



## HB0321 compared with HB0321S02

19           ▸ makes technical and conforming changes.

### 20 **Money Appropriated in this Bill:**

21           None

### 22 **Other Special Clauses:**

23           None

### 24 **Utah Code Sections Affected:**

25 AMENDS:

26           **26B-4-1002** , as renumbered and amended by Laws of Utah 2025, Chapter 88

27 ENACTS:

28           **26B-1-337** , Utah Code Annotated 1953

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

31           Section 1. Section 1 is enacted to read:

### 32           **26B-1-337. Inmate Medical Treatment Restricted Account.**

33 (1) As used in this section:

34 (a) "Account" means the Inmate Medical Treatment Restricted Account created in Subsection (2).

35 (b) "Division" means the Division of Correctional Health Services.

36 (c) "Savings" means the difference between the rate the department pays to the University of Utah  
37 Hospitals and Clinics **and the University of Utah's physician groups for outpatient services** under  
Subsection ~~{(9)(a)}~~ **26B-4-1002(8)**, and the cost to charge rate for the medical services rendered  
to an inmate by ~~{a state teaching hospital}~~ **the University of Utah Hospitals and Clinics and the**  
**University of Utah's physician groups.**

40 (2) There is created a restricted account within the General Fund known as the "Inmate Medical  
Treatment Restricted Account."

41 (3) The account consists of:

42 (a) **50% of** carry forward funds from the division's budget due to savings; and

43 (b) unexpended balances lapsed to the account from the division's budget.

44 (4) **The remaining 50% of carry forward funds from the division's budget due to savings shall be**  
45 **deposited into the General Fund.**

(4){(5)} At the close of the fiscal year, the department may, without an appropriation, deposit into the  
account carry forward funds described in Subsection ~~{(3)}~~ **(3)(a).**

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47 (5){(6)} Money in the fund may only be used by the division for purposes approved by the department.  
49 (6){(7)} Before approving an expenditure or commitment to expend, the department shall obtain  
approval for the expenditure or commitment to expend from the Social Services Appropriations  
Subcommittee.

56 Section 2. Section **26B-4-1002** is amended to read:

57 **26B-4-1002. Medical care for inmates -- Reporting of statistics.**

58 (1) As used in this section:

59 (a) "Inmate Medical Treatment Restricted Account" means the account created in Section 26B-1-337.

61 (b) "Savings" means the difference between the rate the department pays to the University of Utah  
Hospitals and Clinics and the University of Utah's physician groups under Subsection (8), and  
the cost to charge rate for the medical services rendered to an inmate by the University of Utah  
Hospitals and Clinics and University of Utah's physician groups.

55 [(4)] (2) {As used in this section:}

56 {(1) "Inmate Medical Treatment Restricted Account" means the account created in Section 26B-1-337.}

58 {(2) "Savings" means the difference between the rate the department pays to the University of Utah  
Hospitals and Clinics under Subsection (8), and the cost to charge rate for the medical services  
rendered to an inmate by a state teaching hospital.}}

61 {(3)} The department shall:

62 (a) for each health care facility owned or operated by the Department of Corrections, assist the  
Department of Corrections in complying with Section 64-13-39;

64 (b) in coordination with the Department of Corrections, and as the Department of Correction's agent:

66 (i) create policies and procedures for providing comprehensive health care to inmates;

67 (ii) provide inmates with comprehensive health care; and

68 (iii) develop standard population indicators and performance measures relating to the health of inmates;

70 (c) collaborate with the Department of Corrections to comply with Section 64-13-25.1; and

72 (d) contract with a telehealth psychiatric consultation provider to provide consultation services to staff  
responsible for inmates' psychiatric care.

74 [(2)] (4){(3)} In providing the comprehensive health care described in Subsection [(1)(b)(ii)] {(3)(b)  
(ii)} (2)(b)(ii), the department may not, without entering into an agreement with the Department of  
Corrections, provide, operate, or manage any treatment plans for inmates that are:

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(a) required to be provided, operated, or managed by the Department of Corrections in accordance with Section 64-13-6; and

80 (b) not related to the comprehensive health care provided by the department.

81 ~~[(3)]~~ ~~(5)~~ (4) Beginning July 1, 2023, and ending June 30, 2024, the department shall:

82 (a) evaluate and study the use of medical monitoring technology and create a plan for a pilot program that identifies:

84 (i) the types of medical monitoring technology that will be used during the pilot program; and

86 (ii) eligibility for participation in the pilot program; and

87 (b) make the indicators and performance measures described in Subsection ~~[(1)(b)(iii)]~~ ~~{(3)(b)(iii)}~~ (2) (b)(iii) available to the public through the Department of Corrections and the department websites.

90 ~~[(4)]~~ ~~(6)~~ (5) Beginning July 1, 2024, and ending June 30, 2029, the department shall implement the pilot program.

92 ~~[(5)]~~ ~~(7)~~ (6) The department shall submit to the Health and Human Services Interim Committee and the Law Enforcement and Criminal Justice Interim Committee:

94 (a) a report on or before October 1 of each year regarding the costs and benefits of the pilot program;

96 (b) a report that summarizes the indicators and performance measures described in Subsection ~~[(1)(b)(iii)]~~ ~~{(3)(b)(iii)}~~ (2)(b)(iii) on or before October 1, 2024; and

98 (c) an updated report before October 1 of each year that compares the indicators and population measures of the most recent year to the initial report described in Subsection ~~[(5)(b)]~~ ~~{(7)(b)}~~ (6)(b).

101 ~~[(6)]~~ ~~(8)~~ (7) An inmate receiving comprehensive health care from the department remains in the custody of the Department of Corrections.

103 ~~{(9)}~~

108 (8) Beginning on May 6, 2026, the department shall reimburse the University of Utah Hospitals and Clinics and the University of Utah's physician groups at Medicare rates for outpatient services rendered to an inmate on or after May 6, 2026.

(a) (9)

(a) {If there is no contract between the } The department {and the University of Utah Hospitals and Clinics that establishes a fee schedule for medical services rendered, the department shall reimburse the University of Utah Hospitals and Clinics for medical services provided to an inmate at the noneapitated state Medicaid rate in effect at the time the medical services were provided.} shall annually submit a report:

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- 108 (b){ (i) } {~~The department shall annually submit~~ } to the Health and Human Services Interim Committee  
109 {~~and the Law Enforcement and Criminal Justice Interim Committee,~~ } on or before November 1 of  
110 each year{~~, a report that includes:~~ } ; and  
111 (i){ (ii) } {a calculation of savings; } to the Law Enforcement and Criminal Justice Interim Committee  
112 upon request.  
113 (ii){ (b) } {~~an accounting of the Inmate Medical Treatment Restricted Account; and~~ } The report  
114 described in Subsection (9)(a) shall include:  
115 (iii){ (i) } {~~any other information the Health and Human Services Interim Committee or Law~~  
116 ~~Enforcement and Criminal Justice Interim Committee requires.~~ } a calculation of savings;  
117 (ii) an accounting of the Inmate Medical Treatment Restricted Account; and  
118 (iii) any other information the Health and Human Services Interim Committee or Law Enforcement and  
119 Criminal Justice Interim Committee requires.

120 Section 3. **Effective date.**

Effective Date.

This bill takes effect on May 6, 2026.

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