

HB0321S01 compared with HB0321S02

- 18 ▸ defines terms; and
- 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

29

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
38 Subsection 26B-4-1002(8), and the cost to charge rate for the medical services rendered to an inmate
39 by 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
41 Treatment Restricted Account."

42 (3) The account consists of:

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

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

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

47 (5) At the close of the fiscal year, the department may, without an appropriation, deposit into the
48 account carry forward funds described in Subsection (3)(a).

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- 50 (6) Money in the fund may only be used by the division for purposes approved by the department.
- 52 (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.**
- 57 (1) As used in this section:
- 58 (a) "Inmate Medical Treatment Restricted Account" means the account created in Section 26B-1-337.
- 60 (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.
- 66 ~~(1)~~ (2) { —
- 64 {~~(1)~~(2)} The department shall:
- 65 (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;
- 67 (b) in coordination with the Department of Corrections, and as the Department of Correction's agent:
- 69 (i) create policies and procedures for providing comprehensive health care to inmates;
- 70 (ii) provide inmates with comprehensive health care; and
- 71 (iii) develop standard population indicators and performance measures relating to the health of inmates;
- 73 (c) collaborate with the Department of Corrections to comply with Section 64-13-25.1; and
- 75 (d) contract with a telehealth psychiatric consultation provider to provide consultation services to staff responsible for inmates' psychiatric care.
- 77 ~~(2)~~ (3) In providing the comprehensive health care described in Subsection ~~[(1)(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:
- 81 (a) required to be provided, operated, or managed by the Department of Corrections in accordance with Section 64-13-6; and
- 83 (b) not related to the comprehensive health care provided by the department.
- 84 ~~(3)~~ (4) Beginning July 1, 2023, and ending June 30, 2024, the department shall:
- 85 (a) evaluate and study the use of medical monitoring technology and create a plan for a pilot program that identifies:

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- 87 (i) the types of medical monitoring technology that will be used during the pilot program; and
89 (ii) eligibility for participation in the pilot program; and
90 (b) make the indicators and performance measures described in Subsection ~~[(1)(b)(iii)]~~ (2)(b)(iii)
available to the public through the Department of Corrections and the department websites.
93 ~~[(4)]~~ (5) Beginning July 1, 2024, and ending June 30, 2029, the department shall implement the pilot
program.
- 95 ~~[(5)]~~ (6) The department shall submit to the Health and Human Services Interim Committee and the
Law Enforcement and Criminal Justice Interim Committee:
- 97 (a) a report on or before October 1 of each year regarding the costs and benefits of the pilot program;
99 (b) a report that summarizes the indicators and performance measures described in Subsection ~~[(1)(b)~~
~~(iii)]~~ (2)(b)(iii) on or before October 1, 2024; and
101 (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)]~~ (6)(b).
- 104 ~~[(6)]~~ (7) An inmate receiving comprehensive health care from the department remains in the custody of
the Department of Corrections.
- 106 (8) ~~{ If there is no contract between the department and the University of Utah Hospitals and Clinics that
establishes a fee schedule for medical services rendered }~~ 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 ~~{ medical }~~ outpatient services ~~{ provided }~~ rendered to an inmate ~~{ at
the unsupplemented Medicaid base rate in effect at the time the medical services were provided }~~ on
or after May 6, 2026.
- 111 (9)
- (a) The department shall annually submit a report:
- 112 (i) to the Health and Human Services Interim Committee on or before November 1 of each year;
and
- 114 (ii) to the Law Enforcement and Criminal Justice Interim Committee upon request.
- 115 (b) The report described in Subsection (9)(a) shall include:
- 116 (i) 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
Criminal Justice Interim Committee requires.

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Section 3. **Effective date.**

This bill takes effect on May 6, 2026.

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