

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;
- and

▸ makes technical and conforming changes.

Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

AMENDS:

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

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

26B-1-410 (Effective 05/06/26) (Repealed 07/01/35), as last amended by Laws of Utah 2025, Chapters 112, 277

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

26B-1-425 (Effective 05/06/26) (Repealed 07/01/27), as last amended by Laws of Utah 2024, Chapter 245

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

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

26B-3-107 (Effective 05/06/26) (Partially Repealed 07/01/28), as last amended by Laws of Utah 2025, Chapter 494

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

26B-4-703 (Effective 05/06/26) (Repealed 07/01/26), as last amended by Laws of Utah 2024, Chapter 250

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The department shall:

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

- 99 Section 80-2-1104; and
- 100 (c) conducting internal evaluations of the quality of services provided by the department
- 101 and service providers contracted with the department;
- 102 (2) conduct investigations described in Section 80-2-703;
- 103 (3) develop an integrated human services system and implement a system of care by:
- 104 (a) designing and implementing a comprehensive continuum of services for individuals
- 105 who receive services from the department or a service provider contracted with the
- 106 department;
- 107 (b) establishing and maintaining department contracts with public and private service
- 108 providers;
- 109 (c) establishing standards for the use of service providers who contract with the
- 110 department;
- 111 (d) coordinating a service provider network to be used within the department to ensure
- 112 individuals receive the appropriate type of services;
- 113 (e) centralizing the department's administrative operations; and
- 114 (f) integrating, analyzing, and applying department-wide data and research to monitor
- 115 the quality, effectiveness, and outcomes of services provided by the department;
- 116 (4)(a) coordinate with the Driver License Division, the Department of Public Safety, and
- 117 any other law enforcement agency to test and provide results of blood or urine
- 118 samples submitted to the department as part of an investigation for a driving offense
- 119 that may have occurred and there is reason to believe the individual's blood or urine
- 120 may contain:
- 121 (i) alcohol; or
- 122 (ii) other drugs or substances that the department reasonably determines could impair
- 123 an individual or that is illegal for the individual to possess or consume; and
- 124 (b) ensure that the results of the test described in Subsection (4)(a) are provided through
- 125 a secure medium and in a timely manner;
- 126 (5) use available data to structure programs and activities to ensure populations have access
- 127 to health and wellness education, information, resources, and services;
- 128 (6) efficiently use funding and resources to promote health and safety; and
- 129 (7) include an understanding of the impacted populations and supporting data in staff
- 130 training.

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

132 **26B-1-410 (Effective 05/06/26) (Repealed 07/01/35). Primary Care Grant**

Committee.

(1) As used in this section:

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

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

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

(3) The committee shall:

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

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

(c) evaluate:

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

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

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

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

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

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

(4) The committee shall consist of:

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

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

(i) four licensed health care professionals; and

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

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

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

(b) for a rational reason.

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

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

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

- (1) The definitions in Section 26B-4-201 apply to this section.
- (2)(a) The department shall establish a Compassionate Use Board consisting of:
- (i) seven [qualified] recommending medical providers that the executive director appoints with the advice and consent of the Senate:
 - (A) who are knowledgeable about the medicinal use of cannabis;
 - (B) who are physicians licensed under Title 58, Chapter 67, Utah Medical Practice Act, or Title 58, Chapter 68, Utah Osteopathic Medical Practice Act; and
 - (C) who are board certified by the American Board of Medical Specialties or an American Osteopathic Association Specialty Certifying Board in the specialty of neurology, pain medicine and pain management, medical oncology, psychiatry, infectious disease, internal medicine, pediatrics, family medicine, or gastroenterology; and
 - (ii) as a nonvoting member and the chair of the Compassionate Use Board, the executive director or the director's designee.
- (b) In appointing the seven [qualified] recommending medical providers described in Subsection (2)(a), the executive director shall ensure that at least two have a board certification in pediatrics.
- (3)(a) Of the members of the Compassionate Use Board that the executive director first appoints:
- (i) three shall serve an initial term of two years; and
 - (ii) the remaining members shall serve an initial term of four years.
- (b) After an initial term described in Subsection (3)(a) expires:
- (i) each term is four years; and
 - (ii) each board member is eligible for reappointment.

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

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

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

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

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

(5) The Compassionate Use Board shall:

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

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

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

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

(ii) the recommending medical provider:

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

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

(iii) the Compassionate Use Board determines that:

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

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

(b) when a recommending medical provider recommends that an individual described in Subsection 26B-4-213(2)(a)(i)(B) or a minor described in Subsection 26B-4-213(2)(c) be allowed to use a medical cannabis device or medical cannabis to vaporize a 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

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

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

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

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

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

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

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

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

(3) The following are members of the council:

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

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

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

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

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

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

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

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

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

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

(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.

(9)(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.

(10) 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.

(11) 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.

(12) 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.

Section 6. Section **26B-1-501** is amended to read:

26B-1-501 (Effective 05/06/26). Definitions.

As used in this part:

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

- (2) "Child" means the same as that term is defined in Section 80-1-102.
- (3) "Committee" means a fatality review committee that is formed under Section 26B-1-503 or 26B-1-504.
- (4) "Dependency" means the same as that term is defined in Section 80-1-102.
- (5) "Formal review" means a review of a death or a near fatality that is ordered under Subsection 26B-1-502(5).
- (6) "Near fatality" means alleged abuse or neglect that, as certified by a physician or physician assistant, places a child in serious or critical condition.
- (7) "Neglect" means the same as that term is defined in Section 80-1-102.
- [~~(7)~~] (8) "Qualified individual" means an individual who:
- (a) at the time that the individual dies, is a resident of a facility or program that is owned or operated by the department or a division of the department;
 - (b)(i) is in the custody of the department or a division of the department; and
(ii) is placed in a residential placement by the department or a division of the department;
 - (c) at the time that the individual dies, has an open case for the receipt of child welfare services, including:
 - (i) an investigation for abuse, neglect, or dependency;
 - (ii) foster care;
 - (iii) in-home services; or
 - (iv) substitute care;
 - (d) had an open case for the receipt of child welfare services within one year before the day on which the individual dies;
 - (e) was the subject of an accepted referral received by Adult Protective Services within one year before the day on which the individual dies, if:
 - (i) the department or a division of the department is aware of the death; and
 - (ii) the death is reported as a homicide, suicide, or an undetermined cause;
 - (f) received services from, or under the direction of, the Division of Services for People with Disabilities within one year before the day on which the individual dies;
 - (g) dies within 60 days after the day on which the individual is discharged from the Utah State Hospital or the Utah State Developmental Center, if the department is aware of the death;
 - (h) is a child who:
 - (i) suffers a near fatality; and

(ii) is the subject of an open case for the receipt of child welfare services within one year before the day on which the child suffered the near fatality, including:

(A) an investigation for abuse, neglect, or dependency;

(B) foster care;

(C) in-home services; or

(D) substitute care; or

(i) is designated as a qualified individual by the executive director.

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

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

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

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

(1) As used in this section:

(a) "Ombudsman" means the congregate care ombudsman created under this section.

(b) "Report" means a communication received by the ombudsman and containing information that the ombudsman determines warrants further investigation.

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

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

(i) serving as a resource and advocate for children admitted to congregate care programs; and

(ii) receiving and investigating reports pertaining to a congregate care program or staff.

(b) The ~~[ombudsmann]~~ ombudsman shall meet the following minimum qualifications:

(i) have an understanding of congregate care services and supports;

(ii) have an understanding of consumer-oriented public policy advocacy; and

(iii) have an understanding of public policy and customer advocacy, including at minimum:

(A) a bachelors degree in social work, public policy, or other related field;

(B) three years of experience in a field related to social work or public policy; or

(C) a combination of experience and degree that the department deems sufficient.

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

(a) to receive and consider communications pertaining to:

(i) a congregate care program; and

(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 ~~[office]~~ 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~~

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) January 1, 2023; or

(ii) 30 days after the date on which the replacement of the department's Medicaid Management Information System software is complete.

(c) The department shall reimburse a dental hygienist directly for a service provided through the Medicaid program if:

(i) the dental hygienist requests to be reimbursed directly; and

(ii) the dental hygienist provides the service within the scope of practice described in Section 58-69-801.

(d)(i) Except as provided in this Subsection [~~(9)~~] (2), nothing in this Subsection [~~(9)~~] (2) shall be interpreted as expanding or otherwise altering the limitations and scope of practice for a dental hygienist.

(ii) A dental hygienist may only directly bill and receive compensation for billing codes that fall within the scope of practice of a dental hygienist.

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

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

(1)(a) Before June 30, 2016, the department shall ask CMS to grant waivers from federal statutory and regulatory law necessary for the Medicaid program to provide dental services in the manner described in Subsection (2)(a).

(b) Before June 30, 2018, the department shall submit to CMS a request for waivers, or an amendment of existing waivers, from federal law necessary for the state to provide dental services, in accordance with Subsections (2)(b)(i) and (d) through (f), to an individual described in Subsection (2)(b)(i).

(c) Before June 30, 2019, the department shall submit to CMS a request for waivers, or an amendment to existing waivers, from federal law necessary for the state to:

(i) provide dental services, in accordance with Subsections (2)(b)(ii) and (d) through (f) to an individual described in Subsection (2)(b)(ii); and

(ii) provide the services described in Subsection (2)(g).

(d) On or before January 1, 2024, the department shall submit to CMS a request for waivers, or an amendment of existing waivers, from federal law necessary for the state to provide dental services, in accordance with Subsections (2)(b)(iii) and (d) through (f), to an individual described in Subsection (2)(b)(iii).

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

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

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

(i) if a waiver is approved under Subsection (1)(b), the department shall provide dental services to an individual who:

(A) qualifies for the health coverage improvement program described in Section 26B-3-207; and

(B) is receiving treatment in a substance abuse treatment program, as defined in Section 26B-2-101, licensed under Chapter 2, Part 1, Human Services Programs and Facilities;

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

(iii) if a waiver is approved under Subsection (1)(d), the department shall provide dental services to an individual who is:

(A) not described in Subsection (2)(a);

(B) not described in Subsection (2)(b)(i);

(C) not described in Subsection (2)(b)(ii);

(D) not pregnant;

(E) 21 years old or older; and

(F) eligible for full services through the Medicaid program[-] ; and

(iv) if a waiver is approved under Subsection (1)(e), the department shall provide dental services to an individual who is:

(A) not described in Subsection (2)(a);

(B) not described in Subsection (2)(b)(i);

(C) not described in Subsection (2)(b)(ii);

(D) not described in Subsection (2)(b)(iii); and

(E) eligible for full services through the Medicaid program.

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

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

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

(i) by contracting with an entity that:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(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.

(3)(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.

(4) If the federal share of the cost of providing dental services under this section will be less than 55% during any portion of the next fiscal year, the Medicaid program shall cease providing dental services under this section no later than the end of the current fiscal year.

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.

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

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

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

- (1)(a) ~~The executive director of the Department of Corrections or the executive director's designee may request the director or the director's designee to admit a person who is in the custody of the Department of Corrections to the state hospital, [if the clinical director within the Department of Corrections finds-] in coordination with the department and Correctional Health Services, if the following individuals find that the inmate has mentally deteriorated to the point that admission to the state hospital is necessary to ensure adequate mental health treatment[-. In determining whether that inmate should be placed in the state hospital, the director of the division shall consider:] :~~
- ~~[(a) the mental health treatment needs of the inmate;]~~
 - ~~[(b) the treatment programs available at the state hospital; and]~~
 - ~~[(c) whether the inmate meets the requirements of Subsection 26B-5-306(2).]~~
 - ~~(i) the executive director of the Department of Corrections or the executive director's designee; and~~
 - ~~(ii) the director or the director's designee.~~
- (b) If a finding described in Subsection (1)(a) is made, the Department of Corrections and the department shall enter into a memorandum of understanding that outlines:
- (i) the process used for determining the inmate's eligibility for admission to the state hospital;
 - (ii) a process for transferring the inmate to the state hospital;
 - (iii) a process for developing a treatment plan for the inmate; and
 - (iv) a discharge process.
- (c) The following individuals shall execute the memorandum of understanding described in Subsection (1)(b):
- (i) the executive director of the Department of Corrections or the executive director's designee; and
 - (ii) the director or the director's designee.
- ~~[(2) If the director denies the admission of an inmate as requested by the clinical director~~

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

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

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

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

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

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

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

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

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

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

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

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

26B-6-402 (Effective 05/06/26). Division of Services for People with Disabilities -- Creation -- Authority -- Direction -- Provision of services.

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

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

- (3) Within appropriations from the Legislature, the division shall provide services to any individual with a disability who is eligible to receive division services.
- (4)(a) Except as provided in Subsection (4)(c), any new appropriations designated to serve eligible individuals waiting for services from the division shall be allocated, as determined by the division by rule based on the:
- (i) severity of the disability;
 - (ii) urgency of the need for services;
 - (iii) ability of a parent or guardian to provide the individual with appropriate care and supervision; and
 - (iv) length of time during which the individual has not received services from the division.
- (b) Funds from Subsection (4)(a) that are not spent by the division at the end of the fiscal year may be used as set forth in Subsection (7).
- (c) Subsections (4)(a) and (b) do not apply to any new appropriations designated to provide limited support services.
- (5) The division:
- (a) has the functions, powers, duties, rights, and responsibilities described in Section 26B-6-403; and
 - (b) is authorized to work in cooperation with other state, governmental, and private agencies to carry out the responsibilities described in Subsection (5)(a).
- (6) Within appropriations authorized by the Legislature, and to the extent allowed under Title XIX of the Social Security Act, the division shall ensure that the services and support that the division provides to an individual with a disability:
- (a) are provided in the least restrictive and most enabling environment;
 - (b) ensure opportunities to access employment; and
 - (c) enable reasonable personal choice in selecting services and support that:
 - (i) best meet individual needs; and
 - (ii) promote:
 - (A) independence;
 - (B) productivity; and
 - (C) integration in community life.
- (7)(a) Appropriations to the division are nonlapsing.
- (b) After an individual stops receiving services under this section, the division shall use 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;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(5)(a) The medical examiner may provide a medical examiner record to a researcher 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

- 915 permanently destroys the medical examiner record and all data obtained from
916 the medical examiner record.
- 917 (ii) A person who fails to comply with the requirements of Subsections (5)(c)(i)(A)
918 through (D) is guilty of a class B misdemeanor.
- 919 (6)(a) Except as provided in Subsections (6)(b) and (c), it is a class B misdemeanor for a
920 person who receives a photograph or video of a decedent under Subsection (3) of this
921 section to knowingly share, publish, or otherwise distribute or make available to
922 another person a photograph or video of a decedent if the photograph or video:
923 (i) is part of the medical examiner's record; and
924 (ii) is not in the public domain at the time that the person shared, published,
925 distributed, or otherwise made the photograph or video available.
- 926 (b) Subsection (6) does not apply to an employee or contractor of the Office of the
927 Medical Examiner who, in the course of performing or assisting with the duties of the
928 Office of the Medical Examiner, and in accordance with any applicable department
929 rules, shares, publishes, distributes, or makes available:
930 (i) a photograph or video of a decedent for consultation with other professionals in
931 determining cause and manner of the decedent's death; or
932 (ii) a deidentified photograph or video of a decedent for:
933 (A) training and services authorized under Section 26B-8-222;
934 (B) research;
935 (C) presentations and publication for academic or educational purposes; or
936 (D) other purposes provided by law.
- 937 (c) Subsection (6) does not apply to:
938 (i) a member, a contractor, or an employee of a law enforcement agency or
939 prosecutorial agency who, in the course of performing or assisting with the duties
940 of the agency, shares, publishes, distributes, or makes available a deidentified
941 photograph or video of a decedent for the purposes of training;
942 (ii) an individual who shares or makes available a photograph or video of a decedent
943 for the purposes of adjudicating a claim in an administrative or judicial
944 proceeding; or
945 (iii) an individual who shares, publishes, distributes, or makes available a photograph
946 or video of a decedent pursuant to lawful subpoena, court order, or the
947 Government Records Access and Management Act.
- 948 (7) The department may make rules, in accordance with Title 63G, Chapter 3, Utah

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

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

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

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

- (1) Subsection 26B-1-204(2)(g), regarding the Youth Electronic Cigarette, Marijuana, and Other Drug Prevention Committee, is repealed July 1, 2030.
- (2) Subsection 26B-1-204(2)(h), regarding the Primary Care Grant Committee, is repealed July 1, 2035.
- (3) Section 26B-1-315, Medicaid ACA Fund, is repealed July 1, 2034.
- (4) Section 26B-1-318, Brain and Spinal Cord Injury Fund, is repealed July 1, 2029.
- (5) Section 26B-1-402, Rare Disease Advisory Council Grant Program -- Creation -- Reporting, is repealed July 1, 2026.
- (6) Section 26B-1-409, Utah Digital Health Service Commission -- Creation -- Membership -- Duties, is repealed July 1, 2025.
- (7) Section 26B-1-410, Primary Care Grant Committee, is repealed July 1, 2035.
- (8) Section 26B-1-417, Brain and Spinal Cord Injury Advisory Committee -- Membership -- Duties, is repealed July 1, 2029.
- (9) Section 26B-1-422, Early Childhood Utah Advisory Council -- Creation -- Compensation -- Duties, is repealed July 1, 2029.
- (10) Section 26B-1-425, Utah Health Workforce Advisory Council -- Creation and membership, is repealed July 1, 2027.
- (11) Section 26B-1-428, Youth Electronic Cigarette, Marijuana, and Other Drug Prevention Committee and Program -- Creation -- Membership -- Duties, is repealed July 1, 2030.
- (12) Section 26B-1-430, Coordinating Council for Persons with Disabilities -- Policy regarding services to individuals with disabilities -- Creation -- Membership -- Expenses, is repealed July 1, 2027.
- (13) Section 26B-1-432, Newborn Hearing Screening Committee, is repealed July 1, 2026.
- (14) Section 26B-2-407, Drinking water quality in child care centers, is repealed July 1, 2027.
- (15) Subsection 26B-3-107[(9)] (2), regarding reimbursement for dental hygienists, is 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.

- (39) Subsection 26B-5-609(3)(b), regarding the Behavioral Health Crisis Response Committee, is repealed December 31, 2026.
- (40) Subsection 26B-5-610(1)(b), regarding the Behavioral Health Crisis Response Committee, is repealed December 31, 2026.
- (41) Subsection 26B-5-610(2)(b)(ii), regarding the Behavioral Health Crisis Response Committee, is repealed December 31, 2026.
- (42) Section 26B-5-612, Integrated behavioral health care grant programs, is repealed December 31, 2025.
- (43) Title 26B, Chapter 5, Part 7, Utah Behavioral Health Commission, is repealed July 1, 2029.
- (44) Subsection 26B-5-704(2)(a), regarding the Behavioral Health Crisis Response Committee, is repealed December 31, 2026.
- (45) Title 26B, Chapter 5, Part 8, Utah Substance Use and Mental Health Advisory Committee, is repealed January 1, 2033.
- (46) Section 26B-7-119, Hepatitis C Outreach Pilot Program, is repealed July 1, 2028.
- (47) Section 26B-7-122, Communication Habits to reduce Adolescent Threats Pilot Program, is repealed July 1, 2029.
- (48) Section 26B-7-123, Report on CHAT campaign, is repealed July 1, 2029.
- (49) Title 26B, Chapter 8, Part 5, Utah Health Data Authority, is repealed July 1, 2026.
- Section 17. Section **77-37-4** is amended to read:
- 77-37-4 (Effective 05/06/26). Additional rights -- Children.**
- In addition to all rights afforded to victims and witnesses under this chapter, child victims and witnesses shall be afforded these rights:
- (1) Children have the right to protection from physical and emotional abuse during their involvement with the criminal justice process.
 - (2) Children are not responsible for inappropriate behavior adults commit against them and have the right not to be questioned, in any manner, nor to have allegations made, implying this responsibility. Those who interview children have the responsibility to consider the interests of the child in this regard.
 - (3) Child victims and witnesses have the right to have interviews relating to a criminal prosecution kept to a minimum. All agencies shall coordinate interviews and ensure that they are conducted by persons sensitive to the needs of children.
 - (4) Child victims have the right to be informed of available community resources that might assist them and how to gain access to those resources. Law enforcement and

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

- (5)(a) Child victims have the right, once an investigation has been initiated by law enforcement or the Division of Child and Family Services, to keep confidential their interviews that are conducted at a Children's Justice Center, including video and audio recordings, and transcripts of those recordings. Except as provided in Subsection (6), recordings and transcripts of interviews may not be distributed, released, or displayed to anyone without a court order.
- (b) A court order described in Subsection (5)(a):
- (i) shall describe with particularity to whom the recording or transcript of the interview may be released and prohibit further distribution or viewing by anyone not named in the order; and
 - (ii) may impose restrictions on access to the materials considered reasonable to protect the privacy of the child victim.
- (c) A parent or guardian of the child victim may petition a juvenile or district court for an order allowing the parent or guardian to view a recording or transcript upon a finding of good cause. The order shall designate the agency that is required to display the recording or transcript to the parent or guardian and shall prohibit viewing by anyone not named in the order.
- (d) Following the conclusion of any legal proceedings in which the recordings or transcripts are used, the court shall order the recordings and transcripts in the court's file sealed and preserved.

- (6)(a) The following offices and their designated employees may distribute and receive a recording or transcript to and from one another without a court order:
- (i) the Division of Child and Family Services;
 - (ii) administrative law judges employed by the Department of Health and Human Services;
 - (iii) Department of Health and Human Services investigators investigating the Division of Child and Family Services or investigators authorized to investigate under Section 80-2-703;
 - (iv) an office of the city attorney, county attorney, district attorney, or attorney general;
 - (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

under Section 63M-7-529.

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

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

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

- (1) As used in this section:

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

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

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

- (i) ~~[appoint-]~~ select an ombudsman who has:

- (A) recognized executive and administrative capacity; and
- (B) experience in child welfare, and in state laws and policies governing abused, neglected, and dependent children; and

- (ii) select the ombudsman solely with regard to qualifications and fitness to discharge the duties of the ombudsman.

- ~~[(c) The ombudsman shall:]~~

- ~~[(i) serve at the pleasure of the executive director of the department; and]~~

- ~~[(ii) devote full-time to the duties described in this section.]~~

- (3) The ombudsman shall:

- (a) unless the ombudsman decides not to investigate the complaint, upon receipt of a complaint, investigate whether an act or omission of the division with respect to a particular child:

- (i) is contrary to statute, rule, or policy;
- (ii) places a child's health or safety at risk;
- (iii) is made without an adequate statement of reason; or
- (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.