

Steve Eliason proposes the following substitute bill:

**Correctional Health Services Amendments**

2026 GENERAL SESSION

STATE OF UTAH

**Chief Sponsor: Steve Eliason**

Senate Sponsor: Brady Brammer

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**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:**

None

**Other Special Clauses:**

None

**Utah Code Sections Affected:**

AMENDS:

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

29 **63I-2-264**, as last amended by Laws of Utah 2024, Third Special Session, Chapter 5

30 **63J-1-315**, as last amended by Laws of Utah 2025, Chapter 113

31 **64-13-25.1**, as enacted by Laws of Utah 2024, Chapter 266

32 ENACTS:

33 **26B-4-905**, Utah Code Annotated 1953

34 **26B-4-906**, Utah Code Annotated 1953

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

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

38 **26B-4-903 . Electronic health record system study.**

39 (1) On or before June 30, 2025, the department shall convene a working group to study and  
40 develop recommendations regarding the electronic health record system used in  
41 connection with providing inmates with comprehensive health care, including:

42 (a) identification of the department's electronic health record system requirements;

43 (b) an analysis of what features of an electronic health record system are needed to  
44 maximize the implementation, effectiveness, and efficiency of the waiver described  
45 in Section 26B-3-217; and

46 (c) a determination of whether the department's current electronic health record system  
47 meets the requirements and includes the features identified under Subsections (1)(a)  
48 and (b).

49 (2) The working group described in Subsection (1) shall include department staff as  
50 determined by the director.

51 (3) The working group shall provide recommendations regarding the electronic health  
52 record system to the Health and Human Services Interim Committee on or before the  
53 date of the committee's meeting in November 2025.

54 (4) By no later than December 31, 2026, the department shall enter into a contract, in  
55 accordance with Title 63G, Chapter 6a, Utah Procurement Code, for an electronic health  
56 record system that meets the requirements and has the features identified in accordance  
57 with Subsections (1)(a) and (b).

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

59 **26B-4-905 . Nonlapsing funds.**

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

62 (a) are nonlapsing; and

- 63 (b) may only be used to pay for health care costs that meet the definition of  
 64 unanticipated high-cost correctional health care.
- 65 (2) In any year that the department uses funds for the purpose described in Subsection (1),  
 66 the department shall provide a report to the Social Services Appropriations  
 67 Subcommittee and the Health and Human Services Interim Committee that includes:  
 68 (a) the amount expended; and  
 69 (b) the balance of unexpended funds appropriated to the department for unanticipated  
 70 high-cost correctional health care.

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

72 **26B-4-906 . Treatment for opioid use disorder.**

- 73 (1) As used in this section, "CMS" means the Centers for Medicare and Medicaid Services  
 74 within the United States Department of Health and Human Services.
- 75 (2) The department, in consultation with the Department of Corrections, shall prepare and  
 76 implement a plan to provide, in accordance with current medical standards, opioid use  
 77 disorder treatment to inmates who suffer from opioid use disorder:  
 78 (a) for up to 90 days after the first day on which the inmate is incarcerated in a  
 79 correctional facility; and  
 80 (b) for up to 90 days immediately before the date on which the inmate is released from a  
 81 correctional facility, if CMS grants a request for a waiver, or a request to amend a  
 82 waiver, that the department requests in accordance with Section 26B-3-217.
- 83 (3) The plan described in Subsection (2) shall include the use of medication assisted  
 84 treatment as medically necessary.
- 85 (4) The department shall consult and may contract with addiction specialists at the  
 86 Huntsman Mental Health Institute to prepare and implement the plan described in  
 87 Subsection (2).
- 88 (5) The department shall provide an annual report on the preparation and implementation of  
 89 the plan described in Subsection (2) to the Health and Human Services Interim  
 90 Committee on or before the date of the committee's August interim meeting.

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

92 **63I-2-264 . Repeal dates: Title 64.**

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

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

96 **63J-1-315 . Medicaid Growth Reduction and Budget Stabilization Account --**

97 **Transfers of Medicaid growth savings -- Base budget adjustments.**

98 (1) As used in this section:

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

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

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

- 130 (i) deposits described in Subsection (4);

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

- 165 reduction was made.
- 166 (c) Subsections (4)(a) and (4)(b) apply only to the fiscal year in which the department  
167 implements the proposal developed under Section 26B-3-202 to reduce the long-term  
168 growth in state expenditures for the Medicaid program, and to each fiscal year after  
169 that year.
- 170 (5) The Division of Finance shall calculate the amount to be transferred under Subsection  
171 (4):
- 172 (a) before transferring revenue from the General Fund revenue surplus to:
- 173 (i) the General Fund Budget Reserve Account under Section 63J-1-312;  
174 (ii) the Utah Wildfire Fund created in Section 65A-8-217, as described in Section  
175 63J-1-314; and  
176 (iii) the State Disaster Recovery Restricted Account under Section 63J-1-314;
- 177 (b) before earmarking revenue from the General Fund revenue surplus to the Industrial  
178 Assistance Account under Section 63N-3-106; and  
179 (c) before making any other year-end contingency appropriations, year-end set-asides, or  
180 other year-end transfers required by law.
- 181 (6)(a) If, at the close of any fiscal year, there appears to be insufficient money to pay  
182 additional debt service for any bonded debt authorized by the Legislature, the  
183 Division of Finance may hold back from any General Fund revenue surplus money  
184 sufficient to pay the additional debt service requirements resulting from issuance of  
185 bonded debt that was authorized by the Legislature.
- 186 (b) The Division of Finance may not spend the hold back amount for debt service under  
187 Subsection (6)(a) unless and until it is appropriated by the Legislature.
- 188 (c) If, after calculating the amount for transfer under Subsection (4), the remaining  
189 General Fund revenue surplus is insufficient to cover the hold back for debt service  
190 required by Subsection (6)(a), the Division of Finance shall reduce the transfer to the  
191 Medicaid Growth Reduction and Budget Stabilization Account by the amount  
192 necessary to cover the debt service hold back.
- 193 (d) Notwithstanding Subsections (4) and (5), the Division of Finance shall hold back the  
194 General Fund balance for debt service authorized by this Subsection (6) before  
195 making any transfers to the Medicaid Growth Reduction and Budget Stabilization  
196 Account or any other designation or allocation of General Fund revenue surplus.
- 197 (7) Notwithstanding Subsections (4) and (5), if, at the end of a fiscal year, the Division of  
198 Finance determines that an operating deficit exists and that holding back earmarks to the

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

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

208 (a)(i) for the Medicaid program; ~~and~~ or

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

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

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

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

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

222 **64-13-25.1 . Medication assisted treatment plan.**

223 (1) As used in this section, "medication assisted treatment plan" means a prescription plan  
 224 to use a medication, such as buprenorphine, methadone, or naltrexone, to treat substance  
 225 use withdrawal symptoms or an opioid use disorder.

226 (2) In collaboration with the Department of Health and Human Services the department  
 227 may cooperate with medical personnel to continue a medication assisted treatment plan  
 228 for an inmate who had an active medication assisted treatment plan within the last six  
 229 months before being committed to the custody of the department.

230 (3) The department shall cooperate with the Department of Health and Human Services and  
 231 relevant medical personnel in providing medication assisted treatment in accordance  
 232 with the substance use disorder plan described in Subsection (2).

- 233     ~~[(3)]~~ (4) A medication used for a medication assisted treatment plan under Subsection (2):
- 234             (a) shall be an oral, short-acting medication unless the chief administrative officer or
- 235             other medical personnel who is familiar with the inmate's medication assisted
- 236             treatment plan determines that a long-acting, non-oral medication will provide a
- 237             greater benefit to the individual receiving treatment;
- 238             (b) may be administered to an inmate under the direction of the chief administrative
- 239             officer of the correctional facility;
- 240             (c) may, as funding permits, be paid for by the department or the Department of Health
- 241             and Human Services; and
- 242             (d) may be left or stored at a correctional facility at the discretion of the chief
- 243             administrative officer of the correctional facility.
- 244     ~~[(4)]~~ (5) Before November 30 each year, the Department of Health and Human Services
- 245             shall provide a report to the Health and Human Services Interim Committee that details,
- 246             for each category, the number of individuals in the custody of the department who, in
- 247             the preceding 12 months:
- 248             (a) had an active medication assisted treatment plan within the six months preceding
- 249             commitment to the custody of the department;
- 250             (b) continued a medication assisted treatment plan following commitment to the custody
- 251             of the department; and
- 252             (c) discontinued a medication assisted treatment plan prior to, at the time of, or after
- 253             commitment to the custody of the department and, as available, the type of
- 254             medication discontinued and the reason for the discontinuation.

255             Section 7. **Effective Date.**

256             This bill takes effect on May 6, 2026.