise obtain assets of the Elected Official Post-Retirement Benefits Trust Fund.
- 3096 (7) When all of the liabilities for which the Elected Official Post-Retirement Benefits Trust Fund was created are paid, the Division of Finance shall transfer any assets remaining in the Elected Official Post-Retirement Benefits Trust Fund into the appropriate fund.
- 3027 Section 69. Section **67-19d-201.6** is renumbered and amended to read:
- 3029 **~~[49-20-404]~~ 67-19d-201.6. Governors' and legislative paid-up group health coverage benefit**
-- Limitations -- Medicare supplemental coverage -- Spouse coverage -- Limitations.
- 3104 (1)

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- (a) Except as provided under Subsection (1)(b), the state shall pay the percentage of the cost of providing paid-up group health coverage under Subsection (3) for members and their surviving spouses covered under Title 49, Chapter 19, Utah Governors' and Legislators' Retirement Act, or governors and legislators, as defined in Section 49-19-102, and their surviving spouses covered under Chapter 22, New Public Employees' Tier II Contributory Retirement Act, who:
- 3110 (i) retire after January 1, 1998;
- 3111 (ii) are at least 62 but less than 65 years~~[-of age]~~ old;
- 3112 (iii) elect to receive and apply for this benefit to the program; and
- 3113 (iv) are active members at the time of retirement or have continued coverage with the program until the date of eligibility for the benefit under this Subsection (1).
- 3115 (b) A governor or a legislator who begins service as a governor or legislator on or after January 1, 2012, and a surviving spouse of the governor or the legislator who begins service as a governor or legislator on or after January 1, 2012, is not eligible for the benefit provided under this Subsection (1).
- 3119 (2) The state shall pay the percentage of the cost of providing Medicare supplemental coverage under Subsection (3) for members and their surviving spouses covered under Title 49, Chapter 19, Utah Governors' and Legislators' Retirement Act who:
- 3122 (a) began service as a governor or legislator before July 1, 2013;
- 3123 (b) retire after January 1, 1998;
- 3124 (c) are at least 65 years~~[-of age]~~ old; and
- 3125 (d) elect to receive and apply for this benefit to the program.
- 3126 (3) The following percentages apply to the benefit described in Subsections (1)(a) and (2):
- 3127 (a) 100% if the member has accrued 10 or more years of service credit;
- 3128 (b) 80% if the member has accrued 8 or more years of service credit;
- 3129 (c) 60% if the member has accrued 6 or more years of service credit; and
- 3130 (d) 40% if the member has accrued 4 or more years of service credit.

3059 Section 70. **Repealer.**

This Bill Repeals:

3060 This bill repeals:

3061 Section **26B-4-701, Definitions.**

3062 Section **31A-22-626, Coverage of diabetes.**

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- 3063 Section 31A-22-656, Coverage of epinephrine auto-injector.
- 3064 Section 49-20-101, Title.
- 3065 Section 49-20-102, Definitions.
- 3066 Section 49-20-103, Creation of insurance program.
- 3067 Section 49-20-104, Creation of fund.
- 3068 Section 49-20-105, Purpose -- Benefits are not a continuing obligation.
- 3069 Section 49-20-201, Program participation -- Eligibility -- Optional for certain groups.
- 3070 Section 49-20-202, Establishment of separate risk pools.
- 3071 Section 49-20-301, Payments made by employer and employee.
- 3072 Section 49-20-401, Program -- Powers and duties.
- 3073 Section 49-20-402, Reserves to be held -- Refunds.
- 3074 Section 49-20-403, Assistance to members in purchase of life, health, dental, and
- 3075 **medical insurance after retirement -- Employment of personnel to administer section.**
- 3076 Section 49-20-405, Audit required -- Report to governor and Legislature.
- 3077 Section 49-20-407, Insurance mandates.
- 3078 Section 49-20-407.1, Time to add child to plan.
- 3079 Section 49-20-409, Long-term disability -- Cost of health coverage benefit.
- 3080 Section 49-20-410, High deductible health plan -- Health savings account --
- 3081 **Contributions.**
- 3082 Section 49-20-413, Pilot program for on-site employee clinic.
- 3083 Section 49-20-414, Telemedicine services -- Reimbursement -- Reporting.
- 3084 Section 49-20-417, Insurance coverage for amino acid-based formula.
- 3085 Section 49-20-421, Prescription discount program.
- 3086 Section 49-20-501, Title.
- 3087 Section 49-20-502, Definitions.
- 3088 Section 49-20-503, Request for proposals for pharmacy benefits manager for Public
- 3089 **Employees' Benefit and Insurance Program.**
- 3090 Section 53G-11-203, Health insurance mandates.
- 3091 Section 53H-3-505, Health insurance mandates.
- 3092 Section 71. Effective date.
- Effective Date.

SB0300 compared with SB0300S01

- 3165 (1) Except as provided in Subsections (2) and (3), this bill takes effect January 1, 2028.
- 3166 (2) The actions affecting the following sections take effect on January 1, 2027:
- 3167 (a) Section 26B-2-201(Effective 01/01/27);
- 3168 (b) Section 26B-2-206(Effective 01/01/27);
- 3169 (c) Section 26B-3-104.1(Effective 01/01/27); and
- 3170 (d) Section 26B-3-908(Effective 01/01/27).
- 3171 (3) The actions affecting the following sections take effect on July 1, 2027:
- 3172 (a) Section 26B-4-701;
- 3173 (b) Section 26C-1-101(Effective 07/01/27);
- 3174 (c) Section 26C-1-102(Effective 07/01/27);
- 3175 (d) Section 26C-1-103(Effective 07/01/27);
- 3176 (e) Section 26C-1-104(Effective 07/01/27);
- 3177 (f) Section 26C-2-101(Effective 07/01/27);
- 3178 (g) Section 26C-2-102(Effective 07/01/27);
- 3179 (h) Section 26C-2-103(Effective 07/01/27);
- 3180 (i) Section 26C-2-104(Effective 07/01/27);
- 3181 (j) Section 26C-2-105(Effective 07/01/27)(Repealed 07/01/27);
- 3182 (k) Section 26C-2-106(Effective 07/01/27);
- 3183 (l) Section 26C-2-107(Effective 07/01/27);
- 3184 (m) Section 26C-2-108(Effective 07/01/27);
- 3185 (n) Section 26C-2-109(Effective 07/01/27);
- 3186 (o) Section 26C-2-710(Effective 07/01/27);
- 3187 (p) Section 26C-2-111(Effective 07/01/27);
- 3188 (q) Section 26C-2-112(Effective 07/01/27); and
- 3189 (r) Section 26C-3-101(Effective 07/01/27).

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