

Steve Eliason proposes the following substitute bill:

Correctional Health Services Amendments

2026 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Steve Eliason

Senate Sponsor:

LONG TITLE

General Description:

This bill addresses correctional health services.

Highlighted Provisions:

This bill:

- requires the Department of Health and Human Services (department) to contract for a new electronic health record system for inmate care, based on recommendations of a working group;

- permits appropriations from the Medicaid Growth Reduction and Budget Stabilization Account for the electronic health record system;

- provides that money appropriated to the department to pay for unanticipated high-cost correctional health expenses is non-lapsing;

- requires the department, in consultation with the Department of Corrections, to prepare and implement a plan for providing opioid use disorder treatment to certain inmates who suffer from an opioid use disorder, and requires the Department of Corrections to cooperate with the department in providing medication assisted treatment in accordance with that plan;

- defines terms; and

- makes technical and conforming changes.

Money Appropriated in this Bill:

This bill appropriates \$500,000 in operating and capital budgets for fiscal year 2027, all of which is from the General Fund.

Other Special Clauses:

None

Utah Code Sections Affected:

AMENDS:

29 **26B-4-903**, as enacted by Laws of Utah 2025, Chapter 112

30 **63I-2-264**, as last amended by Laws of Utah 2024, Third Special Session, Chapter 5

31 **63J-1-315**, as last amended by Laws of Utah 2025, Chapter 113

32 **64-13-25.1**, as enacted by Laws of Utah 2024, Chapter 266

33 ENACTS:

34 **26B-4-905**, Utah Code Annotated 1953

35 **26B-4-906**, Utah Code Annotated 1953

36

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

38 Section 1. Section **26B-4-903** is amended to read:

39 **26B-4-903 . Electronic health record system study.**

- 40 (1) On or before June 30, 2025, the department shall convene a working group to study and
41 develop recommendations regarding the electronic health record system used in
42 connection with providing inmates with comprehensive health care, including:
43 (a) identification of the department's electronic health record system requirements;
44 (b) an analysis of what features of an electronic health record system are needed to
45 maximize the implementation, effectiveness, and efficiency of the waiver described
46 in Section 26B-3-217; and
47 (c) a determination of whether the department's current electronic health record system
48 meets the requirements and includes the features identified under Subsections (1)(a)
49 and (b).
- 50 (2) The working group described in Subsection (1) shall include department staff as
51 determined by the director.
- 52 (3) The working group shall provide recommendations regarding the electronic health
53 record system to the Health and Human Services Interim Committee on or before the
54 date of the committee's meeting in November 2025.
- 55 (4) By no later than December 31, 2026, the department shall enter into a contract, in
56 accordance with Title 63G, Chapter 6a, Utah Procurement Code, for an electronic health
57 record system that meets the requirements and has the features identified in accordance
58 with Subsections (1)(a) and (b).

59 Section 2. Section **26B-4-905** is enacted to read:

60 **26B-4-905 . Nonlapsing funds.**

- 61 (1) Funds appropriated by the Legislature to the department for the purpose of paying for
62 unanticipated high-cost correctional health care:

(a) are nonlapsing; and

(b) may only be used to pay for health care costs that meet the definition of
unanticipated high-cost correctional health care.

(2) In any year that the department uses funds for the purpose described in Subsection (1),
the department shall provide a report to the Social Services Appropriations
Subcommittee and the Health and Human Services Interim Committee that includes:

(a) the amount expended; and

(b) the balance of unexpended funds appropriated to the department for unanticipated
high-cost correctional health care.

Section 3. Section **26B-4-906** is enacted to read:

26B-4-906 . Treatment for opioid use disorder.

(1) As used in this section, "CMS" means the Centers for Medicare and Medicaid Services
within the United States Department of Health and Human Services.

(2) The department, in consultation with the Department of Corrections, shall prepare and
implement a plan to provide, in accordance with current medical standards, opioid use
disorder treatment to inmates who suffer from opioid use disorder:

(a) for up to 90 days after the first day on which the inmate is incarcerated in a
correctional facility; and

(b) for up to 90 days immediately before the date on which the inmate is released from a
correctional facility, if CMS grants a request for a waiver, or a request to amend a
waiver, that the department requests in accordance with Section 26B-3-217.

(3) The plan described in Subsection (2) shall include the use of medication assisted
treatment as medically necessary.

(4) The department shall consult and may contract with addiction specialists at the
Huntsman Mental Health Institute to prepare and implement the plan described in
Subsection (2).

(5) The department shall provide an annual report on the preparation and implementation of
the plan described in Subsection (2) to the Health and Human Services Interim
Committee on or before the date of the committee's August interim meeting.

Section 4. Section **63I-2-264** is amended to read:

63I-2-264 . Repeal dates: Title 64.

[~~Section 64-13-25.1(4)~~] Subsection 64-13-25.1(5), regarding reporting on continuation or
discontinuation of a medication assisted treatment plan, is repealed July 1, 2026.

Section 5. Section **63J-1-315** is amended to read:

**63J-1-315 . Medicaid Growth Reduction and Budget Stabilization Account --
Transfers of Medicaid growth savings -- Base budget adjustments.**

(1) As used in this section:

- (a) "Department" means the Department of Health and Human Services created in Section 26B-1-201.
- (b) "Division" means the Division of Integrated Healthcare created in Section 26B-3-102.
- (c) "General Fund revenue surplus" means a situation where actual General Fund revenues collected in a completed fiscal year exceed the estimated revenues for the General Fund for that fiscal year that were adopted by the Executive Appropriations Committee of the Legislature.
- (d) "Medicaid growth savings" means the Medicaid growth target minus Medicaid program expenditures, if Medicaid program expenditures are less than the Medicaid growth target.
- (e) "Medicaid growth target" means Medicaid program expenditures for the previous year multiplied by 1.08.
- (f) "Medicaid program" is as defined in Section 26B-3-101.
- (g) "Medicaid program expenditures" means total state revenue expended for the Medicaid program from the General Fund, including restricted accounts within the General Fund, during a fiscal year.
- (h) "Medicaid program expenditures for the previous year" means total state revenue expended for the Medicaid program from the General Fund, including restricted accounts within the General Fund, during the fiscal year immediately preceeding before a fiscal year for which Medicaid program expenditures are calculated.
- (i) "Operating deficit" means that, at the end of the fiscal year, the unassigned fund balance in the General Fund is less than zero.
- (j) "State revenue" means revenue other than federal revenue.
- (k) "State revenue expended for the Medicaid program" includes money transferred or appropriated to the Medicaid Growth Reduction and Budget Stabilization Account only to the extent the money is appropriated for the Medicaid program by the Legislature.

(2) There is created within the General Fund a restricted account to be known as the Medicaid Growth Reduction and Budget Stabilization Account.

(3)(a) The following shall be deposited into the Medicaid Growth Reduction and Budget Stabilization Account:

- 131 (i) deposits described in Subsection (4);
- 132 (ii) beginning July 1, 2024, any general funds appropriated to the department for the
- 133 state plan for medical assistance or for Medicaid administration by the Division of
- 134 Integrated Healthcare that are not expended by the department in the fiscal year
- 135 for which the general funds were appropriated and which are not otherwise
- 136 designated as nonlapsing shall lapse into the Medicaid Growth Reduction and
- 137 Budget Stabilization Account;
- 138 (iii) beginning July 1, 2024, any unused state funds that are associated with the
- 139 Medicaid program from the Department of Workforce Services;
- 140 (iv) beginning July 1, 2024, any penalties imposed and collected under:
- 141 (A) Section 17B-2a-818.5;
- 142 (B) Section 19-1-206;
- 143 (C) Section 63A-5b-607;
- 144 (D) Section 63C-9-403;
- 145 (E) Section 72-6-107.5; or
- 146 (F) Section 79-2-404; and
- 147 (v) at the close of fiscal year 2024, the Division of Finance shall transfer any existing
- 148 balance in the Medicaid Restricted Account created in Section 26B-1-309 into the
- 149 Medicaid Growth Reduction and Budget Stabilization Account.
- 150 (b) In addition to the deposits described in Subsection (3)(a), the Legislature may
- 151 appropriate money into the Medicaid Growth Reduction and Budget Stabilization
- 152 Account.
- 153 (4)(a)(i) Except as provided in Subsection (7), if, at the end of a fiscal year, there is a
- 154 General Fund revenue surplus, the Division of Finance shall transfer an amount
- 155 equal to Medicaid growth savings from the General Fund to the Medicaid Growth
- 156 Reduction and Budget Stabilization Account.
- 157 (ii) If the amount transferred is reduced to prevent an operating deficit, as provided in
- 158 Subsection (7), the Legislature shall include, to the extent revenue is available, an
- 159 amount equal to the reduction as an appropriation from the General Fund to the
- 160 account in the base budget for the second fiscal year following the fiscal year for
- 161 which the reduction was made.
- 162 (b) If, at the end of a fiscal year, there is not a General Fund revenue surplus, the
- 163 Legislature shall include, to the extent revenue is available, an amount equal to
- 164 Medicaid growth savings as an appropriation from the General Fund to the account in

the base budget for the second fiscal year following the fiscal year for which the reduction was made.

(c) Subsections (4)(a) and (4)(b) apply only to the fiscal year in which the department implements the proposal developed under Section 26B-3-202 to reduce the long-term growth in state expenditures for the Medicaid program, and to each fiscal year after that year.

(5) The Division of Finance shall calculate the amount to be transferred under Subsection (4):

(a) before transferring revenue from the General Fund revenue surplus to:

(i) the General Fund Budget Reserve Account under Section 63J-1-312;

(ii) the Utah Wildfire Fund created in Section 65A-8-217, as described in Section 63J-1-314; and

(iii) the State Disaster Recovery Restricted Account under Section 63J-1-314;

(b) before earmarking revenue from the General Fund revenue surplus to the Industrial Assistance Account under Section 63N-3-106; and

(c) before making any other year-end contingency appropriations, year-end set-asides, or other year-end transfers required by law.

(6)(a) If, at the close of any fiscal year, there appears to be insufficient money to pay additional debt service for any bonded debt authorized by the Legislature, the Division of Finance may hold back from any General Fund revenue surplus money sufficient to pay the additional debt service requirements resulting from issuance of bonded debt that was authorized by the Legislature.

(b) The Division of Finance may not spend the hold back amount for debt service under Subsection (6)(a) unless and until it is appropriated by the Legislature.

(c) If, after calculating the amount for transfer under Subsection (4), the remaining General Fund revenue surplus is insufficient to cover the hold back for debt service required by Subsection (6)(a), the Division of Finance shall reduce the transfer to the Medicaid Growth Reduction and Budget Stabilization Account by the amount necessary to cover the debt service hold back.

(d) Notwithstanding Subsections (4) and (5), the Division of Finance shall hold back the General Fund balance for debt service authorized by this Subsection (6) before making any transfers to the Medicaid Growth Reduction and Budget Stabilization Account or any other designation or allocation of General Fund revenue surplus.

(7) Notwithstanding Subsections (4) and (5), if, at the end of a fiscal year, the Division of

Finance determines that an operating deficit exists and that holding back earmarks to the Industrial Assistance Account under Section 63N-3-106, transfers to the Utah Wildfire Fund and State Disaster Recovery Restricted Account under Section 63J-1-314, transfers to the General Fund Budget Reserve Account under Section 63J-1-312, or earmarks and transfers to more than one of those accounts, in that order, does not eliminate the operating deficit, the Division of Finance may reduce the transfer to the Medicaid Growth Reduction and Budget Stabilization Account by the amount necessary to eliminate the operating deficit.

- (8) The Legislature may appropriate money from the Medicaid Growth Reduction and Budget Stabilization Account only:

(a)(i) for the Medicaid program; [and] or

(ii) beginning on January 1, 2027, for an electronic health record system for which the department enters into a contract in accordance with Section 26B-4-903; and

(b)(i) if Medicaid program expenditures for the fiscal year for which the appropriation is made are estimated to be 108% or more of Medicaid program expenditures for the previous year; or

(ii) if the amount of the appropriation is equal to or less than the balance in the Medicaid Growth Reduction and Budget Stabilization Account that comprises deposits described in Subsections (3)(a)(ii) through (v) and appropriations described in Subsection (3)(b).

- (9) The Division of Finance shall deposit interest or other earnings derived from investment of Medicaid Growth Reduction and Budget Stabilization Account money into the General Fund.

Section 6. Section **64-13-25.1** is amended to read:

64-13-25.1 . Medication assisted treatment plan.

- (1) As used in this section, "medication assisted treatment plan" means a prescription plan to use a medication, such as buprenorphine, methadone, or naltrexone, to treat substance use withdrawal symptoms or an opioid use disorder.
- (2) In collaboration with the Department of Health and Human Services the department may cooperate with medical personnel to continue a medication assisted treatment plan for an inmate who had an active medication assisted treatment plan within the last six months before being committed to the custody of the department.
- (3) The department shall cooperate with the Department of Health and Human Services and relevant medical personnel in providing medication assisted treatment in accordance

with the substance use disorder plan described in Subsection (2).

[(3)] (4) A medication used for a medication assisted treatment plan under Subsection (2):

- (a) shall be an oral, short-acting medication unless the chief administrative officer or other medical personnel who is familiar with the inmate's medication assisted treatment plan determines that a long-acting, non-oral medication will provide a greater benefit to the individual receiving treatment;
- (b) may be administered to an inmate under the direction of the chief administrative officer of the correctional facility;
- (c) may, as funding permits, be paid for by the department or the Department of Health and Human Services; and
- (d) may be left or stored at a correctional facility at the discretion of the chief administrative officer of the correctional facility.

[(4)] (5) Before November 30 each year, the Department of Health and Human Services shall provide a report to the Health and Human Services Interim Committee that details, for each category, the number of individuals in the custody of the department who, in the preceding 12 months:

- (a) had an active medication assisted treatment plan within the six months preceding commitment to the custody of the department;
- (b) continued a medication assisted treatment plan following commitment to the custody of the department; and
- (c) discontinued a medication assisted treatment plan prior to, at the time of, or after commitment to the custody of the department and, as available, the type of medication discontinued and the reason for the discontinuation.

Section 7. **FY 2027 Appropriations.**

The following sums of money are appropriated for the fiscal year beginning July 1, 2026, and ending June 30, 2027. These are additions to amounts previously appropriated for fiscal year 2027.

Subsection 7(a). **Operating and Capital Budgets**

Under the terms and conditions of Title 63J, Chapter 1, Budgetary Procedures Act, the Legislature appropriates the following sums of money from the funds or accounts indicated for the use and support of the government of the state of Utah.

ITEM 1 To Utah Department of Corrections - Administration

From General Fund, One-time

500,000

Schedule of Programs:

| | | |
|-----|---|---------|
| 267 | Prison Operations Administration | 500,000 |
| 268 | The Legislature intends that the Department of | |
| 269 | Corrections use the appropriation under this item for | |
| 270 | software to monitor telephone calls and email | |
| 271 | communications of inmates for communications | |
| 272 | regarding health-related subjects. | |
| 273 | Section 8. Effective Date. | |
| 274 | <u>This bill takes effect on May 6, 2026.</u> | |