

1 **Single Payer Health Insurance Amendments**

2026 GENERAL SESSION

STATE OF UTAH

**Chief Sponsor: Nate Blouin**

House Sponsor:

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2 **LONG TITLE**

3 **General Description:**

4 This bill establishes a state operated health financing program.

5 **Highlighted Provisions:**

6 This bill:

- 7 ▶ establishes a state operated health financing program;
- 8 ▶ creates the Utah Health Services Commission;
- 9 ▶ establishes duties for the Utah Health Services Commission;
- 10 ▶ moves health workforce councils and offices from the Department of Health and Human
- 11 Services to the Utah Health Services Commission;
- 12 ▶ directs the Department of Health and Human Services to begin transitioning the operation
- 13 and management of the Medicaid program to the state operated health financing
- 14 program;
- 15 ▶ transitions the Public Employees' Benefit and Insurance Program into a state operated
- 16 health financing program that is open to the public;
- 17 ▶ allows all state residents to enroll in the state operated health financing program;
- 18 ▶ prohibits billing by health care facilities;
- 19 ▶ requires the state operated health financing program to begin billing on behalf of health
- 20 care facilities;
- 21 ▶ requires all government entities to transition government employees to the state operated
- 22 health financing program;
- 23 ▶ repeals certain unnecessary or obsolete programs; and
- 24 ▶ creates a tax to fund the state operated health financing program.

25 **Money Appropriated in this Bill:**

26 None

27 **Other Special Clauses:**

28 This bill provides a special effective date.

29 **Utah Code Sections Affected:**

31 AMENDS:

32 **17-63-706 (Effective 01/01/28)**, as renumbered and amended by Laws of Utah 2025,  
33 First Special Session, Chapter 13  
34 **26B-1-423 (Effective 01/01/28) (Repealed 07/01/26)**, as renumbered and amended by  
35 Laws of Utah 2023, Chapter 305  
36 **26B-2-101 (Effective 01/01/28)**, as last amended by Laws of Utah 2025, First Special  
37 Session, Chapter 16  
38 **26B-2-201 (Effective 01/01/27)**, as last amended by Laws of Utah 2024, Chapters 113,  
39 240  
40 **26B-2-206 (Effective 01/01/27)**, as last amended by Laws of Utah 2024, Chapter 313  
41 **26B-3-908 (Effective 01/01/27)**, as renumbered and amended by Laws of Utah 2023,  
42 Chapter 306  
43 **31A-22-605.5 (Effective 01/01/28)**, as last amended by Laws of Utah 2012, Chapter 127  
44 **31A-22-613.5 (Effective 01/01/28)**, as last amended by Laws of Utah 2023, Chapter 327  
45 **31A-22-635 (Effective 01/01/28)**, as last amended by Laws of Utah 2017, Chapter 292  
46 **31A-22-647 (Effective 01/01/28)**, as enacted by Laws of Utah 2018, Chapter 181  
47 **31A-22-654 (Effective 01/01/28)**, as last amended by Laws of Utah 2021, Chapter 252  
48 **31A-46-311 (Effective 01/01/28)**, as enacted by Laws of Utah 2025, Chapter 514  
49 **49-21-105 (Effective 01/01/28)**, as last amended by Laws of Utah 2013, Chapter 66  
50 **53-2d-703 (Effective 01/01/28)**, as last amended by Laws of Utah 2025, Chapter 240  
51 **53-17-201 (Effective 01/01/28)**, as last amended by Laws of Utah 2025, Chapter 56  
52 **58-1-112 (Effective 01/01/28)**, as last amended by Laws of Utah 2023, Chapter 328  
53 **58-17b-802 (Effective 01/01/28)**, as last amended by Laws of Utah 2016, Chapter 159  
54 **58-37-6.5 (Effective 01/01/28)**, as last amended by Laws of Utah 2023, Chapter 329  
55 **63A-17-804 (Effective 01/01/28)**, as renumbered and amended by Laws of Utah 2021,  
56 Chapter 344  
57 **63C-31-102 (Effective 01/01/28) (Repealed 07/01/28)**, as enacted by Laws of Utah 2023,  
58 Chapter 489  
59 **63G-2-103 (Effective 01/01/28)**, as last amended by Laws of Utah 2025, First Special  
60 Session, Chapter 17  
61 **63I-1-226 (Effective 01/01/28)**, as last amended by Laws of Utah 2025, Chapters 47, 277  
62 and 366  
63 **63I-1-252 (Effective 01/01/28)**, as enacted by Laws of Utah 2024, Third Special Session,  
64 Chapter 5

65           **63I-1-253 (Effective 01/01/28)**, as last amended by Laws of Utah 2025, First Special  
66           Session, Chapter 9  
67           **63I-2-226 (Effective 01/01/28)**, as last amended by Laws of Utah 2025, Chapters 277,  
68           414  
69           **63I-2-249 (Effective 01/01/28)**, as last amended by Laws of Utah 2024, Chapter 385  
70           **63J-1-602.2 (Effective 01/01/28) (Partially Repealed 07/01/29)**, as last amended by Laws  
71           of Utah 2025, First Special Session, Chapter 17  
72           **63J-7-102 (Effective 01/01/28)**, as last amended by Laws of Utah 2023, Chapters 330,  
73           502  
74           **64-13-30 (Effective 01/01/28)**, as last amended by Laws of Utah 2016, Chapter 243  
75           **67-19d-201.5 (Effective 01/01/28)**, as enacted by Laws of Utah 2012, Chapter 376

## 76   ENACTS:

77           **26B-3-104.1 (Effective 01/01/27)**, Utah Code Annotated 1953  
78           **26C-1-101 (Effective 07/01/27)**, Utah Code Annotated 1953  
79           **26C-1-102 (Effective 07/01/27)**, Utah Code Annotated 1953  
80           **26C-1-103 (Effective 07/01/27)**, Utah Code Annotated 1953  
81           **26C-1-104 (Effective 07/01/27)**, Utah Code Annotated 1953  
82           **26C-2-101 (Effective 07/01/27)**, Utah Code Annotated 1953  
83           **26C-2-102 (Effective 07/01/27)**, Utah Code Annotated 1953  
84           **26C-2-103 (Effective 07/01/27)**, Utah Code Annotated 1953  
85           **26C-2-104 (Effective 07/01/27)**, Utah Code Annotated 1953  
86           **26C-3-101 (Effective 07/01/27)**, Utah Code Annotated 1953  
87           **26C-3-102 (Effective 01/01/28)**, Utah Code Annotated 1953  
88           **26C-4-101 (Effective 01/01/28)**, Utah Code Annotated 1953  
89           **26C-4-102 (Effective 01/01/28)**, Utah Code Annotated 1953  
90           **26C-5-101 (Effective 01/01/28)**, Utah Code Annotated 1953  
91           **26C-6-101 (Effective 01/01/28)**, Utah Code Annotated 1953  
92           **26C-6-102 (Effective 01/01/28)**, Utah Code Annotated 1953  
93           **31A-22-663 (Effective 01/01/28)**, Utah Code Annotated 1953  
94           **59-35-101 (Effective 01/01/28)**, Utah Code Annotated 1953  
95           **59-35-102 (Effective 01/01/28)**, Utah Code Annotated 1953  
96           **59-35-103 (Effective 01/01/28)**, Utah Code Annotated 1953  
97           **59-35-104 (Effective 01/01/28)**, Utah Code Annotated 1953  
98           **59-35-105 (Effective 01/01/28)**, Utah Code Annotated 1953

99           **59-35-106 (Effective 01/01/28)**, Utah Code Annotated 1953

100          **59-35-107 (Effective 01/01/28)**, Utah Code Annotated 1953

101          **59-35-108 (Effective 01/01/28)**, Utah Code Annotated 1953

102          **59-35-109 (Effective 01/01/28)**, Utah Code Annotated 1953

103          RENUMBERS AND AMENDS:

104          **26C-2-105 (Effective 07/01/27) (Repealed 07/01/27)**, (Renumbered from 26B-1-425,  
105          as last amended by Laws of Utah 2024, Chapter 245)

106          **26C-2-106 (Effective 07/01/27)**, (Renumbered from 26B-4-705, as last amended by  
107          Laws of Utah 2025, First Special Session, Chapter 9)

108          **26C-2-107 (Effective 07/01/27)**, (Renumbered from 26B-4-706, as last amended by  
109          Laws of Utah 2023, Chapter 139 and renumbered and amended by Laws of Utah 2023,  
110          Chapter 307)

111          **26C-2-108 (Effective 07/01/27)**, (Renumbered from 26B-4-707, as renumbered and  
112          amended by Laws of Utah 2023, Chapter 307)

113          **26C-2-109 (Effective 07/01/27)**, (Renumbered from 26B-4-708, as renumbered and  
114          amended by Laws of Utah 2023, Chapter 307)

115          **26C-2-110 (Effective 07/01/27)**, (Renumbered from 26B-4-709, as renumbered and  
116          amended by Laws of Utah 2023, Chapter 307)

117          **26C-2-111 (Effective 07/01/27)**, (Renumbered from 26B-4-711, as last amended by  
118          Laws of Utah 2024, Chapters 250, 303)

119          **26C-2-112 (Effective 07/01/27)**, (Renumbered from 26B-4-712, as last amended by  
120          Laws of Utah 2024, Chapter 303)

121          **26C-5-102 (Effective 01/01/28)**, (Renumbered from 49-20-416, as enacted by Laws of  
122          Utah 2017, Chapter 180)

123          **26C-5-103 (Effective 01/01/28)**, (Renumbered from 49-20-418, as last amended by  
124          Laws of Utah 2025, Chapter 52)

125          **26C-5-104 (Effective 01/01/28)**, (Renumbered from 49-20-419, as enacted by Laws of  
126          Utah 2019, Chapter 320)

127          **26C-5-105 (Effective 01/01/28) (Partially Repealed 01/01/30)**, (Renumbered from  
128          49-20-420, as enacted by Laws of Utah 2020, Chapter 187)

129          **26C-5-106 (Effective 01/01/28) (Repealed 07/01/27)**, (Renumbered from 49-20-422,  
130          as enacted by Laws of Utah 2023, Chapter 292)

131          **26C-7-101 (Effective 01/01/28)**, (Renumbered from 49-20-406, as last amended by  
132          Laws of Utah 2025, Chapter 56)

133 **67-19d-201.6 (Effective 01/01/28)**, (Renumbered from 49-20-404, as last amended by  
134 Laws of Utah 2013, Chapter 410)

135 REPEALS:

136 **26B-4-701 (Effective 07/01/27)**, as last amended by Laws of Utah 2025, First Special  
137 Session, Chapter 16

138 **31A-22-626 (Effective 01/01/28)**, as last amended by Laws of Utah 2020, Chapter 310

139 **31A-22-656 (Effective 01/01/28)**, as enacted by Laws of Utah 2021, Chapter 255

140 **49-20-101 (Effective 01/01/28)**, as renumbered and amended by Laws of Utah 2002,  
141 Chapter 250

142 **49-20-102 (Effective 01/01/28)**, as renumbered and amended by Laws of Utah 2002,  
143 Chapter 250

144 **49-20-103 (Effective 01/01/28)**, as last amended by Laws of Utah 2017, Chapter 141

145 **49-20-104 (Effective 01/01/28)**, as renumbered and amended by Laws of Utah 2002,  
146 Chapter 250

147 **49-20-105 (Effective 01/01/28)**, as last amended by Laws of Utah 2012, Chapter 406

148 **49-20-201 (Effective 01/01/28)**, as last amended by Laws of Utah 2024, Chapter 138

149 **49-20-202 (Effective 01/01/28)**, as last amended by Laws of Utah 2025, First Special  
150 Session, Chapter 9

151 **49-20-301 (Effective 01/01/28)**, as last amended by Laws of Utah 2003, Chapter 240

152 **49-20-401 (Effective 01/01/28)**, as last amended by Laws of Utah 2023, Chapters 194,  
153 328

154 **49-20-402 (Effective 01/01/28)**, as last amended by Laws of Utah 2007, Chapter 130

155 **49-20-403 (Effective 01/01/28)**, as enacted by Laws of Utah 2002, Chapter 250

156 **49-20-405 (Effective 01/01/28)**, as renumbered and amended by Laws of Utah 2002,  
157 Chapter 250

158 **49-20-407 (Effective 01/01/28)**, as last amended by Laws of Utah 2017, Chapter 292

159 **49-20-407.1 (Effective 01/01/28)**, as enacted by Laws of Utah 2025, Chapter 55

160 **49-20-409 (Effective 01/01/28)**, as last amended by Laws of Utah 2007, Chapter 130

161 **49-20-410 (Effective 01/01/28)**, as last amended by Laws of Utah 2021, Chapters 344,  
162 382

163 **49-20-413 (Effective 01/01/28)**, as enacted by Laws of Utah 2015, Chapter 68

164 **49-20-414 (Effective 01/01/28)**, as last amended by Laws of Utah 2023, Chapter 328

165 **49-20-417 (Effective 01/01/28)**, as enacted by Laws of Utah 2017, Chapter 349

166 **49-20-421 (Effective 01/01/28)**, as last amended by Laws of Utah 2025, Chapter 122

167        **49-20-501 (Effective 01/01/28)**, as enacted by Laws of Utah 2011, Chapter 83  
 168        **49-20-502 (Effective 01/01/28)**, as last amended by Laws of Utah 2021, Chapter 340  
 169        **49-20-503 (Effective 01/01/28)**, as last amended by Laws of Utah 2012, Chapter 265  
 170        **53G-11-203 (Effective 01/01/28)**, as last amended by Laws of Utah 2019, Chapter 293  
 171        **53H-3-505 (Effective 01/01/28)**, as renumbered and amended by Laws of Utah 2025,  
 172        First Special Session, Chapter 8

173

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

175            Section 1. Section **17-63-706** is amended to read:

176            **17-63-706 (Effective 01/01/28). County charges enumerated.**

177        (1) County charges are:

- 178            (a) charges incurred against the county by any law;
- 179            (b) the necessary expenses of the county attorney or district attorney incurred in criminal  
 180            cases arising in the county, and all other expenses necessarily incurred by the county  
 181            or district attorney in the prosecution of criminal cases, except jury and witness fees;
- 182            (c) the expenses of health care as described in Section 17-72-501, and other expenses  
 183            necessarily incurred in the support of prisoners committed to the county jail, except  
 184            as provided in Subsection (2);
- 185            (d) for a county not within the state district court administrative system, the sum  
 186            required by law to be paid jurors in civil cases;
- 187            (e) all charges and accounts for services rendered by any justice court judge for services  
 188            in the trial and examination of persons charged with a criminal offense not otherwise  
 189            provided for by law;
- 190            (f) the contingent expenses necessarily incurred for the use and benefit of the county;
- 191            (g) every other sum directed by law to be raised for any county purposes under the  
 192            direction of the county legislative body or declared a county charge;
- 193            (h) the fees of constables for services rendered in criminal cases;
- 194            (i) the necessary expenses of the sheriff and deputies incurred in civil and criminal cases  
 195            arising in the county, and all other expenses necessarily incurred by the sheriff and  
 196            deputies in performing the duties imposed upon the sheriff and deputies by law;
- 197            (j) the sums required by law to be paid by the county to jurors and witnesses serving at  
 198            inquests and in criminal cases in justice courts; and
- 199            (k) subject to Subsection (2), expenses incurred by a health care facility or health care  
 200            provider in providing health care services, treatment, hospitalization, or related

- 201 transportation, at the request of a county sheriff for:
- 202 (i) prisoners booked into a county jail on a charge of a criminal offense; or
- 203 (ii) inmates convicted of a criminal offense and committed to a county jail.
- 204 (2)(a) Expenses described in Subsections (1)(c) and (1)(k) are a charge to the county
- 205 only to the extent that the charge exceeds any private insurance in effect that covers
- 206 the expenses described in Subsections (1)(c) and (1)(k).
- 207 (b) The county may collect costs of health care, treatment, hospitalization, and related
- 208 transportation provided to a person described in Subsection (1)(k) who has the
- 209 resources or the ability to pay, subject to the following priorities for payment:
- 210 (i) first priority shall be given to restitution; and
- 211 (ii) second priority shall be given to family support obligations.
- 212 (c) A county may seek reimbursement from a prisoner or inmate described in Subsection
- 213 (1)(k) for expenses incurred by the county in behalf of the prisoner or inmate for
- 214 health care, treatment, hospitalization, or related transportation by:
- 215 (i) deducting the cost from the prisoner's or inmate's cash account on deposit with the
- 216 detention facility during the prisoner's or inmate's incarceration or during a
- 217 subsequent incarceration if:
- 218 (A) the subsequent incarceration occurs within the same county; and
- 219 (B) the incarceration is within 10 years of the date of the expense in behalf of the
- 220 prisoner or inmate;
- 221 (ii) placing a lien for the amount of the expense against the prisoner's or inmate's
- 222 personal property held by the jail; and
- 223 (iii) adding the amount of expenses incurred to any other amount owed by the
- 224 prisoner or inmate to the jail upon the prisoner's or inmate's release in accordance
- 225 with Subsection 76-3-201(4)(c).
- 226 (d)(i) A jail shall ensure that each prisoner or inmate is enrolled in the Utah Cares
- 227 Health Financing Program, created in Title 26C, Utah Cares Act, to cover health
- 228 care expenses if the inmate is eligible for enrollment when enrollment opens on
- 229 January 1, 2029.
- 230 (ii) A prisoner or inmate who receives health care, treatment, hospitalization, or
- 231 related transportation shall cooperate with the jail facility seeking payment or
- 232 reimbursement under this section for the prisoner's or inmate's expenses.
- 233 (e) If there is no contract between a county jail and a health care facility or health care
- 234 provider that establishes a fee schedule for services rendered or the individual is not

235 an enrollee described in Subsection (2)(d)(i), expenses under Subsection (1)(k) shall  
 236 be commensurate with:

237 (i) for a health care facility, the current noncapitated state Medicaid rates; and

238 (ii) for a health care provider, 65% of the amount that would be paid to the health  
 239 care provider:

240 (A) under the [~~Public Employees' Benefit and Insurance Program~~] Utah Cares  
 241 Health Financing Program, created in [~~Section 49-20-103~~] Title 26C, Utah  
 242 Cares Act; and

243 (B) if the person receiving the health care service were [~~a covered employee under~~  
 244 ~~the Public Employees' Benefit and Insurance Program~~] an enrollee of the Utah  
 245 Cares Health Financing Program.

246 (f) Subsection (1)(k) does not apply to expenses of an individual held at the county jail  
 247 at the request of an agency of the United States.

248 (g) [~~A county that receives information from the Public Employees' Benefit and~~  
 249 ~~Insurance Program to enable the county to-~~] The Utah Cares Health Financing  
 250 Program shall calculate the amount to be paid to a health care provider under  
 251 Subsection (2)(e)(ii)[~~shall keep that information confidential~~].

252 Section 2. Section **26B-1-423** is amended to read:

253 **26B-1-423 (Effective 01/01/28) (Repealed 07/01/26). Rural Physician Loan**  
 254 **Repayment Program Advisory Committee -- Membership -- Compensation -- Duties.**

255 (1) There is created the Rural Physician Loan Repayment Program Advisory Committee  
 256 consisting of the following eight members appointed by the executive director:

257 (a) two legislators whose districts include a rural county as defined in Section [~~26B-4-701~~]  
 258 26C-1-101;

259 (b) five administrators of a hospital located in a rural county as defined in Section [~~26B-4-701~~]  
 260 26C-1-101, nominated by an association representing Utah hospitals, no  
 261 more than two of whom are employed by hospitals affiliated by ownership; and

262 (c) a physician currently practicing in a rural county as defined in Section [~~26B-4-701~~]  
 263 26C-1-101.

264 (2)(a) An appointment to the committee shall be for a four-year term unless the member  
 265 is appointed to complete an unexpired term.

266 (b) The executive director shall adjust the length of term at the time of appointment or  
 267 reappointment so that approximately one-half of the committee is appointed every  
 268 two years.

- 269 (c) The executive director shall annually appoint a committee chair from among the  
270 members of the committee.
- 271 (3)(a) The committee shall meet at the call of:  
272 (i) the chair;  
273 (ii) at least three members of the committee; or  
274 (iii) the executive director.
- 275 (b) The committee shall meet at least once each calendar year.
- 276 (4)(a) A majority of the members of the committee constitutes a quorum.  
277 (b) The action of a majority of a quorum constitutes the action of the committee.
- 278 (5) A member may not receive compensation or benefits for the member's service, but may  
279 receive per diem and travel expenses in accordance with:  
280 (a) Section 63A-3-106;  
281 (b) Section 63A-3-107; and  
282 (c) rules made by the Division of Finance pursuant to Sections 63A-3-106 and  
283 63A-3-107.
- 284 (6) The committee shall make recommendations to the department for the development and  
285 modification of rules to administer the Rural Physician Loan Repayment Program  
286 created in Section 26B-4-703.
- 287 (7) As funding permits, the department shall provide staff and other administrative support  
288 to the committee.
- 289 Section 3. Section **26B-2-101** is amended to read:  
290 **26B-2-101 (Effective 01/01/28). Definitions.**  
291 As used in this part:  
292 (1) "Abuse" means the same as that term is defined in Section 80-1-102.  
293 (2) "Adoption services" means the same as that term is defined in Section 80-2-801.  
294 (3) "Adult day care" means nonresidential care and supervision:  
295 (a) for three or more adults for at least four but less than 24 hours a day; and  
296 (b) that meets the needs of functionally impaired adults through a comprehensive  
297 program that provides a variety of health, social, recreational, and related support  
298 services in a protective setting.
- 299 (4) "Applicant" means a person that applies for an initial license or a license renewal under  
300 this part.
- 301 (5)(a) "Associated with the licensee" means that an individual is:  
302 (i) affiliated with a licensee as an owner, director, member of the governing body,

- 303 employee, agent, provider of care, department contractor, or volunteer; or  
304 (ii) applying to become affiliated with a licensee in a capacity described in  
305 Subsection (5)(a)(i).
- 306 (b) "Associated with the licensee" does not include:
- 307 (i) service on the following bodies, unless that service includes direct access to a  
308 child or a vulnerable adult:
- 309 (A) a local mental health authority described in Section 17-77-301;  
310 (B) a local substance abuse authority described in Section 17-77-201; or  
311 (C) a board of an organization operating under a contract to provide mental health  
312 or substance use programs, or services for the local mental health authority or  
313 substance abuse authority; or
- 314 (ii) a guest or visitor whose access to a child or a vulnerable adult is directly  
315 supervised at all times.
- 316 (6) "Behavioral health receiving center" means a 23-hour non-secure program or facility  
317 that is responsible for, and provides mental health crisis services to, an individual  
318 experiencing a mental health crisis.
- 319 (7)(a) "Boarding school" means a private school that:
- 320 (i) uses a regionally accredited education program;  
321 (ii) provides a residence to the school's students:
- 322 (A) for the purpose of enabling the school's students to attend classes at the  
323 school; and  
324 (B) as an ancillary service to educating the students at the school;
- 325 (iii) has the primary purpose of providing the school's students with an education, as  
326 defined in Subsection (7)(b)(i); and
- 327 (iv)(A) does not provide the treatment or services described in Subsection (49)(a);  
328 or  
329 (B) provides the treatment or services described in Subsection (49)(a) on a limited  
330 basis, as described in Subsection (7)(b)(ii).
- 331 (b)(i) For purposes of Subsection (7)(a)(iii), "education" means a course of study for  
332 one or more grades from kindergarten through grade 12.
- 333 (ii) For purposes of Subsection (7)(a)(iv)(B), a private school provides the treatment  
334 or services described in Subsection (49)(a) on a limited basis if:
- 335 (A) the treatment or services described in Subsection (49)(a) are provided only as  
336 an incidental service to a student; and

- 337 (B) the school does not:
- 338 (I) specifically solicit a student for the purpose of providing the treatment or
- 339 services described in Subsection (49)(a); or
- 340 (II) have a primary purpose of providing the treatment or services described in
- 341 Subsection (49)(a).
- 342 (c) "Boarding school" does not include a therapeutic school.
- 343 (8) "Certification" means a less restrictive level of licensure issued by the department.
- 344 (9) "Child" means an individual under 18 years old.
- 345 (10) "Child placing" means receiving, accepting, or providing custody or care for any child,
- 346 temporarily or permanently, for the purpose of:
- 347 (a) finding a person to adopt the child;
- 348 (b) placing the child in a home for adoption; or
- 349 (c) foster home placement.
- 350 (11) "Child-placing agency" means a person that engages in child placing.
- 351 (12) "Client" means an individual who receives or has received services from a licensee.
- 352 (13)(a) "Congregate care program" means any of the following that provide services to a
- 353 child:
- 354 (i) an outdoor youth program;
- 355 (ii) a residential support program;
- 356 (iii) a residential treatment program; or
- 357 (iv) a therapeutic school.
- 358 (b) "Congregate care program" does not include a human services program that:
- 359 (i) is licensed to serve adults; and
- 360 (ii) is approved by the office to service a child for a limited time.
- 361 (14) "Day treatment" means specialized treatment that is provided to:
- 362 (a) a client less than 24 hours a day; and
- 363 (b) four or more persons who:
- 364 (i) are unrelated to the owner or provider; and
- 365 (ii) have emotional, psychological, developmental, physical, or behavioral
- 366 dysfunctions, impairments, or chemical dependencies.
- 367 (15) "Department contractor" means an individual who:
- 368 (a) provides services under a contract with the department; and
- 369 (b) due to the contract with the department, has or will likely have direct access to a
- 370 child or vulnerable adult.

- 371 (16) "Direct access" means that an individual has, or likely will have:
- 372 (a) contact with or access to a child or vulnerable adult that provides the individual with
- 373 an opportunity for personal communication or touch; or
- 374 (b) an opportunity to view medical, financial, or other confidential personal identifying
- 375 information of the child, the child's parents or legal guardians, or the vulnerable adult.
- 376 (17) "Directly supervised" means that an individual is being supervised under the
- 377 uninterrupted visual and auditory surveillance of another individual who has a current
- 378 background check approval issued by the office.
- 379 (18) "Director" means the director of the office.
- 380 (19) "Division" means the Division of Licensing and Background Checks created under
- 381 Section 26B-2-103.
- 382 (20) "Domestic violence" means the same as that term is defined in Section 77-36-1.
- 383 (21) "Domestic violence treatment program" means a nonresidential program designed to
- 384 provide psychological treatment and educational services to perpetrators and victims of
- 385 domestic violence.
- 386 (22) "Elder adult" means a person 65 years old or older.
- 387 (23) "Emergency safety intervention" means a tactic used to protect staff or a client from
- 388 being physically injured, utilized by an appropriately trained direct care staff and only
- 389 performed in accordance with a nationally or regionally recognized curriculum in the
- 390 least restrictive manner to restore staff or client safety.
- 391 (24) "Foster home" means a residence that is licensed or certified by the office for the
- 392 full-time substitute care of a child.
- 393 (25) "Harm" means the same as that term is defined in Section 80-1-102.
- 394 (26) "Health benefit plan" means the same as that term is defined in Section 31A-1-301.
- 395 (27) "Health care provider" means the same as that term is defined in Section 78B-3-403.
- 396 (28) "Health insurer" means:
- 397 (a) an insurer who offers health care insurance as that term is defined in Section
- 398 31A-1-301;
- 399 (b) health benefits offered [~~to state employees under Section 49-20-202~~] under Title 26C,
- 400 Utah Cares Act; and
- 401 (c) a workers' compensation insurer:
- 402 (i) authorized to provide workers' compensation insurance in the state; or
- 403 (ii) that is a self-insured employer as defined in Section 34A-2-201.5.
- 404 (29)(a) "Human services program" means:

- 405 (i) a foster home;
- 406 (ii) a therapeutic school;
- 407 (iii) a youth program;
- 408 (iv) an outdoor youth program;
- 409 (v) a residential treatment program;
- 410 (vi) a residential support program;
- 411 (vii) a resource family home;
- 412 (viii) a recovery residence;
- 413 (ix) a behavioral health receiving center; or
- 414 (x) a facility or program that provides:
- 415 (A) adult day care;
- 416 (B) day treatment;
- 417 (C) outpatient treatment;
- 418 (D) domestic violence treatment;
- 419 (E) child-placing services;
- 420 (F) social detoxification; or
- 421 (G) any other human services that are required by contract with the department to
- 422 be licensed with the department.
- 423 (b) "Human services program" does not include:
- 424 (i) a boarding school;
- 425 (ii) a residential vocational or life skills program, as defined in Section 13-53-102; or
- 426 (iii) a short-term relief care provider.
- 427 (30) "Indian child" means the same as that term is defined in 25 U.S.C. Sec. 1903.
- 428 (31) "Indian country" means the same as that term is defined in 18 U.S.C. Sec. 1151.
- 429 (32) "Indian tribe" means the same as that term is defined in 25 U.S.C. Sec. 1903.
- 430 (33) "Intermediate secure treatment" means 24-hour specialized residential treatment or
- 431 care for an individual who:
- 432 (a) cannot live independently or in a less restrictive environment; and
- 433 (b) requires, without the individual's consent or control, the use of locked doors to care
- 434 for the individual.
- 435 (34) "Licensee" means an individual or a human services program licensed by the office.
- 436 (35) "Local government" means a city, town, or county.
- 437 (36) "Mental health treatment program" means a program that:
- 438 (a) is a structured intervention; and

- 439 (b) is used to improve mental health, prevent mental disorders, and treat mental health  
440 conditions.
- 441 (37) "Medication assisted treatment" means the use of a prescribed medication approved by  
442 the United States Food and Drug Administration, such as buprenorphine, methadone, or  
443 naltrexone, to treat substance use withdrawal symptoms or a substance use disorder.
- 444 (38) "Minor" means child.
- 445 (39) "Office" means, except as provided in Section 26B-2-120, the Office of Licensing  
446 within the department.
- 447 (40) "Ombudsman" means the congregate care ombudsman created in Section 26B-2-124.2.
- 448 (41) "Outdoor youth program" means a program that provides:
- 449 (a) services to a child who has:
- 450 (i) a chemical dependency; or
- 451 (ii) a dysfunction or impairment that is emotional, psychological, developmental,  
452 physical, or behavioral;
- 453 (b) a 24-hour outdoor group living environment; and
- 454 (c)(i) regular therapy, including group, individual, or supportive family therapy; or  
455 (ii) informal therapy or similar services, including wilderness therapy, adventure  
456 therapy, or outdoor behavioral healthcare.
- 457 (42) "Outpatient treatment" means individual, family, or group therapy or counseling  
458 designed to improve and enhance social or psychological functioning for those whose  
459 physical and emotional status allows them to continue functioning in their usual living  
460 environment.
- 461 (43) "Practice group" or "group practice" means two or more health care providers legally  
462 organized as a partnership, professional corporation, or similar association, for which:
- 463 (a) substantially all of the services of the health care providers who are members of the  
464 group are provided through the group and are billed in the name of the group and  
465 amounts received are treated as receipts of the group; and
- 466 (b) the overhead expenses of and the income from the practice are distributed in  
467 accordance with methods previously determined by members of the group.
- 468 (44) "Private-placement child" means a child whose parent or guardian enters into a  
469 contract with a congregate care program for the child to receive services.
- 470 (45) "Qualifying residential treatment program" means a residential treatment program that  
471 is licensed under this part and:
- 472 (a) is operated as a nonprofit corporation or foreign nonprofit corporation, as those terms

- 473 are defined in Section 16-6a-102; or
- 474 (b) receives any local, state, or federal government funding, government grant money, or  
475 any other form of government assistance to operate or provide services or training in  
476 the ordinary course of business.
- 477 (46) "Qualifying recovery residence" means a recovery residence that is licensed under this  
478 part and:
- 479 (a) is operated as a nonprofit corporation or foreign nonprofit corporation, as those terms  
480 are defined in Section 16-6a-102; or
- 481 (b) receives any local, state, or federal government funding, government grant money, or  
482 any other form of government assistance to operate or provide services or training in  
483 the ordinary course of business.
- 484 (47)(a) "Recovery residence" means a home, residence, or facility that meets at least two  
485 of the following requirements:
- 486 (i) provides a supervised living environment for individuals recovering from a  
487 substance use disorder;
- 488 (ii) provides a living environment in which more than half of the individuals in the  
489 residence are recovering from a substance use disorder;
- 490 (iii) provides or arranges for residents to receive services related to the resident's  
491 recovery from a substance use disorder, either on or off site;
- 492 (iv) is held out as a living environment in which individuals recovering from  
493 substance abuse disorders live together to encourage continued sobriety; or
- 494 (v)(A) receives public funding; or  
495 (B) is run as a business venture, either for-profit or not-for-profit.
- 496 (b) "Recovery residence" does not mean:
- 497 (i) a residential treatment program;
- 498 (ii) residential support program;
- 499 (iii) a residential vocational or life skills program; or
- 500 (iv) a home, residence, or facility, in which:
- 501 (A) residents, by a majority vote of the residents, establish, implement, and  
502 enforce policies governing the living environment, including the manner in  
503 which applications for residence are approved and the manner in which  
504 residents are expelled;
- 505 (B) residents equitably share rent and housing-related expenses; and
- 506 (C) a landlord, owner, or operator does not receive compensation, other than fair

507 market rental income, for establishing, implementing, or enforcing policies  
508 governing the living environment.

509 (48) "Regular business hours" means:

510 (a) the hours during which services of any kind are provided to a client; or

511 (b) the hours during which a client is present at the facility of a licensee.

512 (49)(a) "Residential support program" means a program that arranges for or provides the  
513 necessities of life as a protective service to individuals or families who have a  
514 disability or who are experiencing a dislocation or emergency that prevents them  
515 from providing these services for themselves or their families.

516 (b) "Residential support program" includes a program that provides a supervised living  
517 environment for individuals with dysfunctions or impairments that are:

518 (i) emotional;

519 (ii) psychological;

520 (iii) developmental; or

521 (iv) behavioral.

522 (c) Treatment is not a necessary component of a residential support program.

523 (d) "Residential support program" does not include:

524 (i) a recovery residence; or

525 (ii) a program that provides residential services that are performed:

526 (A) exclusively under contract with the department and provided to individuals  
527 through the Division of Services for People with Disabilities; or

528 (B) in a facility that serves fewer than four individuals.

529 (50)(a) "Residential treatment" means a 24-hour group living environment for four or  
530 more individuals unrelated to the owner or provider that offers room or board and  
531 specialized treatment, behavior modification, rehabilitation, discipline, emotional  
532 growth, or habilitation services for persons with emotional, psychological,  
533 developmental, or behavioral dysfunctions, impairments, or chemical dependencies.

534 (b) "Residential treatment" does not include a:

535 (i) boarding school;

536 (ii) foster home; or

537 (iii) recovery residence.

538 (51) "Residential treatment program" means a program or facility that provides:

539 (a) residential treatment; or

540 (b) intermediate secure treatment.

- 541 (52) "Seclusion" means the involuntary confinement of an individual in a room or an area:  
542 (a) away from the individual's peers; and  
543 (b) in a manner that physically prevents the individual from leaving the room or area.
- 544 (53) "Short-term relief care provider" means an individual who:  
545 (a) provides short-term and temporary relief care to a foster parent:  
546 (i) for less than six consecutive nights; and  
547 (ii) in the short-term relief care provider's home;  
548 (b) is an immediate family member or relative, as those terms are defined in Section  
549 80-3-102, of the foster parent;  
550 (c) is direct access qualified, as that term is defined in Section 26B-2-120;  
551 (d) has been approved to provide short-term relief care by the department;  
552 (e) is not reimbursed by the department for the temporary relief care provided; and  
553 (f) is not an immediate family member or relative, as those terms are defined in Section  
554 80-3-102, of the foster child.
- 555 (54) "Social detoxification" means short-term residential services for persons who are  
556 experiencing or have recently experienced drug or alcohol intoxication, that are provided  
557 outside of a health care facility licensed under Part 2, Health Care Facility Licensing and  
558 Inspection, and that include:  
559 (a) room and board for persons who are unrelated to the owner or manager of the facility;  
560 (b) specialized rehabilitation to acquire sobriety; and  
561 (c) aftercare services.
- 562 (55) "Substance abuse disorder" or "substance use disorder" mean the same as "substance  
563 use disorder" is defined in Section 26B-5-501.
- 564 (56) "Substance abuse treatment program" or "substance use disorder treatment program"  
565 means a program:  
566 (a) designed to provide:  
567 (i) specialized drug or alcohol treatment;  
568 (ii) rehabilitation; or  
569 (iii) habilitation services; and  
570 (b) that provides the treatment or services described in Subsection (56)(a) to persons  
571 with:  
572 (i) a diagnosed substance use disorder; or  
573 (ii) chemical dependency disorder.
- 574 (57) "Therapeutic school" means a residential group living facility:

- 575 (a) for four or more individuals that are not related to:  
576 (i) the owner of the facility; or  
577 (ii) the primary service provider of the facility;
- 578 (b) that serves students who have a history of failing to function:  
579 (i) at home;  
580 (ii) in a public school; or  
581 (iii) in a nonresidential private school; and
- 582 (c) that offers:  
583 (i) room and board; and  
584 (ii) an academic education integrated with:  
585 (A) specialized structure and supervision; or  
586 (B) services or treatment related to:  
587 (I) a disability;  
588 (II) emotional development;  
589 (III) behavioral development;  
590 (IV) familial development; or  
591 (V) social development.
- 592 (58) "Unrelated persons" means persons other than parents, legal guardians, grandparents,  
593 brothers, sisters, uncles, or aunts.
- 594 (59) "Vulnerable adult" means an elder adult or an adult who has a temporary or permanent  
595 mental or physical impairment that substantially affects the person's ability to:  
596 (a) provide personal protection;  
597 (b) provide necessities such as food, shelter, clothing, or mental or other health care;  
598 (c) obtain services necessary for health, safety, or welfare;  
599 (d) carry out the activities of daily living;  
600 (e) manage the adult's own resources; or  
601 (f) comprehend the nature and consequences of remaining in a situation of abuse,  
602 neglect, or exploitation.
- 603 (60)(a) "Youth program" means a program designed to provide behavioral, substance  
604 use, or mental health services to minors that:  
605 (i) serves adjudicated or nonadjudicated youth;  
606 (ii) charges a fee for the program's services;  
607 (iii) may provide host homes or other arrangements for overnight accommodation of  
608 the youth;

- 609 (iv) may provide all or part of the program's services in the outdoors;
- 610 (v) may limit or censor access to parents or guardians; and
- 611 (vi) prohibits or restricts a minor's ability to leave the program at any time of the
- 612 minor's own free will.
- 613 (b) "Youth program" does not include recreational programs such as Boy Scouts, Girl
- 614 Scouts, 4-H, and other such organizations.
- 615 (61)(a) "Youth transportation company" means any person that transports a child for
- 616 payment to or from a congregate care program in Utah.
- 617 (b) "Youth transportation company" does not include:
- 618 (i) a relative of the child;
- 619 (ii) a state agency; or
- 620 (iii) a congregate care program's employee who transports the child from the
- 621 congregate care program that employs the employee and returns the child to the
- 622 same congregate care program.

623 Section 4. Section **26B-2-201** is amended to read:

624 **26B-2-201 (Effective 01/01/27). Definitions.**

625 As used in this part:

- 626 (1) "Abortion clinic" means a type I abortion clinic or a type II abortion clinic.
- 627 (2) "Activities of daily living" means essential activities including:
- 628 (a) dressing;
- 629 (b) eating;
- 630 (c) grooming;
- 631 (d) bathing;
- 632 (e) toileting;
- 633 (f) ambulation;
- 634 (g) transferring; and
- 635 (h) self-administration of medication.
- 636 (3) "Ambulatory surgical facility" means a freestanding facility, which provides surgical
- 637 services to patients not requiring hospitalization.
- 638 (4) "Assistance with activities of daily living" means providing of or arranging for the
- 639 provision of assistance with activities of daily living.
- 640 (5)(a) "Assisted living facility" means:
- 641 (i) a type I assisted living facility, which is a residential facility that provides
- 642 assistance with activities of daily living and social care to two or more residents

- 643                    who:
- 644                    (A) require protected living arrangements; and
- 645                    (B) are capable of achieving mobility sufficient to exit the facility without the
- 646                    assistance of another person; and
- 647                    (ii) a type II assisted living facility, which is a residential facility with a home-like
- 648                    setting that provides an array of coordinated supportive personal and health care
- 649                    services available 24 hours per day to residents who have been assessed under
- 650                    department rule to need any of these services.
- 651                    (b) Each resident in a type I or type II assisted living facility shall have a service plan
- 652                    based on the assessment, which may include:
- 653                    (i) specified services of intermittent nursing care;
- 654                    (ii) administration of medication; and
- 655                    (iii) support services promoting residents' independence and self-sufficiency.
- 656                    (6) "Birthing center" means a facility that:
- 657                    (a) receives maternal clients and provides care during pregnancy, delivery, and
- 658                    immediately after delivery; and
- 659                    (b)(i) is freestanding; or
- 660                    (ii) is not freestanding, but meets the requirements for an alongside midwifery unit
- 661                    described in Subsection 26B-2-228(7).
- 662                    (7) "Committee" means the Health Facility Committee created in Section 26B-1-204.
- 663                    (8) "Consumer" means any person not primarily engaged in the provision of health care to
- 664                    individuals or in the administration of facilities or institutions in which such care is
- 665                    provided and who does not hold a fiduciary position, or have a fiduciary interest in any
- 666                    entity involved in the provision of health care, and does not receive, either directly or
- 667                    through his spouse, more than 1/10 of his gross income from any entity or activity
- 668                    relating to health care.
- 669                    (9) "End stage renal disease facility" means a facility which furnishes staff-assisted kidney
- 670                    dialysis services, self-dialysis services, or home-dialysis services on an outpatient basis.
- 671                    (10) "Freestanding" means existing independently or physically separated from another
- 672                    health care facility by fire walls and doors and administrated by separate staff with
- 673                    separate records.
- 674                    (11) "General acute hospital" means a facility which provides diagnostic, therapeutic, and
- 675                    rehabilitative services to both inpatients and outpatients by or under the supervision of
- 676                    physicians.

- 677 (12) "Governmental unit" means the state, or any county, municipality, or other political  
678 subdivision or any department, division, board, or agency of the state, a county,  
679 municipality, or other political subdivision.
- 680 (13)(a) "Health care facility" means general acute hospitals, specialty hospitals, home  
681 health agencies, hospices, nursing care facilities, residential-assisted living facilities,  
682 birthing centers, ambulatory surgical facilities, small health care facilities, abortion  
683 clinics, facilities owned or operated by health maintenance organizations, end stage  
684 renal disease facilities, and any other health care facility which the committee  
685 designates by rule.
- 686 (b) "Health care facility" does not include the offices of private physicians or dentists,  
687 whether for individual or group practice, except that it does include an abortion clinic.
- 688 (14) "Health maintenance organization" means an organization, organized under the laws of  
689 any state which:
- 690 (a) is a qualified health maintenance organization under 42 U.S.C. Sec. 300e-9; or  
691 (b)(i) provides or otherwise makes available to enrolled participants at least the  
692 following basic health care services: usual physician services, hospitalization,  
693 laboratory, x-ray, emergency, and preventive services and out-of-area coverage;  
694 (ii) is compensated, except for copayments, for the provision of the basic health  
695 services listed in Subsection (14)(b)(i) to enrolled participants by a payment  
696 which is paid on a periodic basis without regard to the date the health services are  
697 provided and which is fixed without regard to the frequency, extent, or kind of  
698 health services actually provided;
- 699 (iii) provides physicians' services primarily directly through physicians who are  
700 either employees or partners of such organizations, or through arrangements with  
701 individual physicians or one or more groups of physicians organized on a group  
702 practice or individual practice basis; and
- 703 (iv) provides physician assistant services.
- 704 (15)(a) "Home health agency" means an agency, organization, or facility or a  
705 subdivision of an agency, organization, or facility which employs two or more direct  
706 care staff persons who provide licensed nursing services, therapeutic services of  
707 physical therapy, speech therapy, occupational therapy, medical social services, or  
708 home health aide services on a visiting basis.
- 709 (b) "Home health agency" does not mean an individual who provides services under the  
710 authority of a private license.

- 711 (16) "Hospice" means a program of care for the terminally ill and their families which  
712 occurs in a home or in a health care facility and which provides medical, palliative,  
713 psychological, spiritual, and supportive care and treatment.
- 714 (17) "Nursing care facility" means a health care facility, other than a general acute or  
715 specialty hospital, constructed, licensed, and operated to provide patient living  
716 accommodations, 24-hour staff availability, and at least two of the following patient  
717 services:
- 718 (a) a selection of patient care services, under the direction and supervision of a registered  
719 nurse, ranging from continuous medical, skilled nursing, psychological, or other  
720 professional therapies to intermittent health-related or paraprofessional personal care  
721 services;
  - 722 (b) a structured, supportive social living environment based on a professionally designed  
723 and supervised treatment plan, oriented to the individual's habilitation or  
724 rehabilitation needs; or
  - 725 (c) a supervised living environment that provides support, training, or assistance with  
726 individual activities of daily living.
- 727 (18) "Person" means any individual, firm, partnership, corporation, company, association,  
728 or joint stock association, and the legal successor thereof.
- 729 (19) "Resident" means a person 21 years old or older who:
- 730 (a) as a result of physical or mental limitations or age requires or requests services  
731 provided in an assisted living facility; and
  - 732 (b) does not require intensive medical or nursing services as provided in a hospital or  
733 nursing care facility.
- 734 (20) "Small health care facility" means a four to 16 bed facility that provides licensed  
735 health care programs and services to residents.
- 736 (21) "Specialty hospital" means a facility which provides specialized diagnostic,  
737 therapeutic, or rehabilitative services in the recognized specialty or specialties for which  
738 the hospital is licensed.
- 739 (22) "Substantial compliance" means in a department survey of a licensee, the department  
740 determines there is an absence of deficiencies which would harm the physical health,  
741 mental health, safety, or welfare of patients or residents of a licensee.
- 742 (23) "Type I abortion clinic" means a facility, including a physician's office, but not  
743 including a general acute or specialty hospital, that:
- 744 (a) performs abortions, as defined in Section 76-7-301, during the first trimester of

- 745 pregnancy; and
- 746 (b) does not perform abortions, as defined in Section 76-7-301, after the first trimester of
- 747 pregnancy.
- 748 (24) "Type II abortion clinic" means a facility, including a physician's office, but not
- 749 including a general acute or specialty hospital, that:
- 750 (a) performs abortions, as defined in Section 76-7-301, after the first trimester of
- 751 pregnancy; or
- 752 (b) performs abortions, as defined in Section 76-7-301, during the first trimester of
- 753 pregnancy and after the first trimester of pregnancy.
- 754 (25) "Utah Cares program" means the Utah Cares Health Financing Program created in
- 755 Title 26C, Utah Cares Act.
- 756 Section 5. Section **26B-2-206** is amended to read:
- 757 **26B-2-206 (Effective 01/01/27). License required -- Not assignable or**
- 758 **transferable -- Posting -- Expiration and renewal -- Time for compliance by operating**
- 759 **facilities.**
- 760 (1)(a) A person or governmental unit acting severally or jointly with any other person or
- 761 governmental unit, may not establish, conduct, or maintain a health care facility in
- 762 this state without receiving a license from the department as provided by this part and
- 763 the rules[-] adopted pursuant to this part .
- 764 (b) This Subsection (1) does not apply to facilities that are exempt under Section
- 765 26B-2-205.
- 766 (2) A license issued under this part is not assignable or transferable.
- 767 (3) The current license shall at all times be posted in each health care facility in a place
- 768 readily visible and accessible to the public.
- 769 (4)(a) The department may issue a license for a period of time not to exceed 12 months
- 770 from the date of issuance for an abortion clinic and not to exceed 24 months from the
- 771 date of issuance for other health care facilities that meet the provisions of this part
- 772 and department rules adopted pursuant to this part.
- 773 (b) Each license expires at midnight on the day designated on the license as the
- 774 expiration date, unless previously revoked by the department.
- 775 (c) The license shall be renewed upon completion of the application requirements,
- 776 unless the department finds the health care facility has not complied with the
- 777 provisions of this part or the rules adopted pursuant to this part.
- 778 (5) A license may be issued under this section only for the operation of a specific facility at

779 a specific site by a specific person.

780 (6) Any health care facility in operation at the time of adoption of any applicable rules as  
781 provided under this part shall be given a reasonable time for compliance as determined  
782 by the committee.

783 (7)(a) Beginning November 1, 2030, the department may not issue or renew a health  
784 care facility license unless the licensee has:

785 (i) agreed to a payment structure described in Section 26C-4-102 with the Utah Cares  
786 program; and

787 (ii) authorized the Utah Cares program to conduct all billing operations on behalf of  
788 the health care facility.

789 (b) Subsection (7)(a) does not apply to a health care facility licensed as a long-term care  
790 facility.

791 Section 6. Section **26B-3-104.1** is enacted to read:

792 **26B-3-104.1 (Effective 01/01/27). Medicaid transition to Utah Cares Health**

793 **Financing Program.**

794 (1) Notwithstanding any other provision of law, the department shall amend the state plan  
795 and any necessary Medicaid waivers to transition the Medicaid program to using the  
796 Utah Cares Health Financing Program described in Title 26C, Utah Cares Act, for  
797 payment of all Medicaid services.

798 (2) The department and the Utah Cares Health Financing Program shall apply for any  
799 waivers and make necessary state plan amendments to transition the Utah Cares Health  
800 Financing Program as the primary entity for maintaining and administering the Medicaid  
801 program, including the state plan.

802 (3) When necessary waivers and state plan amendments are approved, the department shall  
803 transition the operation of the Medicaid program and all Medicaid services to the Utah  
804 Cares Health Financing Program.

805 Section 7. Section **26B-3-908** is amended to read:

806 **26B-3-908 (Effective 01/01/27). Managed care -- Contracting for services.**

807 (1) Program benefits provided to a member under the program, as described in Section  
808 26B-3-904, shall be delivered by a managed care organization if the department  
809 determines that adequate services are available where the member lives or resides.

810 (2) The department may contract with a managed care organization to provide program  
811 benefits. The department shall evaluate a potential contract with a managed care  
812 organization based on:

- 813 (a) the managed care organization's:
- 814 (i) ability to manage medical expenses, including mental health costs;
- 815 (ii) proven ability to handle accident and health insurance;
- 816 (iii) efficiency of claim paying procedures;
- 817 (iv) proven ability for managed care and quality assurance;
- 818 (v) provider contracting and discounts;
- 819 (vi) pharmacy benefit management;
- 820 (vii) estimated total charges for administering the pool;
- 821 (viii) ability to administer the pool in a cost-efficient manner;
- 822 (ix) ability to provide adequate providers and services in the state; and
- 823 (x) ability to meet quality measures for emergency room use and access to primary
- 824 care established by the department under Subsection 26B-3-204(4); and
- 825 (b) other factors established by the department.
- 826 (3) The department may enter into separate managed care organization contracts to provide
- 827 dental benefits required by Section 26B-3-904.
- 828 (4) The department's contract with a managed care organization for the program's benefits
- 829 shall include risk sharing provisions in which the plan shall accept at least 75% of the
- 830 risk for any difference between the department's premium payments per member and
- 831 actual medical expenditures.
- 832 (5) Notwithstanding any other provision of law, all program benefits shall be provided by
- 833 the Utah Cares Health Financing Program once the department obtains necessary
- 834 approval from CMS to provide services through the Utah Cares Health Financing
- 835 Program.
- 836 [~~(5)(a) The department may contract with the Group Insurance Division within the Utah~~
- 837 ~~State Retirement Office to provide services under Subsection (1) if no managed care~~
- 838 ~~organization is willing to contract with the department or the department determines~~
- 839 ~~no managed care organization meets the criteria established under Subsection (2).]~~
- 840 [~~(b) In accordance with Section 49-20-201, a contract awarded under Subsection (5)(a)~~
- 841 ~~is not subject to the risk sharing required by Subsection (4).]~~

842 Section 8. Section **26C-1-101** is enacted to read:

843 **TITLE 26C. Utah Cares Act**

844 **CHAPTER 1. General Provisions**

845 **26C-1-101 (Effective 07/01/27). Utah Cares Act.**

846 This title is known as the "Utah Cares Act."

847 Section 9. Section **26C-1-102** is enacted to read:

848 **26C-1-102 (Effective 07/01/27). Definitions.**

849 As used in this title:

850 (1) "Accredited clinical education program" means a clinical education program for a health  
851 care profession that is accredited by the Accreditation Council on Graduate Medical  
852 Education.

853 (2) "Accredited clinical training program" means a clinical training program that is  
854 accredited by an entity recognized within medical education circles as an accrediting  
855 body for medical education, advanced practice nursing education, physician assistant  
856 education, doctor of pharmacy education, dental education, or registered nursing  
857 education.

858 (3) "Centers for Medicare and Medicaid Services" means the Centers for Medicare and  
859 Medicaid Services within the United States Department of Health and Human Services.

860 (4) "Commission" means the Utah Health Services Commission created in Section  
861 26C-2-101.

862 (5) "Enrollee" means an individual enrolled in the program.

863 (6) "Executive director" means the executive director of the program.

864 (7) "Fund" means the Utah Cares Trust Fund, created in Section 26C-1-103.

865 (8) "General acute hospital" means the same as that term is defined in Section 26B-2-201.

866 (9) "Health care facility" means the same as that term is defined in Section 26B-2-201.

867 (10) "Health care professionals in training" means medical students and residents, advanced  
868 practice nursing students, physician assistant students, doctor of pharmacy students,  
869 dental students, and registered nursing students.

870 (11)(a) "Health workforce" means the individuals, collectively and by profession, who  
871 deliver health care services or assist in the delivery of health care services.

872 (b) "Health workforce" includes any health care professional who does not work in the  
873 health sector and any non-health care professional who works in the health sector.

874 (12) "Medical education program" means the program created in Section 26C-2-108.

875 (13) "Nursing care facility" means the same as that term is defined in Section 26B-2-201.

876 (14) "Operating and capital budget facility" means any of the following:

877 (a) a nursing care facility;

878 (b) a general acute hospital; and

879 (c) a specialty hospital.

- 880 (15) "Pharmacist" means the same as that term is defined in Section 58-17b-102.
- 881 (16) "Pharmacy" means the same as that term is defined in Section 58-17b-102.
- 882 (17) "Pharmacy service" means a product, good, or service provided by a pharmacy or  
883 pharmacist to an individual.
- 884 (18) "Physician" means an individual:
- 885 (a) licensed as a physician under Title 58, Chapter 67, Utah Medical Practice Act; or
- 886 (b) licensed as a physician under Title 58, Chapter 68, Utah Osteopathic Medical  
887 Practice Act.
- 888 (19) "Program" means the Utah Cares Health Financing Program.
- 889 (20) "Rural county" means a county of the third, fourth, fifth, or sixth class under Section  
890 17-60-104.
- 891 (21) "Rural hospital" means a general acute hospital located within a rural county.
- 892 (22) "Specialty hospital" means the same as that term is defined in Section 26B-2-201.
- 893 (23) "UMEC" means the Utah Medical Education Council created in Section 26C-2-107.
- 894 Section 10. Section **26C-1-103** is enacted to read:
- 895 **26C-1-103 (Effective 07/01/27). Utah Cares Trust Fund -- Audit.**
- 896 (1) There is created the "Utah Cares Trust Fund" for the purpose of paying the benefits and  
897 the costs of administering this program.
- 898 (2) The fund shall consist of:
- 899 (a) money appropriated to the fund by the Legislature;
- 900 (b) money provided under Section 26C-3-101;
- 901 (c) tax revenue deposited under Title 59, Chapter 35, Utah Health Care Tax;
- 902 (d) money paid by non-enrollees to the program for health care services provided by an  
903 operating and capital budget facility;
- 904 (e) any federal funds received from the federal government for federal savings resulting  
905 from 42 U.S.C. Sec. 18052; and
- 906 (f) the reserve funds of private insurers.
- 907 (3) The fund shall be used to pay for:
- 908 (a) health care provided to enrollees of the program;
- 909 (b) enrollees of Medicaid when all waivers are approved as described in Section  
910 26B-3-104.1;
- 911 (c) payments to a operating and capital budget facility;
- 912 (d) administering the program; and
- 913 (e) benefits provided under this title.

914 (4) Every two years, the Insurance Department shall audit the Utah Cares Trust Fund and  
 915 programs authorized under this chapter and report the Insurance Department's findings  
 916 to the governor and the Legislature, but the commissioner may accept the annual audited  
 917 statement of the programs under this chapter in lieu of the biennial audit requirement.

918 Section 11. Section **26C-1-104** is enacted to read:

919 **26C-1-104 (Effective 07/01/27). Social security number prohibition.**

920 Notwithstanding the provisions of Subsection 31A-1-103(3)(f), the program shall  
 921 comply with the provisions of Section 31A-22-634.

922 Section 12. Section **26C-2-101** is enacted to read:

923 **CHAPTER 2. Utah Health Service Commission**

924 **26C-2-101 (Effective 07/01/27). Utah Health Services Commission -- Creation --**  
 925 **Members -- Terms -- Quorum -- Compensation.**

926 (1) There is created the Utah Health Services Commission.

927 (2) The commission shall consist of seven members appointed by the governor, with the  
 928 advice and consent of the Senate and in accordance with Title 63G, Chapter 24, Part 2,  
 929 Vacancies.

930 (3)(a) Subject to Subsection (3)(e), the term of office of each appointed commission  
 931 member is six years.

932 (b) A member may be appointed to more than one term.

933 (c) When a vacancy occurs in the membership for any reason, the replacement shall be  
 934 appointed for the unexpired term by the governor with advice and consent of the  
 935 Senate.

936 (d) Any member of the commission may be removed for cause by the governor.

937 (e) The terms of the members shall be staggered to ensure that at least two  
 938 commissioners are appointed for a term of six years on February 1 of each  
 939 odd-numbered year.

940 (4)(a) A majority of the commission members constitutes a quorum.

941 (b) The action of a majority of a quorum constitutes the action of the commission.

942 (c) One member of the commission shall be designated by the governor as chair of the  
 943 commission.

944 (5) Commissioners shall receive compensation as established by the governor within the  
 945 salary range fixed by the Legislature in Title 67, Chapter 22, State Officer  
 946 Compensation, and all actual and necessary expenses incurred in attending to official  
 947 business.

- 948 (6) Each commissioner at the time of appointment and qualification shall be a resident  
949 citizen of the United States and of this state.
- 950 (7) Except as provided by law, no commissioner may hold any other office either under the  
951 government of the United States or of this state or of any municipal corporation within  
952 this state.
- 953 (8) A commissioner shall comply with the conflict of interest provisions described in Title  
954 63G, Chapter 24, Part 3, Conflicts of Interest.

955 Section 13. Section **26C-2-102** is enacted to read:

956 **26C-2-102 (Effective 07/01/27). Commission duties.**

957 The commission shall:

- 958 (1) design and administer the program;
- 959 (2) establish a budget for the program;
- 960 (3) ensure the delivery of quality health care services to all enrollees;
- 961 (4) conduct regular audits and evaluations of the system's performance and  
962 cost-effectiveness;
- 963 (5) provide an annual report to the governor and the Legislature on the status and  
964 performance of the program;
- 965 (6) promote cooperation among providers;
- 966 (7) create advisory boards to address health care needs regarding health care quality  
967 improvement, health care modernization, and financial budgeting;
- 968 (8) create regional advisory boards to solicit information regarding the various health care  
969 needs in the different regions of the state;
- 970 (9) adjudicate disputes between patients, the program, health care providers, and health care  
971 facilities;
- 972 (10) develop a no-fault medical injury payment system as an alternative to litigation;
- 973 (11) establish and conduct public meetings where patients, health care providers, and health  
974 care facilities may provide feedback to the commission; and
- 975 (12) make rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking  
976 Act, to implement and administer this chapter.

977 Section 14. Section **26C-2-103** is enacted to read:

978 **26C-2-103 (Effective 07/01/27). Planning and forecasting health care needs.**

- 979 (1) The commission shall:
- 980 (a) coordinate health care resources and capital expenditures to ensure all enrollees have  
981 reasonable access to covered services;

- 982 (b) develop short term and long term plans to meet health care needs;  
 983 (c) complete an annual review of health care needs, including:  
 984 (i) evaluating health care workforce needs;  
 985 (ii) establishing a budget for all operating and capital budget facilities;  
 986 (iii) evaluating all capital expenses in excess of a threshold amount to be determined  
 987 annually by the commission; and  
 988 (iv) collaborating with local and statewide government and health care institutions to  
 989 coordinate capital health planning and investment;  
 990 (d) develop short term and long term plans to meet capital expenditure needs; and  
 991 (e) develop plans to improve access to care in rural and frontier counties in the state.

992 (2) When conducting the review described in Subsection (1)(c), the commission shall:

- 993 (a) consult with:  
 994 (i) advisory boards created by the commission; and  
 995 (ii) the Utah Health Workforce Advisory Council; and  
 996 (b) hold public hearings across the state.

997 (3) The commission may request assistance from the program to carry out the duties  
 998 described in this section.

999 Section 15. Section **26C-2-104** is enacted to read:

1000 **26C-2-104 (Effective 07/01/27). Health care best practices.**

- 1001 (1) The commission shall establish a best practices standard of care regarding:  
 1002 (a) appropriate hospital staffing levels;  
 1003 (b) evidence-based best clinical practices, including for primary care and mental health  
 1004 care;  
 1005 (c) appropriate medical technology;  
 1006 (d) design and scope of work in the health workplace;  
 1007 (e) development of clinical practices that lead toward the elimination of medical errors  
 1008 or medical waste;  
 1009 (f) timely access to needed medical and dental care; and  
 1010 (g) compassionate end-of-life care to provide comfort and relieve pain.

1011 (2) The commission may request assistance from the program to carry out the duties  
 1012 described in this section.

1013 Section 16. Section **26C-2-105**, which is renumbered from Section 26B-1-425 is renumbered  
 1014 and amended to read:

1015 **[26B-1-425] 26C-2-105 (Effective 07/01/27) (Repealed 07/01/27). Utah Health**

1016 **Workforce Advisory Council -- Creation and membership.**

- 1017 (1) There is created within the [~~department~~] commission the Utah Health Workforce  
 1018 Advisory Council.
- 1019 (2) The council shall be comprised of at least [~~14~~] 15 but not more than [~~19~~] 20 members.
- 1020 (3) The following are members of the council:
- 1021 (a) the executive director of the Department of Health and Human Services or that  
 1022 individual's designee;
- 1023 (b) the executive director of the Department of Workforce Services or that individual's  
 1024 designee;
- 1025 (c) the commissioner of higher education of the Utah System of Higher Education or  
 1026 that individual's designee;
- 1027 (d) the state superintendent of the State Board of Education or that individual's designee;
- 1028 (e) the executive director of the Department of Commerce or that individual's designee;
- 1029 (f) the director of the Division of Multicultural Affairs or that individual's designee;
- 1030 (g) the director of the Utah Substance Use and Mental Health Advisory Committee or  
 1031 that individual's designee;
- 1032 (h) the chair of the Utah Indian Health Advisory Board; [~~and~~]
- 1033 (i) the chair of the Utah Medical Education Council created in Section [~~26B-4-706~~.]  
 1034 26C-2-107; and
- 1035 (j) the executive director or that individual's designee.
- 1036 (4) The executive director shall appoint at least five but not more than ten additional  
 1037 members that represent diverse perspectives regarding Utah's health workforce as  
 1038 defined in Section [~~26B-4-705~~] 26C-2-106.
- 1039 (5)(a) A member appointed by the executive director under Subsection (4) shall serve a  
 1040 four-year term.
- 1041 (b) Notwithstanding Subsection (5)(a) for the initial appointments of members described  
 1042 in Subsection (4) the executive director shall appoint at least three but not more than  
 1043 five members to a two-year appointment to ensure that approximately half of the  
 1044 members appointed by the executive director rotate every two years.
- 1045 (6) The executive director or the executive director's designee shall chair the council.
- 1046 [~~(7)(a) As used in this Subsection (7), "health workforce" means the same as that term~~  
 1047 ~~is defined in Section 26B-4-705.~~]
- 1048 [~~(b)~~] (7) The council shall:
- 1049 [(i)] (a) meet at least once each quarter;

- 1050        ~~[(ii)]~~ (b) study and provide recommendations to an entity described in Subsection (8)
- 1051            regarding:
- 1052            ~~[(A)]~~ (i) health workforce supply;
- 1053            ~~[(B)]~~ (ii) health workforce employment trends and demand;
- 1054            ~~[(C)]~~ (iii) options for training and educating the health workforce; and
- 1055            ~~[(D)]~~ (iv) the implementation or improvement of strategies that entities in the state are
- 1056                    using or may use to address health workforce needs including shortages,
- 1057                    recruitment, retention, and other Utah health workforce priorities as determined by
- 1058                    the council;
- 1059        ~~[(iii)]~~ (c) provide guidance to an entity described in Subsection (8) regarding health
- 1060            workforce related matters;
- 1061        ~~[(iv)]~~ (d) review and comment on legislation relevant to Utah's health workforce; and
- 1062        ~~[(v)]~~ (e) advise the Utah Board of Higher Education and the Legislature on the status and
- 1063            needs of the health workforce who are in training.
- 1064 (8) The council shall provide information described in Subsections ~~[(7)(b)(ii)]~~ (7)(b) and [
- 1065        ~~(iii)]~~ (c) to:
- 1066        (a) the Legislature;
- 1067        (b) the ~~[department]~~ Department of Health and Human Services;
- 1068        (c) the Department of Workforce Services;
- 1069        (d) the Department of Commerce;
- 1070        (e) the Utah Medical Education Council; and
- 1071        (f) any other entity the council deems appropriate upon the entity's request.
- 1072 (9)(a) The Utah Medical Education Council created in Section ~~[26B-4-706]~~ 26C-2-107 is
- 1073        a subcommittee of the council.
- 1074        (b) The council may establish subcommittees to support the work of the council.
- 1075        (c) A member of the council shall chair a subcommittee created by the council.
- 1076        (d) Except for the Utah Medical Education Council, the chair of the subcommittee may
- 1077            appoint any individual to the subcommittee.
- 1078 (10) For any report created by the council that pertains to any duty described in Subsection
- 1079        (7), the council shall:
- 1080        (a) provide the report to:
- 1081            (i) the ~~[department]~~ commission; and
- 1082            (ii) any appropriate legislative committee; and
- 1083        (b) post the report on the council's website.

- 1084 (11) The executive director shall:
- 1085 (a) ensure the council has adequate staff to support the council and any subcommittee
- 1086 created by the council; and
- 1087 (b) provide any available information upon the council's request if:
- 1088 (i) that information is necessary for the council to fulfill a duty described in
- 1089 Subsection (7); and
- 1090 (ii) the [department] commission has access to the information.
- 1091 (12) A member of the council or a subcommittee created by the council may not receive
- 1092 compensation or benefits for the member's service but may receive per diem and travel
- 1093 expenses as allowed in:
- 1094 (a) Section 63A-3-106;
- 1095 (b) Section 63A-3-107; and
- 1096 (c) rules made by the Division of Finance according to Sections 63A-3-106 and
- 1097 63A-3-107.
- 1098 Section 17. Section **26C-2-106**, which is renumbered from Section 26B-4-705 is renumbered
- 1099 and amended to read:
- 1100 **[26B-4-705] 26C-2-106 (Effective 07/01/27). Utah Health Workforce Information**
- 1101 **Center.**
- 1102 (1) As used in this section:
- 1103 (a) "Council" means the Utah Health Workforce Advisory Council created in Section [
- 1104 ~~26B-1-425~~] 26C-2-105.
- 1105 (b) "Health sector" means any place of employment where the primary function is the
- 1106 delivery of health care services.
- 1107 ~~[(c)(i) "Health workforce" means the individuals, collectively and by profession,~~
- 1108 ~~who deliver health care services or assist in the delivery of health care services.]~~
- 1109 ~~[(ii) "Health workforce" includes any health care professional who does not work in~~
- 1110 ~~the health sector and any non-health care professional who works in the health~~
- 1111 ~~sector.]~~
- 1112 (2) There is created within the department the Utah Health Workforce Information Center.
- 1113 (3) The information center shall:
- 1114 (a) under the guidance of the council, work with the Department of Commerce to collect
- 1115 data described in Section 58-1-112;
- 1116 (b) analyze data from any available source regarding Utah's health workforce including
- 1117 data collected by the Department of Commerce under Section 58-1-112;

- 1118 (c) send a report to the council regarding any analysis of health workforce data;
- 1119 (d) conduct research on Utah's health workforce as directed by the council;
- 1120 (e) notwithstanding the provisions of Subsection 35A-4-312(3), receive information
- 1121 obtained by the Department of Workforce Services under the provisions of Section
- 1122 35A-4-312 for purposes consistent with the information center's duties, including
- 1123 identifying changes in Utah's health workforce numbers, types, and geographic
- 1124 distribution;
- 1125 (f) subject to data sharing limitations the program creates that are the same or
- 1126 substantially similar to limitations described in Section 26B-8-406, share data with
- 1127 any appropriate person as determined by the information center; and
- 1128 (g) conduct research and provide analysis for any state agency as approved by the [
- 1129 ~~executive director or the executive director's designee~~] commission.
- 1130 (4) Notwithstanding any other provision of state law, the information center is authorized to
- 1131 obtain data from any state agency if:
- 1132 (a) the council and the information center deem receiving the data necessary to perform
- 1133 a duty listed under Subsection (3) or [~~26B-1-425(7)~~] 26C-2-105(7); and
- 1134 (b) the information center's access to the data will not:
- 1135 (i) violate any federal statute or federal regulation; or
- 1136 (ii) violate a condition a state agency must follow:
- 1137 (A) to participate in a federal program; or
- 1138 (B) to receive federal funds.

1139 Section 18. Section **26C-2-107**, which is renumbered from Section 26B-4-706 is renumbered

1140 and amended to read:

1141 **[26B-4-706] 26C-2-107 (Effective 07/01/27). Utah Medical Education Council.**

- 1142 (1)(a) There is created the Utah Medical Education Council, which is a subcommittee of
- 1143 the Utah Health Workforce Advisory Council.
- 1144 (b) The membership of UMEC shall consist of the following appointed by the governor:
- 1145 (i) the dean of the school of medicine at the University of Utah;
- 1146 (ii) an individual who represents graduate medical education at the University of
- 1147 Utah;
- 1148 (iii) an individual from each institution, other than the University of Utah, that
- 1149 sponsors an accredited clinical education program; and
- 1150 [~~(iv) an individual from the health care insurance industry; and~~]
- 1151 [~~(v)~~] (iv)(A) three members of the general public who are not employed by or

- 1152 affiliated with any institution that offers, sponsors, or finances health care or  
1153 medical education; and
- 1154 (B) if the number of individuals appointed under Subsection (1)(b)(iii) is more  
1155 than two, the governor may appoint an additional member of the public under  
1156 this Subsection [~~(1)(b)(v)~~] (1)(b)(iv) for each individual the governor appoints  
1157 under Subsection (1)(b)(iii) beyond two.
- 1158 (2) Except as provided in Subsections (1)(b)(i) and (ii), no two UMEC members may be  
1159 employed by or affiliated with the same:
- 1160 (a) institution of higher education;  
1161 (b) state agency outside of higher education; or  
1162 (c) private entity.
- 1163 (3) The dean of the school of medicine at the University of Utah:
- 1164 (a) shall chair UMEC;  
1165 (b) may not be counted in determining the existence of a quorum; and  
1166 (c) may only cast a vote on a matter before the council if the vote of the other council  
1167 members results in a tied vote.
- 1168 (4) UMEC shall annually elect a vice chair from UMEC's members.
- 1169 (5)(a) [~~Consistent with Subsection (6)(b), a~~] A majority of the members constitute a  
1170 quorum.
- 1171 (b) The action of a majority of a quorum is the action of UMEC.
- 1172 (6)(a) Except as provided in Subsection (6)(b), members are appointed to four-year  
1173 terms of office.
- 1174 (b) Notwithstanding Subsection (6)(a), the governor shall, at the time of the initial  
1175 appointment, adjust the length of terms to ensure that the terms of UMEC members  
1176 are staggered so that approximately half of the members are appointed every two  
1177 years.
- 1178 (c) If a vacancy occurs in the membership for any reason, the replacement shall be  
1179 appointed by the governor for the unexpired term in the same manner as the original  
1180 appointment was made.
- 1181 (7) A member may not receive compensation or benefits for the member's service, but may  
1182 receive per diem and travel expenses in accordance with:
- 1183 (a) Section 63A-3-106;  
1184 (b) Section 63A-3-107; and  
1185 (c) rules made by the Division of Finance pursuant to Sections 63A-3-106 and

1186 63A-3-107.

1187 (8) The council shall provide staff for UMEC.

1188 Section 19. Section **26C-2-108**, which is renumbered from Section 26B-4-707 is renumbered  
1189 and amended to read:

1190 **~~[26B-4-707]~~ 26C-2-108 (Effective 07/01/27). Medical education program.**

1191 (1) There is created a ~~[Medical Education Program]~~ medical education program to be  
1192 administered by UMEC in cooperation with the Division of Finance.

1193 (2) The ~~[program]~~ medical education program shall be funded from money received for  
1194 graduate medical education from:

1195 (a) the federal Centers for Medicare and Medicaid Services or other federal agency;

1196 (b) state appropriations; and

1197 (c) donation or private contributions.

1198 (3) All funding for this ~~[program]~~ medical education program shall be nonlapsing.

1199 (4) ~~[Program]~~ Medical education program money may only be expended if:

1200 (a) approved by UMEC; and

1201 (b) used for graduate medical education in accordance with ~~[Subsection 26B-4-708(4)]~~

1202 Section 26C-2-109.

1203 Section 20. Section **26C-2-109**, which is renumbered from Section 26B-4-708 is renumbered  
1204 and amended to read:

1205 **~~[26B-4-708]~~ 26C-2-109 (Effective 07/01/27). Duties of UMEC.**

1206 UMEC shall:

1207 (1) seek private and public contributions for the ~~[program]~~ medical education program;

1208 (2) determine the method for reimbursing institutions that sponsor health care professionals  
1209 in training;

1210 (3) determine the number and type of positions for health care professionals in training for  
1211 which ~~[program]~~ medical education program money may be used;

1212 (4) distribute ~~[program]~~ medical education program money for graduate medical education  
1213 in a manner that:

1214 (a) prepares postgraduate medical residents, as defined by the accreditation council on  
1215 graduate medical education, for inpatient, outpatient, hospital, community, and  
1216 geographically diverse settings;

1217 (b) encourages the coordination of interdisciplinary clinical training among health care  
1218 professionals in training;

1219 (c) promotes stable funding for the clinical training of health care professionals in

1220 training; and

1221 (d) only funds accredited clinical training programs; and

1222 (5) advise on the implementation of the program.

1223 Section 21. Section **26C-2-110**, which is renumbered from Section 26B-4-709 is renumbered  
1224 and amended to read:

1225 **[26B-4-709] 26C-2-110 (Effective 07/01/27). Powers of UMEC.**

1226 The UMEC may:

1227 (1) appoint advisory committees of broad representation on interdisciplinary clinical  
1228 education, workforce mix planning and projections, funding mechanisms, and other  
1229 topics as is necessary;

1230 (2) use federal money for necessary administrative expenses to carry out UMEC's duties  
1231 and powers as permitted by federal law;

1232 (3) distribute program money in accordance with Subsection ~~[26B-4-708(4)]~~ 26C-2-109(4);  
1233 and

1234 (4) as is necessary to carry out UMEC's duties under Section ~~[26B-4-708]~~ 26C-2-109, adopt  
1235 rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act.

1236 Section 22. Section **26C-2-111**, which is renumbered from Section 26B-4-711 is renumbered  
1237 and amended to read:

1238 **[26B-4-711] 26C-2-111 (Effective 07/01/27). Residency grant program.**

1239 (1) As used in this section:

1240 (a) "D.O. program" means an osteopathic medical program that prepares a graduate to  
1241 obtain licensure as a doctor of osteopathic medicine upon completing a state's  
1242 licensing requirements.

1243 (b) "M.D. program" means a medical education program that prepares a graduate to  
1244 obtain licensure as a doctor of medicine upon completing a state's licensing  
1245 requirements.

1246 (c) "Residency program" means a program that provides training for graduates of a D.O.  
1247 program or an M.D. program.

1248 (2) UMEC shall develop a grant program where a sponsoring institution in Utah may apply  
1249 for a grant to establish a new residency program or expand a current residency program.

1250 (3) An applicant for a grant shall:

1251 (a) provide the proposed specialty area for each grant funded residency position;

1252 (b) identify where the grant funded residency position will provide care;

1253 (c)(i) provide proof that the residency program is accredited by the Accreditation

- 1254 Council for Graduate Medical Education; or
- 1255 (ii) identify what actions need to occur for the proposed residency program to
- 1256 become accredited by the Accreditation Council for Graduate Medical Education;
- 1257 (d) identify how a grant funded residency position will be funded once the residency
- 1258 program exhausts the grant money;
- 1259 (e) agree to implement selection processes for a residency position that treat applicants
- 1260 from D.O. programs and applicants from M.D. programs equally;
- 1261 (f) agree to provide information identified by UMEC that relates to post-residency
- 1262 employment outcomes for individuals who work in grant funded residency positions;
- 1263 and
- 1264 (g) provide any other information related to the grant application UMEC deems
- 1265 necessary.
- 1266 (4) UMEC shall prioritize awarding grants to new or existing residency programs that will:
- 1267 (a) address a workforce shortage, occurring in Utah, for a specialty; or
- 1268 (b) serve an underserved population, including a rural population.
- 1269 (5)(a) An applicant that receives a grant under this section may apply, every two years,
- 1270 to renew the grant for two years.
- 1271 (b) An applicant to renew a grant under Subsection (5)(a) shall provide a statement that:
- 1272 (i) the applicant applied for federal funding and was not awarded federal funding in
- 1273 an amount that fully funds each grant funded residency position; or
- 1274 (ii) the funding the applicant described in Subsection (3)(d) is unavailable to the
- 1275 applicant.
- 1276 (6) Each November 1 until November 2026 and then every three years thereafter, the
- 1277 Health Workforce Advisory Council, in consultation with UMEC, shall provide a
- 1278 written report to the Higher Education Appropriations Subcommittee and the Social
- 1279 Services Appropriations Subcommittee describing:
- 1280 (a) which sponsoring institutions received a grant;
- 1281 (b) the number of residency positions created; and
- 1282 (c) for each residency position created:
- 1283 (i) the type of specialty;
- 1284 (ii) where the residency position provides care; and
- 1285 (iii) an estimated date of when a grant funded residency position will no longer need
- 1286 grant funding.
- 1287 Section 23. Section **26C-2-112**, which is renumbered from Section 26B-4-712 is renumbered

1288 and amended to read:

1289 **[~~26B-4-712~~] 26C-2-112 (Effective 07/01/27). Forensic psychiatrist fellowship**  
1290 **grant.**

1291 (1) As used in this section, "forensic psychiatry" means the provision of services by an  
1292 individual who:

1293 (a) is a licensed physician;

1294 (b) is board certified or board eligible for a psychiatry specialization recognized by the  
1295 American Board of Medical Specialists or the American Osteopathic Association's  
1296 Bureau of Osteopathic Specialists; and

1297 (c) uses scientific and clinical expertise in legal contexts involving the mental health of  
1298 individuals.

1299 (2) UMEC shall establish a grant program that will facilitate the creation of a single  
1300 forensic psychiatrist fellowship program.

1301 (3) An applicant for the grant shall:

1302 (a) demonstrate how the applicant is best suited for developing a forensic psychiatry  
1303 fellowship program, including:

1304 (i) a description of resources that would be available to the program; and

1305 (ii) any resources or staff that need to be acquired for the program;

1306 (b) identify what needs to occur for the proposed residency program to become  
1307 accredited by the Accreditation Council for Graduate Medical Education;

1308 (c) provide an estimate of how many individuals would be trained in the program at any  
1309 one time;

1310 (d) provide any information related to the grant application UMEC deems necessary for  
1311 awarding the grant; and

1312 (e) if awarded the grant, agree to:

1313 (i) enter into a contract with the Department of Corrections that the applicant will  
1314 provide for the provision of forensic psychiatry services to an individual:

1315 (A) who needs psychiatric services; and

1316 (B) is under the Department of Corrections' jurisdiction; and

1317 (ii) ensure that any individual hired to provide forensic psychiatry services will  
1318 comply with all relevant:

1319 (A) national licensing requirements; and

1320 (B) state licensing requirements under Title 58, Occupations and Professions.

1321 Section 24. Section **26C-3-101** is enacted to read:

## CHAPTER 3. Utah Cares Health Financing Program

**26C-3-101 (Effective 07/01/27). Program -- Executive director -- Duties.**

- 1322
- 1323
- 1324 (1) The commission shall appoint an executive director who shall be the executive and
- 1325 administrative head of the program.
- 1326 (2) The executive director:
- 1327 (a) may hire and remove employees and consultants as necessary to accomplish the
- 1328 duties described in this chapter and to assist with the commission's duties;
- 1329 (b) shall establish an enrollment system that will ensure that all eligible Utah residents
- 1330 are formally enrolled;
- 1331 (c) shall ensure the program carries out duties assigned to the program under this title;
- 1332 and
- 1333 (d) may utilize and shall coordinate with the offices, staff, and resources of any agencies
- 1334 of the executive branch.
- 1335 (3) The program shall:
- 1336 (a) act as a self-insurer of enrollee benefit plans and administer those plans;
- 1337 (b) indemnify benefit plans or purchase commercial reinsurance as considered
- 1338 appropriate by the program;
- 1339 (c) process claims by making prompt payments to health care providers and health care
- 1340 facilities for covered services;
- 1341 (d) invest trust fund assets consistent with state law;
- 1342 (e) establish and maintain a formulary of covered prescription drugs and negotiate prices
- 1343 with pharmaceutical companies;
- 1344 (f) obtain an annual actuarial review of all health and dental benefit plans and a periodic
- 1345 review of the program;
- 1346 (g) annually submit a budget and audited financial statements to the governor and
- 1347 Legislature that includes total projected benefit costs and administrative costs;
- 1348 (h) submit the program's recommended benefit and rate adjustments to:
- 1349 (i) the Legislature;
- 1350 (ii) the commission; and
- 1351 (iii) the director of the state Division of Human Resource Management;
- 1352 (i) administer benefits and rates upon ratification of the commission;
- 1353 (j)(i) require enrollees to participate in the electronic exchange of clinical health
- 1354 records in accordance with Section 26B-8-411 unless the enrollee opts out of
- 1355 participation; and

1356           (ii) before enrollment, each time the enrollee logs onto the program's website, and  
 1357           each time the enrollee receives written enrollment information from the program,  
 1358           provide notice to the enrollee of the enrollee's participation in the electronic  
 1359           exchange of clinical health records and the option to opt out of participation at any  
 1360           time;

1361           (k) develop an information management system that is compatible with medical and  
 1362           dental facilities and offices in the state;

1363           (l) develop a system to monitor the quality of care;

1364           (m) develop utilization management strategies;

1365           (n) be the state's primary entity for applying for and negotiating waivers described in 42  
 1366           U.S.C. Sec. 18052;

1367           (o) negotiate with the federal government to provide coverage for veterans, Native  
 1368           Americans, federal employees, and the military; and

1369           (p) take additional actions necessary or appropriate to carry out the purposes of this  
 1370           chapter.

1371           (4) The program may establish a partnership with a public entity in a different state to  
 1372           purchase or share services related to the administration of medical benefits if:

1373           (a) the program receives approval for the partnership from the commission; and

1374           (b) the partnership:

1375           (i) creates cost savings for Utah;

1376           (ii) does not commingle state funds with funds of the public entity in the other state;  
 1377           and

1378           (iii) does not pose a greater actuarial risk to Utah than the program has already  
 1379           assumed.

1380           (5) Before January 1, 2031, the program shall provide a report to the Legislature regarding  
 1381           the coordination and incorporation of benefits for medically necessary care between the  
 1382           program and the following:

1383           (a) workers' compensation;

1384           (b) automotive insurance carriers; and

1385           (c) other entities that provide indemnity insurance that involves medical care.

1386           Section 25. Section **26C-3-102** is enacted to read:

1387           **26C-3-102 (Effective 01/01/28). Eligibility.**

1388           (1) An individual is eligible to enroll in the program if the individual is:

1389           (a) a United States citizen;

- 1390 (b) lives in Utah as evidenced by an intent to continue to live in Utah and to return to  
 1391 Utah if temporarily absent, coupled with an act or acts consistent with that intent; and  
 1392 (c) not enrolled in Medicaid or Medicare.
- 1393 (2) Beginning January 1, 2028, the program shall enroll:  
 1394 (a) employees of:  
 1395 (i) the state;  
 1396 (ii) counties and municipalities;  
 1397 (iii) public school districts;  
 1398 (iv) charter schools; and  
 1399 (v) state institutions of higher education; and  
 1400 (b) individuals described in Section 53-2d-703.
- 1401 (3) Beginning January 1, 2028, and ending on January 1, 2030, entities described in  
 1402 Subsection (2)(a) shall transfer money to the fund equal to the annual amount the entity  
 1403 expended to provide employee health care as of January 1, 2025.
- 1404 (4) Beginning January 1, 2029, the program shall begin enrolling any eligible individual.
- 1405 (5) Beginning January 1, 2029, a nonprofit entity may choose to merge the nonprofit  
 1406 entity's health benefit plan with the program if the nonprofit entity transfers funds equal  
 1407 to the annual amount of funds the nonprofit entity expended to provide employee health  
 1408 care:  
 1409 (a) based on the immediate year before the transfer; and  
 1410 (b) for at least two years thereafter.

1411 Section 26. Section **26C-4-101** is enacted to read:

1412 **CHAPTER 4. Rates and Payments**

1413 **26C-4-101 (Effective 01/01/28). Payments for non-enrollee health care --**

1414 **Out-of-state care -- Secondary coverage.**

- 1415 (1) Beginning November 1, 2029, for health care services provided to a non-enrollee, the  
 1416 program will bill the individual and reimburse the health care provider at a reasonable  
 1417 rate.
- 1418 (2)(a) Payment for emergency care of an enrollee obtained out-of-state shall be paid at  
 1419 prevailing local rates of where the care was obtained.
- 1420 (b) Payment for non-emergency care of an enrollee obtained out-of-state shall be  
 1421 according to rates and conditions established by the commission.
- 1422 (c)(i) The commission may require that an enrollee be transported back to Utah when  
 1423 prolonged treatment of an emergency condition is necessary if transportation is

1424 safe for the patient in light of the patient's medical condition.

1425 (ii) The program shall pay for transporting an individual described in Subsection  
 1426 (2)(c)(i).

1427 (3) If an enrollee has other health insurance coverage for a service that is covered by the  
 1428 program, the program shall act as the secondary insurer for insurance coverage purposes.

1429 Section 27. Section **26C-4-102** is enacted to read:

1430 **26C-4-102 (Effective 01/01/28). Health care provider and facility rates and**  
 1431 **payments.**

1432 (1) Beginning November 1, 2029, a health care facility may not bill an individual for  
 1433 services performed by the health care facility.

1434 (2) Except for operating and capital budget facilities, the program shall negotiate and set  
 1435 rates for health care providers and health care facilities participating in the program in an  
 1436 amount equal to or exceeding the Medicare fee amount plus 10% of the Medicare fee.

1437 (3)(a) The program shall negotiate with each operating and capital budget facility  
 1438 independently to set a specific operating and capital budget for each facility.

1439 (b) The program shall make payments to an operating and capital budget facility on a  
 1440 monthly basis.

1441 Section 28. Section **26C-5-101** is enacted to read:

1442 **CHAPTER 5. Covered Health Benefits**

1443 **26C-5-101 (Effective 01/01/28). Health plan.**

1444 (1) The program shall provide a health plan that:

1445 (a) complies with 42 U.S.C. Sec. 18022(b)(1);

1446 (b) unless otherwise provided in this title, contains no cost-sharing for all  
 1447 non-pharmaceutical services;

1448 (c) provides the lowest possible cost-sharing for pharmaceutical services; and

1449 (d) maintains a benefits offering that is equivalent to the offering provided to state  
 1450 employees as of January 1, 2026.

1451 (2) As soon as practicable, the program shall develop a Medicare advantage plan for  
 1452 eligible individuals.

1453 Section 29. Section **26C-5-102**, which is renumbered from Section 49-20-416 is renumbered  
 1454 and amended to read:

1455 **[49-20-416] 26C-5-102 (Effective 01/01/28). Screening, Brief Intervention, and**  
 1456 **Referral to Treatment program reimbursement.**

1457 (1) As used in this section:

- 1458 (a) "Controlled substance prescriber" means a controlled substance prescriber, as that  
 1459 term is defined in Section 58-37-6.5, who:  
 1460 (i) has a record of having completed SBIRT training, in accordance with Subsection  
 1461 58-37-6.5(2), before providing the SBIRT services; and  
 1462 (ii) is a program enrolled controlled substance prescriber.  
 1463 (b) "SBIRT" means the same as that term is defined in Section 58-37-6.5.  
 1464 (2) The ~~[health] program [offered to the state employee risk pool under Section 49-20-202-]~~  
 1465 shall reimburse a controlled substance prescriber who provides SBIRT services to ~~[a~~  
 1466 ~~covered individual]~~ an enrollee who is 13 years ~~[of age]~~ old or older for the SBIRT  
 1467 services.

1468 Section 30. Section **26C-5-103**, which is renumbered from Section 49-20-418 is renumbered  
 1469 and amended to read:

1470 **~~[49-20-418] 26C-5-103 (Effective 01/01/28). Expanded infertility treatment~~**  
 1471 **benefit.**

- 1472 (1) As used in this section:  
 1473 (a) "Assisted reproductive technology" means the same as the term is defined in 42  
 1474 U.S.C. Sec. 263a-7.  
 1475 (b) "Physician" means the same as the term is defined in Section 58-67-102.  
 1476 (c) "Qualified assisted reproductive technology cycle" means the use of covered assisted  
 1477 reproductive technology to transfer a single embryo for implantation.  
 1478 (d) "Qualified individual" means an individual~~[:]~~  
 1479 ~~[(i) covered within the state risk pool; and]~~  
 1480 ~~[(ii)]~~ eligible for maternity benefits under the program.  
 1481 (2)(a) The program shall provide coverage for qualified assisted reproductive technology  
 1482 cycles.  
 1483 (b) The benefit is subject to the same cost sharing requirements as the qualified  
 1484 individual's plan.  
 1485 (3) A qualified individual shall receive the benefit described in Subsection (2) if:  
 1486 (a) the qualified individual is the patient who will use the assisted reproductive  
 1487 technology;  
 1488 (b)(i) the patient's physician verifies that the patient or the patient's spouse has a  
 1489 demonstrated condition recognized by a physician as a cause of infertility; or  
 1490 (ii) the patient attests that the patient is unable to conceive a pregnancy or carry a  
 1491 pregnancy to a live birth after a year or more of regular sexual relations without

- 1492                   contraception;
- 1493           (c) the patient attests that the patient has been unable to attain a successful pregnancy
- 1494                   through any less-costly, potentially effective infertility treatments for which coverage
- 1495                   is available under the health benefit plan; and
- 1496           (d) the use of the assisted reproductive technology procedure complies with the
- 1497                   program's clinical policies and is performed by a health care provider who contracts
- 1498                   with or is otherwise approved by the program.

1499 (4)(a) The provision of a benefit in accordance with this section shall satisfy, in

1500           accordance with Subsection 31A-22-610.1(1)(c)(ii), the requirement to provide an

1501           adoption indemnity benefit to a qualified individual under Section 31A-22-610.1.

1502           (b) If a qualified individual has received the adoption indemnity benefit required under

1503                   Section 31A-22-610.1, the qualified individual may not receive a benefit in

1504                   accordance with this section.

1505           Section 31. Section **26C-5-104**, which is renumbered from Section 49-20-419 is renumbered

1506           and amended to read:

1507                   **[49-20-419] 26C-5-104 (Effective 01/01/28). Coverage of exome sequence testing.**

1508           (1) As used in this section, "exome sequence testing" means a genomic technique for

1509                   sequencing the genome of an individual for diagnostic purposes.

1510           (2) ~~[Beginning July 1, 2019, the]~~ The program shall provide coverage for exome sequence

1511                   testing:

1512           (a) for ~~[a covered individual within the state risk pool]~~ an enrollee who:

1513                   (i) is younger than 21 years ~~[of age]~~ old; and

1514                   (ii) who remains undiagnosed after exhausting all other appropriate diagnostic-related

1515                   tests;

1516           (b) performed by a nationally recognized provider with significant experience in exome

1517                   sequence testing;

1518           (c) that is medically necessary; and

1519           (d) at a rate set by the program.

1520           Section 32. Section **26C-5-105**, which is renumbered from Section 49-20-420 is renumbered

1521           and amended to read:

1522                   **[49-20-420] 26C-5-105 (Effective 01/01/28) (Partially Repealed 01/01/30).**

1523           **Coverage for in vitro fertilization and genetic testing.**

1524           (1) As used in this section:

1525           (a) "Qualified condition" means:

- 1526 (i) cystic fibrosis;
- 1527 (ii) spinal muscular atrophy;
- 1528 (iii) Morquio Syndrome;
- 1529 (iv) myotonic dystrophy; or
- 1530 (v) sickle cell anemia.
- 1531 (b) "Qualified individual" means [~~a covered individual~~] an enrollee who:
- 1532 (i) has been diagnosed by a physician as having a genetic trait associated with a
- 1533 qualified condition; and
- 1534 (ii) intends to get pregnant with a partner who is diagnosed by a physician as having
- 1535 a genetic trait associated with the same qualified condition as the [~~covered~~
- 1536 ~~individual~~] enrollee.
- 1537 (2) [~~For a plan year that begins on or after July 1, 2020, the-~~] The program shall provide
- 1538 coverage for a qualified individual for:
- 1539 (a) in vitro fertilization services; and
- 1540 (b) genetic testing of a qualified individual who receives in vitro fertilization services
- 1541 under Subsection (2)(a).
- 1542 (3) Before November 1, 2022, and before November 1 of every third year thereafter, the
- 1543 program shall:
- 1544 (a) calculate the change in state spending attributable to the coverage under this section;
- 1545 and
- 1546 (b) report the amount described in Subsection (3)(a) to the Health and Human Services
- 1547 Interim Committee and the Social Services Appropriations Subcommittee.
- 1548 Section 33. Section **26C-5-106**, which is renumbered from Section 49-20-422 is renumbered
- 1549 and amended to read:
- 1550 **[~~49-20-422~~] 26C-5-106 (Effective 01/01/28) (Repealed 07/01/27). Coverage of**
- 1551 **pregnancy and childbirth services, including doula, direct-entry midwife, and birthing**
- 1552 **center services.**
- 1553 (1) As used in this section:
- 1554 (a) "Doula" means an individual who:
- 1555 (i) provides information and physical and emotional support:
- 1556 (A) to a pregnant or postpartum individual; and
- 1557 (B) related to the pregnant or postpartum individual's pregnancy; and
- 1558 (ii) is certified by one or more organizations approved by the program.
- 1559 (b) "Pregnancy and childbirth services" means services provided to a pregnant individual

- 1560 before, during, or shortly after childbirth:
- 1561 (i) by a doula for the services described in Subsections (1)(a)(i) and (ii); and
- 1562 (ii) at a birthing center that:
- 1563 (A) is licensed under Title 26B, Chapter 2, Licensing and Certifications, or
- 1564 accredited by the Commission for the Accreditation of Birth Centers; and
- 1565 (B) may include services by a direct-entry midwife licensed under Title 58,
- 1566 Chapter 77, Direct-Entry Midwife Act, if the direct-entry midwife is engaged
- 1567 in the practice of direct-entry midwifery, as defined in Section 58-77-102.
- 1568 (c) "Qualified individual" means ~~[a covered individual]~~ an enrollee who~~[-is]~~:
- 1569 ~~[(i) within the state employees' risk pool; and]~~
- 1570 ~~[(ii)(A)]~~ (i) is pregnant; or
- 1571 ~~[(B)]~~ (ii) was pregnant within the past six months.
- 1572 (2) For a plan year that begins on or after July 1, 2023, and before July 1, 2026, the
- 1573 program shall cover pregnancy and childbirth services to a qualified individual.
- 1574 (3) The program may establish limits for coverage under Subsection (2), including limits
- 1575 based on:
- 1576 (a) the type or number of services provided;
- 1577 (b) a qualified individual's physical or emotional condition; and
- 1578 (c) conditions for provider participation.
- 1579 (4) The program shall report to the Health and Human Services Interim Committee on or
- 1580 before October 1 of each year regarding coverage provided under Subsection (2),
- 1581 including:
- 1582 (a) covered providers;
- 1583 (b) covered services;
- 1584 (c) provider payment rates;
- 1585 (d) covered-individual cost sharing;
- 1586 (e) total provider payments and covered-individual cost sharing; and
- 1587 (f) any indicators of whether pregnancy and childbirth services covered under
- 1588 Subsection (2) have:
- 1589 (i) reduced pregnancy or postpartum coverage costs; or
- 1590 (ii) improved pregnancy or postpartum care.

1591 Section 34. Section **26C-6-101** is enacted to read:

1592 **CHAPTER 6. Medicaid Division**

1593 **26C-6-101 (Effective 01/01/28). Reserved.**

1594 Reserved.

1595 Section 35. Section **26C-6-102** is enacted to read:

1596 **26C-6-102 (Effective 01/01/28). Medicaid Division.**

1597 (1) There is created within the program the Medicaid Division.

1598 (2) The state Medicaid director shall be the head of the division and report to the executive  
1599 director of the program.

1600 (3) The Medicaid Division shall administer the Medicaid program described in Title 26B,  
1601 Health and Human Services Code.

1602 (4) This section does not take affect until necessary waivers and state plan amendments are  
1603 approved under Section 26B-3-104.1.

1604 Section 36. Section **26C-7-101**, which is renumbered from Section 49-20-406 is renumbered  
1605 and amended to read:

1606 **CHAPTER 7. Employee Benefits**

1607 **[49-20-406] 26C-7-101 (Effective 01/01/28). Insurance benefits for employees'**  
1608 **beneficiaries.**

1609 (1) As used in this section:

1610 (a) "Children" includes stepchildren and legally adopted children.

1611 (b) "Covered individual" means an employee of the state.

1612 ~~(b)~~ (c)(i) "Line-of-duty death" means a death resulting from:

1613 (A) external force or violence occasioned by an act of duty as an employee; or

1614 (B) strenuous activity, including a heart attack or stroke, that occurs during  
1615 strenuous training or another strenuous activity required as an act of duty as an  
1616 employee.

1617 (ii) "Line-of-duty death" does not include a death that:

1618 (A) occurs during an activity that is required as an act of duty as an employee if  
1619 the activity is not a strenuous activity, including an activity that is clerical,  
1620 administrative, or of a nonmanual nature contributes to the employee's death;

1621 (B) occurs during the commission of a crime committed by the employee;

1622 (C) the employee's intoxication or use of alcohol or drugs, whether prescribed or  
1623 nonprescribed, contributes to the employee's death; or

1624 (D) occurs in a manner other than as described in Subsection ~~[(1)(b)(i)]~~ (1)(c)(i).

1625 ~~(e)~~ (d)(i) "Strenuous activity" means engagement involving a difficult, stressful, or  
1626 vigorous fire suppression, rescue, hazardous material response, emergency

1627 medical service, physical law enforcement, prison security, disaster relief, or other

- 1628 emergency response activity.
- 1629 (ii) "Strenuous activity" includes participating in a participating employer sanctioned  
1630 and funded training exercise that involves difficult, stressful, or vigorous physical  
1631 activity.
- 1632 (2) The beneficiary of a covered individual [~~who is employed by the state~~]and who has a  
1633 line-of-duty death shall receive[;]  
1634 [(a)] \_the proceeds of a \$50,000 group term life insurance policy paid for by the state and  
1635 administered and provided as part of the group life insurance program under this  
1636 chapter[; and] .  
1637 [(b) ~~group health, dental, and vision coverage paid for by the state that covers the~~  
1638 ~~covered individual's;~~]  
1639 [(i) ~~surviving spouse until becoming eligible for Medicare as long as the surviving~~  
1640 ~~spouse continues coverage with the program; and]~~  
1641 [(ii) ~~unmarried children up to the age of 26.~~]
- 1642 (3) A covered employer not required to provide the benefits under Subsection (2) may  
1643 provide any of the benefits described in Subsection (2) by paying rates established by  
1644 the program.
- 1645 (4) The benefit provided under Subsection [(2)(a)] (2) is subject to the same terms and  
1646 conditions as the group life insurance program provided under this chapter.
- 1647 Section 37. Section **31A-22-605.5** is amended to read:  
1648 **31A-22-605.5 (Effective 01/01/28). Application.**
- 1649 (1) For purposes of this section "insurance mandate":  
1650 (a) means a mandatory obligation with respect to coverage, benefits, or the number or  
1651 types of providers imposed on policies of accident and health insurance; and  
1652 (b) does not mean:  
1653 (i) an administrative rule imposing a mandatory obligation with respect to coverage,  
1654 benefits, or providers unless that mandatory obligation was specifically imposed  
1655 on policies of accident and health insurance by statute; or  
1656 (ii) an insurance mandate in an essential health benefits package imposed pursuant to  
1657 the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, and the  
1658 Health Care Education Reconciliation Act of 2010, Pub. L. No. 111-152, and  
1659 federal rules related to their implementation.
- 1660 (2)(a) Notwithstanding the provisions of Subsection 31A-1-103(3)(f), the following shall  
1661 apply to health coverage offered [~~to the state employees' risk pool under Subsection~~

- 1662 49-20-202(1)(a)] through the program described in Section 26C-3-101:
- 1663 (i) any law enacted under this title that becomes effective after January 1, 2002,
- 1664 which provides for an insurance mandate for policies of accident and health
- 1665 insurance; and
- 1666 (ii) in accordance with Section 31A-22-613.5, disclosure requirements for coverage
- 1667 limitations.
- 1668 (b) Notwithstanding the provisions of Subsection 31A-1-103(3)(f), a health insurance
- 1669 mandate enacted under this title after January 1, 2012, shall apply to[:] the program
- 1670 described in Section 26C-3-101.
- 1671 [~~(i) health coverage offered to the state employees' risk pool under Subsection~~
- 1672 ~~49-20-202(1)(a); and]~~
- 1673 [~~(ii) health coverage offered to public school districts, charter schools, and~~
- 1674 ~~institutions of higher education under Subsection 49-20-201(1)(b).]~~
- 1675 [(e)] (3) [~~If health coverage offered to the state employees' risk pool under Subsections~~
- 1676 ~~49-20-201(1)(b) and 49-20-202(1)(a) offers coverage in the same manner and to the~~
- 1677 ~~same extent as the coverage required by an insurance mandate enacted under this title or~~
- 1678 ~~coverage that is greater than the insurance mandate enacted under this title, the coverage~~
- 1679 ~~offered to state employees under Subsections 49-20-201(1)(b) and 49-20-202(1)(a) will~~
- 1680 ~~be considered in compliance with the insurance mandate.] Beginning January 1, 2028, a~~
- 1681 political subdivision, a public school district, a charter school, and a state funded
- 1682 institution of higher education may provide a health benefit plan exclusively through the
- 1683 program described in Section 26C-3-101.
- 1684 [(d) The programs regulated under Subsections 49-20-201(1)(b) and 49-20-202(1)(a)
- 1685 shall report to the Retirement and Independent Entities Committee created under
- 1686 Section 63E-1-201 by November 30 of each year in which a mandate is enacted
- 1687 under the provisions of this section. The report shall include the costs and benefits of
- 1688 the particular mandatory obligation.]
- 1689 [(3)(a) An insurance mandate for policies of accident and health insurance enacted
- 1690 under this title after January 1, 2012, shall apply to a health plan offered by a public
- 1691 school district, a charter school, or a state funded institution of higher education that
- 1692 is not insured through the Public Employees' Benefit and Insurance Program.]
- 1693 [(b) If an insurance mandate for policies of accident and health insurance is enacted
- 1694 under this title after January 1, 2012, the state shall determine whether each entity
- 1695 described in Subsections (2) and (3)(a) offers coverage in the same manner and to the

1696 same extent, or greater than the insurance coverage required in the mandate enacted  
 1697 after January 1, 2012.]

1698 [(e) Before enacting an insurance mandate, the state shall, for each entity that does not  
 1699 offer coverage in accordance with Subsection (3)(b):]

1700 [(i) determine the cost to the entity of implementing the insurance mandate; and]

1701 [(ii) appropriate money necessary to fund the full cost to the entity of implementing  
 1702 the insurance mandate.]

1703 Section 38. Section **31A-22-613.5** is amended to read:

1704 **31A-22-613.5 (Effective 01/01/28). Price and value comparisons of health**  
 1705 **insurance.**

1706 (1)(a) This section applies to all health benefit plans.

1707 (b) Subsection (2) applies to[~~;~~]

1708 [(~~i~~)] all health benefit plans[~~; and~~] .

1709 [(~~ii~~) coverage offered to state employees under Subsection 49-20-202(1)(a).]

1710 (2) The commissioner shall promote informed consumer behavior and responsible health  
 1711 benefit plans by requiring an insurer issuing a health benefit plan to provide to all  
 1712 enrollees, before enrollment in the health benefit plan, written disclosure of:

1713 (a) restrictions or limitations on prescription drugs and biologics, including:

1714 (i) the use of a formulary;

1715 (ii) co-payments and deductibles for prescription drugs; and

1716 (iii) requirements for generic substitution;

1717 (b) coverage limits under the plan;

1718 (c) any limitation or exclusion of coverage, including:

1719 (i) a limitation or exclusion for a secondary medical condition related to a limitation  
 1720 or exclusion from coverage; and

1721 (ii) easily understood examples of a limitation or exclusion of coverage for a  
 1722 secondary medical condition;

1723 (d)(i)(A) each drug, device, and covered service that is subject to a  
 1724 preauthorization requirement as defined in Section 31A-22-650; or

1725 (B) if listing each device or covered service in accordance with Subsection

1726 (2)(d)(i)(A) is too numerous to list separately, all devices or covered services in  
 1727 a particular category where all devices or covered services have the same  
 1728 preauthorization requirement;

1729 (ii) each requirement for authorization as defined in Section 31A-22-650 for:

- 1730 (A) each drug, device, or covered service described in Subsection (2)(d)(i)(A); and  
1731 (B) each category of devices or covered services described in Subsection  
1732 (2)(d)(i)(B); and
- 1733 (iii) sufficient information to allow a network provider or enrollee to submit all of the  
1734 information to the insurer necessary to meet each requirement for authorization  
1735 described in Subsection (2)(d)(ii);
- 1736 (e) whether the insurer permits an exchange of the adoption indemnity benefit in Section  
1737 31A-22-610.1 for infertility treatments, in accordance with Subsection  
1738 31A-22-610.1(1)(c)(ii) and the terms associated with the exchange of benefits; and
- 1739 (f) whether the insurer provides coverage for telehealth services in accordance with  
1740 Section 26B-3-123 and terms associated with that coverage.
- 1741 (3) An insurer shall provide the disclosure required by Subsection (2) in writing to the  
1742 commissioner:
- 1743 (a) upon commencement of operations in the state; and
- 1744 (b) anytime the insurer amends any of the following described in Subsection (2):
- 1745 (i) treatment policies;
- 1746 (ii) practice standards;
- 1747 (iii) restrictions;
- 1748 (iv) coverage limits of the insurer's health benefit plan or health insurance policy; or
- 1749 (v) limitations or exclusions of coverage including a limitation or exclusion for a  
1750 secondary medical condition related to a limitation or exclusion of the insurer's  
1751 health insurance plan.
- 1752 (4)(a) An insurer shall provide the enrollee with notice of an increase in costs for  
1753 prescription drug coverage due to a change in benefit design under Subsection (2)(a):
- 1754 (i) either:
- 1755 (A) in writing; or
- 1756 (B) on the insurer's website; and
- 1757 (ii) at least 30 days prior to the date of the implementation of the increase in cost, or  
1758 as soon as reasonably possible.
- 1759 (b) If under Subsection (2)(a) a formulary is used, the insurer shall make available to  
1760 prospective enrollees and maintain evidence of the fact of the disclosure of:
- 1761 (i) the drugs included;
- 1762 (ii) the patented drugs not included;
- 1763 (iii) any conditions that exist as a precedent to coverage; and

- 1764 (iv) any exclusion from coverage for secondary medical conditions that may result  
 1765 from the use of an excluded drug.
- 1766 (c) The commissioner shall develop examples of limitations or exclusions of a secondary  
 1767 medical condition that an insurer may use under Subsection (2)(c).
- 1768 (5) Examples of a limitation or exclusion of coverage provided under this section or  
 1769 otherwise are for illustrative purposes only, and the failure of a particular fact situation  
 1770 to fall within the description of an example does not, by itself, support a finding of  
 1771 coverage.
- 1772 (6) An insurer shall:
- 1773 (a) post the information described in Subsection (2)(d) on the insurer's website and  
 1774 provider portal;
- 1775 (b) if requested by an enrollee, provide the enrollee with the information required by this  
 1776 section by mail or email; and
- 1777 (c) if requested by a network provider for a specific drug, device, or covered service,  
 1778 provide the network provider with the information described in Subsection (2)(d) for  
 1779 the drug, device, or covered service by mail or email.

1780 Section 39. Section **31A-22-635** is amended to read:

1781 **31A-22-635 (Effective 01/01/28). Uniform application -- Uniform waiver of**  
 1782 **coverage.**

- 1783 (1) For purposes of this section, "insurer"[:] means the same as that term  
 1784 [~~(a)~~] is defined in Subsection 31A-22-634(1)[; and] .  
 1785 [~~(b) includes the state employee's risk pool under Section 49-20-202.~~]
- 1786 (2)(a) Insurers offering a health benefit plan to an individual or small employer shall use  
 1787 a uniform application form.
- 1788 (b) The uniform application form:
- 1789 (i) may not include questions about an applicant's health history; and  
 1790 (ii) shall be shortened and simplified in accordance with rules adopted by the  
 1791 commissioner.
- 1792 (c) Insurers offering a health benefit plan to a small employer shall use a uniform waiver  
 1793 of coverage form, which may not include health status related questions, and is  
 1794 limited to:
- 1795 (i) information that identifies the employee;  
 1796 (ii) proof of the employee's insurance coverage; and  
 1797 (iii) a statement that the employee declines coverage with a particular employer

- 1798 group.
- 1799 (3) Notwithstanding the requirements of Subsection (2)(a), the uniform application and  
 1800 uniform waiver of coverage forms may, if the combination or modification is approved  
 1801 by the commissioner, be combined or modified to facilitate a more efficient and  
 1802 consumer friendly experience for insurers using electronic applications.
- 1803 (4)(a) The uniform application form, and uniform waiver form, shall be adopted and  
 1804 approved by the commissioner in accordance with Title 63G, Chapter 3, Utah  
 1805 Administrative Rulemaking Act.
- 1806 (b) The commissioner shall regulate the fees charged by insurers to an enrollee for a  
 1807 uniform application form or electronic submission of the application forms.
- 1808 Section 40. Section **31A-22-647** is amended to read:
- 1809 **31A-22-647 (Effective 01/01/28). Insurer shared savings program.**
- 1810 (1) As used in this section:
- 1811 (a) "Insurer" means a person who offers health care insurance, including a health  
 1812 maintenance organization as that term is defined in Section 31A-8-101.
- 1813 ~~[(b) "PEHP" means the Public Employees' Benefit and Insurance Program created in~~  
 1814 ~~Section 49-20-103.]~~
- 1815 ~~[(e)]~~ (b) "Savings reward program" means a program to reward a health insurance  
 1816 enrollee if the enrollee receives services:
- 1817 (i) covered by the enrollee's health plan; and
- 1818 (ii) from a provider whose costs for services are lower than the average costs for the  
 1819 services.
- 1820 (2) An insurer may, in accordance with Subsection ~~[(4)]~~ (3), establish a savings reward  
 1821 program for a health benefit plan that is:
- 1822 (a) offered by the insurer; and
- 1823 (b) entered into or renewed on or after January 1, 2019.
- 1824 ~~[(3) PEHP shall, in accordance with Subsection (4), establish a savings reward program for~~  
 1825 ~~a health plan that is:]~~
- 1826 ~~[(a) offered to state employees under Title 49, Chapter 20, Public Employees' Benefit~~  
 1827 ~~and Insurance Program Act; and]~~
- 1828 ~~[(b) entered into or renewed on or after July 1, 2019.]~~
- 1829 ~~[(4)]~~ (3) A savings reward program described in Subsection (2)~~[-or-(3)]~~ may include, in  
 1830 accordance with federal and state law, rewards to the enrollee through:
- 1831 (a) premium discounts;

- 1832 (b) rebates;
- 1833 (c) reduction of out-of-pocket costs; or
- 1834 (d) other rewards or incentives developed by the insurer.

1835 Section 41. Section **31A-22-654** is amended to read:

1836 **31A-22-654 (Effective 01/01/28). Study of coverage for in vitro fertilization and**  
 1837 **genetic testing -- Reporting -- Coverage requirements.**

1838 (1) As used in this section:

1839 (a) "Qualified condition" means the same as that term is defined in Section [~~49-20-420~~]  
 1840 26C-5-105.

1841 (b) "Qualified insurer" means an insurer that provides a health benefit plan as defined in  
 1842 Section 31A-1-301 to more than 25,000 enrollees in the state as of December 31 of  
 1843 the preceding reporting year.

1844 (c) "Qualified enrollee" means an enrollee of a qualified insurer who:

1845 (i) has been diagnosed by a physician as having a genetic trait associated with a  
 1846 qualified condition; and

1847 (ii) intends to get pregnant with a partner who is diagnosed by a physician as having  
 1848 a genetic trait associated with the same qualified condition as the enrollee.

1849 (2)(a) A qualified insurer shall submit the information described in this Subsection (2) to  
 1850 the department for a plan year beginning:

1851 (i) on or after January 1, 2022, but before December 31, 2022; and

1852 (ii) on or after January 1, 2025, but before December 31, 2025.

1853 (b) A qualified insurer shall study whether providing the coverage for the services  
 1854 described in Subsections (3)(a) and (b) for qualified enrollees will result in cost  
 1855 savings for the qualified insurer.

1856 (c)(i) If a qualified insurer determines that providing the coverage described in  
 1857 Subsection (3) for qualified enrollees will result in cost savings for the qualified  
 1858 insurer, the qualified insurer shall submit a summary of the results of the study  
 1859 described in Subsection (2)(b), and:

1860 (A) describe how the qualified insurer intends to provide the coverage described  
 1861 in Subsection (3); or

1862 (B) submit an explanation of why the insurer will not provide the coverage  
 1863 described in Subsection (3).

1864 (ii) If a qualified insurer determines that providing the coverage described in

1865 Subsection (3) will not result in cost savings to the qualified insurer, the qualified

1866 insurer shall submit a summary of the results of the study described in Subsection  
1867 (2)(b).

1868 (d) A qualified insurer shall provide the information required under this Subsection (2)  
1869 to the department no later than:

1870 (i) January 1, 2022, for a plan year beginning on or after January 1, 2022, but before  
1871 December 31, 2022; and

1872 (ii) January 1, 2025, for a plan year beginning on or after January 1, 2025, but before  
1873 December 31, 2025.

1874 (3) A qualified insurer shall consider coverage for:

1875 (a) in vitro fertilization services for a qualified enrollee; and

1876 (b) genetic testing of a qualified enrollee who received in vitro fertilization services  
1877 under Subsection (3)(a).

1878 (4) The department shall report the information received under Subsection (2) to the Health  
1879 and Human Services Interim Committee on or before:

1880 (a) for information submitted under Subsection (2)(a)(i), November 1, 2022; and

1881 (b) for information submitted under Subsection (2)(a)(ii), November 1, 2025.

1882 Section 42. Section **31A-22-663** is enacted to read:

1883 **31A-22-663 (Effective 01/01/28). Premium prohibition.**

1884 (1) As used in this section, "program" means the Utah Cares Health Financing Program  
1885 created Title 26C, Utah Cares Act.

1886 (2) Notwithstanding any other provision of law, beginning January 1, 2029, a health benefit  
1887 plan may not charge premiums for services covered by the program to an individual who  
1888 is eligible to receive health benefit coverage through the program.

1889 (3) If an insurer offering a health benefit plan leaves the Utah market, the insurer shall  
1890 forfeit any cash reserves held by the insurer to the department for the provision of health  
1891 benefit coverage of individuals in the state.

1892 (4) The department shall deposit money obtained under this section into the fund described  
1893 in Section 26C-1-103.

1894 Section 43. Section **31A-46-311** is amended to read:

1895 **31A-46-311 (Effective 01/01/28). Prohibited actions with respect to the 340B**  
1896 **drug discount program.**

1897 (1) As used in this section, "manufacturer" means a pharmaceutical manufacturer, including  
1898 an agent or affiliate of a pharmaceutical manufacturer.

1899 (2) A manufacturer may not:

- 1900 (a) directly or indirectly restrict or prohibit:
- 1901 (i) a pharmacy from contracting with a 340B entity, including by denying the
- 1902 pharmacy access to a drug that is manufactured by the manufacturer;
- 1903 (ii) a 340B entity from contracting with a pharmacy, including by denying the 340B
- 1904 entity access to a drug that is manufactured by the manufacturer;
- 1905 (iii) the acquisition, dispensing, or delivery of a 340B drug to any location authorized
- 1906 by a 340B entity to receive the drug, unless prohibited by federal law; or
- 1907 (iv) a 340B entity from receiving 340B drug discount program pricing for a 340B
- 1908 drug, including by imposing a time limitation on a 340B entity to replenish or
- 1909 submit a claim for a 340B drug;
- 1910 (b) directly or indirectly:
- 1911 (i) require a 340B entity to purchase a 340B drug from a supplier if the manufacturer
- 1912 would otherwise permit the 340B entity to purchase a drug that is not a 340B drug
- 1913 from the supplier; or
- 1914 (ii) require a 340B entity to submit any claim data, utilization data, or information
- 1915 about a 340B entity's contracts with a third-party as a condition for allowing the
- 1916 acquisition of a 340B drug by, or delivery of a 340B drug to, a 340B entity, unless
- 1917 the data or information sharing is required by federal law; or
- 1918 (c) interfere with:
- 1919 (i) a contract between a pharmacy and a 340B entity; or
- 1920 (ii) the ability of a pharmacy and a 340B entity to enter into a contract.

1921 [~~(3) The Public Employees' Benefit and Insurance Program created in Section 49-20-103~~  
 1922 ~~may adjust the program's business practices to mitigate any financial impacts resulting~~  
 1923 ~~from this section.~~]

1924 [~~(4)~~] (3) Nothing in this section is to be construed to conflict with federal law.

1925 Section 44. Section **49-21-105** is amended to read:

1926 **49-21-105 (Effective 01/01/28). Purpose -- Flexibility -- Administration.**

- 1927 (1) The purpose of this chapter is to provide long-term disability benefits for an eligible
- 1928 employee.
- 1929 (2) Subject to the provisions of Section 49-21-201, the program may include one or more
- 1930 long-term disability benefit plans that differ from the benefit plan specified by this
- 1931 chapter for [~~an eligible employee of a covered employer as defined under Section~~  
 1932 ~~49-20-102]~~ employers who provided health benefits through the Public Employees'  
 1933 Benefit and Insurance Program as of January 1, 2027.

1934 (3) The program shall be administered by the office, under policies and rules adopted by the  
 1935 board.

1936 Section 45. Section **53-2d-703** is amended to read:

1937 **53-2d-703 (Effective 01/01/28). Volunteer Emergency Medical Service Personnel**  
 1938 **Insurance Program -- Creation -- Administration -- Eligibility -- Benefits -- Rulemaking**  
 1939 **-- Advisory board.**

1940 (1) As used in this section:

1941 (a) "Basic life insurance benefit" means the standard group life insurance benefit offered  
 1942 by PEHP that combines basic life, line-of-duty, accidental death and disability, and  
 1943 dependent coverage into one benefit package.

1944 (b) "Basic long-term disability benefit" means a \$1,000 monthly benefit arising from a  
 1945 disability determined in accordance with Title 49, Chapter 21, Public Employees'  
 1946 Long-Term Disability Act, and excluding any coverage offered on a pilot basis.

1947 (c) "Dental plan" means the same as that term is defined in Section 31A-22-646.

1948 (d) "Health benefit plan" means the same as that term is defined in Section 31A-1-301.

1949 (e) "Local government entity" means a political subdivision that:

1950 (i) is licensed as a ground ambulance provider under Part 5, Ambulance and  
 1951 Paramedic Providers or a quick response provider as designated under 53-2d-403;  
 1952 and

1953 (ii) does not offer health insurance benefits to volunteer emergency medical service  
 1954 personnel.

1955 (f) "PEHP" means the Public Employees' Benefit and Insurance Program created in  
 1956 Section 49-20-103.

1957 (g) "Political subdivision" means a county, a municipality, a limited purpose government  
 1958 entity described in Title 17B, Limited Purpose Local Government Entities - Special  
 1959 Districts, or Title 17D, Limited Purpose Local Government Entities - Other Entities,  
 1960 or an entity created by an interlocal agreement under Title 11, Chapter 13, Interlocal  
 1961 Cooperation Act.

1962 (h) "Qualifying association" means an association that represents two or more political  
 1963 subdivisions in the state.

1964 (i) "Qualifying community" means any of the following located in a county of the  
 1965 second class:

1966 (i) a city of the fifth class; or

1967 (ii) a town.

- 1968 (2) The Volunteer Emergency Medical Service Personnel Insurance Program shall promote  
1969 recruitment and retention of volunteer emergency medical service personnel by making  
1970 insurance available to volunteer emergency medical service personnel in accordance  
1971 with this section.
- 1972 (3)(a) The bureau shall contract with a qualifying association to create, implement, and  
1973 administer the Volunteer Emergency Medical Service Personnel Insurance Program  
1974 described in this section.
- 1975 (b) The qualifying association will create promotional campaigns for the Volunteer  
1976 Emergency Medical Service Personnel Insurance Program and volunteer emergency  
1977 medical service recruitment and retention including outreach to local government  
1978 entities through social media, video production, and other media platforms.
- 1979 (4) Participation in the program is limited to any individual who:
- 1980 (a) is licensed under Section 53-2d-402 as an emergency medical technician, an  
1981 advanced emergency medical technician, or a paramedic;
- 1982 (b) is able to perform all necessary functions associated with the license;
- 1983 (c) provides emergency medical services under the direction of a local governmental  
1984 entity:
- 1985 (i) by responding to 20% of calls for emergency medical services in a rolling  
1986 twelve-month period; and
- 1987 (ii) within a qualifying community or a county of the third, fourth, fifth, or sixth class  
1988 by responding to the number of calls described in Subsection (4)(c)(i); and
- 1989 (iii)(A) as a volunteer under the Fair Labor Standards Act, in accordance with 29  
1990 C.F.R. Sec. 553.106; or
- 1991 (B) as a part-time unbenefited employee, as classified by the employing local  
1992 government entity;
- 1993 (d) if seeking health insurance:
- 1994 (i)(A) is not eligible for a health benefit plan through an employer or a spouse's  
1995 employer; and
- 1996 (B) is not eligible for medical coverage under a government sponsored healthcare  
1997 program; or
- 1998 (ii) the individual's premium cost for individual, double, or family coverage through  
1999 another source exceeds 20% or greater of the premium cost of the program created  
2000 by this section;
- 2001 (e) if seeking dental insurance:

- 2002 (i)(A) is not eligible for a dental plan through an employer or a spouse's employer;  
2003 and  
2004 (B) is not eligible for dental coverage under a government sponsored healthcare  
2005 program; or  
2006 (ii) the individual's premium cost for individual, double, or family coverage exceeds  
2007 20% or greater of the premium cost of the program created by this section; and  
2008 (f) resides in the state.
- 2009 (5)(a) A participant in the program is eligible to participate in PEHP in accordance with  
2010 Subsection (5)(b) and Subsection 49-20-201(3).
- 2011 (b) Health and dental benefits available to program participants under PEHP are limited  
2012 to health insurance and dental insurance that:
- 2013 (i) covers the program participant and the program participant's eligible dependents  
2014 on a July 1 plan year;
- 2015 (ii) accepts enrollment during an open enrollment period or for a special enrollment  
2016 event, including the initial eligibility of a program participant;
- 2017 (iii) if the program participant is no longer eligible for benefits, terminates on the last  
2018 day of the last month for which the individual is a participant in the Volunteer  
2019 Emergency Medical Service Personnel Insurance Program; and
- 2020 (iv) is not subject to continuation rights under state or federal law.
- 2021 (c) Within existing appropriations, the Volunteer Emergency Medical Service Personnel  
2022 Insurance Program may offer basic life insurance and long-term disability insurance  
2023 to participants to enhance recruitment and retention efforts.
- 2024 (6)(a) The bureau may make rules in accordance with Title 63G, Chapter 3, Utah  
2025 Administrative Rulemaking Act, to define additional criteria regarding benefit  
2026 design, eligibility for the program, and to implement this section.
- 2027 (b) The bureau shall convene an advisory board:
- 2028 (i) to advise the bureau on making rules under Subsection (6)(a); and  
2029 (ii) that includes representation from at least the following entities:
- 2030 (A) the qualifying association that receives the contract under Subsection (3); and  
2031 (B) PEHP.
- 2032 (7) For purposes of this section, the qualifying association that receives the contract under  
2033 Subsection (3) shall be considered the public agency for whom the program participant  
2034 is volunteering under 29 C.F.R. Sec. 553.101.
- 2035 (8) Notwithstanding any other provision of law, coverage provided under this section shall

2036 be provided under Title 26C, Utah Care Act beginning January 1, 2028.

2037 Section 46. Section **53-17-201** is amended to read:

2038 **53-17-201 (Effective 01/01/28). Surviving spouse and children health, dental, and**  
2039 **vision coverage for line-of-duty death.**

2040 (1)(a) Subject to Subsection (1)(b), and in accordance with this section, an employer  
2041 shall allow the surviving spouse and children of a member whose death is classified  
2042 by the Utah State Retirement Office as a line-of-duty death under the provisions of  
2043 Title 49, Utah State Retirement and Insurance Benefit Act, to remain eligible for the  
2044 following coverage, if offered by the employer, as if the surviving spouse was an  
2045 employee of the employer:

2046 (i) health coverage;

2047 (ii) dental coverage; and

2048 (iii) vision coverage.

2049 (b) Except as provided in Subsection (1)(d), the employer shall pay:

2050 (i) 100% of the premium costs for the coverage described in Subsection (1)(a); and

2051 (ii) if the health coverage is a high-deductible plan, the employer share of any  
2052 contribution into a health savings account for the surviving spouse and dependent  
2053 children as described under Subsections (1)(a) and (2).

2054 (c) The employer may not require the surviving spouse to pay for premium costs or  
2055 health savings account contributions as a condition of qualifying to continue to  
2056 receive the coverage described in Subsection (1)(a).

2057 (d) An employer may pay the amount specified under Subsection (1)(b) through a  
2058 cost-sharing agreement under Section 53-17-301 associated with the trust fund  
2059 created under Section 53-17-401.

2060 (2) An employer shall allow a surviving spouse and children to remain eligible to receive  
2061 coverage from the employer under this section at the option of the surviving spouse:

2062 (a) for the surviving spouse, until the surviving spouse becomes eligible for Medicare;  
2063 and

2064 (b) for a child, until the child reaches the age of 26.

2065 (3) This section does not apply to:

2066 (a) a member who does not qualify for a line-of-duty death benefit under Title 49, Utah  
2067 State Retirement and Insurance Benefit Act;

2068 (b) coverage for which, at the time of death, the member did not receive or qualify to  
2069 receive; or

- 2070 (c) a member who is covered under Section [~~49-20-406~~] 26C-7-101.  
2071 Section 47. Section **58-1-112** is amended to read:  
2072 **58-1-112 (Effective 01/01/28). Data collection.**
- 2073 (1) As used in this section:
- 2074 (a) "Council" means the Utah Health Workforce Advisory Council created in Section [  
2075 ~~26B-1-425~~] 26C-2-105.
- 2076 (b) "Information center" means the Utah Health Workforce Information Center created  
2077 in Section [~~26B-4-705~~] 26C-2-106.
- 2078 (2)(a) In accordance with Subsection [~~26B-4-705(3)(a)~~] 26C-2-106(3)(a), the department  
2079 shall work with the information center to identify relevant data pertaining to a  
2080 profession described in Subsection (3).
- 2081 (b) The data should focus on:
- 2082 (i) identifying workforce shortages;
- 2083 (ii) identifying labor market indicators;
- 2084 (iii) determining the educational background of a licensee; and
- 2085 (iv) determining whether Utah is retaining a stable health workforce.
- 2086 (c) After the council approves data to be collected, the department shall request the data  
2087 from a licensee when a licensee applies for a license or renews the licensee's license.
- 2088 (d) The department shall send the obtained data to the information center.
- 2089 (e) A licensee may not be denied a license for failing to provide the data described in  
2090 Subsection (2)(c) to the department.
- 2091 (3)(a) The department shall prioritize data collection for each profession licensed under:
- 2092 (i) Chapter 31b, Nurse Practice Act;
- 2093 (ii) Chapter 60, Mental Health Professional Practice Act;
- 2094 (iii) Chapter 61, Psychologist Licensing Act;
- 2095 (iv) Chapter 67, Utah Medical Practice Act;
- 2096 (v) Chapter 68, Utah Osteopathic Medical Practice Act;
- 2097 (vi) Chapter 69, Dentist and Dental Hygienist Practice Act; or
- 2098 (vii) Chapter 70a, Utah Physician Assistant Act.
- 2099 (b) After the department has collected data for each profession described in Subsection  
2100 (3)(a), the department shall collect data for each profession licensed under:
- 2101 (i) Chapter 5a, Podiatric Physician Licensing Act;
- 2102 (ii) Chapter 17b, Pharmacy Practice Act;
- 2103 (iii) Chapter 24b, Physical Therapy Practice Act;

- 2104 (iv) Chapter 40, Recreational Therapy Practice Act;
- 2105 (v) Chapter 41, Speech-Language Pathology and Audiology Licensing Act;
- 2106 (vi) Chapter 42a, Occupational Therapy Practice Act;
- 2107 (vii) Chapter 44a, Nurse Midwife Practice Act;
- 2108 (viii) Chapter 54, Radiologic Technologist, Radiologist Assistant, and Radiology
- 2109 Practical Technician Licensing Act; or
- 2110 (ix) Chapter 57, Respiratory Care Practices Act.
- 2111 (c) The department shall collect data in accordance with this section for any
- 2112 health-related occupation or profession that is regulated by the department and is not
- 2113 described in Subsection (3)(a) or (b) if:
- 2114 (i) funding is available;
- 2115 (ii) the council has identified a need for the data; and
- 2116 (iii) data has been collected for each profession described in Subsections (3)(a) and
- 2117 (3)(b).

2118 Section 48. Section **58-17b-802** is amended to read:

2119 **58-17b-802 (Effective 01/01/28). Definitions.**

2120 As used in this part:

- 2121 (1)(a) "Cosmetic drug" means a prescription drug that:
- 2122 (i) is for the purpose of promoting attractiveness or altering the appearance of an
- 2123 individual; and
- 2124 (ii)(A) is listed as a cosmetic drug subject to the exemption under this section by
- 2125 the division by administrative rule; or
- 2126 (B) has been expressly approved for online dispensing, whether or not it is
- 2127 dispensed online or through a physician's office.
- 2128 (b) "Cosmetic drug" does not include a prescription drug that is:
- 2129 (i) a controlled substance;
- 2130 (ii) compounded by the physician; or
- 2131 (iii) prescribed for or used by the patient for the purpose of diagnosing, curing, or
- 2132 preventing a disease.
- 2133 (2) "Employer sponsored clinic" means~~[-]~~
- 2134 ~~[(a)]~~ an entity that has a medical director who is licensed as a physician as defined in
- 2135 Section 58-67-102 and offers health care only to the employees of an exclusive group
- 2136 of employers and the employees' dependents~~[-; or]~~ .
- 2137 ~~[(b) a clinic designated as a clinic for state employees and their dependents by the Public~~

2138 ~~Employees' Benefit and Insurance Program under the pilot program created by~~  
 2139 ~~Section 49-20-413 including all the patients at that clinic, regardless of the patients'~~  
 2140 ~~participation in the pilot program.]~~

2141 (3) "Health care" is as defined in Section 31A-1-301.

2142 (4)(a) "Injectable weight loss drug" means an injectable prescription drug:

2143 (i) prescribed to promote weight loss; and

2144 (ii) listed as an injectable prescription drug subject to exemption under this section by  
 2145 the division by administrative rule.

2146 (b) "Injectable weight loss drug" does not include a prescription drug that is a controlled  
 2147 substance.

2148 (5) "Prepackaged drug" means a prescription drug that:

2149 (a) is not listed under federal or state law as a Schedule I, II, III, IV, or V drug; and

2150 (b) is packaged in a fixed quantity per package by:

2151 (i) the drug manufacturer;

2152 (ii) a pharmaceutical wholesaler or distributor; or

2153 (iii) a pharmacy licensed under this title.

2154 Section 49. Section **58-37-6.5** is amended to read:

2155 **58-37-6.5 (Effective 01/01/28). Continuing education for controlled substance**  
 2156 **prescribers.**

2157 (1) For the purposes of this section:

2158 (a) "Controlled substance prescriber" means an individual, other than a veterinarian,  
 2159 who:

2160 (i) is licensed to prescribe a controlled substance under this chapter; and

2161 (ii) possesses the authority, in accordance with the individual's scope of practice, to  
 2162 prescribe schedule II controlled substances and schedule III controlled substances  
 2163 that are applicable to opioid narcotics, hypnotic depressants, or psychostimulants.

2164 (b) "D.O." means an osteopathic physician and surgeon licensed under Chapter 68, Utah  
 2165 Osteopathic Medical Practice Act.

2166 (c) "FDA" means the United States Food and Drug Administration.

2167 (d) "M.D." means a physician and surgeon licensed under Chapter 67, Utah Medical  
 2168 Practice Act.

2169 (e) "SBIRT" means the Screening, Brief Intervention, and Referral to Treatment  
 2170 approach used by the federal Substance Abuse and Mental Health Services  
 2171 Administration or defined by the division, in consultation with the Office of

- 2172 Substance Use and Mental Health, by administrative rule, in accordance with Title  
2173 63G, Chapter 3, Utah Administrative Rulemaking Act.
- 2174 (2)(a) Beginning with the licensing period that begins after January 1, 2014, as a  
2175 condition precedent for license renewal, each controlled substance prescriber shall  
2176 complete at least 3.5 continuing education hours per licensing period that satisfy the  
2177 requirements of Subsection (3).
- 2178 (b)(i) Beginning with the licensing period that begins after January 1, 2024, as a  
2179 condition precedent for license renewal, each controlled substance prescriber shall  
2180 complete at least 3.5 continuing education hours in an SBIRT-training class that  
2181 satisfies the requirements of Subsection (4).
- 2182 (ii) Completion of the SBIRT-training class, in compliance with Subsection (2)(b)(i),  
2183 fulfills the continuing education hours requirement in Subsection (3) for the  
2184 licensing period in which the class was completed.
- 2185 (iii) A controlled substance prescriber:
- 2186 (A) need only take the SBIRT-training class once during the controlled substance  
2187 prescriber's licensure in the state; and
- 2188 (B) shall provide a completion record of the SBIRT-training class in order to be  
2189 reimbursed for SBIRT services to patients, in accordance with Sections  
2190 26B-3-131 and ~~[49-20-416]~~ 26C-5-102.
- 2191 (3) A controlled substance prescriber shall complete at least 3.5 hours of continuing  
2192 education in one or more controlled substance prescribing classes, except dentists who  
2193 shall complete at least two hours, that satisfy the requirements of Subsections (4) and (6).
- 2194 (4) A controlled substance prescribing class shall:
- 2195 (a) satisfy the division's requirements for the continuing education required for the  
2196 renewal of the controlled substance prescriber's respective license type;
- 2197 (b) be delivered by an accredited or approved continuing education provider recognized  
2198 by the division as offering continuing education appropriate for the controlled  
2199 substance prescriber's respective license type; and
- 2200 (c) include a postcourse knowledge assessment.
- 2201 (5) An M.D. or D.O. completing continuing professional education hours under Subsection  
2202 (4) shall complete those hours in classes that qualify for the American Medical  
2203 Association Physician's Recognition Award Category 1 Credit.
- 2204 (6) The 3.5 hours of the controlled substance prescribing classes under Subsection (4) shall  
2205 include educational content covering the following:

- 2206 (a) the scope of the controlled substance abuse problem in Utah and the nation;  
2207 (b) all elements of the FDA Blueprint for Prescriber Education under the FDA's  
2208 Extended-Release and Long-Acting Opioid Analgesics Risk Evaluation and  
2209 Mitigation Strategy, as published July 9, 2012, or as it may be subsequently revised;  
2210 (c) the national and Utah-specific resources available to prescribers to assist in  
2211 appropriate controlled substance and opioid prescribing;  
2212 (d) patient record documentation for controlled substance and opioid prescribing;  
2213 (e) office policies, procedures, and implementation; and  
2214 (f) some training regarding medical cannabis, as that term is defined in Section  
2215 26B-4-201.
- 2216 (7)(a) The division, in consultation with the Utah Medical Association Foundation, shall  
2217 determine whether a particular controlled substance prescribing class satisfies the  
2218 educational content requirements of Subsections (4) and (6) for an M.D. or D.O.
- 2219 (b) The division, in consultation with the applicable professional licensing boards, shall  
2220 determine whether a particular controlled substance prescribing class satisfies the  
2221 educational content requirements of Subsections (4) and (6) for a controlled  
2222 substance prescriber other than an M.D. or D.O.
- 2223 (c) The division may by rule establish a committee that may audit compliance with the  
2224 Utah Risk Evaluation and Mitigation Strategy (REMS) Educational Programming  
2225 Project grant, that satisfies the educational content requirements of Subsections (4)  
2226 and (6) for a controlled substance prescriber.
- 2227 (d) The division shall consult with the Department of Health and Human Services  
2228 regarding the medical cannabis training described in Subsection (6)(f).
- 2229 (8) A controlled substance prescribing class required under this section:
- 2230 (a) may be held:
- 2231 (i) in conjunction with other continuing professional education programs; and  
2232 (ii) online; and
- 2233 (b) does not increase the total number of state-required continuing professional  
2234 education hours required for prescriber licensing.
- 2235 (9) The division may establish rules, in accordance with Title 63G, Chapter 3, Utah  
2236 Administrative Rulemaking Act, to implement this section.
- 2237 (10) A controlled substance prescriber who, on or after July 1, 2017, obtains a waiver to  
2238 treat opioid dependency with narcotic medications, in accordance with the Drug  
2239 Addiction Treatment Act of 2000, 21 U.S.C. Sec. 823 et seq., may use the waiver to

2240 satisfy the 3.5 hours of the continuing education requirement under Subsection (3) for  
2241 two consecutive licensing periods.

2242 Section 50. Section **59-35-101** is enacted to read:

2243 **CHAPTER 35. Utah Health Care Tax**

2244 **59-35-101 (Effective 01/01/28). Definitions.**

2245 As used in this section:

2246 (1) "Corporation" means any of the following:

2247 (a) a domestic corporation; or

2248 (b) a foreign corporation.

2249 (2) "Domestic corporation" means the same as that term is defined in Section 59-7-101.

2250 (3) "Foreign corporation" means the same as that term is defined in Section 59-7-101.

2251 (4) "Fund" means the Utah Cares Trust Fund created in Section 26C-1-103.

2252 (5)(a) "Gross margin" means the direct cost of producing a good or providing a service.

2253 (b) "Gross margin" does not include any indirect cost that may be used to calculate net  
2254 margin.

2255 (6) "Gross receipts" means the totality of the money that an entity receives for any good or  
2256 service produced or rendered in the state without any deduction.

2257 (7) "Pass-through entity" means the same as that term is defined in Section 59-10-1402.

2258 Section 51. Section **59-35-102** is enacted to read:

2259 **59-35-102 (Effective 01/01/28). Application -- Utah source-- Credit.**

2260 (1) There is created a tax on gross receipts of corporations and pass-through entities.

2261 (2) For a domestic corporation or a pass-through entity that is commercially domiciled in  
2262 this state, the tax is applicable to all gross receipts of the domestic corporation or  
2263 pass-through entity.

2264 (3) For a foreign corporation or a pass-through entity not described in Subsection (2), the  
2265 tax on gross receipts is applicable to gross receipts derived from Utah sources  
2266 attributable to or resulting from:

2267 (a) the ownership in this state of any interest in real or tangible personal property,  
2268 including real property or property rights from which gross receipts from mining as  
2269 described by Section 613(c), Internal Revenue Code, is derived; and

2270 (b) the carrying on of a business, trade, profession, or occupation in this state.

2271 (4) If a domestic corporation or pass-through entity described in Subsection (2) pays a gross  
2272 receipts tax in another state for sales deriving in that state, the domestic corporation or  
2273 pass-through entity described in Subsection (2) may claim a credit for a tax collected

2274 under this chapter in an amount equal to the amount of gross receipts tax paid in the  
 2275 other state.

2276 Section 52. Section **59-35-103** is enacted to read:

2277 **59-35-103 (Effective 01/01/28). Rates.**

2278 (1) Except as provided in Subsection (2), the gross receipts tax shall be calculated as  
 2279 follows on each dollar of gross receipts:

2280 (a) 0% on the first \$10,000;

2281 (b) 2% on the amount between \$10,001 and \$100,000;

2282 (c) 2.5% on the amount between \$100,001 and \$1,000,000; and

2283 (d) 2.85% on any amount over \$1,000,000.

2284 (2) If the total amount of the tax required by Subsection (1) that a corporation or  
 2285 pass-through entity is liable for exceeds the corporation's or pass-through entity's gross  
 2286 margin, the corporation or pass-through entity shall pay an amount in tax that is equal to  
 2287 the entity's gross margin.

2288 Section 53. Section **59-35-104** is enacted to read:

2289 **59-35-104 (Effective 01/01/28). Commission duties -- Rulemaking.**

2290 (1) The commission shall deposit all revenue collected or received by the commission  
 2291 under this chapter into the fund at least monthly.

2292 (2) The commission may make rules in accordance with Title 63G, Chapter 3,  
 2293 Administrative Rulemaking Act, to effectuate this chapter.

2294 Section 54. Section **59-35-105** is enacted to read:

2295 **59-35-105 (Effective 01/01/28). Filing -- Taxable year.**

2296 (1) Each taxpayer upon whom a gross receipts tax is imposed under this chapter shall file a  
 2297 return with and pay the tax reflected in the return to the commission annually.

2298 (2) A taxpayer's taxable year under this chapter is the taxpayer's fiscal year.

2299 (3) A taxpayer shall file a return no later than 90 days from the day on which the tax payer's  
 2300 fiscal year ends.

2301 Section 55. Section **59-35-106** is enacted to read:

2302 **59-35-106 (Effective 01/01/28). Timely mailing treating as timely filing.**

2303 (1)(a) A return, claim, statement, other document, or payment is considered mailed on  
 2304 the date of the postmark.

2305 (b) Subsection (1)(a) shall apply only if:

2306 (i) the postmark date falls within the prescribed period or on or before the prescribed  
 2307 date:

2308 (A) for the filing of the return, claim, statement, or other document; or  
 2309 (B) for making the payment; and  
 2310 (ii) the return, claim, statement, other document, or payment, was, within the time  
 2311 prescribed in Subsection (1)(b)(i), deposited in the mail in the United States in an  
 2312 envelope or other appropriate wrapper, postage prepaid, properly addressed to the  
 2313 agency, officer, or office with which the return, claim, statement, or other  
 2314 document is required to be filed, or to which such payment is required to be made.

2315 (2) This section shall apply in the case of postmarks not made by the United States Postal  
 2316 Service only if and to the extent provided by rules prescribed by the commission.

2317 (3)(a) For purposes of this section, if any such return, claim, statement, other document,  
 2318 or payment is sent by United States registered mail:

2319 (i) such registration shall be prima facie evidence that the return, claim, statement, or  
 2320 other document was delivered to the agency, officer, or office to which addressed;  
 2321 and

2322 (ii) the date of registration shall be deemed the postmark date.

2323 (b) The commission may provide by rule the extent to which the provisions of  
 2324 Subsection (3)(a) with respect to prima facie evidence of delivery and the postmark  
 2325 date shall apply to certified mail.

2326 (4) This section does not apply with respect to currency or other medium of payment unless  
 2327 actually received and accounted for.

2328 (5)(a) If any deposit required to be made on or before a prescribed date is, after such  
 2329 date, delivered by the United States mail to the commission, such deposit shall be  
 2330 deemed received by the commission on the date the deposit was mailed.

2331 (b) Subsection (5)(a) applies only if the person required to make the deposit establishes  
 2332 that:

2333 (i) the date of mailing falls on or before the second day before the prescribed date for  
 2334 making the deposit, including any extension of time granted for making the  
 2335 deposit; and

2336 (ii) the deposit was, on or before such second day, mailed in the United States in an  
 2337 envelope or other appropriate wrapper, postage prepaid, properly addressed to the  
 2338 commission.

2339 Section 56. Section **59-35-107** is enacted to read:

2340 **59-35-107 (Effective 01/01/28). Place for filing returns.**

2341 When not otherwise provided for by this chapter, the commission shall by rule made in

2342 accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, prescribe the  
 2343 place and for the filing of any return, statement, or other documents, required by this chapter  
 2344 or rules.

2345 Section 57. Section **59-35-108** is enacted to read:

2346 **59-35-108 (Effective 01/01/28). Time and place for paying tax.**

2347 (1) If a taxpayer under this chapter obtains an extension under Section 59-35-109, the  
 2348 taxpayer shall pay an amount equal to the previous year's tax required under this chapter  
 2349 when the tax is due.

2350 (2) The taxpayer that pays under Subsection (1) shall pay the difference of the tax owed or  
 2351 receive a refund of the amount of tax overpaid when the taxpayer files the return.

2352 Section 58. Section **59-35-109** is enacted to read:

2353 **59-35-109 (Effective 01/01/28). Extension.**

2354 (1) The commission shall allow a taxpayer an extension of time for filing a return.

2355 (2) An extension described in Subsection (1) may be up to six months.

2356 Section 59. Section **63A-17-804** is amended to read:

2357 **63A-17-804 (Effective 01/01/28). Continuation of Insurance Benefits Program --**  
 2358 **Creation -- Coverage following death in the line of duty.**

2359 (1) There is created the "Continuation of Insurance Benefits Program" to provide a  
 2360 continuation of insurance to the surviving spouse and family of any state employee  
 2361 whose death occurs in the line of duty.

2362 (2) The insurance coverage shall be the same coverage as provided under Section [  
 2363 ~~49-20-406~~] 26C-7-101.

2364 (3) The program provides that unused accumulated sick leave of a deceased employee may  
 2365 be used for additional medical coverage in the same manner as provided under Section  
 2366 63A-17-507 or 63A-17-508 as applicable.

2367 Section 60. Section **63C-31-102** is amended to read:

2368 **63C-31-102 (Effective 01/01/28) (Repealed 07/01/28). Creation of State Employee**  
 2369 **Benefits Advisory Commission -- Membership.**

2370 (1) There is created the State Employee Benefits Advisory Commission consisting of the  
 2371 following members:

2372 (a) one member of the Senate, appointed by the president of the Senate;

2373 (b) one member of the House of Representatives, appointed by the speaker of the House  
 2374 of Representatives;

2375 (c) the director of the Division of Human Resource Management, created in Section

- 2376 63A-17-105, or the director's designee;
- 2377 (d) the executive director of the Governor's Office of Planning and Budget, created in  
2378 Section 63J-4-201, or the executive director's designee;
- 2379 (e) the following four individuals who are not employed by the state or another public  
2380 entity and are appointed jointly by the president of the Senate and speaker of the  
2381 House of Representatives:
- 2382 (i) an individual who has experience in health insurance benefits in the private sector;
- 2383 (ii) an individual who has experience in business and employee benefits in the private  
2384 sector; and
- 2385 (iii) a representative of an organization that represents the interests of state  
2386 employees; and
- 2387 (f) a representative of the [~~Public Employees' Benefit and Insurance Program~~] Utah  
2388 Cares Health Financing Program, created in [~~Section 49-20-103~~] Title 26C, Utah  
2389 Cares Act, appointed by the [~~executive director of the Utah State Retirement Office~~]  
2390 Utah Health Services Commission.
- 2391 (2)(a) The member of the Senate appointed under Subsection (1)(a) is a cochair of the  
2392 benefits advisory commission.
- 2393 (b) The member of the House of Representatives appointed under Subsection (1)(b) is a  
2394 cochair of the benefits advisory commission.
- 2395 (3)(a) Each position described in Subsection (1)(e) is for a term of four years.
- 2396 (b) A vacancy in a position appointed under Subsection (1)(a), (b), (e), or (f) shall be  
2397 filled by appointing a replacement member in the same manner as the member  
2398 creating the vacancy was appointed under Subsection (1)(a), (b), (e), or (f),  
2399 respectively.
- 2400 (c) If a position described in Subsection (1)(e) is vacant, the president of the Senate and  
2401 speaker of the House of Representatives shall jointly appoint the replacement  
2402 member for the remainder of the unexpired term.
- 2403 (4)(a) A majority of members constitute a quorum.
- 2404 (b) The action of a majority of a quorum constitutes the action of the benefits advisory  
2405 commission.
- 2406 (5) The benefits advisory commission shall meet as necessary to effectively conduct the  
2407 commission's business and duties as prescribed by statute, but not less than twice a year.
- 2408 (6) The Division of Human Resource Management shall provide staff support to facilitate  
2409 the function of the benefits advisory commission and record the benefits advisory

- 2410 commission's action and recommendations.
- 2411 (7)(a) The salary and expenses of a benefits advisory commission member who is a  
2412 legislator shall be paid in accordance with Section 36-2-2 and Legislative Joint Rules,  
2413 Title 5, Legislative Compensation and Expenses.
- 2414 (b) A benefits advisory commission member who is not a legislator may not receive  
2415 compensation or benefits for the member's service on the benefits advisory  
2416 commission, but may receive per diem and reimbursement for travel expenses  
2417 incurred as a benefits advisory commission member at the rates established by the  
2418 Division of Finance under:
- 2419 (i) Sections 63A-3-106 and 63A-3-107; and  
2420 (ii) rules made by the Division of Finance under Sections 63A-3-106 and 63A-3-107.
- 2421 (8) The benefits advisory commission shall comply with the provisions of Title 52, Chapter  
2422 4, Open and Public Meetings Act.
- 2423 Section 61. Section **63G-2-103** is amended to read:  
2424 **63G-2-103 (Effective 01/01/28). Definitions.**
- 2425 As used in this chapter:
- 2426 (1) "Audit" means:
- 2427 (a) a systematic examination of financial, management, program, and related records for  
2428 the purpose of determining the fair presentation of financial statements, adequacy of  
2429 internal controls, or compliance with laws and regulations; or
- 2430 (b) a systematic examination of program procedures and operations for the purpose of  
2431 determining their effectiveness, economy, efficiency, and compliance with statutes  
2432 and regulations.
- 2433 (2) "Chief administrative officer" means the chief administrative officer of a governmental  
2434 entity who is responsible to fulfill the duties described in Section 63A-12-103.
- 2435 (3) "Chronological logs" mean the regular and customary summary records of law  
2436 enforcement agencies and other public safety agencies that show:
- 2437 (a) the time and general nature of police, fire, and paramedic calls made to the agency;  
2438 and
- 2439 (b) any arrests or jail bookings made by the agency.
- 2440 (4) "Classification," "classify," and their derivative forms mean determining whether a  
2441 record series, record, or information within a record is public, private, controlled,  
2442 protected, or exempt from disclosure under Subsection 63G-2-201(3)(b).
- 2443 (5)(a) "Computer program" means:

- 2444 (i) a series of instructions or statements that permit the functioning of a computer  
2445 system in a manner designed to provide storage, retrieval, and manipulation of  
2446 data from the computer system; and
- 2447 (ii) any associated documentation and source material that explain how to operate the  
2448 computer program.
- 2449 (b) "Computer program" does not mean:
- 2450 (i) the original data, including numbers, text, voice, graphics, and images;
- 2451 (ii) analysis, compilation, and other manipulated forms of the original data produced  
2452 by use of the program; or
- 2453 (iii) the mathematical or statistical formulas, excluding the underlying mathematical  
2454 algorithms contained in the program, that would be used if the manipulated forms  
2455 of the original data were to be produced manually.
- 2456 (6)(a) "Contractor" means:
- 2457 (i) any person who contracts with a governmental entity to provide goods or services  
2458 directly to a governmental entity; or
- 2459 (ii) any private, nonprofit organization that receives funds from a governmental entity.
- 2460 (b) "Contractor" does not mean a private provider.
- 2461 (7) "Controlled record" means a record containing data on individuals that is controlled as  
2462 provided by Section 63G-2-304.
- 2463 (8) "Designation," "designate," and their derivative forms mean indicating, based on a  
2464 governmental entity's familiarity with a record series or based on a governmental entity's  
2465 review of a reasonable sample of a record series, the primary classification that a  
2466 majority of records in a record series would be given if classified and the classification  
2467 that other records typically present in the record series would be given if classified.
- 2468 (9) "Elected official" means each person elected to a state office, county office, municipal  
2469 office, school board or school district office, special district office, or special service  
2470 district office, but does not include judges.
- 2471 (10) "Explosive" means a chemical compound, device, or mixture:
- 2472 (a) commonly used or intended for the purpose of producing an explosion; and
- 2473 (b) that contains oxidizing or combustive units or other ingredients in proportions,  
2474 quantities, or packing so that:
- 2475 (i) an ignition by fire, friction, concussion, percussion, or detonator of any part of the  
2476 compound or mixture may cause a sudden generation of highly heated gases; and
- 2477 (ii) the resultant gaseous pressures are capable of:

- 2478 (A) producing destructive effects on contiguous objects; or  
2479 (B) causing death or serious bodily injury.
- 2480 (11) "Government audit agency" means any governmental entity that conducts an audit.
- 2481 (12)(a) "Governmental entity" means:
- 2482 (i) executive department agencies of the state, the offices of the governor, lieutenant  
2483 governor, state auditor, attorney general, and state treasurer, the Board of Pardons  
2484 and Parole, the Board of Examiners, the National Guard, the Career Service  
2485 Review Office, the State Board of Education, the Utah Board of Higher  
2486 Education, and the State Archives;
- 2487 (ii) the Office of the Legislative Auditor General, Office of the Legislative Fiscal  
2488 Analyst, Office of Legislative Research and General Counsel, the Legislature, and  
2489 legislative committees, except any political party, group, caucus, or rules or sifting  
2490 committee of the Legislature;
- 2491 (iii) courts, the Judicial Council, the Administrative Office of the Courts, and similar  
2492 administrative units in the judicial branch;
- 2493 (iv) any state-funded institution of higher education or public education; or
- 2494 (v) any political subdivision of the state, but, if a political subdivision has adopted an  
2495 ordinance or a policy relating to information practices pursuant to Section  
2496 63G-2-701, this chapter shall apply to the political subdivision to the extent  
2497 specified in Section 63G-2-701 or as specified in any other section of this chapter  
2498 that specifically refers to political subdivisions.
- 2499 (b) "Governmental entity" also means:
- 2500 (i) every office, agency, board, bureau, committee, department, advisory board, or  
2501 commission of an entity listed in Subsection (12)(a) that is funded or established  
2502 by the government to carry out the public's business;
- 2503 (ii) as defined in Section 11-13-103, an interlocal entity or joint or cooperative  
2504 undertaking, except for the Water District Water Development Council created  
2505 pursuant to Section 11-13-228;
- 2506 (iii) as defined in Section 11-13a-102, a governmental nonprofit corporation;
- 2507 (iv) an association as defined in Section 53G-7-1101;
- 2508 (v) the Utah Independent Redistricting Commission; and
- 2509 (vi) a law enforcement agency, as defined in Section 53-1-102, that employs one or  
2510 more law enforcement officers, as defined in Section 53-13-103.
- 2511 (c) "Governmental entity" does not include the Utah Educational Savings Plan created in

2512 Section 53H-10-202.

2513 (13) "Government Records Office" means the same as that term is defined in Section  
2514 63A-12-201.

2515 (14) "Gross compensation" means every form of remuneration payable for a given period to  
2516 an individual for services provided including salaries, commissions, vacation pay,  
2517 severance pay, bonuses, and any board, rent, housing, lodging, payments in kind, and  
2518 any similar benefit received from the individual's employer.

2519 (15) "Individual" means a human being.

2520 (16)(a) "Initial contact report" means an initial written or recorded report, however  
2521 titled, prepared by peace officers engaged in public patrol or response duties  
2522 describing official actions initially taken in response to either a public complaint  
2523 about or the discovery of an apparent violation of law, which report may describe:

2524 (i) the date, time, location, and nature of the complaint, the incident, or offense;

2525 (ii) names of victims;

2526 (iii) the nature or general scope of the agency's initial actions taken in response to the  
2527 incident;

2528 (iv) the general nature of any injuries or estimate of damages sustained in the incident;

2529 (v) the name, address, and other identifying information about any person arrested or  
2530 charged in connection with the incident; or

2531 (vi) the identity of the public safety personnel, except undercover personnel, or  
2532 prosecuting attorney involved in responding to the initial incident.

2533 (b) Initial contact reports do not include follow-up or investigative reports prepared after  
2534 the initial contact report. However, if the information specified in Subsection (16)(a)  
2535 appears in follow-up or investigative reports, it may only be treated confidentially if  
2536 it is private, controlled, protected, or exempt from disclosure under Subsection  
2537 63G-2-201(3)(b).

2538 (c) Initial contact reports do not include accident reports, as that term is described in  
2539 Title 41, Chapter 6a, Part 4, Accident Responsibilities.

2540 (17) "Legislative body" means the Legislature.

2541 (18) "Notice of compliance" means a statement confirming that a governmental entity has  
2542 complied with an order of the director of the Government Records Office.

2543 (19) "Person" means:

2544 (a) an individual;

2545 (b) a nonprofit or profit corporation;

- 2546 (c) a partnership;
- 2547 (d) a sole proprietorship;
- 2548 (e) other type of business organization; or
- 2549 (f) any combination acting in concert with one another.
- 2550 (20) "Private provider" means any person who contracts with a governmental entity to
- 2551 provide services directly to the public.
- 2552 (21) "Private record" means a record containing data on individuals that is private as
- 2553 provided by Section 63G-2-302.
- 2554 (22) "Protected record" means a record that is classified protected as provided by Section
- 2555 63G-2-305.
- 2556 (23) "Public record" means a record that is not private, controlled, or protected and that is
- 2557 not exempt from disclosure as provided in Subsection 63G-2-201(3)(b).
- 2558 (24) "Reasonable search" means a search that is:
- 2559 (a) reasonable in scope and intensity; and
- 2560 (b) not unreasonably burdensome for the government entity.
- 2561 (25)(a) "Record" means a book, letter, document, paper, map, plan, photograph, film,
- 2562 card, tape, recording, electronic data, or other documentary material regardless of
- 2563 physical form or characteristics:
- 2564 (i) that is prepared, owned, received, or retained by a governmental entity or political
- 2565 subdivision; and
- 2566 (ii) where all of the information in the original is reproducible by photocopy or other
- 2567 mechanical or electronic means.
- 2568 (b) "Record" does not include:
- 2569 (i) a personal note or personal communication prepared or received by an employee
- 2570 or officer of a governmental entity:
- 2571 (A) in a capacity other than the employee's or officer's governmental capacity; or
- 2572 (B) that is unrelated to the conduct of the public's business;
- 2573 (ii) a temporary draft or similar material prepared for the originator's personal use or
- 2574 prepared by the originator for the personal use of an individual for whom the
- 2575 originator is working;
- 2576 (iii) material that is legally owned by an individual in the individual's private capacity;
- 2577 (iv) material to which access is limited by the laws of copyright or patent unless the
- 2578 copyright or patent is owned by a governmental entity or political subdivision;
- 2579 (v) proprietary software;

- 2580 (vi) junk mail or a commercial publication received by a governmental entity or an  
 2581 official or employee of a governmental entity;
- 2582 (vii) a book that is cataloged, indexed, or inventoried and contained in the collections  
 2583 of a library open to the public;
- 2584 (viii) material that is cataloged, indexed, or inventoried and contained in the  
 2585 collections of a library open to the public, regardless of physical form or  
 2586 characteristics of the material;
- 2587 (ix) a daily calendar ;
- 2588 (x) a note prepared by the originator for the originator's own use or for the sole use of  
 2589 an individual for whom the originator is working;
- 2590 (xi) a computer program that is developed or purchased by or for any governmental  
 2591 entity for its own use;
- 2592 (xii) a note or internal memorandum prepared as part of the deliberative process by:  
 2593 (A) a member of the judiciary;  
 2594 (B) an administrative law judge;  
 2595 (C) a member of the Board of Pardons and Parole; or  
 2596 (D) a member of any other body, other than an association or appeals panel as  
 2597 defined in Section 53G-7-1101, charged by law with performing a  
 2598 quasi-judicial function;
- 2599 (xiii) a telephone number or similar code used to access a mobile communication  
 2600 device that is used by an employee or officer of a governmental entity, provided  
 2601 that the employee or officer of the governmental entity has designated at least one  
 2602 business telephone number that is a public record as provided in Section  
 2603 63G-2-301;
- 2604 [~~(xiv)~~] ~~information provided by the Public Employees' Benefit and Insurance~~  
 2605 ~~Program, created in Section 49-20-103, to a county to enable the county to~~  
 2606 ~~calculate the amount to be paid to a health care provider under Subsection~~  
 2607 ~~17-63-706(2)(e)(ii);]~~
- 2608 [~~(xv)~~] (xiv) information that an owner of unimproved property provides to a local  
 2609 entity as provided in Section 11-42-205;
- 2610 [~~(xvi)~~] (xv) a video or audio recording of an interview, or a transcript of the video or  
 2611 audio recording, that is conducted at a Children's Justice Center established under  
 2612 Section 67-5b-102;
- 2613 [~~(xvii)~~] (xvi) child sexual abuse material, as defined by Section 76-5b-103;

- 2614            [~~(xviii)~~] (xvii) before final disposition of an ethics complaint occurs, a video or audio  
 2615            recording of the closed portion of a meeting or hearing of:
- 2616            (A) a Senate or House Ethics Committee;
- 2617            (B) the Independent Legislative Ethics Commission;
- 2618            (C) the Independent Executive Branch Ethics Commission, created in Section  
 2619            63A-14-202; or
- 2620            (D) the Political Subdivisions Ethics Review Commission established in Section  
 2621            63A-15-201;
- 2622            [~~(xix)~~] (xviii) confidential communication described in Section 58-60-102, 58-61-102,  
 2623            or 58-61-702;
- 2624            [~~(xx)~~] (xix) any item described in Subsection (25)(a) that is:
- 2625            (A) described in Subsection 63G-2-305(17), (18), or (23)(b); and
- 2626            (B) shared between any of the following entities:
- 2627            (I) the Division of Risk Management;
- 2628            (II) the Office of the Attorney General;
- 2629            (III) the governor's office; or
- 2630            (IV) the Legislature;
- 2631            [~~(xxi)~~] (xx) the email address that a candidate for elective office provides to a filing  
 2632            officer under Subsection 20A-9-201(5)(c)(ii) or 20A-9-203(4)(c)(iv); or
- 2633            [~~(xxii)~~] (xxi) except as provided in Sections 31A-16-105, 31A-16-107.5, and  
 2634            27a-3-303, an investment policy, or information related to an investment policy,  
 2635            provided to the insurance commissioner as described in Title 31A, Chapter 18,  
 2636            Investments.
- 2637            (26) "Record series" means a group of records that may be treated as a unit for purposes of  
 2638            designation, description, management, or disposition.
- 2639            (27) "Records officer" means the individual appointed by the chief administrative officer of  
 2640            each governmental entity, or the political subdivision to work with state archives in the  
 2641            care, maintenance, scheduling, designation, classification, disposal, and preservation of  
 2642            records.
- 2643            (28) "Schedule," "scheduling," and their derivative forms mean the process of specifying  
 2644            the length of time each record series should be retained by a governmental entity for  
 2645            administrative, legal, fiscal, or historical purposes and when each record series should be  
 2646            transferred to the state archives or destroyed.
- 2647            (29) "Sponsored research" means research, training, and other sponsored activities as

2648 defined by the federal Executive Office of the President, Office of Management and  
2649 Budget:

2650 (a) conducted:

2651 (i) by an institution within the state system of higher education described in Section  
2652 53H-1-102; and

2653 (ii) through an office responsible for sponsored projects or programs; and

2654 (b) funded or otherwise supported by an external:

2655 (i) person that is not created or controlled by the institution within the state system of  
2656 higher education; or

2657 (ii) federal, state, or local governmental entity.

2658 (30) "State archives" means the Division of Archives and Records Service created in  
2659 Section 63A-12-101.

2660 (31) "State archivist" means the director of the state archives.

2661 (32) "Summary data" means statistical records and compilations that contain data derived  
2662 from private, controlled, or protected information but that do not disclose private,  
2663 controlled, or protected information.

2664 Section 62. Section **63I-1-226** is amended to read:

2665 **63I-1-226 (Effective 01/01/28). Repeal dates: Titles 26 through 26C.**

2666 (1) Subsection 26B-1-204(2)(g), regarding the Youth Electronic Cigarette, Marijuana, and  
2667 Other Drug Prevention Committee, is repealed July 1, 2030.

2668 (2) Subsection 26B-1-204(2)(h), regarding the Primary Care Grant Committee, is repealed  
2669 July 1, 2035.

2670 (3) Section 26B-1-315, Medicaid ACA Fund, is repealed July 1, 2034.

2671 (4) Section 26B-1-318, Brain and Spinal Cord Injury Fund, is repealed July 1, 2029.

2672 (5) Section 26B-1-402, Rare Disease Advisory Council Grant Program -- Creation --  
2673 Reporting, is repealed July 1, 2026.

2674 (6) Section 26B-1-409, Utah Digital Health Service Commission -- Creation -- Membership  
2675 -- Duties, is repealed July 1, 2025.

2676 (7) Section 26B-1-410, Primary Care Grant Committee, is repealed July 1, 2035.

2677 (8) Section 26B-1-417, Brain and Spinal Cord Injury Advisory Committee -- Membership  
2678 -- Duties, is repealed July 1, 2029.

2679 (9) Section 26B-1-422, Early Childhood Utah Advisory Council -- Creation --  
2680 Compensation -- Duties, is repealed July 1, 2029.

2681 [~~(10) Section 26B-1-425, Utah Health Workforce Advisory Council -- Creation and~~

- 2682 membership, is repealed July 1, 2027.]
- 2683 [(11)] (10) Section 26B-1-428, Youth Electronic Cigarette, Marijuana, and Other Drug  
2684 Prevention Committee and Program -- Creation -- Membership -- Duties, is repealed  
2685 July 1, 2030.
- 2686 [(12)] (11) Section 26B-1-430, Coordinating Council for Persons with Disabilities -- Policy  
2687 regarding services to individuals with disabilities -- Creation -- Membership --  
2688 Expenses, is repealed July 1, 2027.
- 2689 [(13)] (12) Section 26B-1-432, Newborn Hearing Screening Committee, is repealed July 1,  
2690 2026.
- 2691 [(14)] (13) Section 26B-2-407, Drinking water quality in child care centers, is repealed July  
2692 1, 2027.
- 2693 [(15)] (14) Subsection 26B-3-107(9), regarding reimbursement for dental hygienists, is  
2694 repealed July 1, 2028.
- 2695 [(16)] (15) Section 26B-3-136, Children's Health Care Coverage Program, is repealed July  
2696 1, 2025.
- 2697 [(17)] (16) Section 26B-3-137, Reimbursement for diabetes prevention program, is repealed  
2698 June 30, 2027.
- 2699 [(18)] (17) Subsection 26B-3-213(2)(b), regarding consultation with the Behavioral Health  
2700 Crisis Response Committee, is repealed December 31, 2026.
- 2701 [(19)] (18) Section 26B-3-302, DUR Board -- Creation and membership -- Expenses, is  
2702 repealed July 1, 2027.
- 2703 [(20)] (19) Section 26B-3-303, DUR Board -- Responsibilities, is repealed July 1, 2027.
- 2704 [(21)] (20) Section 26B-3-304, Confidentiality of records, is repealed July 1, 2027.
- 2705 [(22)] (21) Section 26B-3-305, Drug prior approval program, is repealed July 1, 2027.
- 2706 [(23)] (22) Section 26B-3-306, Advisory committees, is repealed July 1, 2027.
- 2707 [(24)] (23) Section 26B-3-307, Retrospective and prospective DUR, is repealed July 1, 2027.
- 2708 [(25)] (24) Section 26B-3-308, Penalties, is repealed July 1, 2027.
- 2709 [(26)] (25) Section 26B-3-309, Immunity, is repealed July 1, 2027.
- 2710 [(27)] (26) Title 26B, Chapter 3, Part 5, Inpatient Hospital Assessment, is repealed July 1,  
2711 2034.
- 2712 [(28)] (27) Title 26B, Chapter 3, Part 6, Medicaid Expansion Hospital Assessment, is  
2713 repealed July 1, 2034.
- 2714 [(29)] (28) Title 26B, Chapter 3, Part 7, Hospital Provider Assessment, is repealed July 1,  
2715 2028.

- 2716 [~~(30)~~] (29) Section 26B-3-910, Alternative eligibility -- Report -- Alternative Eligibility  
 2717 Expendable Revenue Fund, is repealed July 1, 2028.
- 2718 [~~(31)~~] (30) Section 26B-4-710, Rural residency training program, is repealed July 1, 2025.
- 2719 [~~(32)~~] (31) Subsection 26B-5-112(1)(b), regarding consultation with the Behavioral Health  
 2720 Crisis Response Committee, is repealed December 31, 2026.
- 2721 [~~(33)~~] (32) Subsection 26B-5-112(5)(b), regarding consultation with the Behavioral Health  
 2722 Crisis Response Committee, is repealed December 31, 2026.
- 2723 [~~(34)~~] (33) Section 26B-5-112.5, Mobile Crisis Outreach Team Grant Program, is repealed  
 2724 December 31, 2026.
- 2725 [~~(35)~~] (34) Section 26B-5-114, Behavioral Health Receiving Center Grant Program, is  
 2726 repealed December 31, 2026.
- 2727 [~~(36)~~] (35) Section 26B-5-118, Collaborative care grant program, is repealed December 31,  
 2728 2024.
- 2729 [~~(37)~~] (36) Section 26B-5-120, Virtual crisis outreach team grant program, is repealed  
 2730 December 31, 2026.
- 2731 [~~(38)~~] (37) Subsection 26B-5-609(1)(a), regarding the Behavioral Health Crisis Response  
 2732 Committee, is repealed December 31, 2026.
- 2733 [~~(39)~~] (38) Subsection 26B-5-609(3)(b), regarding the Behavioral Health Crisis Response  
 2734 Committee, is repealed December 31, 2026.
- 2735 [~~(40)~~] (39) Subsection 26B-5-610(1)(b), regarding the Behavioral Health Crisis Response  
 2736 Committee, is repealed December 31, 2026.
- 2737 [~~(41)~~] (40) Subsection 26B-5-610(2)(b)(ii), regarding the Behavioral Health Crisis Response  
 2738 Committee, is repealed December 31, 2026.
- 2739 [~~(42)~~] (41) Section 26B-5-612, Integrated behavioral health care grant programs, is repealed  
 2740 December 31, 2025.
- 2741 [~~(43)~~] (42) Title 26B, Chapter 5, Part 7, Utah Behavioral Health Commission, is repealed  
 2742 July 1, 2029.
- 2743 [~~(44)~~] (43) Subsection 26B-5-704(2)(a), regarding the Behavioral Health Crisis Response  
 2744 Committee, is repealed December 31, 2026.
- 2745 [~~(45)~~] (44) Title 26B, Chapter 5, Part 8, Utah Substance Use and Mental Health Advisory  
 2746 Committee, is repealed January 1, 2033.
- 2747 [~~(46)~~] (45) Section 26B-7-119, Hepatitis C Outreach Pilot Program, is repealed July 1, 2028.
- 2748 [~~(47)~~] (46) Section 26B-7-122, Communication Habits to reduce Adolescent Threats Pilot  
 2749 Program, is repealed July 1, 2029.

- 2750 [(48)] (47) Section 26B-7-123, Report on CHAT campaign, is repealed July 1, 2029.
- 2751 [(49)] (48) Title 26B, Chapter 8, Part 5, Utah Health Data Authority, is repealed July 1,  
2752 2026.
- 2753 Section 63. Section **63I-1-252** is amended to read:  
2754 **63I-1-252 (Effective 01/01/28). Repeal dates: Title 52.**  
2755 Reserved.
- 2756 Section 64. Section **63I-1-253** is amended to read:  
2757 **63I-1-253 (Effective 01/01/28). Repeal dates: Titles 53 through 53G.**
- 2758 (1) Section 53-1-122, Road Rage Awareness and Prevention Restricted Account, is  
2759 repealed July 1, 2028.
- 2760 (2) Section 53-2a-105, Emergency Management Administration Council created --  
2761 Function -- Composition -- Expenses, is repealed July 1, 2029.
- 2762 (3) Section 53-2a-1103, Search and Rescue Advisory Board -- Members -- Compensation,  
2763 is repealed July 1, 2030.
- 2764 (4) Section 53-2a-1104, General duties of the Search and Rescue Advisory Board, is  
2765 repealed July 1, 2027.
- 2766 (5) Title 53, Chapter 2a, Part 15, Grid Resilience Committee, is repealed July 1, 2027.
- 2767 (6) Section 53-2d-104, State Emergency Medical Services Committee -- Membership --  
2768 Expenses, is repealed July 1, 2029.
- 2769 (7) Section 53-2d-503, Establishment of maximum rates, is repealed July 1, 2027.
- 2770 (8) Section 53-5a-302, Concealed Firearm Review Board -- Membership -- Compensation  
2771 -- Terms -- Duties, is repealed July 1, 2029.
- 2772 (9) Section 53-11-104, Board, is repealed July 1, 2029.
- 2773 (10) Title 53, Chapter 31, Department Interaction With Local Law Enforcement, is repealed  
2774 July 1, 2027.
- 2775 (11) Subsection 53C-3-203(4)(b)(vii), regarding the distribution of money from the Land  
2776 Exchange Distribution Account to the Geological Survey for test wells and other  
2777 hydrologic studies in the West Desert, is repealed July 1, 2030.
- 2778 (12) Subsection 53E-1-201(1)(q), regarding the Higher Education and Corrections Council,  
2779 is repealed July 1, 2027.
- 2780 (13) Subsection 53E-2-304(6), regarding foreclosing a private right of action or waiver of  
2781 governmental immunity, is repealed July 1, 2027.
- 2782 (14) Subsection 53E-3-503(5), regarding coordinating councils for youth in care, is  
2783 repealed July 1, 2027.

- 2784 (15) Subsection 53E-3-503(6), regarding coordinating councils for youth in care, is  
2785 repealed July 1, 2027.
- 2786 (16) Subsection 53E-4-202(8)(b), regarding a standards review committee, is repealed  
2787 January 1, 2028.
- 2788 (17) Section 53E-4-203, Standards review committee, is repealed January 1, 2028.
- 2789 (18) Title 53E, Chapter 6, Part 5, Utah Professional Practices Advisory Commission, is  
2790 repealed July 1, 2033.
- 2791 (19) Subsection 53E-7-207(7), regarding a private right of action or waiver of governmental  
2792 immunity, is repealed July 1, 2027.
- 2793 (20) Section 53F-5-215, Elementary teacher preparation assessment grant, is repealed July  
2794 1, 2028.
- 2795 (21) Section 53F-5-219, Local Innovations Civics Education Pilot Program, is repealed July  
2796 1, 2026.
- 2797 (22) Title 53F, Chapter 10, Part 2, Capital Projects Evaluation Panel, is repealed July 1,  
2798 2027.
- 2799 (23) Subsection 53G-4-608(2)(b), regarding the Utah Seismic Safety Commission, is  
2800 repealed January 1, 2025.
- 2801 (24) Subsection 53G-4-608(4)(b), regarding the Utah Seismic Safety Commission, is  
2802 repealed January 1, 2025.
- 2803 (25) Section 53G-9-212, Drinking water quality in schools, is repealed July 1, 2027.
- 2804 (26) Subsection 53G-9-703(4), regarding the parental video presentation concerning student  
2805 use of technology, is repealed January 1, 2030.
- 2806 (27) Subsection 53H-1-402(1)(j), regarding the Higher Education and Corrections Council,  
2807 is repealed July 1, 2027.
- 2808 (28) Section 53H-1-604, Higher Education and Corrections Council, is repealed July 1,  
2809 2027.
- 2810 (29) Subsection 53H-4-210(3), regarding the creation of the SafeUT and School Safety  
2811 Commission, is repealed January 1, 2030.
- 2812 (30) Subsection 53H-4-210(4), regarding the appointment of the members of the SafeUT  
2813 and School Safety Commission, is repealed January 1, 2030.
- 2814 (31) Subsection 53H-4-210(5), regarding the attorney general designating the chair of the  
2815 SafeUT and School Safety Commission, is repealed January 1, 2030.
- 2816 (32) Subsection 53H-4-210(6), regarding the quorum requirements of the SafeUT and  
2817 School Safety Commission, is repealed January 1, 2030.

- 2818 (33) Subsection 53H-4-210(7), regarding a formal action of the SafeUT and School Safety  
2819 Commission, is repealed January 1, 2030.
- 2820 (34) Subsection 53H-4-210(8), regarding compensation for members of the SafeUT and  
2821 School Safety Commission, is repealed January 1, 2030.
- 2822 (35) Subsection 53H-4-210(9), regarding the support staff for the SafeUT and School  
2823 Safety Commission, is repealed January 1, 2030.
- 2824 (36) Section 53H-4-306.1, Definitions -- Electrification of Transportation Infrastructure  
2825 Research Center, is repealed July 1, 2028.
- 2826 (37) Section 53H-4-306.2, Electrification of Transportation Infrastructure Research Center  
2827 -- Designation -- Duties, is repealed July 1, 2028.
- 2828 (38) Section 53H-4-306.3, Electrification of Transportation Infrastructure Research Center  
2829 -- Steering committee, is repealed July 1, 2028.
- 2830 (39) Section 53H-4-306.4, Electrification of Transportation Infrastructure Research Center  
2831 -- Industry advisory board, is repealed July 1, 2028.
- 2832 (40) Section 53H-4-306.5, Electrification of Transportation Infrastructure Research Center  
2833 -- Duties of the project director, is repealed July 1, 2028.
- 2834 (41) Section 53H-4-306.6, Electrification of Transportation Infrastructure Research Center  
2835 -- Project development and strategic objectives -- Reporting requirements, is repealed  
2836 July 1, 2028.
- 2837 (42) Section 53H-4-307.1, Center for Civic Excellence, is repealed July 1, 2030.
- 2838 (43) Section 53H-4-307.2, Center for Civic Excellence -- Duties -- Authority, is repealed  
2839 July 1, 2030.
- 2840 (44) Section 53H-4-307.3, Center for Civic Excellence -- Leadership, is repealed July 1,  
2841 2030.
- 2842 (45) Section 53H-4-307.4, Center for Civic Excellence -- Faculty, is repealed July 1, 2030.
- 2843 (46) Section 53H-4-307.5, Center for Civic Excellence -- Curriculum, is repealed July 1,  
2844 2030.
- 2845 (47) Section 53H-4-307.6, Center for Civic Excellence -- Oversight -- Reporting, is  
2846 repealed July 1, 2030.
- 2847 (48) Section 53H-4-313, Food Security Council, is repealed July 1, 2027.
- 2848 (49) Section 53H-8-305, Five-year performance goals, is repealed July 1, 2027.
- 2849 (50) Title 53H, Chapter 10, Part 4, Education Savings Incentive Program, is repealed July  
2850 1, 2028.
- 2851 Section 65. Section **63I-2-226** is amended to read:

- 2852           **63I-2-226 (Effective 01/01/28). Repeal dates: Titles 26 through 26B.**
- 2853           (1) Section 26B-1-420, Cannabis Research Review Board, is repealed July 1, 2025.
- 2854           (2) Subsection 26B-1-421(9)(a), regarding a report to the Cannabis Research Review
- 2855           Board, is repealed July 1, 2025.
- 2856           (3) Section 26B-1-423, Rural Physician Loan Repayment Program Advisory Committee --
- 2857           Membership -- Compensation -- Duties, is repealed July 1, 2026.
- 2858           (4) Section 26B-2-243, Data collection and reporting requirements concerning incidents of
- 2859           abuse, neglect, or exploitation, is repealed July 1, 2027.
- 2860           (5) Subsection 26B-3-215(5), regarding reporting on coverage for in vitro fertilization and
- 2861           genetic testing, is repealed July 1, 2030.
- 2862           (6) Subsection 26B-4-201(5), regarding the Cannabis Research Review Board, is repealed
- 2863           July 1, 2025.
- 2864           (7) Subsection 26B-4-212(1)(b), regarding the Cannabis Research Review Board, is
- 2865           repealed July 1, 2025.
- 2866           (8) Section 26B-4-702, Creation of Utah Health Care Workforce Financial Assistance
- 2867           Program, is repealed July 1, 2027.
- 2868           (9) Subsection 26B-4-703(3)(b), regarding per diem and expenses for the Rural Physician
- 2869           Loan Repayment Program Advisory Committee, is repealed July 1, 2026.
- 2870           (10) Subsection 26B-4-703(3)(c), regarding expenses for the Rural Physician Loan
- 2871           Repayment Program, is repealed July 1, 2026.
- 2872           (11) Subsection 26B-4-703(6)(b), regarding recommendations from the Rural Physician
- 2873           Loan Repayment Program Advisory Committee, is repealed July 1, 2026.
- 2874           (12) Section 26B-5-117, Early childhood mental health support grant program, is repealed
- 2875           January 2, 2025.
- 2876           (13) Section 26B-5-302.5, Study concerning civil commitment and the Utah State Hospital,
- 2877           is repealed July 1, 2025.
- 2878           (14) Section 26B-6-414, Respite care services, is repealed July 1, 2025.
- 2879           (15) Section 26B-7-120, Invisible condition alert program education and outreach, is
- 2880           repealed July 1, 2025.
- 2881           Section 66. Section **63I-2-249** is amended to read:
- 2882           **63I-2-249 (Effective 01/01/28). Repeal dates: Title 49.**
- 2883           Reserved.
- 2884           ~~[(1) Subsection 49-20-420(3), regarding a requirement to report to the Legislature, is~~
- 2885           ~~repealed January 1, 2030.]~~

2886 [(2) Section 49-20-422, Coverage of pregnancy and childbirth services, including doula,  
 2887 direct-entry midwife, and birthing center services, is repealed July 1, 2027.]

2888 Section 67. Section **63J-1-602.2** is amended to read:

2889 **63J-1-602.2 (Effective 01/01/28) (Partially Repealed 07/01/29). List of nonlapsing**  
 2890 **appropriations to programs.**

2891 Appropriations made to the following programs are nonlapsing:

- 2892 (1) The Legislature and the Legislature's committees.
- 2893 (2) The State Board of Education, including all appropriations to agencies, line items, and  
 2894 programs under the jurisdiction of the State Board of Education, in accordance with  
 2895 Section 53F-9-103.
- 2896 (3) The Rangeland Improvement Act created in Section 4-20-101.
- 2897 (4) The Percent-for-Art Program created in Section 9-6-404.
- 2898 (5) The LeRay McAllister Working Farm and Ranch Fund Program created in Title 4,  
 2899 Chapter 46, Part 3, LeRay McAllister Working Farm and Ranch Fund.
- 2900 (6) The Utah Lake Authority created in Section 11-65-201.
- 2901 (7) Dedicated credits accrued to the Utah Marriage Commission as provided under  
 2902 Subsection 17-66-303(2)(d)(ii).
- 2903 (8) The Wildlife Land and Water Acquisition Program created in Section 23A-6-205.
- 2904 (9) Sanctions collected as dedicated credits from Medicaid providers under Subsection  
 2905 26B-3-108(7).
- 2906 (10) The primary care grant program created in Section 26B-4-310.
- 2907 (11) The Opiate Overdose Outreach Pilot Program created in Section 26B-4-512.
- 2908 (12) The Utah Health Care Workforce Financial Assistance Program created in Section  
 2909 26B-4-702.
- 2910 (13) The Rural Physician Loan Repayment Program created in Section 26B-4-703.
- 2911 (14) The Utah Medical Education Council for the:
- 2912 (a) administration of the Utah Medical Education Program created in Section [~~26B-4-707~~]  
 2913 26C-2-108;
- 2914 (b) provision of medical residency grants described in Section [~~26B-4-711~~] 26C-2-111;  
 2915 and
- 2916 (c) provision of the forensic psychiatric fellowship grant described in Section [~~26B-4-712~~]  
 2917 26C-2-112.
- 2918 (15) The Division of Services for People with Disabilities, as provided in Section 26B-6-402.
- 2919 (16) The Communication Habits to reduce Adolescent Threats (CHAT) Pilot Program

- 2920 created in Section 26B-7-122.
- 2921 (17) Funds that the Department of Alcoholic Beverage Services retains in accordance with  
2922 Subsection 32B-2-301(8)(a) or (b).
- 2923 (18) The General Assistance program administered by the Department of Workforce  
2924 Services, as provided in Section 35A-3-401.
- 2925 (19) The Utah National Guard, created in Title 39A, National Guard and Militia Act.
- 2926 (20) The Search and Rescue Financial Assistance Program, as provided in Section  
2927 53-2a-1102.
- 2928 (21) The Emergency Medical Services Grant Program, as provided in Section 53-2d-207.
- 2929 (22) The Motorcycle Rider Education Program, as provided in Section 53-3-905.
- 2930 (23) The Utah Board of Higher Education for teacher preparation programs, as provided in  
2931 Section 53H-5-402.
- 2932 (24) Innovation grants under Section 53G-10-608, except as provided in Subsection  
2933 53G-10-608(3).
- 2934 (25) The Division of Fleet Operations for the purpose of upgrading underground storage  
2935 tanks under Section 63A-9-401.
- 2936 (26) The Division of Technology Services for technology innovation as provided under  
2937 Section 63A-16-903.
- 2938 (27) The State Capitol Preservation Board created by Section 63O-2-201.
- 2939 (28) The Office of Administrative Rules for publishing, as provided in Section 63G-3-402.
- 2940 (29) The Colorado River Authority of Utah, created in Title 63M, Chapter 14, Colorado  
2941 River Authority of Utah Act.
- 2942 (30) The Governor's Office of Economic Opportunity to fund the Enterprise Zone Act, as  
2943 provided in Title 63N, Chapter 2, Part 2, Enterprise Zone Act.
- 2944 (31) The Governor's Office of Economic Opportunity's Rural Employment Expansion  
2945 Program, as described in Title 63N, Chapter 4, Part 4, Rural Employment Expansion  
2946 Program.
- 2947 (32) County correctional facility contracting program for state inmates as described in  
2948 Section 64-13e-103.
- 2949 (33) County correctional facility reimbursement program for state probationary inmates and  
2950 state parole inmates as described in Section 64-13e-104.
- 2951 (34) Programs for the Jordan River Recreation Area as described in Section 65A-2-8.
- 2952 (35) The Division of Human Resource Management user training program, as provided in  
2953 Section 63A-17-106.

- 2954 (36) A public safety answering point's emergency telecommunications service fund, as  
2955 provided in Section 69-2-301.
- 2956 (37) The Traffic Noise Abatement Program created in Section 72-6-112.
- 2957 (38) The money appropriated from the Navajo Water Rights Negotiation Account to the  
2958 Division of Water Rights, created in Section 73-2-1.1, for purposes of participating in a  
2959 settlement of federal reserved water right claims.
- 2960 (39) The Judicial Council for compensation for special prosecutors, as provided in Section  
2961 77-10a-19.
- 2962 (40) A state rehabilitative employment program, as provided in Section 78A-6-210.
- 2963 (41) The Utah Geological Survey, as provided in Section 79-3-401.
- 2964 (42) The Bonneville Shoreline Trail Program created under Section 79-5-503.
- 2965 (43) Adoption document access as provided in Sections 81-13-103, 81-13-504, and  
2966 81-13-505.
- 2967 (44) Indigent defense as provided in Title 78B, Chapter 22, Part 4, Utah Indigent Defense  
2968 Commission.
- 2969 (45) The program established by the Division of Facilities Construction and Management  
2970 under Section 63A-5b-703 under which state agencies receive an appropriation and pay  
2971 lease payments for the use and occupancy of buildings owned by the Division of  
2972 Facilities Construction and Management.
- 2973 (46) The State Tax Commission for reimbursing counties for deferrals in accordance with  
2974 Section 59-2-1802.5.
- 2975 (47) The Veterinarian Education Loan Repayment Program created in Section 4-2-902.  
2976 Section 68. Section **63J-7-102** is amended to read:
- 2977 **63J-7-102 (Effective 01/01/28). Scope and applicability of chapter.**
- 2978 (1) Except as provided in Subsection (2), and except as otherwise provided by a statute  
2979 superseding provisions of this chapter by explicit reference to this chapter, the  
2980 provisions of this chapter apply to each agency and govern each grant received on or  
2981 after May 5, 2008.
- 2982 (2) This chapter does not govern:
- 2983 (a) a grant deposited into a General Fund restricted account;
- 2984 (b) a grant deposited into a Fiduciary Fund as defined in Section 51-5-4;
- 2985 (c) a grant deposited into an Enterprise Fund as defined in Section 51-5-4;
- 2986 (d) a grant made to the state without a restriction or other designated purpose that is  
2987 deposited into the General Fund as free revenue;

- 2988 (e) a grant made to the state that is restricted only to "education" and that is deposited  
 2989 into the Income Tax Fund or Uniform School Fund as free revenue;
- 2990 (f) in-kind donations;
- 2991 (g) a tax, fees, penalty, fine, surcharge, money judgment, or other money due the state  
 2992 when required by state law or application of state law;
- 2993 (h) a contribution made under Title 59, Chapter 10, Part 13, Individual Income Tax  
 2994 Contribution Act;
- 2995 (i) a grant received by an agency from another agency or political subdivision;
- 2996 (j) a grant to the Utah Dairy Commission created in Section 4-22-103;
- 2997 (k) a grant to the Heber Valley Historic Railroad Authority created in Section 63H-4-102;
- 2998 (l) a grant to the Utah State Railroad Museum Authority created in Section 63H-5-102;
- 2999 (m) a grant to the Utah Housing Corporation created in Section 63H-8-201;
- 3000 (n) a grant to the State Fair Park Authority created in Section 11-68-201;
- 3001 (o) a grant to the Utah State Retirement Office created in Section 49-11-201;
- 3002 (p) a grant to the School and Institutional Trust Lands Administration created in Section  
 3003 53C-1-201;
- 3004 (q) a grant to the Utah Communications Authority created in Section 63H-7a-201;
- 3005 (r) a grant to the Medical Education Program created in Section [~~26B-4-707~~] 26C-2-108;
- 3006 (s) a grant to the Utah Capital Investment Corporation created in Section 63N-6-301;
- 3007 (t) a grant to the Utah Charter School Finance Authority created in Section 53G-5-602;
- 3008 (u) a grant to the State Building Ownership Authority created in Section 63B-1-304; or
- 3009 (v) a grant to the Military Installation Development Authority created in Section  
 3010 63H-1-201.
- 3011 (3) An agency need not seek legislative review or approval of grants under Part 2, Grant  
 3012 Approval Requirements, if:
- 3013 (a) the governor has declared a state of emergency; and
- 3014 (b) the grant is donated to the agency to assist victims of the state of emergency under  
 3015 Subsection 53-2a-204(1).
- 3016 Section 69. Section **64-13-30** is amended to read:
- 3017 **64-13-30 (Effective 01/01/28). Expenses incurred by offenders -- Payment to**  
 3018 **department or county jail -- Medical care expenses and copayments.**
- 3019 (1)(a) The department or county jail may require an inmate to make a copayment for  
 3020 medical and dental services provided by the department or county jail.
- 3021 (b) For services provided while in the custody of the department, the copayment by the

- 3022 inmate is \$5 for primary medical care, \$5 for dental care, and \$2 for prescription  
3023 medication.
- 3024 (c) For services provided outside of a prison facility while in the custody of the  
3025 department, the offender is responsible for 10% of the costs associated with hospital  
3026 care with a cap on an inmate's share of hospital care expenses not to exceed \$2,000  
3027 per fiscal year.
- 3028 (2)(a) An inmate who has assets exceeding \$200,000, as determined by the department  
3029 upon entry into the department's custody, is responsible to pay the costs of all  
3030 medical and dental care up to 20% of the inmate's total determined asset value.
- 3031 (b) After an inmate has received medical and dental care equal to 20% of the inmate's  
3032 total asset value, the inmate is subject to the copayments provided in Subsection (1).
- 3033 (3) The department shall turn over to the Office of State Debt Collection any debt under  
3034 this section that is unpaid at the time the offender is released from parole.
- 3035 (4) An inmate may not be denied medical treatment if the inmate is unable to pay for the  
3036 treatment because of inadequate financial resources.
- 3037 (5) When an offender in the custody of the department receives medical care that is  
3038 provided outside of a prison facility, the department shall pay the costs:
- 3039 (a) at the contracted rate; or
- 3040 (b)(i) if there is no contract between the department and a health care facility that  
3041 establishes a fee schedule for medical services rendered or the individual is not an  
3042 enrollee described in Subsection (6)(a), expenses shall be at the noncapitated state  
3043 Medicaid rate in effect at the time the service was provided; and
- 3044 (ii) if there is no contract between the department and a health care provider that  
3045 establishes a fee schedule for medical services rendered, expenses shall be 65% of  
3046 the amount that would be paid under the [~~Public Employees' Benefit and~~  
3047 ~~Insurance Program, created in Section 49-20-103]~~ Utah Cares Health Financing  
3048 Program, created in Title 26C, Utah Cares Act.
- 3049 (6)(a) A jail shall ensure that each inmate is enrolled in the Utah Cares Health Financing  
3050 Program if the inmate is eligible for enrollment when enrollment opens on January 1,  
3051 2029.
- 3052 (b) Expenses described in Subsection (5) are a cost to the department only to the extent  
3053 that they exceed an offender's private insurance that is in effect at the time of the  
3054 service and that covers those expenses.
- 3055 (7)(a) The [~~Public Employees' Benefit and Insurance Program shall provide information~~

3056 to the department that enables the department to] Utah Cares Health Financing  
 3057 Program shall calculate the amount to be paid to a health care provider under  
 3058 Subsection (5)(b).

3059 (b) The department shall ensure that information provided under Subsection (7)(a) is  
 3060 confidential.

3061 Section 70. Section **67-19d-201.5** is amended to read:

3062 **67-19d-201.5 (Effective 01/01/28). Elected Official Post-Retirement Benefits**  
 3063 **Trust Fund -- Creation -- Oversight -- Dissolution.**

3064 (1) There is created the "Elected Official Post-Retirement Benefits Trust Fund."

3065 (2) The Elected Official Post-Retirement Benefits Trust Fund consists of:

3066 (a) appropriations made to the fund by the Legislature for the purpose of funding the  
 3067 post-retirement benefits in Section 49-20-404;

3068 (b) revenues received by the state treasurer from the investment of the Elected Official  
 3069 Post-Retirement Benefits Trust Fund; and

3070 (c) other revenues received from other sources.

3071 (3) The Division of Finance shall account for the receipt and expenditures of money in the  
 3072 Elected Official Post-Retirement Benefits Trust Fund.

3073 (4)(a) Except as provided in Subsection (4)(c), the state treasurer shall invest the Elected  
 3074 Official Post-Retirement Benefits Trust Fund money by following the same  
 3075 procedures and requirements for the investment of the State Post-Retirement Benefits  
 3076 Trust Fund in Part 3, Trust Fund Investments.

3077 (b)(i) The Elected Official Post-Retirement Benefits Trust Fund shall earn interest.

3078 (ii) The state treasurer shall deposit all interest or other income earned from  
 3079 investment of the Elected Official Post-Retirement Benefits Trust Fund back into  
 3080 the Elected Official Post-Retirement Benefits Trust Fund.

3081 (c) The Elected Official Post-Retirement Benefits Trust Fund is exempt from Title 51,  
 3082 Chapter 7, State Money Management Act.

3083 (5) The board of trustees created in Section 67-19d-202 may expend money from the  
 3084 Elected Official Post-Retirement Benefits Trust Fund for:

3085 (a) the employer portion of the cost of the program established in Section [49-20-404]  
 3086 67-19d-201.6; and

3087 (b) reasonable administrative costs that the board of trustees incurs in performing its  
 3088 duties as trustees of the Elected Official Post-Retirement Benefits Trust Fund.

3089 (6) The board of trustees shall ensure that:

3090 (a) money deposited into the Elected Official Post-Retirement Benefits Trust Fund is  
 3091 irrevocable and is expended only for the employer portion of the costs of  
 3092 post-retirement benefits under Section 49-20-404; and

3093 (b) creditors of the board of trustees and of employers liable for the post-retirement  
 3094 benefits may not seize, attach, or otherwise obtain assets of the Elected Official  
 3095 Post-Retirement Benefits Trust Fund.

3096 (7) When all of the liabilities for which the Elected Official Post-Retirement Benefits Trust  
 3097 Fund was created are paid, the Division of Finance shall transfer any assets remaining in  
 3098 the Elected Official Post-Retirement Benefits Trust Fund into the appropriate fund.

3099 Section 71. Section **67-19d-201.6**, which is renumbered from Section 49-20-404 is renumbered  
 3100 and amended to read:

3101 **[49-20-404] 67-19d-201.6 (Effective 01/01/28). Governors' and legislative paid-up**  
 3102 **group health coverage benefit -- Limitations -- Medicare supplemental coverage --**  
 3103 **Spouse coverage -- Limitations.**

3104 (1)(a) Except as provided under Subsection (1)(b), the state shall pay the percentage of  
 3105 the cost of providing paid-up group health coverage under Subsection (3) for  
 3106 members and their surviving spouses covered under Title 49, Chapter 19, Utah  
 3107 Governors' and Legislators' Retirement Act, or governors and legislators, as defined  
 3108 in Section 49-19-102, and their surviving spouses covered under Chapter 22, New  
 3109 Public Employees' Tier II Contributory Retirement Act, who:

3110 (i) retire after January 1, 1998;

3111 (ii) are at least 62 but less than 65 years[~~of age~~] old;

3112 (iii) elect to receive and apply for this benefit to the program; and

3113 (iv) are active members at the time of retirement or have continued coverage with the  
 3114 program until the date of eligibility for the benefit under this Subsection (1).

3115 (b) A governor or a legislator who begins service as a governor or legislator on or after  
 3116 January 1, 2012, and a surviving spouse of the governor or the legislator who begins  
 3117 service as a governor or legislator on or after January 1, 2012, is not eligible for the  
 3118 benefit provided under this Subsection (1).

3119 (2) The state shall pay the percentage of the cost of providing Medicare supplemental  
 3120 coverage under Subsection (3) for members and their surviving spouses covered under  
 3121 Title 49, Chapter 19, Utah Governors' and Legislators' Retirement Act who:

3122 (a) began service as a governor or legislator before July 1, 2013;

3123 (b) retire after January 1, 1998;

- 3124 (c) are at least 65 years~~[-of age]~~ old; and
- 3125 (d) elect to receive and apply for this benefit to the program.
- 3126 (3) The following percentages apply to the benefit described in Subsections (1)(a) and (2):
- 3127 (a) 100% if the member has accrued 10 or more years of service credit;
- 3128 (b) 80% if the member has accrued 8 or more years of service credit;
- 3129 (c) 60% if the member has accrued 6 or more years of service credit; and
- 3130 (d) 40% if the member has accrued 4 or more years of service credit.

3131 **Section 72. Repealer.**

3132 This bill repeals:

3133 **Section 26B-4-701, Definitions.**

3134 **Section 31A-22-626, Coverage of diabetes.**

3135 **Section 31A-22-656, Coverage of epinephrine auto-injector.**

3136 **Section 49-20-101, Title.**

3137 **Section 49-20-102, Definitions.**

3138 **Section 49-20-103, Creation of insurance program.**

3139 **Section 49-20-104, Creation of fund.**

3140 **Section 49-20-105, Purpose -- Benefits are not a continuing obligation.**

3141 **Section 49-20-201, Program participation -- Eligibility -- Optional for certain groups.**

3142 **Section 49-20-202, Establishment of separate risk pools.**

3143 **Section 49-20-301, Payments made by employer and employee.**

3144 **Section 49-20-401, Program -- Powers and duties.**

3145 **Section 49-20-402, Reserves to be held -- Refunds.**

3146 **Section 49-20-403, Assistance to members in purchase of life, health, dental, and**  
 3147 **medical insurance after retirement -- Employment of personnel to administer section.**

3148 **Section 49-20-405, Audit required -- Report to governor and Legislature.**

3149 **Section 49-20-407, Insurance mandates.**

3150 **Section 49-20-407.1, Time to add child to plan.**

3151 **Section 49-20-409, Long-term disability -- Cost of health coverage benefit.**

3152 **Section 49-20-410, High deductible health plan -- Health savings account --**  
 3153 **Contributions.**

3154 **Section 49-20-413, Pilot program for on-site employee clinic.**

3155 **Section 49-20-414, Telemedicine services -- Reimbursement -- Reporting.**

3156 **Section 49-20-417, Insurance coverage for amino acid-based formula.**

3157 **Section 49-20-421, Prescription discount program.**

- 3158 Section **49-20-501, Title.**
- 3159 Section **49-20-502, Definitions.**
- 3160 Section **49-20-503, Request for proposals for pharmacy benefits manager for Public**
- 3161 **Employees' Benefit and Insurance Program.**
- 3162 Section **53G-11-203, Health insurance mandates.**
- 3163 Section **53H-3-505, Health insurance mandates.**
- 3164 Section 73. **Effective Date.**
- 3165 (1) Except as provided in Subsections (2) and (3), this bill takes effect January 1, 2028.
- 3166 (2) The actions affecting the following sections take effect on January 1, 2027:
- 3167 (a) Section 26B-2-201(Effective 01/01/27);
- 3168 (b) Section 26B-2-206(Effective 01/01/27);
- 3169 (c) Section 26B-3-104.1(Effective 01/01/27); and
- 3170 (d) Section 26B-3-908(Effective 01/01/27).
- 3171 (3) The actions affecting the following sections take effect on July 1, 2027:
- 3172 (a) Section 26B-4-701;
- 3173 (b) Section 26C-1-101(Effective 07/01/27);
- 3174 (c) Section 26C-1-102(Effective 07/01/27);
- 3175 (d) Section 26C-1-103(Effective 07/01/27);
- 3176 (e) Section 26C-1-104(Effective 07/01/27);
- 3177 (f) Section 26C-2-101(Effective 07/01/27);
- 3178 (g) Section 26C-2-102(Effective 07/01/27);
- 3179 (h) Section 26C-2-103(Effective 07/01/27);
- 3180 (i) Section 26C-2-104(Effective 07/01/27);
- 3181 (j) Section 26C-2-105(Effective 07/01/27)(Repealed 07/01/27);
- 3182 (k) Section 26C-2-106(Effective 07/01/27);
- 3183 (l) Section 26C-2-107(Effective 07/01/27);
- 3184 (m) Section 26C-2-108(Effective 07/01/27);
- 3185 (n) Section 26C-2-109(Effective 07/01/27);
- 3186 (o) Section 26C-2-710(Effective 07/01/27);
- 3187 (p) Section 26C-2-111(Effective 07/01/27);
- 3188 (q) Section 26C-2-112(Effective 07/01/27); and
- 3189 (r) Section 26C-3-101(Effective 07/01/27).