

Norman K Thurston proposes the following substitute bill:

1 **Health Data Amendments**

2026 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Norman K Thurston

Senate Sponsor: Kirk A. Cullimore

3 **LONG TITLE**

4 **General Description:**

5 This bill amends provisions related to the Department of Health and Human Services'
6 health data authority.

7 **Highlighted Provisions:**

8 This bill:

- 9 ▶ defines terms;
- 10 ▶ clarifies and amends provisions related to the Department of Health and Human Services'
11 (department) health data plans;
- 12 ▶ clarifies and amends provisions related to the All Payer Claims Database;
- 13 ▶ repeals certain reporting requirements;
- 14 ▶ allows the department to share data within the department and with public health
15 authorities, local mental health authorities, and local substance use authorities;
- 16 ▶ enacts provisions related to data security and privacy;
- 17 ▶ extends the repeal date for the department's health data authority;
- 18 ▶ creates a repeal date for the Health Data Committee; 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26 **26B-8-501 (Effective 05/06/26) (Repealed 07/01/26)**, as last amended by Laws of Utah
27 2024, Chapter 277

28 **26B-8-501.1 (Effective 05/06/26) (Repealed 07/01/26)**, as enacted by Laws of Utah

29 2024, Chapter 277
30 **26B-8-504 (Effective 05/06/26) (Repealed 07/01/26)**, as last amended by Laws of Utah
31 2024, Chapters 250, 277
32 **26B-8-507 (Effective 05/06/26) (Repealed 07/01/26)**, as last amended by Laws of Utah
33 2024, Chapter 277
34 **26B-8-508 (Effective 05/06/26) (Repealed 07/01/26)**, as last amended by Laws of Utah
35 2024, Chapter 277
36 **63I-1-226 (Effective 05/06/26)**, as last amended by Laws of Utah 2025, Chapters 47, 277
37 and 366

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

40 Section 1. Section **26B-8-501** is amended to read:

41 **26B-8-501 (Effective 05/06/26) (Repealed 07/01/26). Definitions.**

42 As used in this part:

43 (1) "Committee" means the Health Data Committee created in Section 26B-1-413.
44 (2) "Control number" means a number or other identifier that:
45 (a) is assigned by the department to [an individual's health data] identifiable health data;
46 (b) is consistent with the best practices of data privacy; and
47 (c) is used to ensure health data is not able to be readily associated with an individual
48 when the health data is provided for research or statistical analysis.
49 (3) "Data supplier" means a health care facility, health care provider, self-funded employer,
50 third-party payor, health maintenance organization, or government department which
51 could reasonably be expected to provide health data under this part.

52 (4) "Direct identifiers" means any of the following:

53 (a) name;
54 (b) address except for:
55 (i) a name of a city, town, or state; or
56 (ii) a ZIP Code;
57 (c) telephone or fax number;
58 (d) email address;
59 (e) URL or IP address;
60 (f) social security number;
61 (g) medical record number;
62 (h) health plan ID number;

- 63 (i) patient account number;
- 64 (j) the diagnosis code of a rare condition or disease that affects less than 200,000 people
in the United States;
- 65 (k) a date of birth if the day, month, and year are included; or
- 66 (l) the exact date a health care service was provided to an individual unless the date is
randomly shifted or otherwise perturbed in accordance with data protection practices.

69 [(4)] (5) "Disclosure" or "disclose" means the communication of health care data to any
70 individual or organization outside the [department] division, [its-] division staff, and [
71 contracting agencieies] division contractors.

72 (6) "Division" means the Division of Data, Systems, and Evaluation within the department.

73 [(5)] (7)(a) "Health care facility" means a facility that is licensed by the department under
74 Chapter 2, Part 2, Health Care Facility Licensing and Inspection.

75 (b) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the
76 department, in consultation with the committee,[-] may by rule add, delete, or modify
77 the list of facilities that come within this definition for purposes of this part.

78 [(6)] (8) "Health care provider" means the same as that term is defined in Section 78B-3-403.

79 [(7)] (9) "Health data" means [information relating to the health status of individuals, health
80 services delivered, the availability of health manpower and facilities, and the use and
81 costs of resources and services to the consumer, except vital records as defined in
82 Section 26B-8-101 shall be excluded] the same as that term is defined in Section
83 26B-8-401.

84 [(8)] (10) "Health maintenance organization" means the same as that term is defined in
85 Section 31A-8-101.

86 [(9)] (11) "Identifiable health data" means [any item, collection, or grouping of health data
87 that makes the individual supplying or described in the health data identifiable] the same
88 as that term is defined in Section 26B-8-401.

89 (12) "Local health department" means the same as that term is defined in Section 26A-1-102.

90 (13) "Local mental health authority" means an entity described in Section 17-77-301.

91 (14) "Local substance abuse authority" means an entity described in Section 17-77-201.

92 [(10)] (15) "Organization" means any corporation, association, partnership, agency,
93 department, unit, or other legally constituted institution or entity, or part thereof.

94 [(11)] (16) "Research and statistical analysis" means activities using health data analysis
95 including:

96 (a) describing the group characteristics of individuals or organizations;

97 (b) analyzing the noncompliance among the various characteristics of individuals or
98 organizations;
99 (c) conducting statistical procedures or studies to improve the quality of health data;
100 (d) designing sample surveys and selecting samples of individuals or organizations; and
101 (e) preparing and publishing reports describing these matters.

102 [(12)] (17) "Self-funded employer" means an employer who provides for the payment of
103 health care services for employees directly from the employer's funds, thereby assuming
104 the financial risks rather than passing them on to an outside insurer through premium
105 payments.

106 [(13) ~~"Plan" means the plan developed and adopted by the department under this part.]~~

107 [(14)] (18) "Third party payor" means:

108 (a) an insurer offering a health benefit plan, as defined by Section 31A-1-301, to at least
109 2,500 enrollees in the state;
110 (b) a nonprofit health service insurance corporation licensed under Title 31A, Chapter 7,
111 Nonprofit Health Service Insurance Corporations;
112 (c) a program funded or administered by [Utah] ~~the state~~ for the provision of health care
113 services, including the Medicaid and medical assistance programs described in
114 Chapter 3, Part 1, Health Care Assistance; and
115 (d) a corporation, organization, association, entity, or person:
116 (i) which administers or offers a health benefit plan to at least 2,500 enrollees in the
117 state; and
118 (ii) which is required by administrative rule adopted by the department in accordance
119 with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to supply health
120 data to the department.

121 Section 2. Section **26B-8-501.1** is amended to read:

122 **26B-8-501.1 (Effective 05/06/26) (Repealed 07/01/26). Health data authority**

123 **duties.**

124 (1) The department shall:

125 [(a) ~~in consultation with the committee and in accordance with Title 63G, Chapter 3,~~
126 ~~Utah Administrative Rulemaking Act, develop and adopt by rule, following public~~
127 ~~hearing and comment, a health data plan that shall among its elements:]~~
128 [(i) ~~identify the key health care issues, questions, and problems amenable to~~
129 ~~resolution or improvement through better data, more extensive or careful analysis,~~
130 ~~or improved dissemination of health data;~~]

131 [(ii) document existing health data activities in the state to collect, organize, or make
132 available types of data pertinent to the needs identified in Subsection (1)(a)(i);]
133 [(iii) describe and prioritize the actions suitable for the department to take in response
134 to the needs identified in Subsection (1)(a)(i) in order to obtain or to facilitate the
135 obtaining of needed data, and to encourage improvements in existing data
136 collection, interpretation, and reporting activities, and indicate how those actions
137 relate to the activities identified under Subsection (1)(a)(ii);]
138 [(iv) detail the types of data needed for the department's work, the intended data
139 suppliers, and the form in which such data are to be supplied, noting the
140 consideration given to the potential alternative sources and forms of such data and
141 to the estimated cost to the individual suppliers as well as to the department of
142 acquiring the data in the proposed manner and reasonably demonstrate that the
143 department has attempted to maximize cost-effectiveness in the data acquisition
144 approaches selected;]
145 [(v) describe the types and methods of validation to be performed to assure data
146 validity and reliability;]
147 [(vi) explain the intended uses of and expected benefits to be derived from the data
148 specified in Subsection (1)(a)(iv), including the contemplated tabulation formats
149 and analysis methods; the benefits described shall demonstrably relate to one or
150 more of the following:]
151 [(A) promoting quality health care;]
152 [(B) managing health care costs; or]
153 [(C) improving access to health care services;]
154 [(vii) describe the expected processes for interpretation and analysis of the data
155 flowing to the department, noting specifically the types of expertise and
156 participation to be sought in those processes; and]
157 [(viii) describe the types of reports to be made available by the department and the
158 intended audiences and uses;]
159 [(b)] (a) develop and maintain written plans for collecting, managing, and using data
160 under this part, including:
161 (i) a strategic plan that:
162 (A) identifies the key health care issues, questions, and problems that can be
163 addressed or improved with better data, more thorough analysis, or improved
164 access to data;

165 (B) details current data collection, organization, and dissemination efforts within
166 the state that are relevant to the identified needs; and
167 (C) describes and prioritizes the actions the department will take to obtain needed
168 data, improve any existing processing activity as that term is defined in Section
169 63A-19-101, and outline how these actions address issues, questions, or
170 problems identified under Subsection (1)(a)(i)(A);

171 (ii) a data management plan that:

172 (A) specifies the types of data needed, the intended suppliers, and the required
173 data formats, including consideration for alternative sources and forms of data,
174 estimating costs for both suppliers and the department, and demonstrating a
175 cost-effective approach; and
176 (B) describes the types and methods of validation to be performed to assess the
177 validity and reliability of the data; and

178 (iii) a data analytics and dissemination plan that:

179 (A) describes the expected processes for interpreting and analyzing the data,
180 including the types of expertise and participation needed;
181 (B) details the types of reports the department will make available, along with
182 their intended audiences and uses;
183 (C) explains the intended uses of the data, including analytic approaches and
184 expected benefits of the data related to purposes described in Subsection (1)(g);
185 and
186 (D) describes actions or efforts used to prevent individual reidentification.

187 (b) publish the plans described in Subsection (1)(a) on the department's website;

188 (c) have the authority to collect, validate, analyze, and present health data in accordance
189 with [the] a plan described in Subsection (1)(a) while protecting individual privacy
190 through:

191 (i) the use of the best practices of data privacy;

192 (ii) adopting safeguards found in 45 C.F.R. Sec. 164.312 and any relevant definitions
193 in 45 C.F.R. Part 160 and 45 C.F.R. Part 164 Subparts A and C; and

194 (iii) encrypting identifiable health data when stored and when transmitted;

195 [(e)] (d) evaluate existing identification coding methods and, if necessary, require by rule
196 adopted in accordance with Subsection (2), that health data suppliers use a uniform
197 system for identification of patients, health care facilities, and health care providers
198 on health data they submit under this [seetion and Chapter 8, Part 5, Utah Health

~~Data Authority] part;[-and]~~

[~~(d)~~] (e) advise, consult, contract, and cooperate with any [eorporation, association, or other entity] organization for the collection, analysis, processing, or reporting of health data[.]:

(f) establish fees to ensure that the users of data collected under this part assist in covering the cost for collecting the data; and

(g) collect health data and other data under this part that are relevant to:

(i) facilitate data-driven, evidence-based improvements in patient access, patient choice, health care quality, and health care cost; and

(ii) promote and improve:

(A) public health; and

(B) the operation, efficiency, value, and quality of care provided by the health care system.

(2) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the department, in consultation with the committee, ~~[may adopt]~~ shall make rules to carry out the provisions of this ~~[section and Chapter 8, Part 5, Utah Health Data Authority]~~ part when the provisions require action from a person that is not the department.

(3)(a) Except for data collection, analysis, and validation functions described in this section, nothing in this part shall be construed to authorize or permit the department to perform regulatory functions which are delegated by law to other agencies of the state or federal governments or to perform quality assurance or medical record audit functions that health care facilities, health care providers, or third party payors are required to conduct to comply with federal or state law.

(b) The department may not recommend or determine whether a health care provider, health care facility, third party payor, or self-funded employer is in compliance with federal or state laws including federal or state licensure, insurance, reimbursement, tax, malpractice, or quality assurance statutes or common law.

(4) Nothing in this part, shall be construed to require a data supplier to supply [health data identifying a patient by name or describing detail on a patient] identifiable health data beyond that needed to achieve the approved purposes included in [the] a plan described in Subsection (1)(a).

(5) No request for health data shall be made of health care providers and other data suppliers until a plan for the use of such health data has been adopted.

(6)(a) If a proposed request for health data imposes unreasonable costs on a data

233 supplier, due consideration shall be given by the department to altering the request.

234 (b) If the request is not altered, the department shall pay the costs incurred by the data
235 supplier associated with satisfying the request that are demonstrated by the data
236 supplier to be unreasonable.

237 [(7) After a plan is adopted as provided in Section 26B-8-504, the department may require
238 any data supplier to submit fee schedules, maximum allowable costs, area prevailing
239 costs, terms of contracts, discounts, fixed reimbursement arrangements, capitations, or
240 other specific arrangements for reimbursement to a health care provider.]

241 [(8)(a) The department may not publish any health data collected under Subsection (7)
242 that would disclose specific terms of contracts, discounts, or fixed reimbursement
243 arrangements, or other specific reimbursement arrangements between an individual
244 provider and a specific payer.]

245 [(b) Nothing in Subsection (7) shall prevent the department from requiring the
246 submission of health data on the reimbursements actually made to health care
247 providers from any source of payment, including consumers.]

248 [(9)] (7) Any data collected by the department shall be done in accordance with state and
249 federal data privacy laws.

250 [(10)] (8)(a) The department shall:

- 251 (i) create an opt-out system where an individual may choose to have [an] the
252 individual's identifiable health data suppressed or restricted from being accessible
253 for department duties described under this part;
- 254 (ii) maintain a list of [people] individuals who have opted out for use in accordance
255 with Subsection [(10)(b)] (8)(b); and
- 256 (iii) provide instructions for the opt-out system described in Subsection [(10)(a)(i)]
257 (8)(a)(i) in a conspicuous location on the department's website.

258 (b) For an individual who opts out under Subsection [(10)(a)] (8)(a), the department may
259 not share, analyze, or use any identifiable health data from the health data obtained
260 under this part for the individual, including data previously obtained under this part.

261 [(11)] (9)(a) For identifiable health data, the department shall:

- 262 (i) use the minimum necessary data to accomplish the duties described in this part;
263 and
- 264 (ii) only use [personally identifiable information] direct identifiers for:
265 (A) quality assurance;
266 (B) referential integrity; [or]

267 (C) complying with breach notification requirements[.] ;
268 (D) calculating the distance between addresses or linking external
269 geographically-based data, provided that the addresses and any geocodes are
270 removed immediately after the process is complete; or
271 (E) identity resolution.

272 (b) If the department receives an individual's social security number with data obtained
273 under this part, the department may not share any part of the social security number
274 with any person.

275 [(12)] (10) The department shall [annually report to the Health and Human Services Interim
276 Committee regarding privacy practices and efforts the department is undertaking to
277 enhance data privacy] include information regarding privacy and security requirements
278 of this part in the report described in Section 63A-19-401.3.

279 [(13)(a) Before October 1, 2024, the department shall review all state statutory
280 mandates related to the collection of any form of health data and provide a written
281 report to the Health and Human Services Interim Committee outlining the mandates
282 that are older than 10 years old with:]

283 [(i) a description regarding how the data is used; and]
284 [(ii) a recommendation regarding whether the department should continue collecting
285 the data.]

286 [(b) The department may request assistance from the Office of Legislative Research and
287 General Counsel to determine when statutory mandates were enacted.]

288 Section 3. Section **26B-8-504** is amended to read:

289 **26B-8-504 (Effective 05/06/26) (Repealed 07/01/26). Health care cost and
290 reimbursement data -- All Payer Claims Database.**

291 (1) The department shall, as funding is available:

292 (a) establish a plan for collecting data from data suppliers to determine measurements of
293 cost and reimbursements for risk-adjusted episodes of health care;
294 (b) share data regarding insurance claims and an individual's and small employer group's
295 health risk factor and characteristics of insurance arrangements that affect claims and
296 usage with the Insurance Department, only to the extent necessary for:
297 (i) risk adjusting; and
298 (ii) the review and analysis of health insurers' premiums and rate filings;
299 (c) assist the Legislature and the public with awareness of, and the promotion of,
300 transparency in the health care market by reporting on:

301 (i) geographic variances in medical care and costs as demonstrated by data available
302 to the department; and
303 (ii) rate and price increases by health care providers:
304 (A) that exceed the Consumer Price Index - Medical as provided by the United
305 States Bureau of Labor Statistics;
306 (B) as calculated yearly from June to June; and
307 (C) as demonstrated by data available to the department;

308 (d) provide on at least a monthly basis, enrollment data collected by the department to a
309 not-for-profit, broad-based coalition of state health care insurers and health care
310 providers that are involved in the standardized electronic exchange of health data as
311 described in Section 31A-22-614.5, to the extent necessary:
312 (i) for the department or the Office of Inspector General of Medicaid Services to
313 determine insurance enrollment of an individual for the purpose of determining
314 Medicaid third party liability;
315 (ii) for an insurer that is a data supplier, to determine insurance enrollment of an
316 individual for the purpose of coordination of health care benefits; and
317 (iii) for a health care provider, to determine insurance enrollment for a patient for the
318 purpose of claims submission by the health care provider;

319 (e) coordinate with the Trauma System and Emergency Medical Services Advisory
320 Committee to publish data regarding air ambulance charges under Section [26B-4-106]
321 53-2d-105; [and]

322 (f) share data collected under this part with the state auditor for use in the health care
323 price transparency tool[described in Section 67-3-11.] ; and
324 (g) create a database called the All Payer Claims Database for maintaining health care
325 cost and claim information.

326 (2) A data supplier is not liable for a breach of or unlawful disclosure of the data caused by [
327 an entity] a person that obtains data in accordance with Subsection (1).

328 (3) The plan adopted under Subsection [(1)] (1)(a) shall include:
329 (a) the type of data that will be collected;
330 (b) how the data will be evaluated;
331 (c) how the data will be used;
332 (d) the extent to which, and how the data will be protected; and
333 (e) who will have access to the data.

334 (4) After a plan is adopted as provided in Subsection (1)(a), the department may require any

335 data supplier to submit fee schedules, maximum allowable costs, area prevailing costs,
336 terms of contracts, discounts, fixed reimbursement arrangements, capitations, or other
337 specific arrangements for reimbursement to a health care provider to the extent allowed
338 under federal law.

339 (5)(a) The department may not publish any health data collected under Subsection (4)
340 that would reveal specific terms of current contracts, discounts, or fixed
341 reimbursement arrangements, or other specific reimbursement arrangements between
342 an individual provider and a specific payer.

343 (b) Nothing in Subsection (4) shall prevent the department from requiring the
344 submission of health data on the reimbursements actually made to health care
345 providers from any source of payment, including consumers.

346 Section 4. Section **26B-8-507** is amended to read:

347 **26B-8-507 (Effective 05/06/26) (Repealed 07/01/26). Disclosure of identifiable**
348 **health data prohibited.**

349 (1)(a) All information, reports, statements, memoranda, or other data received by the
350 department are strictly confidential.
351 (b) Any use, release, or publication of the information shall be done in such a way that
352 no person is identifiable except as provided in Sections 26B-8-506 and 26B-8-508.
353 (c) A person may not attempt to identify or re-identify an individual using data obtained
354 under this part, including through data linking or correlation, except as provided in
355 Sections 26B-8-506 and 26B-8-508.

356 (2) No member of the department may be held civilly liable by reason of having released or
357 published reports or compilations of data supplied to the department, so long as the
358 publication or release is in accordance with the requirements of Subsection (1).

359 (3) No person, corporation, or entity may be held civilly liable for having provided data to
360 the department in accordance with this part.

361 (4) Except as specifically provided in this part, this part does not abrogate a person's claim
362 to recover damage from another person for civilly liable conduct.

363 Section 5. Section **26B-8-508** is amended to read:

364 **26B-8-508 (Effective 05/06/26) (Repealed 07/01/26). Exceptions to prohibition on**
365 **disclosure of identifiable health data.**

366 (1) The department may not disclose any identifiable health data unless:
367 (a) the individual whose data is being disclosed has authorized the disclosure;
368 (b) the disclosure is [to the department or a public health authority] made in accordance

369 with Subsection (2); [or]

370 (c) the disclosure complies with the provisions of[:]

371 [(:i) Subsection (3);

372 [(:ii) (d) the disclosure is:

373 (i) related to insurance enrollment and coordination of benefits[~~under~~] ; and

374 (ii) made in accordance with Subsection 26B-8-504(1)(d); or

375 [(:iii) (e) the disclosure is:

376 (i) related to risk adjusting[~~under~~] ; and

377 (ii) made in accordance with Subsection 26B-8-504(1)(b).

378 (2) [The department may disclose identifiable health data to the department or a public

379 health authority under Subsection (1)(b) if:]

380 [(:a) the department or the public health authority has clear statutory authority to possess

381 the identifiable health data; and]

382 (a) The department may disclose identifiable health data if the disclosure is solely for

383 use:

384 (i) in the Utah Statewide Immunization Information System operated by the

385 department;

386 (ii) in the Utah Cancer Registry operated by the University of Utah, in collaboration

387 with the department; or

388 (iii) by the medical examiner, as defined in Section 26B-8-201, or the medical

389 examiner's designee.

390 [(:b) the disclosure is solely for use:]

391 [(:i) in the Utah Statewide Immunization Information System operated by the

392 department;]

393 [(:ii) in the Utah Cancer Registry operated by the University of Utah, in collaboration

394 with the department; or]

395 [(:iii) by the medical examiner, as defined in Section 26B-8-201, or the medical

396 examiner's designee.]

397 (b) For a purpose not described in Subsection (2)(a), the department may disclose

398 identifiable health data within the department or to a local health department, a local

399 mental health authority, or a local substance abuse authority if the disclosure does not

400 contain direct identifiers.

401 (c) A person that obtains data under this Subsection (2) and is informed by the

402 department that an individual has opted to suppress or restrict the individual's

403 identifiable health data under Subsection 26B-8-501.1(8) shall delete data about the
404 individual provided by the department that is in the possession of the person.

405 (3) The department shall consider the following when responding to a request for disclosure
406 of information that may include identifiable health data:
407 (a) whether the request comes from a person after that person has received approval to
408 do the specific research or statistical work from an institutional review board; and
409 (b) whether the requesting entity complies with the provisions of Subsection (4).

410 (4)(a) A request for disclosure of information that may include identifiable health data
411 shall:

412 [(a)] (i) be for a specified period; or
413 [(b)] (ii) be solely for bona fide research or statistical purposes.
414 (b) [~~as determined in accordance with administrative rules adopted by the department~~
415 ~~in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act,~~
416 ~~which shall require~~] A requesting entity shall:
417 (i) [~~the requesting entity to~~] demonstrate to the department that the data is required
418 for the research or statistical purposes proposed by the requesting entity; and
419 (ii) [~~the requesting entity to~~] enter into a written agreement satisfactory to the
420 department to protect the data in accordance with this part or other applicable law.
421 (c) The department shall make rules in accordance with Title 63G, Chapter 3, Utah
422 Administrative Rulemaking Act, to implement this Subsection (4).

423 (5) A person accessing identifiable health data [~~pursuant to~~] in accordance with Subsection
424 (4):

425 (a) may not further disclose the identifiable health data:
426 [(a)] (i) without prior approval of the department; and
427 [(b)] (ii) unless the identifiable health data is disclosed or identified by control
428 number only[.] ; and

429 (b) shall delete any identifiable health data at the earlier of the following:
430 (i) the day the specified period described in Subsection (4)(a)(i) ends; or
431 (ii) the day when the person's need for the identifiable health data ceases.

432 (6) Identifiable health data that has been designated by a data supplier as being subject to
433 regulation under 42 C.F.R. Part 2, Confidentiality of Substance Use Disorder Patient
434 Records, may only be used or disclosed in accordance with applicable federal
435 regulations.

436 (7) Any person that obtains identifiable health data under this section shall:

437 (a) adopt safeguards found in 45 C.F.R. Sec. 164.312 and any relevant definitions in 45
438 C.F.R. Part 160 and 45 C.F.R. Part 164 Subparts A and C; and
439 (b) encrypt identifiable health data when stored and when transmitted.

440 Section 6. Section **63I-1-226** is amended to read:

441 **63I-1-226 (Effective 05/06/26). Repeal dates: Titles 26 through 26B.**

442 (1) Subsection 26B-1-204(2)(g), regarding the Youth Electronic Cigarette, Marijuana, and
443 Other Drug Prevention Committee, is repealed July 1, 2030.

444 (2) Subsection 26B-1-204(2)(h), regarding the Primary Care Grant Committee, is repealed
445 July 1, 2035.

446 (3) Section 26B-1-315, Medicaid ACA Fund, is repealed July 1, 2034.

447 (4) Section 26B-1-318, Brain and Spinal Cord Injury Fund, is repealed July 1, 2029.

448 (5) Section 26B-1-402, Rare Disease Advisory Council Grant Program -- Creation --
449 Reporting, is repealed July 1, 2026.

450 (6) Section 26B-1-409, Utah Digital Health Service Commission -- Creation -- Membership
451 -- Duties, is repealed July 1, 2025.

452 (7) Section 26B-1-410, Primary Care Grant Committee, is repealed July 1, 2035.

453 (8) Section 26B-1-413, Health Data Committee, is repealed July 1, 2036.

454 [(8)] (9) Section 26B-1-417, Brain and Spinal Cord Injury Advisory Committee --
455 Membership -- Duties, is repealed July 1, 2029.

456 [(9)] (10) Section 26B-1-422, Early Childhood Utah Advisory Council -- Creation --
457 Compensation -- Duties, is repealed July 1, 2029.

458 [(10)] (11) Section 26B-1-425, Utah Health Workforce Advisory Council -- Creation and
459 membership, is repealed July 1, 2027.

460 [(11)] (12) Section 26B-1-428, Youth Electronic Cigarette, Marijuana, and Other Drug
461 Prevention Committee and Program -- Creation -- Membership -- Duties, is repealed
462 July 1, 2030.

463 [(12)] (13) Section 26B-1-430, Coordinating Council for Persons with Disabilities -- Policy
464 regarding services to individuals with disabilities -- Creation -- Membership --
465 Expenses, is repealed July 1, 2027.

466 [(13)] (14) Section 26B-1-432, Newborn Hearing Screening Committee, is repealed July 1,
467 2026.

468 [(14)] (15) Section 26B-2-407, Drinking water quality in child care centers, is repealed July
469 1, 2027.

470 [(15)] (16) Subsection 26B-3-107(9), regarding reimbursement for dental hygienists, is

repealed July 1, 2028.

[~~(16)~~] (17) Section 26B-3-136, Children's Health Care Coverage Program, is repealed July 1, 2025.

[~~(17)~~] (18) Section 26B-3-137, Reimbursement for diabetes prevention program, is repealed
June 30, 2027.

[~~(18)~~] (19) Subsection 26B-3-213(2)(b), regarding consultation with the Behavioral Health Crisis Response Committee, is repealed December 31, 2026.

[{19}] (20) Section 26B-3-302, DUR Board -- Creation and membership -- Expenses, is repealed July 1, 2027.

[20] (21) Section 26B-3-303, DUR Board -- Responsibilities, is repealed July 1, 2027.

[~~(21)~~] (22) Section 26B-3-304, Confidentiality of records, is repealed July 1, 2027.

[~~(22)~~] (23) Section 26B-3-305, Drug prior approval program, is repealed July 1, 2027.

[~~(23)~~] (24) Section 26B-3-306, Advisory committees, is repealed July 1, 2027.

[~~(24)~~] ~~(25)~~ Section 26B-3-307, Retrospective and prospective DUR, is repealed July 1, 2027.

[~~(25)~~] (26) Section 26B-3-308, Penalties, is repealed July 1, 2027.

[~~(26)~~] (27) Section 26B-3-309, Immunity, is repealed July 1, 2027.

[(27)] [(28)] Title 26B, Chapter 3, Part 5, Inpatient Hospital Assessm

2034.
[~~(28)~~] (29) Title 26B, Chapter 3, Part 6, Medicaid Expansion Hospital Assessment, is

repealed July 1, 2034.

[{29}] (30) Title 26B, Chapter 3, Part 7, Hospital Provider Assessment, is repealed July 1, 2028.

[(30)] (31) Section 26B-3-910, Alternative eligibility -- Report -- Alternative Eligibility Expendable Revenue Fund, is repealed July 1, 2028.

[31] (32) Section 26B-4-710, Rural residency training program, is repealed July 1, 2025.

[~~(32)~~] (33) Subsection 26B-5-112(1)(b), regarding consultation with the Behavioral Health Crisis Response Committee, is repealed December 31, 2026.

[{33}] (34) Subsection 26B-5-112(5)(b), regarding consultation with the Behavioral Health Crisis Response Committee, is repealed December 31, 2026.

[{34}] (35) Section 26B-5-112.5, Mobile Crisis Outreach Team Grant Program, is repealed
December 31, 2026

[(35)] (36) Section 26B-5-114, Behavioral Health Receiving Center Grant Program, is repealed December 31, 2026.

[36] (37) Section 26B, 5.118, Collaborative care grant program, is repealed December 31.

505 2024.

506 [~~(37)~~] (38) Section 26B-5-120, Virtual crisis outreach team grant program, is repealed
507 December 31, 2026.

508 [~~(38)~~] (39) Subsection 26B-5-609(1)(a), regarding the Behavioral Health Crisis Response
509 Committee, is repealed December 31, 2026.

510 [~~(39)~~] (40) Subsection 26B-5-609(3)(b), regarding the Behavioral Health Crisis Response
511 Committee, is repealed December 31, 2026.

512 [~~(40)~~] (41) Subsection 26B-5-610(1)(b), regarding the Behavioral Health Crisis Response
513 Committee, is repealed December 31, 2026.

514 [~~(41)~~] (42) Subsection 26B-5-610(2)(b)(ii), regarding the Behavioral Health Crisis Response
515 Committee, is repealed December 31, 2026.

516 [~~(42)~~] (43) Section 26B-5-612, Integrated behavioral health care grant programs, is repealed
517 December 31, 2025.

518 [~~(43)~~] (44) Title 26B, Chapter 5, Part 7, Utah Behavioral Health Commission, is repealed
519 July 1, 2029.

520 [~~(44)~~] (45) Subsection 26B-5-704(2)(a), regarding the Behavioral Health Crisis Response
521 Committee, is repealed December 31, 2026.

522 [~~(45)~~] (46) Title 26B, Chapter 5, Part 8, Utah Substance Use and Mental Health Advisory
523 Committee, is repealed January 1, 2033.

524 [~~(46)~~] (47) Section 26B-7-119, Hepatitis C Outreach Pilot Program, is repealed July 1, 2028.

525 [~~(47)~~] (48) Section 26B-7-122, Communication Habits to reduce Adolescent Threats Pilot
526 Program, is repealed July 1, 2029.

527 [~~(48)~~] (49) Section 26B-7-123, Report on CHAT campaign, is repealed July 1, 2029.

528 [~~(49)~~] (50) Title 26B, Chapter 8, Part 5, Utah Health Data Authority, is repealed July 1, [
529 2026] 2036.

530 **Section 7. Effective Date.**

531 This bill takes effect on May 6, 2026.