

## Department of Health and Human Services Amendments

## 2026 GENERAL SESSION

# STATE OF UTAH

## **Chief Sponsor: Logan J. Monson**

**Senate Sponsor:**

## LONG TITLE

### **General Description:**

This bill amends provisions of the Health and Humans Services code and related provisions.

## Highlighted Provisions:

This bill:

- removes rulemaking authority from the Primary Care Grant Committee;
- clarifies the membership of the Compassionate Use Board;
- provides for the designation of a vice chair of the Utah Health Workforce Advisory

## Council;

- clarifies that the recommendations of the Utah Health Workforce Advisory Council are independent of the governor and the Department of Health and Human Services (department);

- ▶ amends provisions related to a qualified individual for purposes of the department's fatality review;

- authorizes the department to make rules related to the congregate care ombudsman;
- amends provisions related to Medicaid dental benefits and instructs the department to apply for waivers to provide dental services;

- ▶ provides that a rural hospital's contracted hiring group may provide education loan repayment assistance to a physician to qualify for a education loan repayment assistance contract with the department;

- clarifies provisions related to the transfer of an individual in the custody of the Department of Corrections to the state hospital;

- ▶ clarifies that the Division of Services for People with Disabilities (division) may use certain funds for individuals transitioning to home- and community-based services, rather than division services;

- ▶ amends provisions related to the child protection ombudsman;

- ▶ updates the name of the Department of Health and Human Services in certain provisions;

31           ▸ makes technical and conforming changes.

32 **Money Appropriated in this Bill:**

33       None

34 **Other Special Clauses:**

35       None

36 **Utah Code Sections Affected:**

37 **AMENDS:**

38       **19-6-906 (Effective 05/06/26)**, as last amended by Laws of Utah 2015, Chapter 451

39       **26B-1-216 (Effective 05/06/26)**, as last amended by Laws of Utah 2025, Chapter 470

40       **26B-1-410 (Effective 05/06/26) (Repealed 07/01/35)**, as last amended by Laws of Utah  
41       2025, Chapters 112, 277

42       **26B-1-421 (Effective 05/06/26)**, as last amended by Laws of Utah 2025, Chapter 494

43       **26B-1-425 (Effective 05/06/26) (Repealed 07/01/27)**, as last amended by Laws of Utah  
44       2024, Chapter 245

45       **26B-1-501 (Effective 05/06/26)**, as last amended by Laws of Utah 2024, Chapters 113,  
46       288

47       **26B-2-124.2 (Effective 05/06/26)**, as enacted by Laws of Utah 2025, Chapter 63

48       **26B-3-107 (Effective 05/06/26) (Partially Repealed 07/01/28)**, as last amended by Laws  
49       of Utah 2025, Chapter 494

50       **26B-3-208 (Effective 05/06/26)**, as last amended by Laws of Utah 2023, Chapter 304 and  
51       renumbered and amended by Laws of Utah 2023, Chapter 306

52       **26B-4-703 (Effective 05/06/26) (Repealed 07/01/26)**, as last amended by Laws of Utah  
53       2024, Chapter 250

54       **26B-5-372 (Effective 05/06/26)**, as renumbered and amended by Laws of Utah 2023,  
55       Chapter 308

56       **26B-6-402 (Effective 05/06/26)**, as renumbered and amended by Laws of Utah 2023,  
57       Chapter 308

58       **26B-6-703 (Effective 05/06/26)**, as last amended by Laws of Utah 2024, Chapter 250

59       **26B-7-514 (Effective 05/06/26)**, as last amended by Laws of Utah 2025, Chapter 173

60       **26B-8-217 (Effective 05/06/26)**, as last amended by Laws of Utah 2025, Chapter 421

61       **63I-1-226 (Effective 05/06/26)**, as last amended by Laws of Utah 2025, Chapters 47, 277  
62       and 366

63       **77-37-4 (Effective 05/06/26)**, as last amended by Laws of Utah 2024, Chapter 156

64       **80-2-1104 (Effective 05/06/26)**, as last amended by Laws of Utah 2024, Chapter 250

65 

---

---

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

66       Section 1. Section **19-6-906** is amended to read:

67       **19-6-906 (Effective 05/06/26). Decontamination standards -- Specialist**  
68       **certification standards -- Rulemaking.**

69       (1) The Department of Health and Human Services shall make rules under Title 63G,  
70       Chapter 3, Utah Administrative Rulemaking Act, in consultation with the local health  
71       departments and the Department of Environmental Quality, to establish:  
72       (a) decontamination and sampling standards and best management practices for the  
73       inspection and decontamination of property and the disposal of contaminated debris  
74       under this part;  
75       (b) appropriate methods for the testing of buildings and interior surfaces, and  
76       furnishings, soil, and septic tanks for contamination; and  
77       (c) when testing for contamination may be required.  
78       (2) The Department of Environmental Quality Waste Management and Radiation Control  
79       Board shall make rules under Title 63G, Chapter 3, Utah Administrative Rulemaking Act,  
80       in consultation with the Department of Health and Human Services and local health  
81       departments, to establish within the Department of Environmental Quality Division of  
82       Environmental Response and Remediation:  
83       (a) certification standards for any private person, firm, or entity involved in the  
84       decontamination of contaminated property; and  
85       (b) a process for revoking the certification of a decontamination specialist who fails to  
86       maintain the certification standards.  
87       (3) All rules made under this part shall be consistent with other state and federal  
88       requirements.  
89       (4) The board has authority to enforce the provisions under Subsection (2).

90       Section 2. Section **26B-1-216** is amended to read:

91       **26B-1-216 (Effective 05/06/26). Powers and duties of the department -- Quality**  
92       **and design.**

93       The department shall:

94       (1) monitor and evaluate the quality of services provided by the department including:  
95       (a) in accordance with Part 5, Fatality Review, monitoring, reviewing, and making  
96       recommendations relating to a fatality review;  
97       (b) overseeing the duties of the child protection ombudsman [appointed] created under

Section 80-2-1104; and

- (c) conducting internal evaluations of the quality of services provided by the department and service providers contracted with the department; conduct investigations described in Section 80-2-703; develop an integrated human services system and implement a system of care by:
  - (a) designing and implementing a comprehensive continuum of services for individuals who receive services from the department or a service provider contracted with the department;
  - (b) establishing and maintaining department contracts with public and private service providers;
  - (c) establishing standards for the use of service providers who contract with the department;
  - (d) coordinating a service provider network to be used within the department to ensure individuals receive the appropriate type of services;
  - (e) centralizing the department's administrative operations; and
  - (f) integrating, analyzing, and applying department-wide data and research to monitor the quality, effectiveness, and outcomes of services provided by the department;
- (a) coordinate with the Driver License Division, the Department of Public Safety, and any other law enforcement agency to test and provide results of blood or urine samples submitted to the department as part of an investigation for a driving offense that may have occurred and there is reason to believe the individual's blood or urine may contain:
  - (i) alcohol; or
  - (ii) other drugs or substances that the department reasonably determines could impair an individual or that is illegal for the individual to possess or consume; and
- (b) ensure that the results of the test described in Subsection (4)(a) are provided through a secure medium and in a timely manner;

use available data to structure programs and activities to ensure populations have access to health and wellness education, information, resources, and services; efficiently use funding and resources to promote health and safety; and include an understanding of the impacted populations and supporting data in staff training.

Section 3. Section **26B-1-410** is amended to read:

**26B-1-410 (Effective 05/06/26) (Repealed 07/01/35). Primary Care Grant**

133 **Committee.**

134 (1) As used in this section:

135 (a) "Committee" means the Primary Care Grant Committee created in Subsection (2).

136 (b) "Program" means the Primary Care Grant Program described in Sections 26B-4-310  
137 and 26B-4-313.

138 (2) There is created the Primary Care Grant Committee.

139 (3) The committee shall:

140 (a) review grant applications forwarded to the committee by the department under  
141 Subsection 26B-4-312(1);

142 (b) recommend, to the executive director, grant applications to award under Subsection  
143 26B-4-310(1);

144 (c) evaluate:

145 (i) the need for primary health care as defined in Section 26B-4-301 in different areas  
146 of the state;

147 (ii) how the program is addressing those needs; and

148 (iii) the overall effectiveness and efficiency of the program;

149 (d) review annual reports from primary care grant recipients; and

150 (e) meet as necessary to carry out its duties, or upon a call by the committee chair or by  
151 a majority of committee members[; and].

152 [(f) make rules, with the concurrence of the department, in accordance with Title 63G,  
153 Chapter 3, Utah Administrative Rulemaking Act, that govern the committee,  
154 including the committee's grant selection criteria.]

155 (4) The committee shall consist of:

156 (a) as chair, the executive director or an individual designated by the executive director;  
157 and

158 (b) six members appointed by the governor to serve up to two consecutive, two-year  
159 terms of office, including:

160 (i) four licensed health care professionals; and

161 (ii) two community advocates who are familiar with a medically underserved  
162 population as defined in Section 26B-4-301 and with health care systems, where  
163 at least one is familiar with a rural medically underserved population.

164 (5) The executive director may remove a committee member:

165 (a) if the member is unable or unwilling to carry out the member's assigned  
166 responsibilities; or

167 (b) for a rational reason.

168 (6) A committee member may not receive compensation or benefits for the member's  
169 service, except a committee member who is not an employee of the department may  
170 receive per diem and travel expenses in accordance with:  
171 (a) Section 63A-3-106;  
172 (b) Section 63A-3-107; and  
173 (c) rules made by the Division of Finance in accordance with Sections 63A-3-106 and  
174 63A-3-107.

175 Section 4. Section **26B-1-421** is amended to read:

176 **26B-1-421 (Effective 05/06/26). Compassionate Use Board.**

177 (1) The definitions in Section 26B-4-201 apply to this section.

178 (2)(a) The department shall establish a Compassionate Use Board consisting of:

179 (i) seven [qualified] recommending medical providers that the executive director  
180 appoints with the advice and consent of the Senate:  
181 (A) who are knowledgeable about the medicinal use of cannabis;  
182 (B) who are physicians licensed under Title 58, Chapter 67, Utah Medical Practice  
183 Act, or Title 58, Chapter 68, Utah Osteopathic Medical Practice Act; and  
184 (C) who are board certified by the American Board of Medical Specialties or an  
185 American Osteopathic Association Specialty Certifying Board in the specialty  
186 of neurology, pain medicine and pain management, medical oncology,  
187 psychiatry, infectious disease, internal medicine, pediatrics, family medicine,  
188 or gastroenterology; and  
189 (ii) as a nonvoting member and the chair of the Compassionate Use Board, the  
190 executive director or the director's designee.

191 (b) In appointing the seven [qualified] recommending medical providers described in  
192 Subsection (2)(a), the executive director shall ensure that at least two have a board  
193 certification in pediatrics.

194 (3)(a) Of the members of the Compassionate Use Board that the executive director first  
195 appoints:

196 (i) three shall serve an initial term of two years; and  
197 (ii) the remaining members shall serve an initial term of four years.

198 (b) After an initial term described in Subsection (3)(a) expires:  
199 (i) each term is four years; and  
200 (ii) each board member is eligible for reappointment.

201 (c) A member of the Compassionate Use Board may serve until a successor is appointed.

202 (d) Four members constitute a quorum of the Compassionate Use Board.

203 (4) A member of the Compassionate Use Board may receive:

204 (a) notwithstanding Section 63A-3-106, compensation or benefits for the member's  
205 service; and

206 (b) travel expenses in accordance with Section 63A-3-107 and rules made by the  
207 Division of Finance in accordance with Section 63A-3-107.

208 (5) The Compassionate Use Board shall:

209 (a) review and recommend for department approval a petition to the board regarding an  
210 individual described in Subsection 26B-4-213(2)(a), a minor described in Subsection  
211 26B-4-213(2)(c), or an individual who is not otherwise qualified to receive a medical  
212 cannabis card to obtain a medical cannabis card for compassionate use, for the  
213 standard or a reduced period of validity, if:

214 (i) for an individual who is not otherwise qualified to receive a medical cannabis  
215 card, the individual's recommending medical provider is actively treating the  
216 individual for an intractable condition that:

217 (A) substantially impairs the individual's quality of life; and

218 (B) has not, in the recommending medical provider's professional opinion,  
219 adequately responded to conventional treatments;

220 (ii) the recommending medical provider:

221 (A) recommends that the individual or minor be allowed to use medical cannabis;  
222 and

223 (B) provides a letter, relevant treatment history, and notes or copies of progress  
224 notes describing relevant treatment history including rationale for considering  
225 the use of medical cannabis; and

226 (iii) the Compassionate Use Board determines that:

227 (A) the recommendation of the individual's recommending medical provider is  
228 justified; and

229 (B) based on available information, it may be in the best interests of the individual  
230 to allow the use of medical cannabis;

231 (b) when a recommending medical provider recommends that an individual described in  
232 Subsection 26B-4-213(2)(a)(i)(B) or a minor described in Subsection 26B-4-213  
233 (2)(c) be allowed to use a medical cannabis device or medical cannabis to vaporize a  
234 medical cannabis treatment, review and approve or deny the use of the medical

235 cannabis device or medical cannabis;

236 (c) unless no petitions are pending:

237 (i) meet to receive or review compassionate use petitions at least quarterly; and

238 (ii) if there are more petitions than the board can receive or review during the board's

239 regular schedule, as often as necessary;

240 (d) except as provided in Subsection (6), complete a review of each petition and

241 recommend to the department approval or denial of the applicant for qualification for

242 a medical cannabis card within 90 days after the day on which the board received the

243 petition; and

244 (e) consult with the department regarding the criteria described in Subsection (6).

245 (6) The department shall make rules, in consultation with the Compassionate Use Board

246 and in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to

247 establish a process and criteria for a petition to the board to automatically qualify for

248 expedited final review and approval or denial by the department in cases where, in the

249 determination of the department and the board:

250 (a) time is of the essence;

251 (b) engaging the full review process would be unreasonable in light of the petitioner's

252 physical condition; and

253 (c) sufficient factors are present regarding the petitioner's safety.

254 (7)(a)(i) The department shall review:

255 (A) any compassionate use for which the Compassionate Use Board recommends

256 approval under Subsection (5)(d) to determine whether the board properly

257 exercised the board's discretion under this section; and

258 (B) any expedited petitions the department receives under the process described in

259 Subsection (6).

260 (ii) If the department determines that the Compassionate Use Board properly

261 exercised the board's discretion in recommending approval under Subsection (5)(d)

262 or that the expedited petition merits approval based on the criteria established in

263 accordance with Subsection (6), the department shall:

264 (A) issue the relevant medical cannabis card; and

265 (B) provide for the renewal of the medical cannabis card in accordance with the

266 recommendation of the recommending medical provider described in

267 Subsection (5)(a).

268 (b) If the Compassionate Use Board recommends denial under Subsection (5)(d), the

269 individual seeking to obtain a medical cannabis card may petition the department to  
270 review the board's decision.

271 (c) In reviewing the Compassionate Use Board's recommendation for approval or denial  
272 under Subsection (5)(d) in accordance with this Subsection (7), the department shall  
273 presume the board properly exercised the board's discretion unless the department  
274 determines that the board's recommendation was arbitrary or capricious.

275 (8) Any individually identifiable health information contained in a petition that the  
276 Compassionate Use Board or department receives under this section is a protected  
277 record in accordance with Title 63G, Chapter 2, Government Records Access and  
278 Management Act.

279 (9) The Compassionate Use Board shall annually report the board's activity to the advisory  
280 board.

281 Section 5. Section **26B-1-425** is amended to read:

282 **26B-1-425 (Effective 05/06/26) (Repealed 07/01/27). Utah Health Workforce  
283 Advisory Council -- Creation and membership.**

284 (1) There is created within the department the Utah Health Workforce Advisory Council.

285 (2) The council shall be comprised of at least 14 but not more than 19 members.

286 (3) The following are members of the council:

287 (a) the executive director or that individual's designee;

288 (b) the executive director of the Department of Workforce Services or that individual's  
289 designee;

290 (c) the commissioner of higher education of the Utah System of Higher Education or  
291 that individual's designee;

292 (d) the state superintendent of the State Board of Education or that individual's designee;

293 (e) the executive director of the Department of Commerce or that individual's designee;

294 (f) the director of the Division of Multicultural Affairs or that individual's designee;

295 (g) the director of the Utah Substance Use and Mental Health Advisory Committee or  
296 that individual's designee;

297 (h) the chair of the Utah Indian Health Advisory Board; and

298 (i) the chair of the Utah Medical Education Council created in Section 26B-4-706.

299 (4) The executive director shall appoint at least five but not more than ten additional  
300 members that represent diverse perspectives regarding Utah's health workforce as  
301 defined in Section 26B-4-705.

302 (5)(a) A member appointed by the executive director under Subsection (4) shall serve a

303 four-year term.

304 (b) Notwithstanding Subsection (5)(a) for the initial appointments of members described  
305 in Subsection (4) the executive director shall appoint at least three but not more than  
306 five members to a two-year appointment to ensure that approximately half of the  
307 members appointed by the executive director rotate every two years.

308 (6)(a) The executive director or the executive director's designee shall chair the council.

309 (b) The executive director or the executive director's designee shall designate a member  
310 appointed under Subsection (4) to serve as vice chair of the council.

311 (7)(a) As used in this Subsection (7), "health workforce" means the same as that term is  
312 defined in Section 26B-4-705.

313 (b) The council shall:

314 (i) meet at least once each quarter;

315 (ii) study and provide recommendations to an entity described in Subsection (8)  
316 regarding:

317 (A) health workforce supply;

318 (B) health workforce employment trends and demand;

319 (C) options for training and educating the health workforce;

320 (D) the implementation or improvement of strategies that entities in the state are  
321 using or may use to address health workforce needs including shortages,  
322 recruitment, retention, and other Utah health workforce priorities as determined  
323 by the council;

324 (iii) provide guidance to an entity described in Subsection (8) regarding health  
325 workforce related matters;

326 (iv) review and comment on legislation relevant to Utah's health workforce; [and]

327 (v) advise the Utah Board of Higher Education and the Legislature on the status and  
328 needs of the health workforce who are in training[.] , including making policy  
329 recommendations; and

330 (vi) maintain independence from the department and the governor such that the  
331 council and the council's subcommittees are able to provide independent advice  
332 and recommendations, especially regarding proposed bills and policy  
333 considerations.

334 (8) The council shall provide information described in Subsections (7)(b)(ii) and (iii) to:

335 (a) the Legislature;

336 (b) the department;

- (c) the Department of Workforce Services;
- (d) the Department of Commerce;
- (e) the Utah Medical Education Council; and
- (f) any other entity the council deems appropriate upon the entity's request.

(a) The Utah Medical Education Council created in Section 26B-4-706 is a subcommittee of the council.

(b) The council may establish subcommittees to support the work of the council.

(c) A member of the council shall chair a subcommittee created by the council.

(d) Except for the Utah Medical Education Council, the chair of the subcommittee may appoint any individual to the subcommittee.

) For any report created by the council that pertains to any duty described in Subsection (7), the council shall:

(a) provide the report to:

- (i) the department; and
- (ii) any appropriate legislative committee; and

(b) post the report on the council's website.

) The executive director shall:

(a) ensure the council has adequate staff to support the council and any subcommittee created by the council; and

(b) provide any available information upon the council's request if:

- (i) that information is necessary for the council to fulfill a duty described in Subsection (7); and
- (ii) the department has access to the information.

) A member of the council or a subcommittee created by the council may not receive compensation or benefits for the member's service but may receive per diem and travel expenses as allowed in:

(a) Section 63A-3-106;

(b) Section 63A-3-107; and

(c) rules made by the Division of Finance according to Sections 63A-3-106 and 63A-3-107.

371 (2) "Child" means the same as that term is defined in Section 80-1-102.

372 (3) "Committee" means a fatality review committee that is formed under Section 26B-1-503

373 or 26B-1-504.

374 (4) "Dependency" means the same as that term is defined in Section 80-1-102.

375 (5) "Formal review" means a review of a death or a near fatality that is ordered under

376 Subsection 26B-1-502(5).

377 (6) "Near fatality" means alleged abuse or neglect that, as certified by a physician or

378 physician assistant, places a child in serious or critical condition.

379 (7) "Neglect" means the same as that term is defined in Section 80-1-102.

380 [7] (8) "Qualified individual" means an individual who:

381 (a) at the time that the individual dies, is a resident of a facility or program that is owned

382 or operated by the department or a division of the department;

383 (b)(i) is in the custody of the department or a division of the department; and

384 (ii) is placed in a residential placement by the department or a division of the

385 department;

386 (c) at the time that the individual dies, has an open case for the receipt of child welfare

387 services, including:

388 (i) an investigation for abuse, neglect, or dependency;

389 (ii) foster care;

390 (iii) in-home services; or

391 (iv) substitute care;

392 (d) had an open case for the receipt of child welfare services within one year before the

393 day on which the individual dies;

394 (e) was the subject of an accepted referral received by Adult Protective Services within

395 one year before the day on which the individual dies, if:

396 (i) the department or a division of the department is aware of the death; and

397 (ii) the death is reported as a homicide, suicide, or an undetermined cause;

398 (f) received services from, or under the direction of, the Division of Services for People

399 with Disabilities within one year before the day on which the individual dies;

400 (g) dies within 60 days after the day on which the individual is discharged from the Utah

401 State Hospital or the Utah State Developmental Center, if the department is aware of

402 the death;

403 (h) is a child who:

404 (i) suffers a near fatality; and

405 (ii) is the subject of an open case for the receipt of child welfare services within one  
406 year before the day on which the child suffered the near fatality, including:  
407 (A) an investigation for abuse, neglect, or dependency;  
408 (B) foster care;  
409 (C) in-home services; or  
410 (D) substitute care; or  
411 (i) is designated as a qualified individual by the executive director.

412 ~~[(8) "Neglect" means the same as that term is defined in Section 80-1-102.]~~

413 (9) "Substitute care" means the same as that term is defined in Section 80-1-102.

414 Section 7. Section **26B-2-124.2** is amended to read:

415 **26B-2-124.2 (Effective 05/06/26). Congregate care ombudsman.**

416 (1) As used in this section:

417 (a) "Ombudsman" means the congregate care ombudsman created under this section.  
418 (b) "Report" means a communication received by the ombudsman and containing  
419 information that the ombudsman determines warrants further investigation.

420 (2) There is created within the department the title and position of congregate care  
421 ombudsman.

422 (3)(a) The core roles and functions of the ombudsman include:

423 (i) serving as a resource and advocate for children admitted to congregate care  
424 programs; and  
425 (ii) receiving and investigating reports pertaining to a congregate care program or  
426 staff.  
427 (b) The ~~[ombudsman]~~ ombudsman shall meet the following minimum qualifications:  
428 (i) have an understanding of congregate care services and supports;  
429 (ii) have an understanding of consumer-oriented public policy advocacy; and  
430 (iii) have an understanding of public policy and customer advocacy, including at  
431 minimum:  
432 (A) a bachelors degree in social work, public policy, or other related field;  
433 (B) three years of experience in a field related to social work or public policy; or  
434 (C) a combination of experience and degree that the department deems sufficient.

435 (4) The ombudsman shall have the following authority and duties:

436 (a) to receive and consider communications pertaining to:  
437 (i) a congregate care program; and  
438 (ii) any individual who has accessed a congregate care program;

439 (b) to investigate, at the ombudsman's discretion, a report for which the department or  
440 other state agency lacks investigative authority;

441 (c) to interview:  
442 (i) any child admitted to a congregate care program;  
443 (ii) the parent or guardian of a child admitted to a congregate care program;  
444 (iii) any individual staff of a congregate care program;  
445 (iv) a sending or receiving agency or program, whether public or private; or  
446 (v) any individual who has entered a program within the last year;

447 (d) to enter or inspect any physical area of a program's facilities;

448 (e) to access, copy, or inspect a program's records, including communications; and

449 (f) to observe a program's operations, programming, or facilities.

450 (5) The ombudsman shall refer all reports or information received by the ombudsman to the:  
451 (a) department; and  
452 (b) any other state or local agency authorized to investigate the report or information.

453 (6) The ombudsman shall:  
454 (a) keep generally accepted business hours; and  
455 (b) maintain a messaging system to receive calls and collect messages during  
456 non-operating hours.

457 (7) The [officer] department shall make rules in accordance with Title 63G, Chapter 3, Utah  
458 Administrative Rulemaking Act, to implement and enforce this section.  
459 Section 8. Section **26B-3-107** is amended to read:  
460 **26B-3-107 (Effective 05/06/26) (Partially Repealed 07/01/28). Dental benefits.**  
461 [(1)(a) Except as provided in Subsection (8), the division may establish a competitive  
462 bid process to bid out Medicaid dental benefits under this chapter.]  
463 [(b) The division may bid out the Medicaid dental benefits separately from other  
464 program benefits.]  
465 [(2) The division shall use the following criteria to evaluate dental bids:]  
466 [(a) ability to manage dental expenses;]  
467 [(b) proven ability to handle dental insurance;]  
468 [(c) efficiency of claim paying procedures;]  
469 [(d) provider contracting, discounts, and adequacy of network; and]  
470 [(e) other criteria established by the department.]  
471 [(3) The division shall request bids for the program's benefits at least once every five years.]  
472 [(4) The division's contract with dental plans for the program's benefits shall include risk

473 sharing provisions in which the dental plan must accept 100% of the risk for any  
474 difference between the division's premium payments per client and actual dental  
475 expenditures.]

476 [(5) The division may not award contracts to:]

477 [(a) more than three responsive bidders under this section; or]

478 [(b) an insurer that does not have a current license in the state.]

479 [(6)(a) The division may cancel the request for proposals if:]

480 [(i) there are no responsive bidders; or]

481 [(ii) the division determines that accepting the bids would increase the program's  
482 costs.]

483 [(b) If the division cancels a request for proposal or a contract that results from a request  
484 for proposal described in Subsection (6)(a), the division shall report to the Health and  
485 Human Services Interim Committee regarding the reasons for the decision.]

486 [(7) Title 63G, Chapter 6a, Utah Procurement Code, shall apply to this section.]

487 [(8)] (1)(a) The division may:

488 (i) establish a dental health care delivery system and payment reform pilot program  
489 for Medicaid dental benefits to increase access to cost effective and quality dental  
490 health care by increasing the number of dentists available for Medicaid dental  
491 services; and

492 (ii) target specific Medicaid populations or geographic areas in the state.

493 (b) The pilot program shall establish compensation models for dentists and dental  
494 hygienists that:

495 (i) increase access to quality, cost effective dental care; and

496 (ii) use funds from the Division of Family Health that are available to reimburse  
497 dentists for educational loans in exchange for the dentist agreeing to serve  
498 Medicaid and under-served populations.

499 (c) The division may amend the state plan and apply to the Secretary of the United  
500 States Department of Health and Human Services for waivers or pilot programs if  
501 necessary to establish the new dental care delivery and payment reform model.

502 (d) The division shall evaluate the pilot program's effect on the cost of dental care and  
503 access to dental care for the targeted Medicaid populations.

504 [(9)] (2)(a) As used in this Subsection [(9)] (2), "dental hygienist" means an individual  
505 who is licensed as a dental hygienist under Section 58-69-301.

506 (b) The department shall reimburse a dental hygienist for dental services performed in a

507        public health setting and in accordance with Subsection [(9)(e)] (2)(c) beginning on  
508        the earlier of:

509            (i) January 1, 2023; or  
510            (ii) 30 days after the date on which the replacement of the department's Medicaid  
511              Management Information System software is complete.

512        (c) The department shall reimburse a dental hygienist directly for a service provided  
513        through the Medicaid program if:  
514            (i) the dental hygienist requests to be reimbursed directly; and  
515            (ii) the dental hygienist provides the service within the scope of practice described in  
516              Section 58-69-801.

517        (d)(i) Except as provided in this Subsection (9) (2), nothing in this Subsection (9)  
518        (2) shall be interpreted as expanding or otherwise altering the limitations and  
519        scope of practice for a dental hygienist.  
520            (ii) A dental hygienist may only directly bill and receive compensation for billing  
521              codes that fall within the scope of practice of a dental hygienist.

522        Section 9. Section **26B-3-208** is amended to read:

523        **26B-3-208 (Effective 05/06/26). Medicaid waiver for delivery of adult dental  
524              services.**

525        (1)(a) Before June 30, 2016, the department shall ask CMS to grant waivers from federal  
526        statutory and regulatory law necessary for the Medicaid program to provide dental  
527        services in the manner described in Subsection (2)(a).  
528        (b) Before June 30, 2018, the department shall submit to CMS a request for waivers, or  
529        an amendment of existing waivers, from federal law necessary for the state to provide  
530        dental services, in accordance with Subsections (2)(b)(i) and (d) through (f), to an  
531        individual described in Subsection (2)(b)(i).  
532        (c) Before June 30, 2019, the department shall submit to CMS a request for waivers, or  
533        an amendment to existing waivers, from federal law necessary for the state to:  
534            (i) provide dental services, in accordance with Subsections (2)(b)(ii) and (d) through  
535              (f) to an individual described in Subsection (2)(b)(ii); and  
536            (ii) provide the services described in Subsection (2)(g).  
537        (d) On or before January 1, 2024, the department shall submit to CMS a request for  
538        waivers, or an amendment of existing waivers, from federal law necessary for the  
539        state to provide dental services, in accordance with Subsections (2)(b)(iii) and (d)  
540        through (f), to an individual described in Subsection (2)(b)(iii).

541 (e) The department shall submit to CMS a request for waivers, or an amendment of  
542 existing waivers, from federal law necessary for the state to provide dental services,  
543 in accordance with Subsections (2)(b)(iv) and (d) through (f), to an individual  
544 described in Subsection (2)(b)(iv).

545 (2)(a) To the extent funded, the department shall provide dental services to only blind or  
546 disabled individuals, as defined in 42 U.S.C. Sec. 1382c(a)(1), who are 18 years old  
547 or older and eligible for the program.

548 (b) Notwithstanding Subsection (2)(a):

549 (i) if a waiver is approved under Subsection (1)(b), the department shall provide  
550 dental services to an individual who:  
551 (A) qualifies for the health coverage improvement program described in Section  
552 26B-3-207; and  
553 (B) is receiving treatment in a substance abuse treatment program, as defined in  
554 Section 26B-2-101, licensed under Chapter 2, Part 1, Human Services  
555 Programs and Facilities;

556 (ii) if a waiver is approved under Subsection (1)(c)(i), the department shall provide  
557 dental services to an individual who is an aged individual as defined in 42 U.S.C.  
558 Sec. 1382c(a)(1); and

559 (iii) if a waiver is approved under Subsection (1)(d), the department shall provide  
560 dental services to an individual who is:  
561 (A) not described in Subsection (2)(a);  
562 (B) not described in Subsection (2)(b)(i);  
563 (C) not described in Subsection (2)(b)(ii);  
564 (D) not pregnant;  
565 (E) 21 years old or older; and  
566 (F) eligible for full services through the Medicaid program[.]; and

567 (iv) if a waiver is approved under Subsection (1)(e), the department shall provide  
568 dental services to an individual who is:  
569 (A) not described in Subsection (2)(a);  
570 (B) not described in Subsection (2)(b)(i);  
571 (C) not described in Subsection (2)(b)(ii);  
572 (D) not described in Subsection (2)(b)(iii); and  
573 (E) eligible for full services through the Medicaid program.

574 (c) To the extent possible, services to individuals described in Subsection (2)(a) shall be

575 provided through the University of Utah School of Dentistry and the University of  
576 Utah School of Dentistry's associated statewide network.

577 (d) The department shall provide the services to individuals described in Subsection  
578 (2)(b):

579 (i) by contracting with an entity that:

580 (A) has demonstrated experience working with individuals who are being treated  
581 for both a substance use disorder and a major oral health disease;

582 (B) operates a program, targeted at the individuals described in Subsection (2)(b),  
583 that has demonstrated, through a peer-reviewed evaluation, the effectiveness of  
584 providing dental treatment to those individuals described in Subsection (2)(b);

585 (C) is willing to pay for an amount equal to the program's non-federal share of the  
586 cost of providing dental services to the population described in Subsection  
587 (2)(b); and

588 (D) is willing to pay all state costs associated with applying for the waiver  
589 described in Subsection (1)(b) and administering the program described in  
590 Subsection (2)(b); and

591 (ii) through a fee-for-service payment model.

592 (e) The entity that receives the contract under Subsection (2)(d)(i) shall cover all state  
593 costs of the program described in Subsection (2)(b).

594 (f) Each fiscal year, the University of Utah School of Dentistry shall, in compliance with  
595 state and federal regulations regarding intergovernmental transfers, transfer funds to  
596 the program in an amount equal to the program's non-federal share of the cost of  
597 providing services under this section through the school during the fiscal year.

598 (g) If a waiver is approved under Subsection (1)(c)(ii), the department shall provide  
599 coverage for porcelain and porcelain-to-metal crowns if the services are provided:

600 (i) to an individual who qualifies for dental services under Subsection (2)(b); and

601 (ii) by an entity that covers all state costs of:

602 (A) providing the coverage described in this Subsection (2)(g); and

603 (B) applying for the waiver described in Subsection (1)(c).

604 (h) Where possible, the department shall ensure that dental services described in  
605 Subsection (2)(a) that are not provided by the University of Utah School of Dentistry  
606 or the University of Utah School of Dentistry's associated network are provided:

607 (i) through free-for-service reimbursement until July 1, 2018; and

608 (ii) after July 1, 2018, through the method of reimbursement used by the division for

## Medicaid dental benefits.

- (i) Subject to appropriations by the Legislature, and as determined by the department, the scope, amount, duration, and frequency of services provided under this section may be limited.
  - (a) If the waivers requested under Subsection (1)(a) are granted, the Medicaid program shall begin providing dental services in the manner described in Subsection (2) no later than July 1, 2017.
  - (b) If the waivers requested under Subsection (1)(b) are granted, the Medicaid program shall begin providing dental services to the population described in Subsection (2)(b) within 90 days from the day on which the waivers are granted.
  - (c) If the waivers requested under Subsection (1)(c)(i) are granted, the Medicaid program shall begin providing dental services to the population described in Subsection (2)(b)(ii) within 90 days after the day on which the waivers are granted.
  - (d) If the waivers requested under Subsection (1)(d) are granted, the Medicaid program shall begin providing dental services to the population described in Subsection (2)(b)(iii) within 90 days after the day on which the waivers are granted.

Section 10. Section **26B-4-703** is amended to read:

26B-4-703 (Effective 05/06/26) (Repealed 07/01/26). Rural Physician Loan

Repayment Program -- Purpose -- Repayment limit -- Funding -- Reporting --

## **Rulemaking -- Advisory committee.**

- (1) There is created within the department the Rural Physician Loan Repayment Program to provide, within funding appropriated by the Legislature for this purpose, education loan repayment assistance to physicians in accordance with Subsection (2).
- (2) The department may enter into an education loan repayment assistance contract with a physician if:
  - (a) the physician:
    - (i) locates or continues to practice in a rural county; and
    - (ii) has a written commitment from a rural hospital or a rural hospital's contracted hiring group that the [hospital] employer will provide education loan repayment assistance to the physician;

643 (b) the assistance provided by the program does not exceed the assistance provided by  
644 the rural hospital or the rural hospital's contracted hiring group; and  
645 (c) the physician is otherwise eligible for assistance under administrative rules adopted  
646 under Subsection (6).

647 (3) Funding for the program:  
648 (a) shall be a line item within an appropriations act;  
649 (b) may be used to pay for the per diem and travel expenses of the Rural Physician Loan  
650 Repayment Program Advisory Committee under Subsection 26B-1-423(5); and  
651 (c) may be used to pay for department expenses incurred in the administration of the  
652 program:  
653 (i) including administrative support provided to the Rural Physician Loan Repayment  
654 Program Advisory Committee created under Subsection 26B-1-423(7); and  
655 (ii) in an amount not exceeding 10% of funding for the program.

656 (4) Refunds of loan repayment assistance, penalties for breach of contract, and other  
657 payments to the program are dedicated credits to the program.

658 (5) Before November 2025 and every five years thereafter, the department shall provide a  
659 report of the program's revenues, expenditures, and outcomes for the preceding five  
660 years to the Social Services Appropriations Subcommittee.

661 (6)(a) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act,  
662 the department shall make rules governing the administration of the program,  
663 including rules that address:  
664 (i) application procedures;  
665 (ii) eligibility criteria;  
666 (iii) verification of the amount provided by a rural hospital, or the rural hospital's  
667 contracted hiring group, to a physician for repayment of the physician's education  
668 loans;  
669 (iv) service conditions, which at a minimum shall include professional service by the  
670 physician in the rural hospital providing loan repayment assistance to the  
671 physician;  
672 (v) selection criteria and assistance amounts;  
673 (vi) penalties for failure to comply with service conditions or other terms of a loan  
674 repayment assistance contract; and  
675 (vii) criteria for modifying or waiving service conditions or penalties in the case of  
676 extreme hardship or for other good cause.

677 (b) The department shall seek and consider the recommendations of the Rural Physician  
678 Loan Repayment Program Advisory Committee created in Section 26B-1-423 as it  
679 develops and modifies rules to administer the program.

680 Section 11. Section **26B-5-372** is amended to read:

681 **26B-5-372 (Effective 05/06/26). Admission of person in custody of Department of**  
682 **Corrections to state hospital -- Retransfer of person to Department of Corrections.**

683 (1)(a) The executive director of the Department of Corrections or the executive director's  
684 designee may request the director or the director's designee to admit a person who is  
685 in the custody of the Department of Corrections to the state hospital, [if the clinical  
686 director within the Department of Corrections finds] in coordination with the  
687 department and Correctional Health Services, if the following individuals find that  
688 the inmate has mentally deteriorated to the point that admission to the state hospital is  
689 necessary to ensure adequate mental health treatment[- In determining whether that  
690 inmate should be placed in the state hospital, the director of the division shall  
691 consider:] :

692 [(a) the mental health treatment needs of the inmate;]

693 [(b) the treatment programs available at the state hospital; and]

694 [(c) whether the inmate meets the requirements of Subsection 26B-5-306(2).]

695 (i) the executive director of the Department of Corrections or the executive director's  
696 designee; and  
697 (ii) the director or the director's designee.

698 (b) If a finding described in Subsection (1)(a) is made, the Department of Corrections  
699 and the department shall enter into a memorandum of understanding that outlines:

700 (i) the process used for determining the inmate's eligibility for admission to the state  
701 hospital;  
702 (ii) a process for transferring the inmate to the state hospital;  
703 (iii) a process for developing a treatment plan for the inmate; and  
704 (iv) a discharge process.

705 (c) The following individuals shall execute the memorandum of understanding described  
706 in Subsection (1)(b):

707 (i) the executive director of the Department of Corrections or the executive director's  
708 designee; and  
709 (ii) the director or the director's designee.

710 [(2) If the director denies the admission of an inmate as requested by the clinical director

711 within the Department of Corrections, the Board of Pardons and Parole shall determine  
712 whether the inmate will be admitted to the state hospital. The Board of Pardons and  
713 Parole shall consider:]

714 [(a) the mental health treatment needs of the inmate;]

715 [(b) the treatment programs available at the state hospital; and]

716 [(e) whether the inmate meets the requirements of Subsection 26B-5-306(2).]

717 [(3) The state hospital shall receive any person in the custody of the Department of  
718 Corrections when ordered by either the director or the Board of Pardons and Parole,  
719 pursuant to Subsection (1) or (2). Any person so transferred to the state hospital shall  
720 remain in the custody of the Department of Corrections, and the state hospital shall act  
721 solely as the agent of the Department of Corrections.]

722 [(4) Inmates transferred to the state hospital pursuant to this section shall be transferred  
723 back to the Department of Corrections through negotiations between the director and the  
724 director of the Department of Corrections. If agreement between the director and the  
725 director of the Department of Corrections cannot be reached, the Board of Pardons and  
726 Parole shall have final authority in determining whether a person will be transferred  
727 back to the Department of Corrections. In making that determination, that board shall  
728 consider:]

729 [(a) the mental health treatment needs of the inmate;]

730 [(b) the treatment programs available at the state hospital;]

731 [(e) whether the person continues to meet the requirements of Subsection 26B-5-306(2);]

732 [(d) the ability of the state hospital to provide adequate treatment to the person, as well  
733 as safety and security to the public; and]

734 [(e) whether, in the opinion of the director, in consultation with the clinical director of  
735 the state hospital, the person's treatment needs have been met].

736 Section 12. Section **26B-6-402** is amended to read:

737 **26B-6-402 (Effective 05/06/26). Division of Services for People with Disabilities --**

738 **Creation -- Authority -- Direction -- Provision of services.**

739 (1) There is created within the department the Division of Services for People with  
740 Disabilities, under the administrative direction of the executive director of the  
741 department.

742 (2) In accordance with this part, the division has the responsibility to plan and deliver an  
743 appropriate array of services and supports to persons with disabilities and their families  
744 in this state.

745 (3) Within appropriations from the Legislature, the division shall provide services to any  
746 individual with a disability who is eligible to receive division services.

747 (4)(a) Except as provided in Subsection (4)(c), any new appropriations designated to  
748 serve eligible individuals waiting for services from the division shall be allocated, as  
749 determined by the division by rule based on the:  
750 (i) severity of the disability;  
751 (ii) urgency of the need for services;  
752 (iii) ability of a parent or guardian to provide the individual with appropriate care and  
753 supervision; and  
754 (iv) length of time during which the individual has not received services from the  
755 division.

756 (b) Funds from Subsection (4)(a) that are not spent by the division at the end of the  
757 fiscal year may be used as set forth in Subsection (7).

758 (c) Subsections (4)(a) and (b) do not apply to any new appropriations designated to  
759 provide limited support services.

760 (5) The division:  
761 (a) has the functions, powers, duties, rights, and responsibilities described in Section  
762 26B-6-403; and  
763 (b) is authorized to work in cooperation with other state, governmental, and private  
764 agencies to carry out the responsibilities described in Subsection (5)(a).

765 (6) Within appropriations authorized by the Legislature, and to the extent allowed under  
766 Title XIX of the Social Security Act, the division shall ensure that the services and  
767 support that the division provides to an individual with a disability:  
768 (a) are provided in the least restrictive and most enabling environment;  
769 (b) ensure opportunities to access employment; and  
770 (c) enable reasonable personal choice in selecting services and support that:  
771 (i) best meet individual needs; and  
772 (ii) promote:  
773 (A) independence;  
774 (B) productivity; and  
775 (C) integration in community life.

776 (7)(a) Appropriations to the division are nonlapsing.  
777 (b) After an individual stops receiving services under this section, the division shall use  
778 the funds that paid for the individual's services to provide services under this section

779 to another eligible individual in an intermediate care facility transitioning to [division]  
780 home- and community-based services, if the funds were allocated under a program  
781 established under Section 26B-3-108 to transition individuals with intellectual  
782 disabilities from an intermediate care facility.

783 (c) Except as provided in Subsection (7)(b), if an individual receiving services under  
784 Subsection (4)(a) ceases to receive those services, the division shall use the funds that  
785 were allocated to that individual to provide services to another eligible individual  
786 waiting for services as described in Subsection (4)(a).

787 (d) Funds unexpended by the division at the end of the fiscal year may be used only for  
788 one-time expenditures unless otherwise authorized by the Legislature.

789 (e) A one-time expenditure under this section:  
790 (i) is not an entitlement;  
791 (ii) may be withdrawn at any time; and  
792 (iii) may provide short-term, limited services, including:  
793 (A) respite care;  
794 (B) service brokering;  
795 (C) family skill building and preservation classes;  
796 (D) after school group services; and  
797 (E) other professional services.

798 Section 13. Section **26B-6-703** is amended to read:

799 **26B-6-703 (Effective 05/06/26). Powers and duties of ombudsman.**

800 The ombudsman shall:

801 (1) develop and maintain expertise in laws and policies governing the rights and privileges  
802 of an individual with a disability;

803 (2) provide training and information to private citizens, civic groups, governmental entities,  
804 and other interested parties across the state regarding:  
805 (a) the role and duties of the ombudsman;  
806 (b) the rights and privileges of an individual with a disability; and  
807 (c) services available in the state to an individual with a disability;

808 (3) develop a website to provide the information described in Subsection (2) in a form that  
809 is easily accessible;

810 (4) receive, process, and investigate complaints in accordance with this part;

811 (5) review periodically the procedures of state entities that serve individuals with a  
812 disability;

813 (6) cooperate and coordinate with governmental entities and other organizations in the  
814 community in exercising the duties under this section, including the long-term care  
815 ombudsman program, created in Section 26B-2-303, and the child protection  
816 ombudsman, [appointed] created under Section 80-2-1104, when there is overlap  
817 between the responsibilities of the ombudsman and the long-term care ombudsman  
818 program or the child protection ombudsman;  
819 (7) as appropriate, make recommendations to the division regarding rules to be made in  
820 accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, that the  
821 ombudsman considers necessary to carry out the ombudsman's duties under this part; and  
822 (8) perform other duties required by law.

823 Section 14. Section **26B-7-514** is amended to read:

824 **26B-7-514 (Effective 05/06/26). Permit violation.**

825 A person is in violation of the permit issued under this part if the person violates:

826 (1) a provision of this part;  
827 (2) a provision of licensing laws under Section 10-8-41.6 or Section [17-50-333] 17-78-1004;  
828 (3) a provision of Title 76, Chapter 9, Part 11, Cigarettes, Tobacco, and Psychotoxic  
829 Chemical Solvents;  
830 (4) a provision of Title 76, Chapter 17, Part 4, Offenses Concerning a Pattern of Unlawful  
831 Activity;  
832 (5) a regulation restricting the sale and distribution of cigarettes and smokeless tobacco  
833 issued by the United States Food and Drug Administration under 21 C.F.R. Part 1140; or  
834 (6) any other provision of state law or local ordinance regarding the sale, marketing, or  
835 distribution of a tobacco product, an electronic cigarette product, or a nicotine product.

836 Section 15. Section **26B-8-217** is amended to read:

837 **26B-8-217 (Effective 05/06/26). Records of medical examiner -- Confidentiality.**

838 (1) For purposes of this section, "deidentify" means to remove personally identifying  
839 information about a decedent or the decedent's family and any other information that  
840 may be used to identify a decedent.  
841 (2) The medical examiner shall maintain complete, original records for the medical  
842 examiner record, which shall:  
843 (a) be properly indexed, giving the name, if known, or otherwise identifying every  
844 individual whose death is investigated;  
845 (b) indicate the place where the body was found;  
846 (c) indicate the date of death;

847 (d) indicate the cause and manner of death;  
848 (e) indicate the occupation of the decedent, if available;  
849 (f) include all other relevant information concerning the death; and  
850 (g) include a full report and detailed findings of the autopsy or report of the investigation.

851 (3)(a) Upon written request from an individual described in Subsections (3)(a)(i)  
852 through (iv), the medical examiner shall provide a copy of the autopsy report,  
853 toxicology report, lab reports, investigative reports, documents generated by the  
854 medical examiner related to any report, and any other specifically requested portions  
855 of the medical examiner record, if any, to any of the following:

856 (i) a decedent's immediate relative;  
857 (ii) a decedent's legal representative;  
858 (iii) a physician or physician assistant who attended the decedent during the year  
859 before the decedent's death; or  
860 (iv) a county attorney, a district attorney, a criminal defense attorney, or other law  
861 enforcement official with jurisdiction, as necessary for the performance of the  
862 attorney or official's professional duties.

863 (b) Subject to Subsection (3)(c), upon written request from the director or a designee of  
864 the director of an entity described in Subsections (3)(b)(i) through (iv), the medical  
865 examiner may provide a copy of any medical examiner report or other portions of the  
866 medical examiner's record described in Subsection (3)(a), to any of the following  
867 entities as necessary for performance of the entity's official purposes:

868 (i) a local health department;  
869 (ii) a local mental health authority;  
870 (iii) a public health authority; or  
871 (iv) another state or federal governmental agency.

872 (c) The medical examiner may provide a copy of a report or portion of the medical  
873 examiner's record described in Subsection (3)(a), if the report or portion of the  
874 medical examiner's record relates to an issue of public health or safety, as further  
875 defined by rule made by the department in accordance with Title 63G, Chapter 3,  
876 Utah Administrative Rulemaking Act.

877 (4) Reports provided under Subsection (3) may not include records that the medical  
878 examiner obtains from a third party in the course of investigating the decedent's death.

879 (5)(a) The medical examiner may provide a medical examiner record to a researcher  
880 who:

881 (i) has an advanced degree;

882 (ii)(A) is affiliated with an accredited college or university, a hospital, or another

883 system of care, including an emergency medical response or a local health

884 agency; or

885 (B) is part of a research firm contracted with an accredited college or university, a

886 hospital, or another system of care;

887 (iii) requests a medical examiner record for a research project or a quality

888 improvement initiative that will have a public health benefit, as determined by the

889 department; and

890 (iv) provides to the medical examiner an approval from:

891 (A) the researcher's sponsoring organization; and

892 (B) the Utah Department of Health and Human Services Institutional Review

893 Board.

894 (b) Records provided under Subsection (5)(a) may not include a third party record,

895 unless:

896 (i) a court has ordered disclosure of the third party record; and

897 (ii) disclosure is conducted in compliance with state and federal law.

898 (c)(i) A person who obtains a medical examiner record under Subsection (5)(a) shall:

899 (A) maintain the confidentiality of the medical examiner record and deidentify the

900 medical examiner record before using the medical examiner record in research;

901 (B) conduct any research within and under the supervision of the Office of the

902 Medical Examiner, if the medical examiner record contains a third party record

903 with personally identifiable information;

904 (C) limit the use of a medical examiner record to the purpose for which the person

905 requested the medical examiner record;

906 (D) destroy a medical examiner record and the data abstracted from the medical

907 examiner record at the conclusion of the research for which the person

908 requested the medical examiner record;

909 (E) reimburse the medical examiner, as provided in Section 26B-1-209, for any

910 costs incurred by the medical examiner in providing a medical examiner record;

911 (F) allow the medical examiner to review, before public release, a publication in

912 which data from a medical examiner record is referenced or analyzed; and

913 (G) provide the medical examiner access to the researcher's database containing

914 data from a medical examiner record, until the day on which the researcher

permanently destroys the medical examiner record and all data obtained from the medical examiner record.

(ii) A person who fails to comply with the requirements of Subsections (5)(c)(i)(A) through (D) is guilty of a class B misdemeanor.

(6)(a) Except as provided in Subsections (6)(b) and (c), it is a class B misdemeanor for a person who receives a photograph or video of a decedent under Subsection (3) of this section to knowingly share, publish, or otherwise distribute or make available to another person a photograph or video of a decedent if the photograph or video:

(i) is part of the medical examiner's record; and

(ii) is not in the public domain at the time that the person shared, published, distributed, or otherwise made the photograph or video available.

(b) Subsection (6) does not apply to an employee or contractor of the Office of the Medical Examiner who, in the course of performing or assisting with the duties of the Office of the Medical Examiner, and in accordance with any applicable department rules, shares, publishes, distributes, or makes available:

(i) a photograph or video of a decedent for consultation with other professionals in determining cause and manner of the decedent's death; or

(ii) a deidentified photograph or video of a decedent for:

(A) training and services authorized under Section 26B-8-222;

(B) research;

(C) presentations and publication for academic or educational purposes; or

(D) other purposes provided by law.

(c) Subsection (6) does not apply to:

(i) a member, a contractor, or an employee of a law enforcement agency or

prosecutorial agency who, in the course of performing or assisting with the duties of the agency, shares, publishes, distributes, or makes available a deidentified photograph or video of a decedent for the purposes of training;

(ii) an individual who shares or makes available a photograph or video of a decedent for the purposes of adjudicating a claim in an administrative or judicial proceeding; or

(iii) an individual who shares, publishes, distributes, or makes available a photograph or video of a decedent pursuant to lawful subpoena, court order, or the Government Records Access and Management Act.

(7) The department may make rules, in accordance with Title 63G, Chapter 3, Utah

949       Administrative Rulemaking Act, and in consideration of applicable state and federal  
950       law, to establish permissible uses and disclosures of a medical examiner record or other  
951       record obtained under this section.

952       (8) Except as provided in this [chapter] part or ordered by a court, the medical examiner  
953       may not disclose any part of a medical examiner record.

954       Section 16. Section **63I-1-226** is amended to read:

955       **63I-1-226 (Effective 05/06/26). Repeal dates: Titles 26 through 26B.**

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

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

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

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

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

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

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

967       (8) Section 26B-1-417, Brain and Spinal Cord Injury Advisory Committee -- Membership  
968       -- Duties, is repealed July 1, 2029.

969       (9) Section 26B-1-422, Early Childhood Utah Advisory Council -- Creation --  
970       Compensation -- Duties, is repealed July 1, 2029.

971       (10) Section 26B-1-425, Utah Health Workforce Advisory Council -- Creation and  
972       membership, is repealed July 1, 2027.

973       (11) Section 26B-1-428, Youth Electronic Cigarette, Marijuana, and Other Drug Prevention  
974       Committee and Program -- Creation -- Membership -- Duties, is repealed July 1, 2030.

975       (12) Section 26B-1-430, Coordinating Council for Persons with Disabilities -- Policy  
976       regarding services to individuals with disabilities -- Creation -- Membership --  
977       Expenses, is repealed July 1, 2027.

978       (13) Section 26B-1-432, Newborn Hearing Screening Committee, is repealed July 1, 2026.

979       (14) Section 26B-2-407, Drinking water quality in child care centers, is repealed July 1,  
980       2027.

981       (15) Subsection 26B-3-107[9] (2), regarding reimbursement for dental hygienists, is  
982       repealed July 1, 2028.

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

984 (17) Section 26B-3-137, Reimbursement for diabetes prevention program, is repealed June

985 30, 2027.

986 (18) Subsection 26B-3-213(2)(b), regarding consultation with the Behavioral Health Crisis

987 Response Committee, is repealed December 31, 2026.

988 (19) Section 26B-3-302, DUR Board -- Creation and membership -- Expenses, is repealed

989 July 1, 2027.

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

991 (21) Section 26B-3-304, Confidentiality of records, is repealed July 1, 2027.

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

993 (23) Section 26B-3-306, Advisory committees, is repealed July 1, 2027.

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

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

996 (26) Section 26B-3-309, Immunity, is repealed July 1, 2027.

997 (27) Title 26B, Chapter 3, Part 5, Inpatient Hospital Assessment, is repealed July 1, 2034.

998 (28) Title 26B, Chapter 3, Part 6, Medicaid Expansion Hospital Assessment, is repealed

999 July 1, 2034.

1000 (29) Title 26B, Chapter 3, Part 7, Hospital Provider Assessment, is repealed July 1, 2028.

1001 (30) Section 26B-3-910, Alternative eligibility -- Report -- Alternative Eligibility

1002 Expendable Revenue Fund, is repealed July 1, 2028.

1003 (31) Section 26B-4-710, Rural residency training program, is repealed July 1, 2025.

1004 (32) Subsection 26B-5-112(1)(b), regarding consultation with the Behavioral Health Crisis

1005 Response Committee, is repealed December 31, 2026.

1006 (33) Subsection 26B-5-112(5)(b), regarding consultation with the Behavioral Health Crisis

1007 Response Committee, is repealed December 31, 2026.

1008 (34) Section 26B-5-112.5, Mobile Crisis Outreach Team Grant Program, is repealed

1009 December 31, 2026.

1010 (35) Section 26B-5-114, Behavioral Health Receiving Center Grant Program, is repealed

1011 December 31, 2026.

1012 (36) Section 26B-5-118, Collaborative care grant program, is repealed December 31, 2024.

1013 (37) Section 26B-5-120, Virtual crisis outreach team grant program, is repealed December

1014 31, 2026.

1015 (38) Subsection 26B-5-609(1)(a), regarding the Behavioral Health Crisis Response

1016 Committee, is repealed December 31, 2026.

1017 (39) Subsection 26B-5-609(3)(b), regarding the Behavioral Health Crisis Response  
1018 Committee, is repealed December 31, 2026.

1019 (40) Subsection 26B-5-610(1)(b), regarding the Behavioral Health Crisis Response  
1020 Committee, is repealed December 31, 2026.

1021 (41) Subsection 26B-5-610(2)(b)(ii), regarding the Behavioral Health Crisis Response  
1022 Committee, is repealed December 31, 2026.

1023 (42) Section 26B-5-612, Integrated behavioral health care grant programs, is repealed  
1024 December 31, 2025.

1025 (43) Title 26B, Chapter 5, Part 7, Utah Behavioral Health Commission, is repealed July 1,  
1026 2029.

1027 (44) Subsection 26B-5-704(2)(a), regarding the Behavioral Health Crisis Response  
1028 Committee, is repealed December 31, 2026.

1029 (45) Title 26B, Chapter 5, Part 8, Utah Substance Use and Mental Health Advisory  
1030 Committee, is repealed January 1, 2033.

1031 (46) Section 26B-7-119, Hepatitis C Outreach Pilot Program, is repealed July 1, 2028.

1032 (47) Section 26B-7-122, Communication Habits to reduce Adolescent Threats Pilot  
1033 Program, is repealed July 1, 2029.

1034 (48) Section 26B-7-123, Report on CHAT campaign, is repealed July 1, 2029.

1035 (49) Title 26B, Chapter 8, Part 5, Utah Health Data Authority, is repealed July 1, 2026.

1036       Section 17. Section **77-37-4** is amended to read:

1037       **77-37-4 (Effective 05/06/26). Additional rights -- Children.**

1038       In addition to all rights afforded to victims and witnesses under this chapter, child  
1039 victims and witnesses shall be afforded these rights:

1040 (1) Children have the right to protection from physical and emotional abuse during their  
1041 involvement with the criminal justice process.

1042 (2) Children are not responsible for inappropriate behavior adults commit against them and  
1043 have the right not to be questioned, in any manner, nor to have allegations made,  
1044 implying this responsibility. Those who interview children have the responsibility to  
1045 consider the interests of the child in this regard.

1046 (3) Child victims and witnesses have the right to have interviews relating to a criminal  
1047 prosecution kept to a minimum. All agencies shall coordinate interviews and ensure that  
1048 they are conducted by persons sensitive to the needs of children.

1049 (4) Child victims have the right to be informed of available community resources that might  
1050 assist them and how to gain access to those resources. Law enforcement and

1051 prosecutors have the duty to ensure that child victims are informed of community  
1052 resources, including counseling prior to the court proceeding, and have those services  
1053 available throughout the criminal justice process.

1054 (5)(a) Child victims have the right, once an investigation has been initiated by law  
1055 enforcement or the Division of Child and Family Services, to keep confidential their  
1056 interviews that are conducted at a Children's Justice Center, including video and  
1057 audio recordings, and transcripts of those recordings. Except as provided in  
1058 Subsection (6), recordings and transcripts of interviews may not be distributed,  
1059 released, or displayed to anyone without a court order.

1060 (b) A court order described in Subsection (5)(a):

- 1061 (i) shall describe with particularity to whom the recording or transcript of the  
1062 interview may be released and prohibit further distribution or viewing by anyone  
1063 not named in the order; and
- 1064 (ii) may impose restrictions on access to the materials considered reasonable to  
1065 protect the privacy of the child victim.

1066 (c) A parent or guardian of the child victim may petition a juvenile or district court for  
1067 an order allowing the parent or guardian to view a recording or transcript upon a  
1068 finding of good cause. The order shall designate the agency that is required to  
1069 display the recording or transcript to the parent or guardian and shall prohibit viewing  
1070 by anyone not named in the order.

1071 (d) Following the conclusion of any legal proceedings in which the recordings or  
1072 transcripts are used, the court shall order the recordings and transcripts in the court's  
1073 file sealed and preserved.

1074 (6)(a) The following offices and their designated employees may distribute and receive a  
1075 recording or transcript to and from one another without a court order:

- 1076 (i) the Division of Child and Family Services;
- 1077 (ii) administrative law judges employed by the Department of Health and Human  
1078 Services;
- 1079 (iii) Department of Health and Human Services investigators investigating the  
1080 Division of Child and Family Services or investigators authorized to investigate  
1081 under Section 80-2-703;
- 1082 (iv) an office of the city attorney, county attorney, district attorney, or attorney  
1083 general;
- 1084 (v) a law enforcement agency;

1085 (vi) a Children's Justice Center established under Section 67-5b-102; or  
1086 (vii) the attorney for the child who is the subject of the interview.

1087 (b) In a criminal case or in a juvenile court in which the state is a party:

1088 (i) the parties may display and enter into evidence a recording or transcript in the  
1089 course of a prosecution;

1090 (ii) the state's attorney may distribute a recording or transcript to the attorney for the  
1091 defendant, pro se defendant, respondent, or pro se respondent pursuant to a valid  
1092 request for discovery;

1093 (iii) the attorney for the defendant or respondent may do one or both of the following:

1094 (A) release the recording or transcript to an expert retained by the attorney for the  
1095 defendant or respondent if the expert agrees in writing that the expert will not  
1096 distribute, release, or display the recording or transcript to anyone without prior  
1097 authorization from the court; or

1098 (B) permit the defendant or respondent to view the recording or transcript, but  
1099 may not distribute or release the recording or transcript to the defendant or  
1100 respondent; and

1101 (iv) the court shall advise a pro se defendant or respondent that a recording or  
1102 transcript received as part of discovery is confidential and may not be distributed,  
1103 released, or displayed without prior authorization from the court.

1104 (c) A court's failure to advise a pro se defendant or respondent that a recording or  
1105 transcript received as part of discovery is confidential and may not be used as a  
1106 defense to prosecution for a violation of the disclosure rule.

1107 (d) In an administrative case, pursuant to a written request, the Division of Child and  
1108 Family Services may display, but may not distribute or release, a recording or  
1109 transcript to the respondent or to the respondent's designated representative.

1110 (e)(i) Within two business days of a request from a parent or guardian of a child  
1111 victim, an investigative agency shall allow the parent or guardian to view a  
1112 recording after the conclusion of an interview, unless:

1113 (A) the suspect is a parent or guardian of the child victim;

1114 (B) the suspect resides in the home with the child victim; or

1115 (C) the investigative agency determines that allowing the parent or guardian to  
1116 view the recording would likely compromise or impede the investigation.

1117 (ii) If the investigative agency determines that allowing the parent or guardian to  
1118 view the recording would likely compromise or impede the investigation, the

1119 parent or guardian may petition a juvenile or district court for an expedited  
1120 hearing on whether there is good cause for the court to enter an order allowing the  
1121 parent or guardian to view the recording in accordance with Subsection (5)(c).

1122 (iii) A Children's Justice Center shall coordinate the viewing of the recording  
1123 described in this Subsection (6)(e).

1124 (f) A multidisciplinary team assembled by a Children's Justice Center or an  
1125 interdisciplinary team assembled by the Division of Child and Family Services may  
1126 view a recording or transcript, but may not receive a recording or transcript.

1127 (g) A Children's Justice Center:

1128 (i) may distribute or display a recording or transcript to an authorized trainer or  
1129 evaluator for purposes of training or evaluation; and

1130 (ii) may display, but may not distribute, a recording or transcript to an authorized  
1131 trainee.

1132 (h) An authorized trainer or instructor may display a recording or transcript according to  
1133 the terms of the authorized trainer's or instructor's contract with the Children's Justice  
1134 Center or according to the authorized trainer's or instructor's scope of employment.

1135 (i)(i) In an investigation under Section 53E-6-506, in which a child victim who is the  
1136 subject of the recording or transcript has alleged criminal conduct against an  
1137 educator, a law enforcement agency may distribute or release the recording or  
1138 transcript to an investigator operating under State Board of Education  
1139 authorization, upon the investigator's written request.

1140 (ii) If the respondent in a case investigated under Section 53E-6-506 requests a  
1141 hearing authorized under that section, the investigator operating under State Board  
1142 of Education authorization may display, release, or distribute the recording or  
1143 transcript to the prosecutor operating under State Board of Education  
1144 authorization or to an expert retained by an investigator.

1145 (iii) Upon request for a hearing under Section 53E-6-506, a prosecutor operating  
1146 under State Board of Education authorization may display the recording or  
1147 transcript to a pro se respondent, to an attorney retained by the respondent, or to  
1148 an expert retained by the respondent.

1149 (iv) The parties to a hearing authorized under Section 53E-6-506 may display and  
1150 enter into evidence a recording or transcript in the course of a prosecution.

1151 (j) Notwithstanding any other provision in this section, a law enforcement agency shall  
1152 provide an investigative report to the Utah Office for Victims of Crime as provided

1153 under Section 63M-7-529.

1154 (7) Except as otherwise provided in this section, it is a class B misdemeanor for any  
1155 individual to distribute, release, or display any recording or transcript of an interview of  
1156 a child victim conducted at a Children's Justice Center.

1157 Section 18. Section **80-2-1104** is amended to read:

1158 **80-2-1104 (Effective 05/06/26). Child protection ombudsman -- Responsibility --**

1159 **Authority -- Report.**

1160 (1) As used in this section:

1161 (a) "Complainant" means a person who initiates a complaint with the ombudsman.  
1162 (b) "Complaint" means a complaint regarding an act or omission by the division with  
1163 respect to a particular child.  
1164 (c) "Ombudsman" means the child protection ombudsman [appointed] created under this  
1165 section.

1166 (2)(a) There is created within the department the position of child protection  
1167 ombudsman.

1168 (b) The [executive] director of the Division of Customer Service within the department  
1169 shall:

1170 (i) [appoint] select an ombudsman who has:  
1171 (A) recognized executive and administrative capacity; and  
1172 (B) experience in child welfare, and in state laws and policies governing abused,  
1173 neglected, and dependent children; and  
1174 (ii) select the ombudsman solely with regard to qualifications and fitness to discharge  
1175 the duties of the ombudsman.

1176 [(e) The ombudsman shall:]

1177 [(i) serve at the pleasure of the executive director of the department; and]  
1178 [(ii) devote full-time to the duties described in this section.]

1179 (3) The ombudsman shall:

1180 (a) unless the ombudsman decides not to investigate the complaint, upon receipt of a  
1181 complaint, investigate whether an act or omission of the division with respect to a  
1182 particular child:  
1183 (i) is contrary to statute, rule, or policy;  
1184 (ii) places a child's health or safety at risk;  
1185 (iii) is made without an adequate statement of reason; or  
1186 (iv) is based on irrelevant, immaterial, or erroneous grounds;

1187 (b) notify the complainant and the division of:

1188 (i) the ombudsman's decision to investigate or not investigate the complaint; and

1189 (ii) if the ombudsman decides not to investigate the complaint, the reason for the

1190 decision;

1191 (c) if the ombudsman finds that a person's act or omission violates state or federal

1192 criminal law, immediately report the finding to the appropriate county or district

1193 attorney or to the attorney general;

1194 (d) immediately notify the division if the ombudsman finds that a child needs protective

1195 custody;

1196 (e) prepare a written report of the findings and recommendations, if any, of each

1197 investigation;

1198 (f) make recommendations to the division if the ombudsman finds that:

1199 (i) a matter should be further considered by the division;

1200 (ii) an administrative act should be addressed, modified, or canceled;

1201 (iii) action should be taken by the division with regard to one of the division's

1202 employees; or

1203 (iv) any other action should be taken by the division;

1204 (g) subject to the other provisions of this Subsection (3), in accordance with Title 63G,

1205 Chapter 3, Utah Administrative Rulemaking Act, make rules that govern the

1206 following:

1207 (i) receiving and processing a complaint;

1208 (ii) notifying a complainant and the division regarding a decision to investigate or to

1209 decline to investigate a complaint;

1210 (iii) prioritizing workload;

1211 (iv) maximum time within which an investigation is required to be completed;

1212 (v) conducting an investigation;

1213 (vi) notifying a complainant and the division regarding the results of an investigation;

1214 and

1215 (vii) making recommendations based on the findings and results of investigations;

1216 (h) within appropriations from the Legislature, employ staff as may be necessary to

1217 carry out the ombudsman's duties under this section;

1218 (i) provide information regarding the role, duties, and functions of the ombudsman to

1219 public agencies, private entities, and individuals; and

1220 (j) as appropriate, make recommendations to the division regarding individual child

1221 welfare cases, and the rules, policies, and operations of the division.

1222 (4)(a) The ombudsman may:

1223 (i) decline to investigate a complaint or continue an investigation of a complaint;

1224 (ii) conduct an investigation on the ombudsman's own initiative;

1225 (iii) conduct further investigation upon the request of the complainant or upon the  
1226 ombudsman's own initiative; and

1227 (iv) advise a complainant to pursue administrative remedies or channels of a  
1228 complaint before pursuing a complaint with the ombudsman.

1229 (b) Subsection (4)(a)(iv) does not prevent a complainant from making a complaint  
1230 directly to the ombudsman before pursuing an administrative remedy.

1231 (5)(a) A record of the ombudsman regarding an individual child welfare case shall be  
1232 classified in accordance with federal law and Title 63G, Chapter 2, Government  
1233 Records Access and Management Act.

1234 (b) The ombudsman shall have access to all of the department's written and electronic  
1235 records and databases, including those regarding individual child welfare cases.

1236 (c) In accordance with Title 63G, Chapter 2, Government Records Access and  
1237 Management Act, all documents and information received by the ombudsman shall  
1238 maintain the same classification that was designated by the department.

1239 **Section 19. Effective Date.**

1240 This bill takes effect on May 6, 2026.