

Steve Eliason proposes the following substitute bill:

1 **Correctional Health Services Amendments**

2026 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Steve Eliason

Senate Sponsor:

2 **LONG TITLE**

3 **General Description:**

4 This bill addresses correctional health services.

5 **Highlighted Provisions:**

6 This bill:

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

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

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

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

19 ▶ defines terms; and

20 ▶ makes technical and conforming changes.

21 **Money Appropriated in this Bill:**

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

24 **Other Special Clauses:**

25 None

26 **Utah Code Sections Affected:**

27 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

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:

63 (a) are nonlapsing; and

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

66 (2) In any year that the department uses funds for the purpose described in Subsection (1),

67 the department shall provide a report to the Social Services Appropriations
68 Subcommittee and the Health and Human Services Interim Committee that includes:

69 (a) the amount expended; and

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

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

73 **26B-4-906 . Treatment for opioid use disorder.**

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

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

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

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

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

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

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

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

93 **63I-2-264 . Repeal dates: Title 64.**

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

96 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.**

97 (1) As used in this section:

98 (a) "Department" means the Department of Health and Human Services created in
99 Section 26B-1-201.

100 (b) "Division" means the Division of Integrated Healthcare created in Section 26B-3-102.

101 (c) "General Fund revenue surplus" means a situation where actual General Fund
102 revenues collected in a completed fiscal year exceed the estimated revenues for the
103 General Fund for that fiscal year that were adopted by the Executive Appropriations
104 Committee of the Legislature.

105 (d) "Medicaid growth savings" means the Medicaid growth target minus Medicaid
106 program expenditures, if Medicaid program expenditures are less than the Medicaid
107 growth target.

108 (e) "Medicaid growth target" means Medicaid program expenditures for the previous
109 year multiplied by 1.08.

110 (f) "Medicaid program" is as defined in Section 26B-3-101.

111 (g) "Medicaid program expenditures" means total state revenue expended for the
112 Medicaid program from the General Fund, including restricted accounts within the
113 General Fund, during a fiscal year.

114 (h) "Medicaid program expenditures for the previous year" means total state revenue
115 expended for the Medicaid program from the General Fund, including restricted
116 accounts within the General Fund, during the fiscal year immediately [preceding]
117 before a fiscal year for which Medicaid program expenditures are calculated.

118 (i) "Operating deficit" means that, at the end of the fiscal year, the unassigned fund
119 balance in the General Fund is less than zero.

120 (j) "State revenue" means revenue other than federal revenue.

121 (k) "State revenue expended for the Medicaid program" includes money transferred or
122 appropriated to the Medicaid Growth Reduction and Budget Stabilization Account
123 only to the extent the money is appropriated for the Medicaid program by the
124 Legislature.

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

127 (3)(a) The following shall be deposited into the Medicaid Growth Reduction and Budget
128 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

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

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

171 (5) The Division of Finance shall calculate the amount to be transferred under Subsection
172 (4):

173 (a) before transferring revenue from the General Fund revenue surplus to:
174 (i) the General Fund Budget Reserve Account under Section 63J-1-312;
175 (ii) the Utah Wildfire Fund created in Section 65A-8-217, as described in Section
176 63J-1-314; and
177 (iii) the State Disaster Recovery Restricted Account under Section 63J-1-314;
178 (b) before earmarking revenue from the General Fund revenue surplus to the Industrial
179 Assistance Account under Section 63N-3-106; and
180 (c) before making any other year-end contingency appropriations, year-end set-asides, or
181 other year-end transfers required by law.

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

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

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

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

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

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

207 (8) The Legislature may appropriate money from the Medicaid Growth Reduction and
208 Budget Stabilization Account only:
209 (a)(i) for the Medicaid program; [and] or
210 (ii) beginning on January 1, 2027, for an electronic health record system for which
211 the department enters into a contract in accordance with Section 26B-4-903; and
212 (b)(i) if Medicaid program expenditures for the fiscal year for which the
213 appropriation is made are estimated to be 108% or more of Medicaid program
214 expenditures for the previous year; or
215 (ii) if the amount of the appropriation is equal to or less than the balance in the
216 Medicaid Growth Reduction and Budget Stabilization Account that comprises
217 deposits described in Subsections (3)(a)(ii) through (v) and appropriations
218 described in Subsection (3)(b).
219 (9) The Division of Finance shall deposit interest or other earnings derived from investment
220 of Medicaid Growth Reduction and Budget Stabilization Account money into the
221 General Fund.

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

223 **64-13-25.1 . Medication assisted treatment plan.**

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

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

234 [~~(3)~~] (4) A medication used for a medication assisted treatment plan under Subsection (2):

235 (a) shall be an oral, short-acting medication unless the chief administrative officer or
236 other medical personnel who is familiar with the inmate's medication assisted
237 treatment plan determines that a long-acting, non-oral medication will provide a
238 greater benefit to the individual receiving treatment;

239 (b) may be administered to an inmate under the direction of the chief administrative
240 officer of the correctional facility;

241 (c) may, as funding permits, be paid for by the department or the Department of Health
242 and Human Services; and

243 (d) may be left or stored at a correctional facility at the discretion of the chief
244 administrative officer of the correctional facility.

245 [~~(4)~~] (5) Before November 30 each year, the Department of Health and Human Services
246 shall provide a report to the Health and Human Services Interim Committee that details,
247 for each category, the number of individuals in the custody of the department who, in
248 the preceding 12 months:

249 (a) had an active medication assisted treatment plan within the six months preceding
250 commitment to the custody of the department;

251 (b) continued a medication assisted treatment plan following commitment to the custody
252 of the department; and

253 (c) discontinued a medication assisted treatment plan prior to, at the time of, or after
254 commitment to the custody of the department and, as available, the type of
255 medication discontinued and the reason for the discontinuation.

256 Section 7. **FY 2027 Appropriations.**

257 The following sums of money are appropriated for the fiscal year beginning July 1,
258 2026, and ending June 30, 2027. These are additions to amounts previously appropriated for
259 fiscal year 2027.

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

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

264 ITEM 1 To Utah Department of Corrections - Administration

265 From General Fund, One-time

500,000

266 Schedule of Programs:

267 Prison Operations Administration 500,000

273 Section 8. Effective Date.

274 This bill takes effect on May 6, 2026.