

Nate Blouin proposes the following substitute bill:

Single Payer Health Insurance Amendments

2026 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Nate Blouin

House Sponsor:

LONG TITLE

General Description:

This bill establishes a state operated health financing program.

Highlighted Provisions:

This bill:

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

Money Appropriated in this Bill:

None

Other Special Clauses:

29 This bill provides a special effective date.

30 **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-2-101 (Effective 01/01/28)**, as last amended by Laws of Utah 2025, First Special
35 Session, Chapter 16

36 **26B-2-201 (Effective 01/01/27)**, as last amended by Laws of Utah 2024, Chapters 113,
37 240

38 **26B-2-206 (Effective 01/01/27)**, as last amended by Laws of Utah 2024, Chapter 313

39 **26B-3-908 (Effective 01/01/27)**, as renumbered and amended by Laws of Utah 2023,
40 Chapter 306

41 **31A-22-605.5 (Effective 01/01/28)**, as last amended by Laws of Utah 2012, Chapter 127

42 **31A-22-613.5 (Effective 01/01/28)**, as last amended by Laws of Utah 2023, Chapter 327

43 **31A-22-635 (Effective 01/01/28)**, as last amended by Laws of Utah 2017, Chapter 292

44 **31A-22-647 (Effective 01/01/28)**, as enacted by Laws of Utah 2018, Chapter 181

45 **31A-22-654 (Effective 01/01/28)**, as last amended by Laws of Utah 2021, Chapter 252

46 **31A-46-311 (Effective 01/01/28)**, as enacted by Laws of Utah 2025, Chapter 514

47 **49-21-105 (Effective 01/01/28)**, as last amended by Laws of Utah 2013, Chapter 66

48 **53-2d-703 (Effective 01/01/28)**, as last amended by Laws of Utah 2025, Chapter 240

49 **53-17-201 (Effective 01/01/28)**, as last amended by Laws of Utah 2025, Chapter 56

50 **58-1-112 (Effective 01/01/28)**, as last amended by Laws of Utah 2023, Chapter 328

51 **58-17b-802 (Effective 01/01/28)**, as last amended by Laws of Utah 2016, Chapter 159

52 **58-37-6.5 (Effective 01/01/28)**, as last amended by Laws of Utah 2023, Chapter 329

53 **63A-17-804 (Effective 01/01/28)**, as renumbered and amended by Laws of Utah 2021,
54 Chapter 344

55 **63C-31-102 (Effective 01/01/28) (Repealed 07/01/28)**, as enacted by Laws of Utah 2023,
56 Chapter 489

57 **63E-1-102 (Effective 01/01/28)**, as last amended by Laws of Utah 2023, Chapters 16,
58 431 and 502

59 **63G-2-103 (Effective 01/01/28)**, as last amended by Laws of Utah 2025, First Special
60 Session, Chapter 17

61 **63H-9-101 (Effective 01/01/28)**, as last amended by Laws of Utah 2025, First Special
62 Session, Chapters 9, 11

63 **63I-1-226 (Effective 01/01/28)**, as last amended by Laws of Utah 2025, Chapters 47, 277
64 and 366
65 **63I-2-249 (Effective 01/01/28)**, as last amended by Laws of Utah 2024, Chapter 385
66 **63J-1-602.2 (Effective 01/01/28) (Partially Repealed 07/01/29)**, as last amended by Laws
67 of Utah 2025, First Special Session, Chapter 17
68 **63J-7-102 (Effective 01/01/28)**, as last amended by Laws of Utah 2023, Chapters 330,
69 502
70 **64-13-30 (Effective 01/01/28)**, as last amended by Laws of Utah 2016, Chapter 243
71 **67-19d-201.5 (Effective 01/01/28)**, as enacted by Laws of Utah 2012, Chapter 376

72 ENACTS:

73 **26B-3-104.1 (Effective 01/01/27)**, Utah Code Annotated 1953
74 **26C-1-101 (Effective 07/01/27)**, Utah Code Annotated 1953
75 **26C-1-102 (Effective 07/01/27)**, Utah Code Annotated 1953
76 **26C-1-103 (Effective 07/01/27)**, Utah Code Annotated 1953
77 **26C-1-104 (Effective 07/01/27)**, Utah Code Annotated 1953
78 **26C-2-101 (Effective 07/01/27)**, Utah Code Annotated 1953
79 **26C-2-102 (Effective 07/01/27)**, Utah Code Annotated 1953
80 **26C-2-103 (Effective 07/01/27)**, Utah Code Annotated 1953
81 **26C-2-104 (Effective 07/01/27)**, Utah Code Annotated 1953
82 **26C-3-101 (Effective 07/01/27)**, Utah Code Annotated 1953
83 **26C-3-102 (Effective 01/01/28)**, Utah Code Annotated 1953
84 **26C-4-101 (Effective 01/01/28)**, Utah Code Annotated 1953
85 **26C-4-102 (Effective 01/01/28)**, Utah Code Annotated 1953
86 **26C-5-101 (Effective 01/01/28)**, Utah Code Annotated 1953
87 **26C-6-101 (Effective 01/01/28)**, Utah Code Annotated 1953
88 **26C-6-102 (Effective 01/01/28)**, Utah Code Annotated 1953
89 **31A-22-663 (Effective 01/01/28)**, Utah Code Annotated 1953
90 **59-35-101 (Effective 01/01/28)**, Utah Code Annotated 1953
91 **59-35-102 (Effective 01/01/28)**, Utah Code Annotated 1953
92 **59-35-103 (Effective 01/01/28)**, Utah Code Annotated 1953
93 **59-35-104 (Effective 01/01/28)**, Utah Code Annotated 1953
94 **59-35-105 (Effective 01/01/28)**, Utah Code Annotated 1953
95 **59-35-106 (Effective 01/01/28)**, Utah Code Annotated 1953
96 **59-35-107 (Effective 01/01/28)**, Utah Code Annotated 1953

97 **59-35-108 (Effective 01/01/28)**, Utah Code Annotated 1953

98 **59-35-109 (Effective 01/01/28)**, Utah Code Annotated 1953

99 RENUMBERS AND AMENDS:

100 **26C-2-105 (Effective 07/01/27) (Repealed 07/01/27)**, (Renumbered from 26B-1-425,
101 as last amended by Laws of Utah 2024, Chapter 245)

102 **26C-2-106 (Effective 07/01/27)**, (Renumbered from 26B-4-705, as last amended by
103 Laws of Utah 2025, First Special Session, Chapter 9)

104 **26C-2-107 (Effective 07/01/27)**, (Renumbered from 26B-4-706, as last amended by
105 Laws of Utah 2023, Chapter 139 and renumbered and amended by Laws of Utah 2023,
106 Chapter 307)

107 **26C-2-108 (Effective 07/01/27)**, (Renumbered from 26B-4-707, as renumbered and
108 amended by Laws of Utah 2023, Chapter 307)

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

111 **26C-2-110 (Effective 07/01/27)**, (Renumbered from 26B-4-709, as renumbered and
112 amended by Laws of Utah 2023, Chapter 307)

113 **26C-2-111 (Effective 07/01/27)**, (Renumbered from 26B-4-711, as last amended by
114 Laws of Utah 2024, Chapters 250, 303)

115 **26C-2-112 (Effective 07/01/27)**, (Renumbered from 26B-4-712, as last amended by
116 Laws of Utah 2024, Chapter 303)

117 **26C-5-102 (Effective 01/01/28)**, (Renumbered from 49-20-416, as enacted by Laws of
118 Utah 2017, Chapter 180)

119 **26C-5-103 (Effective 01/01/28)**, (Renumbered from 49-20-418, as last amended by
120 Laws of Utah 2025, Chapter 52)

121 **26C-5-104 (Effective 01/01/28)**, (Renumbered from 49-20-419, as enacted by Laws of
122 Utah 2019, Chapter 320)

123 **26C-5-105 (Effective 01/01/28) (Partially Repealed 01/01/30)**, (Renumbered from
124 49-20-420, as enacted by Laws of Utah 2020, Chapter 187)

125 **26C-5-106 (Effective 01/01/28) (Repealed 07/01/27)**, (Renumbered from 49-20-422,
126 as enacted by Laws of Utah 2023, Chapter 292)

127 **26C-7-101 (Effective 01/01/28)**, (Renumbered from 49-20-406, as last amended by
128 Laws of Utah 2025, Chapter 56)

129 **67-19d-201.6 (Effective 01/01/28)**, (Renumbered from 49-20-404, as last amended by
130 Laws of Utah 2013, Chapter 410)

131 REPEALS:

- 132 **26B-4-701 (Effective 07/01/27)**, as last amended by Laws of Utah 2025, First Special
133 Session, Chapter 16
- 134 **31A-22-626 (Effective 01/01/28)**, as last amended by Laws of Utah 2020, Chapter 310
- 135 **31A-22-656 (Effective 01/01/28)**, as enacted by Laws of Utah 2021, Chapter 255
- 136 **49-20-101 (Effective 01/01/28)**, as renumbered and amended by Laws of Utah 2002,
137 Chapter 250
- 138 **49-20-102 (Effective 01/01/28)**, as renumbered and amended by Laws of Utah 2002,
139 Chapter 250
- 140 **49-20-103 (Effective 01/01/28)**, as last amended by Laws of Utah 2017, Chapter 141
- 141 **49-20-104 (Effective 01/01/28)**, as renumbered and amended by Laws of Utah 2002,
142 Chapter 250
- 143 **49-20-105 (Effective 01/01/28)**, as last amended by Laws of Utah 2012, Chapter 406
- 144 **49-20-201 (Effective 01/01/28)**, as last amended by Laws of Utah 2024, Chapter 138
- 145 **49-20-202 (Effective 01/01/28)**, as last amended by Laws of Utah 2025, First Special
146 Session, Chapter 9
- 147 **49-20-301 (Effective 01/01/28)**, as last amended by Laws of Utah 2003, Chapter 240
- 148 **49-20-401 (Effective 01/01/28)**, as last amended by Laws of Utah 2023, Chapters 194,
149 328
- 150 **49-20-402 (Effective 01/01/28)**, as last amended by Laws of Utah 2007, Chapter 130
- 151 **49-20-403 (Effective 01/01/28)**, as enacted by Laws of Utah 2002, Chapter 250
- 152 **49-20-405 (Effective 01/01/28)**, as renumbered and amended by Laws of Utah 2002,
153 Chapter 250
- 154 **49-20-407 (Effective 01/01/28)**, as last amended by Laws of Utah 2017, Chapter 292
- 155 **49-20-407.1 (Effective 01/01/28)**, as enacted by Laws of Utah 2025, Chapter 55
- 156 **49-20-409 (Effective 01/01/28)**, as last amended by Laws of Utah 2007, Chapter 130
- 157 **49-20-410 (Effective 01/01/28)**, as last amended by Laws of Utah 2021, Chapters 344,
158 382
- 159 **49-20-413 (Effective 01/01/28)**, as enacted by Laws of Utah 2015, Chapter 68
- 160 **49-20-414 (Effective 01/01/28)**, as last amended by Laws of Utah 2023, Chapter 328
- 161 **49-20-417 (Effective 01/01/28)**, as enacted by Laws of Utah 2017, Chapter 349
- 162 **49-20-421 (Effective 01/01/28)**, as last amended by Laws of Utah 2025, Chapter 122
- 163 **49-20-501 (Effective 01/01/28)**, as enacted by Laws of Utah 2011, Chapter 83
- 164 **49-20-502 (Effective 01/01/28)**, as last amended by Laws of Utah 2021, Chapter 340

165 **49-20-503 (Effective 01/01/28)**, as last amended by Laws of Utah 2012, Chapter 265
 166 **53G-11-203 (Effective 01/01/28)**, as last amended by Laws of Utah 2019, Chapter 293
 167 **53H-3-505 (Effective 01/01/28)**, as renumbered and amended by Laws of Utah 2025,
 168 First Special Session, Chapter 8

169

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

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

172 **17-63-706 (Effective 01/01/28). County charges enumerated.**

173 (1) County charges are:

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

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

- 233 (i) for a health care facility, the current noncapitated state Medicaid rates; and
 234 (ii) for a health care provider, 65% of the amount that would be paid to the health
 235 care provider:
- 236 (A) under the [~~Public Employees' Benefit and Insurance Program~~] Utah Cares
 237 Health Financing Program, created in [~~Section 49-20-103~~] Title 26C, Utah
 238 Cares Act; and
- 239 (B) if the person receiving the health care service were [~~a covered employee under~~
 240 ~~the Public Employees' Benefit and Insurance Program~~] an enrollee of the Utah
 241 Cares Health Financing Program.
- 242 (f) Subsection (1)(k) does not apply to expenses of an individual held at the county jail
 243 at the request of an agency of the United States.
- 244 (g) [~~A county that receives information from the Public Employees' Benefit and~~
 245 ~~Insurance Program to enable the county to-~~] The Utah Cares Health Financing
 246 Program shall calculate the amount to be paid to a health care provider under
 247 Subsection (2)(e)(ii)[~~shall keep that information confidential~~].

248 Section 2. Section **26B-2-101** is amended to read:

249 **26B-2-101 (Effective 01/01/28). Definitions.**

250 As used in this part:

- 251 (1) "Abuse" means the same as that term is defined in Section 80-1-102.
- 252 (2) "Adoption services" means the same as that term is defined in Section 80-2-801.
- 253 (3) "Adult day care" means nonresidential care and supervision:
- 254 (a) for three or more adults for at least four but less than 24 hours a day; and
- 255 (b) that meets the needs of functionally impaired adults through a comprehensive
 256 program that provides a variety of health, social, recreational, and related support
 257 services in a protective setting.
- 258 (4) "Applicant" means a person that applies for an initial license or a license renewal under
 259 this part.
- 260 (5)(a) "Associated with the licensee" means that an individual is:
- 261 (i) affiliated with a licensee as an owner, director, member of the governing body,
 262 employee, agent, provider of care, department contractor, or volunteer; or
- 263 (ii) applying to become affiliated with a licensee in a capacity described in
 264 Subsection (5)(a)(i).
- 265 (b) "Associated with the licensee" does not include:
- 266 (i) service on the following bodies, unless that service includes direct access to a

- 267 child or a vulnerable adult:
- 268 (A) a local mental health authority described in Section 17-77-301;
- 269 (B) a local substance abuse authority described in Section 17-77-201; or
- 270 (C) a board of an organization operating under a contract to provide mental health
- 271 or substance use programs, or services for the local mental health authority or
- 272 substance abuse authority; or
- 273 (ii) a guest or visitor whose access to a child or a vulnerable adult is directly
- 274 supervised at all times.
- 275 (6) "Behavioral health receiving center" means a 23-hour non-secure program or facility
- 276 that is responsible for, and provides mental health crisis services to, an individual
- 277 experiencing a mental health crisis.
- 278 (7)(a) "Boarding school" means a private school that:
- 279 (i) uses a regionally accredited education program;
- 280 (ii) provides a residence to the school's students:
- 281 (A) for the purpose of enabling the school's students to attend classes at the
- 282 school; and
- 283 (B) as an ancillary service to educating the students at the school;
- 284 (iii) has the primary purpose of providing the school's students with an education, as
- 285 defined in Subsection (7)(b)(i); and
- 286 (iv)(A) does not provide the treatment or services described in Subsection (49)(a);
- 287 or
- 288 (B) provides the treatment or services described in Subsection (49)(a) on a limited
- 289 basis, as described in Subsection (7)(b)(ii).
- 290 (b)(i) For purposes of Subsection (7)(a)(iii), "education" means a course of study for
- 291 one or more grades from kindergarten through grade 12.
- 292 (ii) For purposes of Subsection (7)(a)(iv)(B), a private school provides the treatment
- 293 or services described in Subsection (49)(a) on a limited basis if:
- 294 (A) the treatment or services described in Subsection (49)(a) are provided only as
- 295 an incidental service to a student; and
- 296 (B) the school does not:
- 297 (I) specifically solicit a student for the purpose of providing the treatment or
- 298 services described in Subsection (49)(a); or
- 299 (II) have a primary purpose of providing the treatment or services described in
- 300 Subsection (49)(a).

- 301 (c) "Boarding school" does not include a therapeutic school.
- 302 (8) "Certification" means a less restrictive level of licensure issued by the department.
- 303 (9) "Child" means an individual under 18 years old.
- 304 (10) "Child placing" means receiving, accepting, or providing custody or care for any child,
- 305 temporarily or permanently, for the purpose of:
- 306 (a) finding a person to adopt the child;
- 307 (b) placing the child in a home for adoption; or
- 308 (c) foster home placement.
- 309 (11) "Child-placing agency" means a person that engages in child placing.
- 310 (12) "Client" means an individual who receives or has received services from a licensee.
- 311 (13)(a) "Congregate care program" means any of the following that provide services to a
- 312 child:
- 313 (i) an outdoor youth program;
- 314 (ii) a residential support program;
- 315 (iii) a residential treatment program; or
- 316 (iv) a therapeutic school.
- 317 (b) "Congregate care program" does not include a human services program that:
- 318 (i) is licensed to serve adults; and
- 319 (ii) is approved by the office to service a child for a limited time.
- 320 (14) "Day treatment" means specialized treatment that is provided to:
- 321 (a) a client less than 24 hours a day; and
- 322 (b) four or more persons who:
- 323 (i) are unrelated to the owner or provider; and
- 324 (ii) have emotional, psychological, developmental, physical, or behavioral
- 325 dysfunctions, impairments, or chemical dependencies.
- 326 (15) "Department contractor" means an individual who:
- 327 (a) provides services under a contract with the department; and
- 328 (b) due to the contract with the department, has or will likely have direct access to a
- 329 child or vulnerable adult.
- 330 (16) "Direct access" means that an individual has, or likely will have:
- 331 (a) contact with or access to a child or vulnerable adult that provides the individual with
- 332 an opportunity for personal communication or touch; or
- 333 (b) an opportunity to view medical, financial, or other confidential personal identifying
- 334 information of the child, the child's parents or legal guardians, or the vulnerable adult.

- 335 (17) "Directly supervised" means that an individual is being supervised under the
336 uninterrupted visual and auditory surveillance of another individual who has a current
337 background check approval issued by the office.
- 338 (18) "Director" means the director of the office.
- 339 (19) "Division" means the Division of Licensing and Background Checks created under
340 Section 26B-2-103.
- 341 (20) "Domestic violence" means the same as that term is defined in Section 77-36-1.
- 342 (21) "Domestic violence treatment program" means a nonresidential program designed to
343 provide psychological treatment and educational services to perpetrators and victims of
344 domestic violence.
- 345 (22) "Elder adult" means a person 65 years old or older.
- 346 (23) "Emergency safety intervention" means a tactic used to protect staff or a client from
347 being physically injured, utilized by an appropriately trained direct care staff and only
348 performed in accordance with a nationally or regionally recognized curriculum in the
349 least restrictive manner to restore staff or client safety.
- 350 (24) "Foster home" means a residence that is licensed or certified by the office for the
351 full-time substitute care of a child.
- 352 (25) "Harm" means the same as that term is defined in Section 80-1-102.
- 353 (26) "Health benefit plan" means the same as that term is defined in Section 31A-1-301.
- 354 (27) "Health care provider" means the same as that term is defined in Section 78B-3-403.
- 355 (28) "Health insurer" means:
- 356 (a) an insurer who offers health care insurance as that term is defined in Section
357 31A-1-301;
- 358 (b) health benefits offered [~~to state employees under Section 49-20-202~~] under Title 26C,
359 Utah Cares Act; and
- 360 (c) a workers' compensation insurer:
- 361 (i) authorized to provide workers' compensation insurance in the state; or
362 (ii) that is a self-insured employer as defined in Section 34A-2-201.5.
- 363 (29)(a) "Human services program" means:
- 364 (i) a foster home;
- 365 (ii) a therapeutic school;
- 366 (iii) a youth program;
- 367 (iv) an outdoor youth program;
- 368 (v) a residential treatment program;

- 369 (vi) a residential support program;
- 370 (vii) a resource family home;
- 371 (viii) a recovery residence;
- 372 (ix) a behavioral health receiving center; or
- 373 (x) a facility or program that provides:
- 374 (A) adult day care;
- 375 (B) day treatment;
- 376 (C) outpatient treatment;
- 377 (D) domestic violence treatment;
- 378 (E) child-placing services;
- 379 (F) social detoxification; or
- 380 (G) any other human services that are required by contract with the department to
- 381 be licensed with the department.
- 382 (b) "Human services program" does not include:
- 383 (i) a boarding school;
- 384 (ii) a residential vocational or life skills program, as defined in Section 13-53-102; or
- 385 (iii) a short-term relief care provider.
- 386 (30) "Indian child" means the same as that term is defined in 25 U.S.C. Sec. 1903.
- 387 (31) "Indian country" means the same as that term is defined in 18 U.S.C. Sec. 1151.
- 388 (32) "Indian tribe" means the same as that term is defined in 25 U.S.C. Sec. 1903.
- 389 (33) "Intermediate secure treatment" means 24-hour specialized residential treatment or
- 390 care for an individual who:
- 391 (a) cannot live independently or in a less restrictive environment; and
- 392 (b) requires, without the individual's consent or control, the use of locked doors to care
- 393 for the individual.
- 394 (34) "Licensee" means an individual or a human services program licensed by the office.
- 395 (35) "Local government" means a city, town, or county.
- 396 (36) "Mental health treatment program" means a program that:
- 397 (a) is a structured intervention; and
- 398 (b) is used to improve mental health, prevent mental disorders, and treat mental health
- 399 conditions.
- 400 (37) "Medication assisted treatment" means the use of a prescribed medication approved by
- 401 the United States Food and Drug Administration, such as buprenorphine, methadone, or
- 402 naltrexone, to treat substance use withdrawal symptoms or a substance use disorder.

- 403 (38) "Minor" means child.
- 404 (39) "Office" means, except as provided in Section 26B-2-120, the Office of Licensing
405 within the department.
- 406 (40) "Ombudsman" means the congregate care ombudsman created in Section 26B-2-124.2.
- 407 (41) "Outdoor youth program" means a program that provides:
- 408 (a) services to a child who has:
- 409 (i) a chemical dependency; or
- 410 (ii) a dysfunction or impairment that is emotional, psychological, developmental,
411 physical, or behavioral;
- 412 (b) a 24-hour outdoor group living environment; and
- 413 (c)(i) regular therapy, including group, individual, or supportive family therapy; or
- 414 (ii) informal therapy or similar services, including wilderness therapy, adventure
415 therapy, or outdoor behavioral healthcare.
- 416 (42) "Outpatient treatment" means individual, family, or group therapy or counseling
417 designed to improve and enhance social or psychological functioning for those whose
418 physical and emotional status allows them to continue functioning in their usual living
419 environment.
- 420 (43) "Practice group" or "group practice" means two or more health care providers legally
421 organized as a partnership, professional corporation, or similar association, for which:
- 422 (a) substantially all of the services of the health care providers who are members of the
423 group are provided through the group and are billed in the name of the group and
424 amounts received are treated as receipts of the group; and
- 425 (b) the overhead expenses of and the income from the practice are distributed in
426 accordance with methods previously determined by members of the group.
- 427 (44) "Private-placement child" means a child whose parent or guardian enters into a
428 contract with a congregate care program for the child to receive services.
- 429 (45) "Qualifying residential treatment program" means a residential treatment program that
430 is licensed under this part and:
- 431 (a) is operated as a nonprofit corporation or foreign nonprofit corporation, as those terms
432 are defined in Section 16-6a-102; or
- 433 (b) receives any local, state, or federal government funding, government grant money, or
434 any other form of government assistance to operate or provide services or training in
435 the ordinary course of business.
- 436 (46) "Qualifying recovery residence" means a recovery residence that is licensed under this

- 437 part and:
- 438 (a) is operated as a nonprofit corporation or foreign nonprofit corporation, as those terms
439 are defined in Section 16-6a-102; or
- 440 (b) receives any local, state, or federal government funding, government grant money, or
441 any other form of government assistance to operate or provide services or training in
442 the ordinary course of business.
- 443 (47)(a) "Recovery residence" means a home, residence, or facility that meets at least two
444 of the following requirements:
- 445 (i) provides a supervised living environment for individuals recovering from a
446 substance use disorder;
- 447 (ii) provides a living environment in which more than half of the individuals in the
448 residence are recovering from a substance use disorder;
- 449 (iii) provides or arranges for residents to receive services related to the resident's
450 recovery from a substance use disorder, either on or off site;
- 451 (iv) is held out as a living environment in which individuals recovering from
452 substance abuse disorders live together to encourage continued sobriety; or
- 453 (v)(A) receives public funding; or
454 (B) is run as a business venture, either for-profit or not-for-profit.
- 455 (b) "Recovery residence" does not mean:
- 456 (i) a residential treatment program;
- 457 (ii) residential support program;
- 458 (iii) a residential vocational or life skills program; or
- 459 (iv) a home, residence, or facility, in which:
- 460 (A) residents, by a majority vote of the residents, establish, implement, and
461 enforce policies governing the living environment, including the manner in
462 which applications for residence are approved and the manner in which
463 residents are expelled;
- 464 (B) residents equitably share rent and housing-related expenses; and
- 465 (C) a landlord, owner, or operator does not receive compensation, other than fair
466 market rental income, for establishing, implementing, or enforcing policies
467 governing the living environment.
- 468 (48) "Regular business hours" means:
- 469 (a) the hours during which services of any kind are provided to a client; or
470 (b) the hours during which a client is present at the facility of a licensee.

- 471 (49)(a) "Residential support program" means a program that arranges for or provides the
472 necessities of life as a protective service to individuals or families who have a
473 disability or who are experiencing a dislocation or emergency that prevents them
474 from providing these services for themselves or their families.
- 475 (b) "Residential support program" includes a program that provides a supervised living
476 environment for individuals with dysfunctions or impairments that are:
- 477 (i) emotional;
478 (ii) psychological;
479 (iii) developmental; or
480 (iv) behavioral.
- 481 (c) Treatment is not a necessary component of a residential support program.
- 482 (d) "Residential support program" does not include:
- 483 (i) a recovery residence; or
484 (ii) a program that provides residential services that are performed:
- 485 (A) exclusively under contract with the department and provided to individuals
486 through the Division of Services for People with Disabilities; or
487 (B) in a facility that serves fewer than four individuals.
- 488 (50)(a) "Residential treatment" means a 24-hour group living environment for four or
489 more individuals unrelated to the owner or provider that offers room or board and
490 specialized treatment, behavior modification, rehabilitation, discipline, emotional
491 growth, or habilitation services for persons with emotional, psychological,
492 developmental, or behavioral dysfunctions, impairments, or chemical dependencies.
- 493 (b) "Residential treatment" does not include a:
- 494 (i) boarding school;
495 (ii) foster home; or
496 (iii) recovery residence.
- 497 (51) "Residential treatment program" means a program or facility that provides:
- 498 (a) residential treatment; or
499 (b) intermediate secure treatment.
- 500 (52) "Seclusion" means the involuntary confinement of an individual in a room or an area:
- 501 (a) away from the individual's peers; and
502 (b) in a manner that physically prevents the individual from leaving the room or area.
- 503 (53) "Short-term relief care provider" means an individual who:
- 504 (a) provides short-term and temporary relief care to a foster parent:

- 505 (i) for less than six consecutive nights; and
506 (ii) in the short-term relief care provider's home;
- 507 (b) is an immediate family member or relative, as those terms are defined in Section
508 80-3-102, of the foster parent;
- 509 (c) is direct access qualified, as that term is defined in Section 26B-2-120;
- 510 (d) has been approved to provide short-term relief care by the department;
- 511 (e) is not reimbursed by the department for the temporary relief care provided; and
512 (f) is not an immediate family member or relative, as those terms are defined in Section
513 80-3-102, of the foster child.
- 514 (54) "Social detoxification" means short-term residential services for persons who are
515 experiencing or have recently experienced drug or alcohol intoxication, that are provided
516 outside of a health care facility licensed under Part 2, Health Care Facility Licensing and
517 Inspection, and that include:
- 518 (a) room and board for persons who are unrelated to the owner or manager of the facility;
519 (b) specialized rehabilitation to acquire sobriety; and
520 (c) aftercare services.
- 521 (55) "Substance abuse disorder" or "substance use disorder" mean the same as "substance
522 use disorder" is defined in Section 26B-5-501.
- 523 (56) "Substance abuse treatment program" or "substance use disorder treatment program"
524 means a program:
- 525 (a) designed to provide:
- 526 (i) specialized drug or alcohol treatment;
527 (ii) rehabilitation; or
528 (iii) habilitation services; and
- 529 (b) that provides the treatment or services described in Subsection (56)(a) to persons
530 with:
- 531 (i) a diagnosed substance use disorder; or
532 (ii) chemical dependency disorder.
- 533 (57) "Therapeutic school" means a residential group living facility:
- 534 (a) for four or more individuals that are not related to:
- 535 (i) the owner of the facility; or
536 (ii) the primary service provider of the facility;
- 537 (b) that serves students who have a history of failing to function:
538 (i) at home;

- 539 (ii) in a public school; or
 540 (iii) in a nonresidential private school; and
 541 (c) that offers:
 542 (i) room and board; and
 543 (ii) an academic education integrated with:
 544 (A) specialized structure and supervision; or
 545 (B) services or treatment related to:
 546 (I) a disability;
 547 (II) emotional development;
 548 (III) behavioral development;
 549 (IV) familial development; or
 550 (V) social development.
- 551 (58) "Unrelated persons" means persons other than parents, legal guardians, grandparents,
 552 brothers, sisters, uncles, or aunts.
- 553 (59) "Vulnerable adult" means an elder adult or an adult who has a temporary or permanent
 554 mental or physical impairment that substantially affects the person's ability to:
 555 (a) provide personal protection;
 556 (b) provide necessities such as food, shelter, clothing, or mental or other health care;
 557 (c) obtain services necessary for health, safety, or welfare;
 558 (d) carry out the activities of daily living;
 559 (e) manage the adult's own resources; or
 560 (f) comprehend the nature and consequences of remaining in a situation of abuse,
 561 neglect, or exploitation.
- 562 (60)(a) "Youth program" means a program designed to provide behavioral, substance
 563 use, or mental health services to minors that:
 564 (i) serves adjudicated or nonadjudicated youth;
 565 (ii) charges a fee for the program's services;
 566 (iii) may provide host homes or other arrangements for overnight accommodation of
 567 the youth;
 568 (iv) may provide all or part of the program's services in the outdoors;
 569 (v) may limit or censor access to parents or guardians; and
 570 (vi) prohibits or restricts a minor's ability to leave the program at any time of the
 571 minor's own free will.
- 572 (b) "Youth program" does not include recreational programs such as Boy Scouts, Girl

573 Scouts, 4-H, and other such organizations.

574 (61)(a) "Youth transportation company" means any person that transports a child for
575 payment to or from a congregate care program in Utah.

576 (b) "Youth transportation company" does not include:

577 (i) a relative of the child;

578 (ii) a state agency; or

579 (iii) a congregate care program's employee who transports the child from the
580 congregate care program that employs the employee and returns the child to the
581 same congregate care program.

582 Section 3. Section **26B-2-201** is amended to read:

583 **26B-2-201 (Effective 01/01/27). Definitions.**

584 As used in this part:

585 (1) "Abortion clinic" means a type I abortion clinic or a type II abortion clinic.

586 (2) "Activities of daily living" means essential activities including:

587 (a) dressing;

588 (b) eating;

589 (c) grooming;

590 (d) bathing;

591 (e) toileting;

592 (f) ambulation;

593 (g) transferring; and

594 (h) self-administration of medication.

595 (3) "Ambulatory surgical facility" means a freestanding facility, which provides surgical
596 services to patients not requiring hospitalization.

597 (4) "Assistance with activities of daily living" means providing of or arranging for the
598 provision of assistance with activities of daily living.

599 (5)(a) "Assisted living facility" means:

600 (i) a type I assisted living facility, which is a residential facility that provides
601 assistance with activities of daily living and social care to two or more residents
602 who:

603 (A) require protected living arrangements; and

604 (B) are capable of achieving mobility sufficient to exit the facility without the
605 assistance of another person; and

606 (ii) a type II assisted living facility, which is a residential facility with a home-like

- 607 setting that provides an array of coordinated supportive personal and health care
608 services available 24 hours per day to residents who have been assessed under
609 department rule to need any of these services.
- 610 (b) Each resident in a type I or type II assisted living facility shall have a service plan
611 based on the assessment, which may include:
- 612 (i) specified services of intermittent nursing care;
613 (ii) administration of medication; and
614 (iii) support services promoting residents' independence and self-sufficiency.
- 615 (6) "Birthing center" means a facility that:
- 616 (a) receives maternal clients and provides care during pregnancy, delivery, and
617 immediately after delivery; and
- 618 (b)(i) is freestanding; or
619 (ii) is not freestanding, but meets the requirements for an alongside midwifery unit
620 described in Subsection 26B-2-228(7).
- 621 (7) "Committee" means the Health Facility Committee created in Section 26B-1-204.
- 622 (8) "Consumer" means any person not primarily engaged in the provision of health care to
623 individuals or in the administration of facilities or institutions in which such care is
624 provided and who does not hold a fiduciary position, or have a fiduciary interest in any
625 entity involved in the provision of health care, and does not receive, either directly or
626 through his spouse, more than 1/10 of his gross income from any entity or activity
627 relating to health care.
- 628 (9) "End stage renal disease facility" means a facility which furnishes staff-assisted kidney
629 dialysis services, self-dialysis services, or home-dialysis services on an outpatient basis.
- 630 (10) "Freestanding" means existing independently or physically separated from another
631 health care facility by fire walls and doors and administrated by separate staff with
632 separate records.
- 633 (11) "General acute hospital" means a facility which provides diagnostic, therapeutic, and
634 rehabilitative services to both inpatients and outpatients by or under the supervision of
635 physicians.
- 636 (12) "Governmental unit" means the state, or any county, municipality, or other political
637 subdivision or any department, division, board, or agency of the state, a county,
638 municipality, or other political subdivision.
- 639 (13)(a) "Health care facility" means general acute hospitals, specialty hospitals, home
640 health agencies, hospices, nursing care facilities, residential-assisted living facilities,

641 birthing centers, ambulatory surgical facilities, small health care facilities, abortion
642 clinics, facilities owned or operated by health maintenance organizations, end stage
643 renal disease facilities, and any other health care facility which the committee
644 designates by rule.

645 (b) "Health care facility" does not include the offices of private physicians or dentists,
646 whether for individual or group practice, except that it does include an abortion clinic.

647 (14) "Health maintenance organization" means an organization, organized under the laws of
648 any state which:

649 (a) is a qualified health maintenance organization under 42 U.S.C. Sec. 300e-9; or

650 (b)(i) provides or otherwise makes available to enrolled participants at least the
651 following basic health care services: usual physician services, hospitalization,
652 laboratory, x-ray, emergency, and preventive services and out-of-area coverage;

653 (ii) is compensated, except for copayments, for the provision of the basic health
654 services listed in Subsection (14)(b)(i) to enrolled participants by a payment
655 which is paid on a periodic basis without regard to the date the health services are
656 provided and which is fixed without regard to the frequency, extent, or kind of
657 health services actually provided;

658 (iii) provides physicians' services primarily directly through physicians who are
659 either employees or partners of such organizations, or through arrangements with
660 individual physicians or one or more groups of physicians organized on a group
661 practice or individual practice basis; and

662 (iv) provides physician assistant services.

663 (15)(a) "Home health agency" means an agency, organization, or facility or a
664 subdivision of an agency, organization, or facility which employs two or more direct
665 care staff persons who provide licensed nursing services, therapeutic services of
666 physical therapy, speech therapy, occupational therapy, medical social services, or
667 home health aide services on a visiting basis.

668 (b) "Home health agency" does not mean an individual who provides services under the
669 authority of a private license.

670 (16) "Hospice" means a program of care for the terminally ill and their families which
671 occurs in a home or in a health care facility and which provides medical, palliative,
672 psychological, spiritual, and supportive care and treatment.

673 (17) "Nursing care facility" means a health care facility, other than a general acute or
674 specialty hospital, constructed, licensed, and operated to provide patient living

- 675 accommodations, 24-hour staff availability, and at least two of the following patient
676 services:
- 677 (a) a selection of patient care services, under the direction and supervision of a registered
678 nurse, ranging from continuous medical, skilled nursing, psychological, or other
679 professional therapies to intermittent health-related or paraprofessional personal care
680 services;
- 681 (b) a structured, supportive social living environment based on a professionally designed
682 and supervised treatment plan, oriented to the individual's habilitation or
683 rehabilitation needs; or
- 684 (c) a supervised living environment that provides support, training, or assistance with
685 individual activities of daily living.
- 686 (18) "Person" means any individual, firm, partnership, corporation, company, association,
687 or joint stock association, and the legal successor thereof.
- 688 (19) "Resident" means a person 21 years old or older who:
- 689 (a) as a result of physical or mental limitations or age requires or requests services
690 provided in an assisted living facility; and
- 691 (b) does not require intensive medical or nursing services as provided in a hospital or
692 nursing care facility.
- 693 (20) "Small health care facility" means a four to 16 bed facility that provides licensed
694 health care programs and services to residents.
- 695 (21) "Specialty hospital" means a facility which provides specialized diagnostic,
696 therapeutic, or rehabilitative services in the recognized specialty or specialties for which
697 the hospital is licensed.
- 698 (22) "Substantial compliance" means in a department survey of a licensee, the department
699 determines there is an absence of deficiencies which would harm the physical health,
700 mental health, safety, or welfare of patients or residents of a licensee.
- 701 (23) "Type I abortion clinic" means a facility, including a physician's office, but not
702 including a general acute or specialty hospital, that:
- 703 (a) performs abortions, as defined in Section 76-7-301, during the first trimester of
704 pregnancy; and
- 705 (b) does not perform abortions, as defined in Section 76-7-301, after the first trimester of
706 pregnancy.
- 707 (24) "Type II abortion clinic" means a facility, including a physician's office, but not
708 including a general acute or specialty hospital, that:

- 709 (a) performs abortions, as defined in Section 76-7-301, after the first trimester of
710 pregnancy; or
711 (b) performs abortions, as defined in Section 76-7-301, during the first trimester of
712 pregnancy and after the first trimester of pregnancy.

713 (25) "Utah Cares program" means the Utah Cares Health Financing Program created in
714 Title 26C, Utah Cares Act.

715 Section 4. Section **26B-2-206** is amended to read:

716 **26B-2-206 (Effective 01/01/27). License required -- Not assignable or**
717 **transferable -- Posting -- Expiration and renewal -- Time for compliance by operating**
718 **facilities.**

719 (1)(a) A person or governmental unit acting severally or jointly with any other person or
720 governmental unit, may not establish, conduct, or maintain a health care facility in
721 this state without receiving a license from the department as provided by this part and
722 the rules[-] adopted pursuant to this part .

723 (b) This Subsection (1) does not apply to facilities that are exempt under Section
724 26B-2-205.

725 (2) A license issued under this part is not assignable or transferable.

726 (3) The current license shall at all times be posted in each health care facility in a place
727 readily visible and accessible to the public.

728 (4)(a) The department may issue a license for a period of time not to exceed 12 months
729 from the date of issuance for an abortion clinic and not to exceed 24 months from the
730 date of issuance for other health care facilities that meet the provisions of this part
731 and department rules adopted pursuant to this part.

732 (b) Each license expires at midnight on the day designated on the license as the
733 expiration date, unless previously revoked by the department.

734 (c) The license shall be renewed upon completion of the application requirements,
735 unless the department finds the health care facility has not complied with the
736 provisions of this part or the rules adopted pursuant to this part.

737 (5) A license may be issued under this section only for the operation of a specific facility at
738 a specific site by a specific person.

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

742 (7)(a) Beginning November 1, 2030, the department may not issue or renew a health

743 care facility license unless the licensee has:

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

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

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

750 Section 5. Section **26B-3-104.1** is enacted to read:

751 **26B-3-104.1 (Effective 01/01/27). Medicaid transition to Utah Cares Health**
752 **Financing Program.**

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

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

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

764 Section 6. Section **26B-3-908** is amended to read:

765 **26B-3-908 (Effective 01/01/27). Managed care -- Contracting for services.**

766 (1) Program benefits provided to a member under the program, as described in Section
767 26B-3-904, shall be delivered by a managed care organization if the department
768 determines that adequate services are available where the member lives or resides.

769 (2) The department may contract with a managed care organization to provide program
770 benefits. The department shall evaluate a potential contract with a managed care
771 organization based on:

772 (a) the managed care organization's:

773 (i) ability to manage medical expenses, including mental health costs;

774 (ii) proven ability to handle accident and health insurance;

775 (iii) efficiency of claim paying procedures;

776 (iv) proven ability for managed care and quality assurance;

- 777 (v) provider contracting and discounts;
 778 (vi) pharmacy benefit management;
 779 (vii) estimated total charges for administering the pool;
 780 (viii) ability to administer the pool in a cost-efficient manner;
 781 (ix) ability to provide adequate providers and services in the state; and
 782 (x) ability to meet quality measures for emergency room use and access to primary
 783 care established by the department under Subsection 26B-3-204(4); and
 784 (b) other factors established by the department.

785 (3) The department may enter into separate managed care organization contracts to provide
 786 dental benefits required by Section 26B-3-904.

787 (4) The department's contract with a managed care organization for the program's benefits
 788 shall include risk sharing provisions in which the plan shall accept at least 75% of the
 789 risk for any difference between the department's premium payments per member and
 790 actual medical expenditures.

791 (5) Notwithstanding any other provision of law, all program benefits shall be provided by
 792 the Utah Cares Health Financing Program once the department obtains necessary
 793 approval from CMS to provide services through the Utah Cares Health Financing
 794 Program.

795 [~~(5)(a) The department may contract with the Group Insurance Division within the Utah~~
 796 ~~State Retirement Office to provide services under Subsection (1) if no managed care~~
 797 ~~organization is willing to contract with the department or the department determines~~
 798 ~~no managed care organization meets the criteria established under Subsection (2).]~~

799 [~~(b) In accordance with Section 49-20-201, a contract awarded under Subsection (5)(a)~~
 800 ~~is not subject to the risk sharing required by Subsection (4).]~~

801 Section 7. Section **26C-1-101** is enacted to read:

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

803 **CHAPTER 1. General Provisions**

804 **26C-1-101 (Effective 07/01/27). Utah Cares Act.**

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

806 Section 8. Section **26C-1-102** is enacted to read:

807 **26C-1-102 (Effective 07/01/27). Definitions.**

808 As used in this title:

809 (1) "Accredited clinical education program" means a clinical education program for a health

- 810 care profession that is accredited by the Accreditation Council on Graduate Medical
811 Education.
- 812 (2) "Accredited clinical training program" means a clinical training program that is
813 accredited by an entity recognized within medical education circles as an accrediting
814 body for medical education, advanced practice nursing education, physician assistant
815 education, doctor of pharmacy education, dental education, or registered nursing
816 education.
- 817 (3) "Centers for Medicare and Medicaid Services" means the Centers for Medicare and
818 Medicaid Services within the United States Department of Health and Human Services.
- 819 (4) "Commission" means the Utah Health Services Commission created in Section
820 26C-2-101.
- 821 (5) "Enrollee" means an individual enrolled in the program.
- 822 (6) "Executive director" means the executive director of the program.
- 823 (7) "Fund" means the Utah Cares Trust Fund, created in Section 26C-1-103.
- 824 (8) "General acute hospital" means the same as that term is defined in Section 26B-2-201.
- 825 (9) "Health care facility" means the same as that term is defined in Section 26B-2-201.
- 826 (10) "Health care professionals in training" means medical students and residents, advanced
827 practice nursing students, physician assistant students, doctor of pharmacy students,
828 dental students, and registered nursing students.
- 829 (11)(a) "Health workforce" means the individuals, collectively and by profession, who
830 deliver health care services or assist in the delivery of health care services.
- 831 (b) "Health workforce" includes any health care professional who does not work in the
832 health sector and any non-health care professional who works in the health sector.
- 833 (12) "Medical education program" means the program created in Section 26C-2-108.
- 834 (13) "Nursing care facility" means the same as that term is defined in Section 26B-2-201.
- 835 (14) "Operating and capital budget facility" means any of the following:
- 836 (a) a nursing care facility;
- 837 (b) a general acute hospital; and
- 838 (c) a specialty hospital.
- 839 (15) "Pharmacist" means the same as that term is defined in Section 58-17b-102.
- 840 (16) "Pharmacy" means the same as that term is defined in Section 58-17b-102.
- 841 (17) "Pharmacy service" means a product, good, or service provided by a pharmacy or
842 pharmacist to an individual.
- 843 (18) "Physician" means an individual:

- 844 (a) licensed as a physician under Title 58, Chapter 67, Utah Medical Practice Act; or
845 (b) licensed as a physician under Title 58, Chapter 68, Utah Osteopathic Medical
846 Practice Act.

847 (19) "Program" means the Utah Cares Health Financing Program.

848 (20) "Rural county" means a county of the third, fourth, fifth, or sixth class under Section
849 17-60-104.

850 (21) "Rural hospital" means a general acute hospital located within a rural county.

851 (22) "Specialty hospital" means the same as that term is defined in Section 26B-2-201.

852 (23) "UMEC" means the Utah Medical Education Council created in Section 26C-2-107.

853 Section 9. Section **26C-1-103** is enacted to read:

854 **26C-1-103 (Effective 07/01/27). Utah Cares Trust Fund -- Audit.**

855 (1) There is created the "Utah Cares Trust Fund" for the purpose of paying the benefits and
856 the costs of administering this program.

857 (2) The fund shall consist of:

858 (a) money appropriated to the fund by the Legislature;

859 (b) money provided under Section 26C-3-101;

860 (c) tax revenue deposited under Title 59, Chapter 35, Utah Health Care Tax;

861 (d) money paid by non-enrollees to the program for health care services provided by an
862 operating and capital budget facility;

863 (e) any federal funds received from the federal government for federal savings resulting
864 from 42 U.S.C. Sec. 18052; and

865 (f) the reserve funds of private insurers.

866 (3) The fund shall be used to pay for:

867 (a) health care provided to enrollees of the program;

868 (b) enrollees of Medicaid when all waivers are approved as described in Section
869 26B-3-104.1;

870 (c) payments to a operating and capital budget facility;

871 (d) administering the program; and

872 (e) benefits provided under this title.

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

877 Section 10. Section **26C-1-104** is enacted to read:

878 **26C-1-104 (Effective 07/01/27). Social security number prohibition.**

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

881 Section 11. Section **26C-2-101** is enacted to read:

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

883 **26C-2-101 (Effective 07/01/27). Utah Health Services Commission -- Creation --**
884 **Members -- Terms -- Quorum -- Compensation.**

885 (1) Notwithstanding Section 63E-1-302, there is created an independent state agency
886 known as the Utah Health Services Commission.

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

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

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

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

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

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

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

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

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

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

908 (6) Each commissioner at the time of appointment and qualification shall be a resident
909 citizen of the United States and of this state.

910 (7) Except as provided by law, no commissioner may hold any other office either under the
911 government of the United States or of this state or of any municipal corporation within

912 this state.

913 (8) A commissioner shall comply with the conflict of interest provisions described in Title
914 63G, Chapter 24, Part 3, Conflicts of Interest.

915 Section 12. Section **26C-2-102** is enacted to read:

916 **26C-2-102 (Effective 07/01/27). Commission duties.**

917 The commission shall:

918 (1) design and administer the program;

919 (2) establish a budget for the program;

920 (3) ensure the delivery of quality health care services to all enrollees;

921 (4) conduct regular audits and evaluations of the system's performance and
922 cost-effectiveness;

923 (5) provide an annual report to the governor and the Legislature on the status and
924 performance of the program;

925 (6) promote cooperation among providers;

926 (7) create advisory boards to address health care needs regarding health care quality
927 improvement, health care modernization, and financial budgeting;

928 (8) create regional advisory boards to solicit information regarding the various health care
929 needs in the different regions of the state;

930 (9) adjudicate disputes between patients, the program, health care providers, and health care
931 facilities;

932 (10) develop a no-fault medical injury payment system as an alternative to litigation;

933 (11) establish and conduct public meetings where patients, health care providers, and health
934 care facilities may provide feedback to the commission; and

935 (12) make rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking
936 Act, to implement and administer this chapter.

937 Section 13. Section **26C-2-103** is enacted to read:

938 **26C-2-103 (Effective 07/01/27). Planning and forecasting health care needs.**

939 (1) The commission shall:

940 (a) coordinate health care resources and capital expenditures to ensure all enrollees have
941 reasonable access to covered services;

942 (b) develop short term and long term plans to meet health care needs;

943 (c) complete an annual review of health care needs, including:

944 (i) evaluating health care workforce needs;

945 (ii) establishing a budget for all operating and capital budget facilities;

- 946 (iii) evaluating all capital expenses in excess of a threshold amount to be determined
 947 annually by the commission; and
- 948 (iv) collaborating with local and statewide government and health care institutions to
 949 coordinate capital health planning and investment;
- 950 (d) develop short term and long term plans to meet capital expenditure needs; and
 951 (e) develop plans to improve access to care in rural and frontier counties in the state.
- 952 (2) When conducting the review described in Subsection (1)(c), the commission shall:
- 953 (a) consult with:
- 954 (i) advisory boards created by the commission; and
 955 (ii) the Utah Health Workforce Advisory Council; and
- 956 (b) hold public hearings across the state.
- 957 (3) The commission may request assistance from the program to carry out the duties
 958 described in this section.

959 Section 14. Section **26C-2-104** is enacted to read:

960 **26C-2-104 (Effective 07/01/27). Health care best practices.**

- 961 (1) The commission shall establish a best practices standard of care regarding:
- 962 (a) appropriate hospital staffing levels;
 963 (b) evidence-based best clinical practices, including for primary care and mental health
 964 care;
 965 (c) appropriate medical technology;
 966 (d) design and scope of work in the health workplace;
 967 (e) development of clinical practices that lead toward the elimination of medical errors
 968 or medical waste;
 969 (f) timely access to needed medical and dental care; and
 970 (g) compassionate end-of-life care to provide comfort and relieve pain.
- 971 (2) The commission may request assistance from the program to carry out the duties
 972 described in this section.

973 Section 15. Section **26C-2-105**, which is renumbered from Section 26B-1-425 is renumbered
 974 and amended to read:

975 **[26B-1-425] 26C-2-105 (Effective 07/01/27) (Repealed 07/01/27). Utah Health**
 976 **Workforce Advisory Council -- Creation and membership.**

- 977 (1) There is created within the [department] commission the Utah Health Workforce
 978 Advisory Council.
- 979 (2) The council shall be comprised of at least [+4] 15 but not more than [+9] 20 members.

- 980 (3) The following are members of the council:
- 981 (a) the executive director of the Department of Health and Human Services or that
- 982 individual's designee;
- 983 (b) the executive director of the Department of Workforce Services or that individual's
- 984 designee;
- 985 (c) the commissioner of higher education of the Utah System of Higher Education or
- 986 that individual's designee;
- 987 (d) the state superintendent of the State Board of Education or that individual's designee;
- 988 (e) the executive director of the Department of Commerce or that individual's designee;
- 989 (f) the director of the Division of Multicultural Affairs or that individual's designee;
- 990 (g) the director of the Utah Substance Use and Mental Health Advisory Committee or
- 991 that individual's designee;
- 992 (h) the chair of the Utah Indian Health Advisory Board; ~~and~~
- 993 (i) the chair of the Utah Medical Education Council created in Section ~~[26B-4-706.]~~
- 994 26C-2-107; and
- 995 (j) the executive director or that individual's designee.
- 996 (4) The executive director shall appoint at least five but not more than ten additional
- 997 members that represent diverse perspectives regarding Utah's health workforce as
- 998 defined in Section ~~[26B-4-705]~~ 26C-2-106.
- 999 (5)(a) A member appointed by the executive director under Subsection (4) shall serve a
- 1000 four-year term.
- 1001 (b) Notwithstanding Subsection (5)(a) for the initial appointments of members described
- 1002 in Subsection (4) the executive director shall appoint at least three but not more than
- 1003 five members to a two-year appointment to ensure that approximately half of the
- 1004 members appointed by the executive director rotate every two years.
- 1005 (6) The executive director or the executive director's designee shall chair the council.
- 1006 ~~[(7)(a) As used in this Subsection (7), "health workforce" means the same as that term~~
- 1007 ~~is defined in Section 26B-4-705.]~~
- 1008 ~~[(b)]~~ (7) The council shall:
- 1009 ~~[(i)]~~ (a) meet at least once each quarter;
- 1010 ~~[(ii)]~~ (b) study and provide recommendations to an entity described in Subsection (8)
- 1011 regarding:
- 1012 ~~[(A)]~~ (i) health workforce supply;
- 1013 ~~[(B)]~~ (ii) health workforce employment trends and demand;

- 1014 ~~[(C)]~~ (iii) options for training and educating the health workforce; and
- 1015 ~~[(D)]~~ (iv) the implementation or improvement of strategies that entities in the state are
- 1016 using or may use to address health workforce needs including shortages,
- 1017 recruitment, retention, and other Utah health workforce priorities as determined by
- 1018 the council;
- 1019 ~~[(iii)]~~ (c) provide guidance to an entity described in Subsection (8) regarding health
- 1020 workforce related matters;
- 1021 ~~[(iv)]~~ (d) review and comment on legislation relevant to Utah's health workforce; and
- 1022 ~~[(v)]~~ (e) advise the Utah Board of Higher Education and the Legislature on the status and
- 1023 needs of the health workforce who are in training.
- 1024 (8) The council shall provide information described in Subsections ~~[(7)(b)(ii)]~~ (7)(b) and [
- 1025 ~~(iii)]~~ (c) to:
- 1026 (a) the Legislature;
- 1027 (b) the ~~[department]~~ Department of Health and Human Services;
- 1028 (c) the Department of Workforce Services;
- 1029 (d) the Department of Commerce;
- 1030 (e) the Utah Medical Education Council; and
- 1031 (f) any other entity the council deems appropriate upon the entity's request.
- 1032 (9)(a) The Utah Medical Education Council created in Section ~~[26B-4-706]~~ 26C-2-107 is
- 1033 a subcommittee of the council.
- 1034 (b) The council may establish subcommittees to support the work of the council.
- 1035 (c) A member of the council shall chair a subcommittee created by the council.
- 1036 (d) Except for the Utah Medical Education Council, the chair of the subcommittee may
- 1037 appoint any individual to the subcommittee.
- 1038 (10) For any report created by the council that pertains to any duty described in Subsection
- 1039 (7), the council shall:
- 1040 (a) provide the report to:
- 1041 (i) the ~~[department]~~ commission; and
- 1042 (ii) any appropriate legislative committee; and
- 1043 (b) post the report on the council's website.
- 1044 (11) The executive director shall:
- 1045 (a) ensure the council has adequate staff to support the council and any subcommittee
- 1046 created by the council; and
- 1047 (b) provide any available information upon the council's request if:

1048 (i) that information is necessary for the council to fulfill a duty described in
1049 Subsection (7); and

1050 (ii) the ~~[department]~~ commission has access to the information.

1051 (12) A member of the council or a subcommittee created by the council may not receive
1052 compensation or benefits for the member's service but may receive per diem and travel
1053 expenses as allowed in:

1054 (a) Section 63A-3-106;

1055 (b) Section 63A-3-107; and

1056 (c) rules made by the Division of Finance according to Sections 63A-3-106 and
1057 63A-3-107.

1058 Section 16. Section **26C-2-106**, which is renumbered from Section 26B-4-705 is renumbered
1059 and amended to read:

1060 **~~[26B-4-705]~~ 26C-2-106 (Effective 07/01/27). Utah Health Workforce Information**
1061 **Center.**

1062 (1) As used in this section:

1063 (a) "Council" means the Utah Health Workforce Advisory Council created in Section [
1064 ~~26B-1-425]~~ 26C-2-105.

1065 (b) "Health sector" means any place of employment where the primary function is the
1066 delivery of health care services.

1067 ~~[(c)(i) "Health workforce" means the individuals, collectively and by profession,~~
1068 ~~who deliver health care services or assist in the delivery of health care services.]~~

1069 ~~[(ii) "Health workforce" includes any health care professional who does not work in~~
1070 ~~the health sector and any non-health care professional who works in the health~~
1071 ~~sector.]~~

1072 (2) There is created within the department the Utah Health Workforce Information Center.

1073 (3) The information center shall:

1074 (a) under the guidance of the council, work with the Department of Commerce to collect
1075 data described in Section 58-1-112;

1076 (b) analyze data from any available source regarding Utah's health workforce including
1077 data collected by the Department of Commerce under Section 58-1-112;

1078 (c) send a report to the council regarding any analysis of health workforce data;

1079 (d) conduct research on Utah's health workforce as directed by the council;

1080 (e) notwithstanding the provisions of Subsection 35A-4-312(3), receive information
1081 obtained by the Department of Workforce Services under the provisions of Section

1082 35A-4-312 for purposes consistent with the information center's duties, including
 1083 identifying changes in Utah's health workforce numbers, types, and geographic
 1084 distribution;

1085 (f) subject to data sharing limitations the program creates that are the same or
 1086 substantially similar to limitations described in Section 26B-8-406, share data with
 1087 any appropriate person as determined by the information center; and

1088 (g) conduct research and provide analysis for any state agency as approved by the [
 1089 ~~executive director or the executive director's designee~~] commission.

1090 (4) Notwithstanding any other provision of state law, the information center is authorized to
 1091 obtain data from any state agency if:

1092 (a) the council and the information center deem receiving the data necessary to perform
 1093 a duty listed under Subsection (3) or [~~26B-1-425(7)~~] 26C-2-105(7); and

1094 (b) the information center's access to the data will not:

1095 (i) violate any federal statute or federal regulation; or

1096 (ii) violate a condition a state agency must follow:

1097 (A) to participate in a federal program; or

1098 (B) to receive federal funds.

1099 Section 17. Section **26C-2-107**, which is renumbered from Section 26B-4-706 is renumbered
 1100 and amended to read:

1101 ~~[26B-4-706]~~ **26C-2-107 (Effective 07/01/27). Utah Medical Education Council.**

1102 (1)(a) There is created the Utah Medical Education Council, which is a subcommittee of
 1103 the Utah Health Workforce Advisory Council.

1104 (b) The membership of UMEC shall consist of the following appointed by the governor:

1105 (i) the dean of the school of medicine at the University of Utah;

1106 (ii) an individual who represents graduate medical education at the University of
 1107 Utah;

1108 (iii) an individual from each institution, other than the University of Utah, that
 1109 sponsors an accredited clinical education program; and

1110 [~~(iv) an individual from the health care insurance industry; and~~]

1111 [~~(v)~~] (iv)(A) three members of the general public who are not employed by or
 1112 affiliated with any institution that offers, sponsors, or finances health care or
 1113 medical education; and

1114 (B) if the number of individuals appointed under Subsection (1)(b)(iii) is more
 1115 than two, the governor may appoint an additional member of the public under

1116 this Subsection [~~(1)(b)(v)~~] (1)(b)(iv) for each individual the governor appoints
1117 under Subsection (1)(b)(iii) beyond two.

1118 (2) Except as provided in Subsections (1)(b)(i) and (ii), no two UMEC members may be
1119 employed by or affiliated with the same:

1120 (a) institution of higher education;

1121 (b) state agency outside of higher education; or

1122 (c) private entity.

1123 (3) The dean of the school of medicine at the University of Utah:

1124 (a) shall chair UMEC;

1125 (b) may not be counted in determining the existence of a quorum; and

1126 (c) may only cast a vote on a matter before the council if the vote of the other council
1127 members results in a tied vote.

1128 (4) UMEC shall annually elect a vice chair from UMEC's members.

1129 (5)(a) [~~Consistent with Subsection (6)(b), a~~] A majority of the members constitute a
1130 quorum.

1131 (b) The action of a majority of a quorum is the action of UMEC.

1132 (6)(a) Except as provided in Subsection (6)(b), members are appointed to four-year
1133 terms of office.

1134 (b) Notwithstanding Subsection (6)(a), the governor shall, at the time of the initial
1135 appointment, adjust the length of terms to ensure that the terms of UMEC members
1136 are staggered so that approximately half of the members are appointed every two
1137 years.

1138 (c) If a vacancy occurs in the membership for any reason, the replacement shall be
1139 appointed by the governor for the unexpired term in the same manner as the original
1140 appointment was made.

1141 (7) A member may not receive compensation or benefits for the member's service, but may
1142 receive per diem and travel expenses in accordance with:

1143 (a) Section 63A-3-106;

1144 (b) Section 63A-3-107; and

1145 (c) rules made by the Division of Finance pursuant to Sections 63A-3-106 and
1146 63A-3-107.

1147 (8) The council shall provide staff for UMEC.

1148 Section 18. Section **26C-2-108**, which is renumbered from Section 26B-4-707 is renumbered
1149 and amended to read:

1150 **[26B-4-707] 26C-2-108 (Effective 07/01/27). Medical education program.**

- 1151 (1) There is created a [~~Medical Education Program~~] medical education program to be
 1152 administered by UMEC in cooperation with the Division of Finance.
- 1153 (2) The [~~program~~] medical education program shall be funded from money received for
 1154 graduate medical education from:
- 1155 (a) the federal Centers for Medicare and Medicaid Services or other federal agency;
 1156 (b) state appropriations; and
 1157 (c) donation or private contributions.
- 1158 (3) All funding for this [~~program~~] medical education program shall be nonlapsing.
- 1159 (4) [~~Program~~] Medical education program money may only be expended if:
- 1160 (a) approved by UMEC; and
 1161 (b) used for graduate medical education in accordance with [~~Subsection 26B-4-708(4)]~~
 1162 Section 26C-2-109.

1163 Section 19. Section **26C-2-109**, which is renumbered from Section 26B-4-708 is renumbered
 1164 and amended to read:

1165 **[26B-4-708] 26C-2-109 (Effective 07/01/27). Duties of UMEC.**

1166 UMEC shall:

- 1167 (1) seek private and public contributions for the [~~program~~] medical education program;
- 1168 (2) determine the method for reimbursing institutions that sponsor health care professionals
 1169 in training;
- 1170 (3) determine the number and type of positions for health care professionals in training for
 1171 which [~~program~~] medical education program money may be used;
- 1172 (4) distribute [~~program~~] medical education program money for graduate medical education
 1173 in a manner that:
- 1174 (a) prepares postgraduate medical residents, as defined by the accreditation council on
 1175 graduate medical education, for inpatient, outpatient, hospital, community, and
 1176 geographically diverse settings;
- 1177 (b) encourages the coordination of interdisciplinary clinical training among health care
 1178 professionals in training;
- 1179 (c) promotes stable funding for the clinical training of health care professionals in
 1180 training; and
- 1181 (d) only funds accredited clinical training programs; and
- 1182 (5) advise on the implementation of the program.

1183 Section 20. Section **26C-2-110**, which is renumbered from Section 26B-4-709 is renumbered

1184 and amended to read:

1185 **[26B-4-709] 26C-2-110 (Effective 07/01/27). Powers of UMEC.**

1186 The UMEC may:

- 1187 (1) appoint advisory committees of broad representation on interdisciplinary clinical
1188 education, workforce mix planning and projections, funding mechanisms, and other
1189 topics as is necessary;
- 1190 (2) use federal money for necessary administrative expenses to carry out UMEC's duties
1191 and powers as permitted by federal law;
- 1192 (3) distribute program money in accordance with Subsection [26B-4-708(4)] 26C-2-109(4);
1193 and
- 1194 (4) as is necessary to carry out UMEC's duties under Section [26B-4-708] 26C-2-109, adopt
1195 rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act.

1196 Section 21. Section **26C-2-111**, which is renumbered from Section 26B-4-711 is renumbered
1197 and amended to read:

1198 **[26B-4-711] 26C-2-111 (Effective 07/01/27). Residency grant program.**

- 1199 (1) As used in this section:
- 1200 (a) "D.O. program" means an osteopathic medical program that prepares a graduate to
1201 obtain licensure as a doctor of osteopathic medicine upon completing a state's
1202 licensing requirements.
- 1203 (b) "M.D. program" means a medical education program that prepares a graduate to
1204 obtain licensure as a doctor of medicine upon completing a state's licensing
1205 requirements.
- 1206 (c) "Residency program" means a program that provides training for graduates of a D.O.
1207 program or an M.D. program.
- 1208 (2) UMEC shall develop a grant program where a sponsoring institution in Utah may apply
1209 for a grant to establish a new residency program or expand a current residency program.
- 1210 (3) An applicant for a grant shall:
- 1211 (a) provide the proposed specialty area for each grant funded residency position;
- 1212 (b) identify where the grant funded residency position will provide care;
- 1213 (c)(i) provide proof that the residency program is accredited by the Accreditation
1214 Council for Graduate Medical Education; or
- 1215 (ii) identify what actions need to occur for the proposed residency program to
1216 become accredited by the Accreditation Council for Graduate Medical Education;
- 1217 (d) identify how a grant funded residency position will be funded once the residency

- 1218 program exhausts the grant money;
- 1219 (e) agree to implement selection processes for a residency position that treat applicants
- 1220 from D.O. programs and applicants from M.D. programs equally;
- 1221 (f) agree to provide information identified by UMEC that relates to post-residency
- 1222 employment outcomes for individuals who work in grant funded residency positions;
- 1223 and
- 1224 (g) provide any other information related to the grant application UMEC deems
- 1225 necessary.
- 1226 (4) UMEC shall prioritize awarding grants to new or existing residency programs that will:
- 1227 (a) address a workforce shortage, occurring in Utah, for a specialty; or
- 1228 (b) serve an underserved population, including a rural population.
- 1229 (5)(a) An applicant that receives a grant under this section may apply, every two years,
- 1230 to renew the grant for two years.
- 1231 (b) An applicant to renew a grant under Subsection (5)(a) shall provide a statement that:
- 1232 (i) the applicant applied for federal funding and was not awarded federal funding in
- 1233 an amount that fully funds each grant funded residency position; or
- 1234 (ii) the funding the applicant described in Subsection (3)(d) is unavailable to the
- 1235 applicant.
- 1236 (6) Each November 1 until November 2026 and then every three years thereafter, the
- 1237 Health Workforce Advisory Council, in consultation with UMEC, shall provide a
- 1238 written report to the Higher Education Appropriations Subcommittee and the Social
- 1239 Services Appropriations Subcommittee describing:
- 1240 (a) which sponsoring institutions received a grant;
- 1241 (b) the number of residency positions created; and
- 1242 (c) for each residency position created:
- 1243 (i) the type of specialty;
- 1244 (ii) where the residency position provides care; and
- 1245 (iii) an estimated date of when a grant funded residency position will no longer need
- 1246 grant funding.
- 1247 Section 22. Section **26C-2-112**, which is renumbered from Section 26B-4-712 is renumbered
- 1248 and amended to read:
- 1249 **~~26B-4-712~~ 26C-2-112 (Effective 07/01/27). Forensic psychiatrist fellowship**
- 1250 **grant.**
- 1251 (1) As used in this section, "forensic psychiatry" means the provision of services by an

- 1252 individual who:
- 1253 (a) is a licensed physician;
- 1254 (b) is board certified or board eligible for a psychiatry specialization recognized by the
- 1255 American Board of Medical Specialists or the American Osteopathic Association's
- 1256 Bureau of Osteopathic Specialists; and
- 1257 (c) uses scientific and clinical expertise in legal contexts involving the mental health of
- 1258 individuals.
- 1259 (2) UMEC shall establish a grant program that will facilitate the creation of a single
- 1260 forensic psychiatrist fellowship program.
- 1261 (3) An applicant for the grant shall:
- 1262 (a) demonstrate how the applicant is best suited for developing a forensic psychiatry
- 1263 fellowship program, including:
- 1264 (i) a description of resources that would be available to the program; and
- 1265 (ii) any resources or staff that need to be acquired for the program;
- 1266 (b) identify what needs to occur for the proposed residency program to become
- 1267 accredited by the Accreditation Council for Graduate Medical Education;
- 1268 (c) provide an estimate of how many individuals would be trained in the program at any
- 1269 one time;
- 1270 (d) provide any information related to the grant application UMEC deems necessary for
- 1271 awarding the grant; and
- 1272 (e) if awarded the grant, agree to:
- 1273 (i) enter into a contract with the Department of Corrections that the applicant will
- 1274 provide for the provision of forensic psychiatry services to an individual:
- 1275 (A) who needs psychiatric services; and
- 1276 (B) is under the Department of Corrections' jurisdiction; and
- 1277 (ii) ensure that any individual hired to provide forensic psychiatry services will
- 1278 comply with all relevant:
- 1279 (A) national licensing requirements; and
- 1280 (B) state licensing requirements under Title 58, Occupations and Professions.

1281 Section 23. Section **26C-3-101** is enacted to read:

1282 **CHAPTER 3. Utah Cares Health Financing Program**

1283 **26C-3-101 (Effective 07/01/27). Program -- Executive director -- Duties.**

- 1284 (1) The commission shall appoint an executive director who shall be the executive and
- 1285 administrative head of the program.

- 1286 (2) The executive director:
- 1287 (a) may hire and remove employees and consultants as necessary to accomplish the
- 1288 duties described in this chapter and to assist with the commission's duties;
- 1289 (b) shall establish an enrollment system that will ensure that all eligible Utah residents
- 1290 are formally enrolled;
- 1291 (c) shall ensure the program carries out duties assigned to the program under this title;
- 1292 and
- 1293 (d) may utilize and shall coordinate with the offices, staff, and resources of any agencies
- 1294 of the executive branch.
- 1295 (3) The program shall:
- 1296 (a) act as a self-insurer of enrollee benefit plans and administer those plans;
- 1297 (b) indemnify benefit plans or purchase commercial reinsurance as considered
- 1298 appropriate by the program;
- 1299 (c) process claims by making prompt payments to health care providers and health care
- 1300 facilities for covered services;
- 1301 (d) invest trust fund assets consistent with state law;
- 1302 (e) establish and maintain a formulary of covered prescription drugs and negotiate prices
- 1303 with pharmaceutical companies;
- 1304 (f) obtain an annual actuarial review of all health and dental benefit plans and a periodic
- 1305 review of the program;
- 1306 (g) annually submit a budget and audited financial statements to the governor and
- 1307 Legislature that includes total projected benefit costs and administrative costs;
- 1308 (h) submit the program's recommended benefit and rate adjustments to:
- 1309 (i) the Legislature;
- 1310 (ii) the commission; and
- 1311 (iii) the director of the state Division of Human Resource Management;
- 1312 (i) administer benefits and rates upon ratification of the commission;
- 1313 (j)(i) require enrollees to participate in the electronic exchange of clinical health
- 1314 records in accordance with Section 26B-8-411 unless the enrollee opts out of
- 1315 participation; and
- 1316 (ii) before enrollment, each time the enrollee logs onto the program's website, and
- 1317 each time the enrollee receives written enrollment information from the program,
- 1318 provide notice to the enrollee of the enrollee's participation in the electronic
- 1319 exchange of clinical health records and the option to opt out of participation at any

- 1320 time;
- 1321 (k) develop an information management system that is compatible with medical and
- 1322 dental facilities and offices in the state;
- 1323 (l) develop a system to monitor the quality of care;
- 1324 (m) develop utilization management strategies;
- 1325 (n) be the state's primary entity for applying for and negotiating waivers described in 42
- 1326 U.S.C. Sec. 18052;
- 1327 (o) negotiate with the federal government to provide coverage for veterans, Native
- 1328 Americans, federal employees, and the military; and
- 1329 (p) take additional actions necessary or appropriate to carry out the purposes of this
- 1330 chapter.
- 1331 (4) The program may establish a partnership with a public entity in a different state to
- 1332 purchase or share services related to the administration of medical benefits if:
- 1333 (a) the program receives approval for the partnership from the commission; and
- 1334 (b) the partnership:
- 1335 (i) creates cost savings for Utah;
- 1336 (ii) does not commingle state funds with funds of the public entity in the other state;
- 1337 and
- 1338 (iii) does not pose a greater actuarial risk to Utah than the program has already
- 1339 assumed.
- 1340 (5) Before January 1, 2031, the program shall provide a report to the Legislature regarding
- 1341 the coordination and incorporation of benefits for medically necessary care between the
- 1342 program and the following:
- 1343 (a) workers' compensation;
- 1344 (b) automotive insurance carriers; and
- 1345 (c) other entities that provide indemnity insurance that involves medical care.
- 1346 Section 24. Section **26C-3-102** is enacted to read:
- 1347 **26C-3-102 (Effective 01/01/28). Eligibility.**
- 1348 (1) An individual is eligible to enroll in the program if the individual is:
- 1349 (a) a United States citizen;
- 1350 (b) lives in Utah as evidenced by an intent to continue to live in Utah and to return to
- 1351 Utah if temporarily absent, coupled with an act or acts consistent with that intent; and
- 1352 (c) not enrolled in Medicaid or Medicare.
- 1353 (2) Beginning January 1, 2028, the program shall enroll:

- 1354 (a) employees of:
 1355 (i) the state;
 1356 (ii) counties and municipalities;
 1357 (iii) public school districts;
 1358 (iv) charter schools; and
 1359 (v) state institutions of higher education; and
 1360 (b) individuals described in Section 53-2d-703.
- 1361 (3) Beginning January 1, 2028, and ending on January 1, 2030, entities described in
 1362 Subsection (2)(a) shall transfer money to the fund equal to the annual amount the entity
 1363 expended to provide employee health insurance as of January 1, 2026.
- 1364 (4) Beginning January 1, 2029, the program shall begin enrolling any eligible individual.
- 1365 (5) Beginning January 1, 2029, a nonprofit entity may choose to merge the nonprofit
 1366 entity's health benefit plan with the program if the nonprofit entity transfers funds equal
 1367 to the annual amount of funds the nonprofit entity expended to provide employee health
 1368 care:
- 1369 (a) based on the immediate year before the transfer; and
 1370 (b) for at least two years thereafter.

1371 Section 25. Section **26C-4-101** is enacted to read:

1372 **CHAPTER 4. Rates and Payments**

1373 **26C-4-101 (Effective 01/01/28). Payments for non-enrollee health care --**

1374 **Out-of-state care -- Secondary coverage.**

- 1375 (1) Beginning November 1, 2029, for health care services provided to a non-enrollee, the
 1376 program will bill the individual and reimburse the health care provider at a reasonable
 1377 rate.
- 1378 (2)(a) Payment for emergency care of an enrollee obtained out-of-state shall be paid at
 1379 prevailing local rates of where the care was obtained.
- 1380 (b) Payment for non-emergency care of an enrollee obtained out-of-state shall be
 1381 according to rates and conditions established by the commission.
- 1382 (c)(i) The commission may require that an enrollee be transported back to Utah when
 1383 prolonged treatment of an emergency condition is necessary if transportation is
 1384 safe for the patient in light of the patient's medical condition.
- 1385 (ii) The program shall pay for transporting an individual described in Subsection
 1386 (2)(c)(i).
- 1387 (3) If an enrollee has other health insurance coverage for a service that is covered by the

1388 program, the program shall act as the secondary insurer for insurance coverage purposes.

1389 Section 26. Section **26C-4-102** is enacted to read:

1390 **26C-4-102 (Effective 01/01/28). Health care provider and facility rates and**
1391 **payments.**

1392 (1) Beginning November 1, 2029, a health care facility may not bill an individual for
1393 services performed by the health care facility.

1394 (2) Except for operating and capital budget facilities, the program shall negotiate and set
1395 rates for health care providers and health care facilities participating in the program in an
1396 amount equal to or exceeding the Medicare fee amount plus 10% of the Medicare fee.

1397 (3)(a) The program shall negotiate with each operating and capital budget facility
1398 independently to set a specific operating and capital budget for each facility.

1399 (b) The program shall make payments to an operating and capital budget facility on a
1400 monthly basis.

1401 Section 27. Section **26C-5-101** is enacted to read:

1402 **CHAPTER 5. Covered Health Benefits**

1403 **26C-5-101 (Effective 01/01/28). Health plan.**

1404 (1) The program shall provide a health plan that:

1405 (a) complies with 42 U.S.C. Sec. 18022(b)(1);

1406 (b) unless otherwise provided in this title, contains no cost-sharing for all
1407 non-pharmaceutical services;

1408 (c) provides the lowest possible cost-sharing for pharmaceutical services; and

1409 (d) maintains a benefits offering that is equivalent to the offering provided to state
1410 employees as of January 1, 2026.

1411 (2) As soon as practicable, the program shall develop a Medicare advantage plan for
1412 eligible individuals.

1413 Section 28. Section **26C-5-102**, which is renumbered from Section 49-20-416 is renumbered
1414 and amended to read:

1415 **[49-20-416] 26C-5-102 (Effective 01/01/28). Screening, Brief Intervention, and**
1416 **Referral to Treatment program reimbursement.**

1417 (1) As used in this section:

1418 (a) "Controlled substance prescriber" means a controlled substance prescriber, as that
1419 term is defined in Section 58-37-6.5, who:

1420 (i) has a record of having completed SBIRT training, in accordance with Subsection
1421 58-37-6.5(2), before providing the SBIRT services; and

1422 (ii) is a program enrolled controlled substance prescriber.

1423 (b) "SBIRT" means the same as that term is defined in Section 58-37-6.5.

1424 (2) The ~~[health]program [offered to the state employee risk pool under Section 49-20-202-]~~

1425 shall reimburse a controlled substance prescriber who provides SBIRT services to [a

1426 ~~covered individual]~~ an enrollee who is 13 years ~~[of age]~~ old or older for the SBIRT

1427 services.

1428 Section 29. Section **26C-5-103**, which is renumbered from Section 49-20-418 is renumbered
1429 and amended to read:

1430 **~~[49-20-418] 26C-5-103 (Effective 01/01/28). Expanded infertility treatment~~**
1431 **benefit.**

1432 (1) As used in this section:

1433 (a) "Assisted reproductive technology" means the same as the term is defined in 42
1434 U.S.C. Sec. 263a-7.

1435 (b) "Physician" means the same as the term is defined in Section 58-67-102.

1436 (c) "Qualified assisted reproductive technology cycle" means the use of covered assisted
1437 reproductive technology to transfer a single embryo for implantation.

1438 (d) "Qualified individual" means an individual[[±]]

1439 [~~(i) covered within the state risk pool; and]~~

1440 [~~(ii)~~] eligible for maternity benefits under the program.

1441 (2)(a) The program shall provide coverage for qualified assisted reproductive technology
1442 cycles.

1443 (b) The benefit is subject to the same cost sharing requirements as the qualified
1444 individual's plan.

1445 (3) A qualified individual shall receive the benefit described in Subsection (2) if:

1446 (a) the qualified individual is the patient who will use the assisted reproductive
1447 technology;

1448 (b)(i) the patient's physician verifies that the patient or the patient's spouse has a
1449 demonstrated condition recognized by a physician as a cause of infertility; or

1450 (ii) the patient attests that the patient is unable to conceive a pregnancy or carry a
1451 pregnancy to a live birth after a year or more of regular sexual relations without
1452 contraception;

1453 (c) the patient attests that the patient has been unable to attain a successful pregnancy
1454 through any less-costly, potentially effective infertility treatments for which coverage
1455 is available under the health benefit plan; and

1456 (d) the use of the assisted reproductive technology procedure complies with the
 1457 program's clinical policies and is performed by a health care provider who contracts
 1458 with or is otherwise approved by the program.

1459 (4)(a) The provision of a benefit in accordance with this section shall satisfy, in
 1460 accordance with Subsection 31A-22-610.1(1)(c)(ii), the requirement to provide an
 1461 adoption indemnity benefit to a qualified individual under Section 31A-22-610.1.

1462 (b) If a qualified individual has received the adoption indemnity benefit required under
 1463 Section 31A-22-610.1, the qualified individual may not receive a benefit in
 1464 accordance with this section.

1465 Section 30. Section **26C-5-104**, which is renumbered from Section 49-20-419 is renumbered
 1466 and amended to read:

1467 **~~[49-20-419]~~ 26C-5-104 (Effective 01/01/28). Coverage of exome sequence testing.**

1468 (1) As used in this section, "exome sequence testing" means a genomic technique for
 1469 sequencing the genome of an individual for diagnostic purposes.

1470 (2) ~~[Beginning July 1, 2019, the]~~ The program shall provide coverage for exome sequence
 1471 testing:

1472 (a) for ~~[a covered individual within the state risk pool]~~ an enrollee who:

1473 (i) is younger than 21 years ~~[of age]~~ old; and

1474 (ii) who remains undiagnosed after exhausting all other appropriate diagnostic-related
 1475 tests;

1476 (b) performed by a nationally recognized provider with significant experience in exome
 1477 sequence testing;

1478 (c) that is medically necessary; and

1479 (d) at a rate set by the program.

1480 Section 31. Section **26C-5-105**, which is renumbered from Section 49-20-420 is renumbered
 1481 and amended to read:

1482 **~~[49-20-420]~~ 26C-5-105 (Effective 01/01/28) (Partially Repealed 01/01/30).**

1483 **Coverage for in vitro fertilization and genetic testing.**

1484 (1) As used in this section:

1485 (a) "Qualified condition" means:

1486 (i) cystic fibrosis;

1487 (ii) spinal muscular atrophy;

1488 (iii) Morquio Syndrome;

1489 (iv) myotonic dystrophy; or

- 1490 (v) sickle cell anemia.
- 1491 (b) "Qualified individual" means [~~a covered individual~~] an enrollee who:
- 1492 (i) has been diagnosed by a physician as having a genetic trait associated with a
- 1493 qualified condition; and
- 1494 (ii) intends to get pregnant with a partner who is diagnosed by a physician as having
- 1495 a genetic trait associated with the same qualified condition as the [~~covered~~
- 1496 ~~individual~~] enrollee.
- 1497 (2) [~~For a plan year that begins on or after July 1, 2020, the~~] The program shall provide
- 1498 coverage for a qualified individual for:
- 1499 (a) in vitro fertilization services; and
- 1500 (b) genetic testing of a qualified individual who receives in vitro fertilization services
- 1501 under Subsection (2)(a).
- 1502 (3) Before November 1, 2022, and before November 1 of every third year thereafter, the
- 1503 program shall:
- 1504 (a) calculate the change in state spending attributable to the coverage under this section;
- 1505 and
- 1506 (b) report the amount described in Subsection (3)(a) to the Health and Human Services
- 1507 Interim Committee and the Social Services Appropriations Subcommittee.
- 1508 Section 32. Section **26C-5-106**, which is renumbered from Section 49-20-422 is renumbered
- 1509 and amended to read:
- 1510 **[~~49-20-422~~] 26C-5-106 (Effective 01/01/28) (Repealed 07/01/27). Coverage of**
- 1511 **pregnancy and childbirth services, including doula, direct-entry midwife, and birthing**
- 1512 **center services.**
- 1513 (1) As used in this section:
- 1514 (a) "Doula" means an individual who:
- 1515 (i) provides information and physical and emotional support:
- 1516 (A) to a pregnant or postpartum individual; and
- 1517 (B) related to the pregnant or postpartum individual's pregnancy; and
- 1518 (ii) is certified by one or more organizations approved by the program.
- 1519 (b) "Pregnancy and childbirth services" means services provided to a pregnant individual
- 1520 before, during, or shortly after childbirth:
- 1521 (i) by a doula for the services described in Subsections (1)(a)(i) and (ii); and
- 1522 (ii) at a birthing center that:
- 1523 (A) is licensed under Title 26B, Chapter 2, Licensing and Certifications, or

1524 accredited by the Commission for the Accreditation of Birth Centers; and
 1525 (B) may include services by a direct-entry midwife licensed under Title 58,
 1526 Chapter 77, Direct-Entry Midwife Act, if the direct-entry midwife is engaged
 1527 in the practice of direct-entry midwifery, as defined in Section 58-77-102.

1528 (c) "Qualified individual" means [~~a covered individual~~] an enrollee who[-is]:

1529 [~~(i) within the state employees' risk pool; and]~~

1530 [~~(ii)(A)] (i) is pregnant; or~~

1531 [~~(B)] (ii) was pregnant within the past six months.~~

1532 (2) For a plan year that begins on or after July 1, 2023, and before July 1, 2026, the
 1533 program shall cover pregnancy and childbirth services to a qualified individual.

1534 (3) The program may establish limits for coverage under Subsection (2), including limits
 1535 based on:

1536 (a) the type or number of services provided;

1537 (b) a qualified individual's physical or emotional condition; and

1538 (c) conditions for provider participation.

1539 (4) The program shall report to the Health and Human Services Interim Committee on or
 1540 before October 1 of each year regarding coverage provided under Subsection (2),
 1541 including:

1542 (a) covered providers;

1543 (b) covered services;

1544 (c) provider payment rates;

1545 (d) covered-individual cost sharing;

1546 (e) total provider payments and covered-individual cost sharing; and

1547 (f) any indicators of whether pregnancy and childbirth services covered under
 1548 Subsection (2) have:

1549 (i) reduced pregnancy or postpartum coverage costs; or

1550 (ii) improved pregnancy or postpartum care.

1551 Section 33. Section **26C-6-101** is enacted to read:

1552 **CHAPTER 6. Medicaid Division**

1553 **26C-6-101 (Effective 01/01/28). Reserved.**

1554 Reserved.

1555 Section 34. Section **26C-6-102** is enacted to read:

1556 **26C-6-102 (Effective 01/01/28). Medicaid Division.**

1557 (1) There is created within the program the Medicaid Division.

1558 (2) The state Medicaid director shall be the head of the division and report to the executive
 1559 director of the program.

1560 (3) The Medicaid Division shall administer the Medicaid program described in Title 26B,
 1561 Health and Human Services Code.

1562 (4) This section does not take affect until necessary waivers and state plan amendments are
 1563 approved under Section 26B-3-104.1.

1564 Section 35. Section **26C-7-101**, which is renumbered from Section 49-20-406 is renumbered
 1565 and amended to read:

1566 **CHAPTER 7. Employee Benefits**

1567 **~~[49-20-406]~~ 26C-7-101 (Effective 01/01/28). Insurance benefits for employees'**
 1568 **beneficiaries.**

1569 (1) As used in this section:

1570 (a) "Children" includes stepchildren and legally adopted children.

1571 (b) "Covered individual" means an employee of the state.

1572 ~~[(b)]~~ (c)(i) "Line-of-duty death" means a death resulting from:

1573 (A) external force or violence occasioned by an act of duty as an employee; or

1574 (B) strenuous activity, including a heart attack or stroke, that occurs during
 1575 strenuous training or another strenuous activity required as an act of duty as an
 1576 employee.

1577 (ii) "Line-of-duty death" does not include a death that:

1578 (A) occurs during an activity that is required as an act of duty as an employee if
 1579 the activity is not a strenuous activity, including an activity that is clerical,
 1580 administrative, or of a nonmanual nature contributes to the employee's death;

1581 (B) occurs during the commission of a crime committed by the employee;

1582 (C) the employee's intoxication or use of alcohol or drugs, whether prescribed or
 1583 nonprescribed, contributes to the employee's death; or

1584 (D) occurs in a manner other than as described in Subsection ~~[(1)(b)(i)]~~ (1)(c)(i).

1585 ~~[(e)]~~ (d)(i) "Strenuous activity" means engagement involving a difficult, stressful, or
 1586 vigorous fire suppression, rescue, hazardous material response, emergency
 1587 medical service, physical law enforcement, prison security, disaster relief, or other
 1588 emergency response activity.

1589 (ii) "Strenuous activity" includes participating in a participating employer sanctioned
 1590 and funded training exercise that involves difficult, stressful, or vigorous physical
 1591 activity.

- 1592 (2) The beneficiary of a covered individual [~~who is employed by the state~~] and who has a
 1593 line-of-duty death shall receive[;]
 1594 [~~(a) the proceeds of a \$50,000 group term life insurance policy paid for by the state and~~
 1595 administered and provided as part of the group life insurance program under this
 1596 chapter[; and] .
 1597 [~~(b) group health, dental, and vision coverage paid for by the state that covers the~~
 1598 covered individual's:]
 1599 [(i) surviving spouse until becoming eligible for Medicare as long as the surviving
 1600 spouse continues coverage with the program; and]
 1601 [(ii) unmarried children up to the age of 26.]
- 1602 (3) A covered employer not required to provide the benefits under Subsection (2) may
 1603 provide any of the benefits described in Subsection (2) by paying rates established by
 1604 the program.
- 1605 (4) The benefit provided under Subsection [~~(2)(a)~~] (2) is subject to the same terms and
 1606 conditions as the group life insurance program provided under this chapter.
- 1607 Section 36. Section **31A-22-605.5** is amended to read:
 1608 **31A-22-605.5 (Effective 01/01/28). Application.**
- 1609 (1) For purposes of this section "insurance mandate":
 1610 (a) means a mandatory obligation with respect to coverage, benefits, or the number or
 1611 types of providers imposed on policies of accident and health insurance; and
 1612 (b) does not mean:
 1613 (i) an administrative rule imposing a mandatory obligation with respect to coverage,
 1614 benefits, or providers unless that mandatory obligation was specifically imposed
 1615 on policies of accident and health insurance by statute; or
 1616 (ii) an insurance mandate in an essential health benefits package imposed pursuant to
 1617 the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, and the
 1618 Health Care Education Reconciliation Act of 2010, Pub. L. No. 111-152, and
 1619 federal rules related to their implementation.
- 1620 (2)(a) Notwithstanding the provisions of Subsection 31A-1-103(3)(f), the following shall
 1621 apply to health coverage offered [~~to the state employees' risk pool under Subsection~~
 1622 ~~49-20-202(1)(a)] through the program described in Section 26C-3-101:
 1623 (i) any law enacted under this title that becomes effective after January 1, 2002,
 1624 which provides for an insurance mandate for policies of accident and health
 1625 insurance; and~~

- 1626 (ii) in accordance with Section 31A-22-613.5, disclosure requirements for coverage
 1627 limitations.
- 1628 (b) Notwithstanding the provisions of Subsection 31A-1-103(3)(f), a health insurance
 1629 mandate enacted under this title after January 1, 2012, shall apply to~~[:]~~ the program
 1630 described in Section 26C-3-101.
- 1631 ~~[(i) health coverage offered to the state employees' risk pool under Subsection~~
 1632 ~~49-20-202(1)(a); and]~~
- 1633 ~~[(ii) health coverage offered to public school districts, charter schools, and~~
 1634 ~~institutions of higher education under Subsection 49-20-201(1)(b).]~~
- 1635 ~~[(e)]~~ (3) ~~[If health coverage offered to the state employees' risk pool under Subsections~~
 1636 ~~49-20-201(1)(b) and 49-20-202(1)(a) offers coverage in the same manner and to the~~
 1637 ~~same extent as the coverage required by an insurance mandate enacted under this title or~~
 1638 ~~coverage that is greater than the insurance mandate enacted under this title, the coverage~~
 1639 ~~offered to state employees under Subsections 49-20-201(1)(b) and 49-20-202(1)(a) will~~
 1640 ~~be considered in compliance with the insurance mandate.]~~ Beginning January 1, 2028, a
 1641 political subdivision, a public school district, a charter school, and a state funded
 1642 institution of higher education may provide a health benefit plan exclusively through the
 1643 program described in Section 26C-3-101.
- 1644 ~~[(d) The programs regulated under Subsections 49-20-201(1)(b) and 49-20-202(1)(a)~~
 1645 ~~shall report to the Retirement and Independent Entities Committee created under~~
 1646 ~~Section 63E-1-201 by November 30 of each year in which a mandate is enacted~~
 1647 ~~under the provisions of this section. The report shall include the costs and benefits of~~
 1648 ~~the particular mandatory obligation.]~~
- 1649 ~~[(3)(a) An insurance mandate for policies of accident and health insurance enacted~~
 1650 ~~under this title after January 1, 2012, shall apply to a health plan offered by a public~~
 1651 ~~school district, a charter school, or a state funded institution of higher education that~~
 1652 ~~is not insured through the Public Employees' Benefit and Insurance Program.]~~
- 1653 ~~[(b) If an insurance mandate for policies of accident and health insurance is enacted~~
 1654 ~~under this title after January 1, 2012, the state shall determine whether each entity~~
 1655 ~~described in Subsections (2) and (3)(a) offers coverage in the same manner and to the~~
 1656 ~~same extent, or greater than the insurance coverage required in the mandate enacted~~
 1657 ~~after January 1, 2012.]~~
- 1658 ~~[(c) Before enacting an insurance mandate, the state shall, for each entity that does not~~
 1659 ~~offer coverage in accordance with Subsection (3)(b):]~~

1660 ~~[(i) determine the cost to the entity of implementing the insurance mandate; and]~~
 1661 ~~[(ii) appropriate money necessary to fund the full cost to the entity of implementing~~
 1662 ~~the insurance mandate.]~~

1663 Section 37. Section **31A-22-613.5** is amended to read:

1664 **31A-22-613.5 (Effective 01/01/28). Price and value comparisons of health**
 1665 **insurance.**

1666 (1)(a) This section applies to all health benefit plans.

1667 (b) Subsection (2) applies to~~[:]~~

1668 ~~[(i)]~~ all health benefit plans~~[: and] .~~

1669 ~~[(ii) coverage offered to state employees under Subsection 49-20-202(1)(a).]~~

1670 (2) The commissioner shall promote informed consumer behavior and responsible health
 1671 benefit plans by requiring an insurer issuing a health benefit plan to provide to all
 1672 enrollees, before enrollment in the health benefit plan, written disclosure of:

1673 (a) restrictions or limitations on prescription drugs and biologics, including:

1674 (i) the use of a formulary;

1675 (ii) co-payments and deductibles for prescription drugs; and

1676 (iii) requirements for generic substitution;

1677 (b) coverage limits under the plan;

1678 (c) any limitation or exclusion of coverage, including:

1679 (i) a limitation or exclusion for a secondary medical condition related to a limitation
 1680 or exclusion from coverage; and

1681 (ii) easily understood examples of a limitation or exclusion of coverage for a
 1682 secondary medical condition;

1683 (d)(i)(A) each drug, device, and covered service that is subject to a
 1684 preauthorization requirement as defined in Section 31A-22-650; or

1685 (B) if listing each device or covered service in accordance with Subsection
 1686 (2)(d)(i)(A) is too numerous to list separately, all devices or covered services in
 1687 a particular category where all devices or covered services have the same
 1688 preauthorization requirement;

1689 (ii) each requirement for authorization as defined in Section 31A-22-650 for:

1690 (A) each drug, device, or covered service described in Subsection (2)(d)(i)(A); and

1691 (B) each category of devices or covered services described in Subsection
 1692 (2)(d)(i)(B); and

1693 (iii) sufficient information to allow a network provider or enrollee to submit all of the

- 1694 information to the insurer necessary to meet each requirement for authorization
1695 described in Subsection (2)(d)(ii);
- 1696 (e) whether the insurer permits an exchange of the adoption indemnity benefit in Section
1697 31A-22-610.1 for infertility treatments, in accordance with Subsection
1698 31A-22-610.1(1)(c)(ii) and the terms associated with the exchange of benefits; and
- 1699 (f) whether the insurer provides coverage for telehealth services in accordance with
1700 Section 26B-3-123 and terms associated with that coverage.
- 1701 (3) An insurer shall provide the disclosure required by Subsection (2) in writing to the
1702 commissioner:
- 1703 (a) upon commencement of operations in the state; and
- 1704 (b) anytime the insurer amends any of the following described in Subsection (2):
- 1705 (i) treatment policies;
- 1706 (ii) practice standards;
- 1707 (iii) restrictions;
- 1708 (iv) coverage limits of the insurer's health benefit plan or health insurance policy; or
- 1709 (v) limitations or exclusions of coverage including a limitation or exclusion for a
1710 secondary medical condition related to a limitation or exclusion of the insurer's
1711 health insurance plan.
- 1712 (4)(a) An insurer shall provide the enrollee with notice of an increase in costs for
1713 prescription drug coverage due to a change in benefit design under Subsection (2)(a):
- 1714 (i) either:
- 1715 (A) in writing; or
- 1716 (B) on the insurer's website; and
- 1717 (ii) at least 30 days prior to the date of the implementation of the increase in cost, or
1718 as soon as reasonably possible.
- 1719 (b) If under Subsection (2)(a) a formulary is used, the insurer shall make available to
1720 prospective enrollees and maintain evidence of the fact of the disclosure of:
- 1721 (i) the drugs included;
- 1722 (ii) the patented drugs not included;
- 1723 (iii) any conditions that exist as a precedent to coverage; and
- 1724 (iv) any exclusion from coverage for secondary medical conditions that may result
1725 from the use of an excluded drug.
- 1726 (c) The commissioner shall develop examples of limitations or exclusions of a secondary
1727 medical condition that an insurer may use under Subsection (2)(c).

- 1728 (5) Examples of a limitation or exclusion of coverage provided under this section or
 1729 otherwise are for illustrative purposes only, and the failure of a particular fact situation
 1730 to fall within the description of an example does not, by itself, support a finding of
 1731 coverage.
- 1732 (6) An insurer shall:
- 1733 (a) post the information described in Subsection (2)(d) on the insurer's website and
 1734 provider portal;
- 1735 (b) if requested by an enrollee, provide the enrollee with the information required by this
 1736 section by mail or email; and
- 1737 (c) if requested by a network provider for a specific drug, device, or covered service,
 1738 provide the network provider with the information described in Subsection (2)(d) for
 1739 the drug, device, or covered service by mail or email.

1740 Section 38. Section **31A-22-635** is amended to read:

1741 **31A-22-635 (Effective 01/01/28). Uniform application -- Uniform waiver of**
 1742 **coverage.**

- 1743 (1) For purposes of this section, "insurer"[:] means the same as that term
 1744 [~~(a)~~] is defined in Subsection 31A-22-634(1)[; and] .
 1745 [~~(b)~~] includes the state employee's risk pool under Section 49-20-202.
- 1746 (2)(a) Insurers offering a health benefit plan to an individual or small employer shall use
 1747 a uniform application form.
- 1748 (b) The uniform application form:
- 1749 (i) may not include questions about an applicant's health history; and
 1750 (ii) shall be shortened and simplified in accordance with rules adopted by the
 1751 commissioner.
- 1752 (c) Insurers offering a health benefit plan to a small employer shall use a uniform waiver
 1753 of coverage form, which may not include health status related questions, and is
 1754 limited to:
- 1755 (i) information that identifies the employee;
 1756 (ii) proof of the employee's insurance coverage; and
 1757 (iii) a statement that the employee declines coverage with a particular employer
 1758 group.
- 1759 (3) Notwithstanding the requirements of Subsection (2)(a), the uniform application and
 1760 uniform waiver of coverage forms may, if the combination or modification is approved
 1761 by the commissioner, be combined or modified to facilitate a more efficient and

- 1762 consumer friendly experience for insurers using electronic applications.
- 1763 (4)(a) The uniform application form, and uniform waiver form, shall be adopted and
 1764 approved by the commissioner in accordance with Title 63G, Chapter 3, Utah
 1765 Administrative Rulemaking Act.
- 1766 (b) The commissioner shall regulate the fees charged by insurers to an enrollee for a
 1767 uniform application form or electronic submission of the application forms.
- 1768 Section 39. Section **31A-22-647** is amended to read:
- 1769 **31A-22-647 (Effective 01/01/28). Insurer shared savings program.**
- 1770 (1) As used in this section:
- 1771 (a) "Insurer" means a person who offers health care insurance, including a health
 1772 maintenance organization as that term is defined in Section 31A-8-101.
- 1773 ~~[(b) "PEHP" means the Public Employees' Benefit and Insurance Program created in
 1774 Section 49-20-103.]~~
- 1775 ~~[(e)]~~ (b) "Savings reward program" means a program to reward a health insurance
 1776 enrollee if the enrollee receives services:
- 1777 (i) covered by the enrollee's health plan; and
 1778 (ii) from a provider whose costs for services are lower than the average costs for the
 1779 services.
- 1780 (2) An insurer may, in accordance with Subsection ~~[(4)]~~ (3), establish a savings reward
 1781 program for a health benefit plan that is:
- 1782 (a) offered by the insurer; and
 1783 (b) entered into or renewed on or after January 1, 2019.
- 1784 ~~[(3) PEHP shall, in accordance with Subsection (4), establish a savings reward program for
 1785 a health plan that is:]~~
- 1786 ~~[(a) offered to state employees under Title 49, Chapter 20, Public Employees' Benefit
 1787 and Insurance Program Act; and]~~
- 1788 ~~[(b) entered into or renewed on or after July 1, 2019.]~~
- 1789 ~~[(4)]~~ (3) A savings reward program described in Subsection (2)~~[-or-(3)]~~ may include, in
 1790 accordance with federal and state law, rewards to the enrollee through:
- 1791 (a) premium discounts;
 1792 (b) rebates;
 1793 (c) reduction of out-of-pocket costs; or
 1794 (d) other rewards or incentives developed by the insurer.
- 1795 Section 40. Section **31A-22-654** is amended to read:

- 1796 **31A-22-654 (Effective 01/01/28). Study of coverage for in vitro fertilization and**
1797 **genetic testing -- Reporting -- Coverage requirements.**
- 1798 (1) As used in this section:
- 1799 (a) "Qualified condition" means the same as that term is defined in Section [~~49-20-420~~]
1800 26C-5-105.
- 1801 (b) "Qualified insurer" means an insurer that provides a health benefit plan as defined in
1802 Section 31A-1-301 to more than 25,000 enrollees in the state as of December 31 of
1803 the preceding reporting year.
- 1804 (c) "Qualified enrollee" means an enrollee of a qualified insurer who:
- 1805 (i) has been diagnosed by a physician as having a genetic trait associated with a
1806 qualified condition; and
- 1807 (ii) intends to get pregnant with a partner who is diagnosed by a physician as having
1808 a genetic trait associated with the same qualified condition as the enrollee.
- 1809 (2)(a) A qualified insurer shall submit the information described in this Subsection (2) to
1810 the department for a plan year beginning:
- 1811 (i) on or after January 1, 2022, but before December 31, 2022; and
1812 (ii) on or after January 1, 2025, but before December 31, 2025.
- 1813 (b) A qualified insurer shall study whether providing the coverage for the services
1814 described in Subsections (3)(a) and (b) for qualified enrollees will result in cost
1815 savings for the qualified insurer.
- 1816 (c)(i) If a qualified insurer determines that providing the coverage described in
1817 Subsection (3) for qualified enrollees will result in cost savings for the qualified
1818 insurer, the qualified insurer shall submit a summary of the results of the study
1819 described in Subsection (2)(b), and:
- 1820 (A) describe how the qualified insurer intends to provide the coverage described
1821 in Subsection (3); or
- 1822 (B) submit an explanation of why the insurer will not provide the coverage
1823 described in Subsection (3).
- 1824 (ii) If a qualified insurer determines that providing the coverage described in
1825 Subsection (3) will not result in cost savings to the qualified insurer, the qualified
1826 insurer shall submit a summary of the results of the study described in Subsection
1827 (2)(b).
- 1828 (d) A qualified insurer shall provide the information required under this Subsection (2)
1829 to the department no later than:

1830 (i) January 1, 2022, for a plan year beginning on or after January 1, 2022, but before
1831 December 31, 2022; and

1832 (ii) January 1, 2025, for a plan year beginning on or after January 1, 2025, but before
1833 December 31, 2025.

1834 (3) A qualified insurer shall consider coverage for:

1835 (a) in vitro fertilization services for a qualified enrollee; and

1836 (b) genetic testing of a qualified enrollee who received in vitro fertilization services
1837 under Subsection (3)(a).

1838 (4) The department shall report the information received under Subsection (2) to the Health
1839 and Human Services Interim Committee on or before:

1840 (a) for information submitted under Subsection (2)(a)(i), November 1, 2022; and

1841 (b) for information submitted under Subsection (2)(a)(ii), November 1, 2025.

1842 Section 41. Section **31A-22-663** is enacted to read:

1843 **31A-22-663 (Effective 01/01/28). Premium prohibition.**

1844 (1) As used in this section, "program" means the Utah Cares Health Financing Program
1845 created Title 26C, Utah Cares Act.

1846 (2) Notwithstanding any other provision of law, beginning January 1, 2029, a health benefit
1847 plan may not charge premiums for services covered by the program to an individual who
1848 is eligible to receive health benefit coverage through the program.

1849 (3) If an insurer offering a health benefit plan leaves the Utah market, the insurer shall
1850 forfeit any cash reserves held by the insurer to the department for the provision of health
1851 benefit coverage of individuals in the state.

1852 (4) The department shall deposit money obtained under this section into the fund described
1853 in Section 26C-1-103.

1854 Section 42. Section **31A-46-311** is amended to read:

1855 **31A-46-311 (Effective 01/01/28). Prohibited actions with respect to the 340B**
1856 **drug discount program.**

1857 (1) As used in this section, "manufacturer" means a pharmaceutical manufacturer, including
1858 an agent or affiliate of a pharmaceutical manufacturer.

1859 (2) A manufacturer may not:

1860 (a) directly or indirectly restrict or prohibit:

1861 (i) a pharmacy from contracting with a 340B entity, including by denying the
1862 pharmacy access to a drug that is manufactured by the manufacturer;

1863 (ii) a 340B entity from contracting with a pharmacy, including by denying the 340B

- 1864 entity access to a drug that is manufactured by the manufacturer;
- 1865 (iii) the acquisition, dispensing, or delivery of a 340B drug to any location authorized
- 1866 by a 340B entity to receive the drug, unless prohibited by federal law; or
- 1867 (iv) a 340B entity from receiving 340B drug discount program pricing for a 340B
- 1868 drug, including by imposing a time limitation on a 340B entity to replenish or
- 1869 submit a claim for a 340B drug;
- 1870 (b) directly or indirectly:
- 1871 (i) require a 340B entity to purchase a 340B drug from a supplier if the manufacturer
- 1872 would otherwise permit the 340B entity to purchase a drug that is not a 340B drug
- 1873 from the supplier; or
- 1874 (ii) require a 340B entity to submit any claim data, utilization data, or information
- 1875 about a 340B entity's contracts with a third-party as a condition for allowing the
- 1876 acquisition of a 340B drug by, or delivery of a 340B drug to, a 340B entity, unless
- 1877 the data or information sharing is required by federal law; or
- 1878 (c) interfere with:
- 1879 (i) a contract between a pharmacy and a 340B entity; or
- 1880 (ii) the ability of a pharmacy and a 340B entity to enter into a contract.

1881 ~~[(3) The Public Employees' Benefit and Insurance Program created in Section 49-20-103~~

1882 ~~may adjust the program's business practices to mitigate any financial impacts resulting~~

1883 ~~from this section.]~~

1884 ~~[(4)] (3) Nothing in this section is to be construed to conflict with federal law.~~

1885 Section 43. Section **49-21-105** is amended to read:

1886 **49-21-105 (Effective 01/01/28). Purpose -- Flexibility -- Administration.**

- 1887 (1) The purpose of this chapter is to provide long-term disability benefits for an eligible
- 1888 employee.
- 1889 (2) Subject to the provisions of Section 49-21-201, the program may include one or more
- 1890 long-term disability benefit plans that differ from the benefit plan specified by this
- 1891 chapter for ~~[an eligible employee of a covered employer as defined under Section~~
- 1892 ~~49-20-102]~~ employers who provided health benefits through the Public Employees'
- 1893 Benefit and Insurance Program as of January 1, 2027.
- 1894 (3) The program shall be administered by the office, under policies and rules adopted by the
- 1895 board.

1896 Section 44. Section **53-2d-703** is amended to read:

1897 **53-2d-703 (Effective 01/01/28). Volunteer Emergency Medical Service Personnel**

1898 **Insurance Program -- Creation -- Administration -- Eligibility -- Benefits -- Rulemaking**
1899 **-- Advisory board.**

1900 (1) As used in this section:

1901 (a) "Basic life insurance benefit" means the standard group life insurance benefit offered
1902 by PEHP that combines basic life, line-of-duty, accidental death and disability, and
1903 dependent coverage into one benefit package.

1904 (b) "Basic long-term disability benefit" means a \$1,000 monthly benefit arising from a
1905 disability determined in accordance with Title 49, Chapter 21, Public Employees'
1906 Long-Term Disability Act, and excluding any coverage offered on a pilot basis.

1907 (c) "Dental plan" means the same as that term is defined in Section 31A-22-646.

1908 (d) "Health benefit plan" means the same as that term is defined in Section 31A-1-301.

1909 (e) "Local government entity" means a political subdivision that:

1910 (i) is licensed as a ground ambulance provider under Part 5, Ambulance and
1911 Paramedic Providers or a quick response provider as designated under 53-2d-403;
1912 and

1913 (ii) does not offer health insurance benefits to volunteer emergency medical service
1914 personnel.

1915 (f) "PEHP" means the Public Employees' Benefit and Insurance Program created in
1916 Section 49-20-103.

1917 (g) "Political subdivision" means a county, a municipality, a limited purpose government
1918 entity described in Title 17B, Limited Purpose Local Government Entities - Special
1919 Districts, or Title 17D, Limited Purpose Local Government Entities - Other Entities,
1920 or an entity created by an interlocal agreement under Title 11, Chapter 13, Interlocal
1921 Cooperation Act.

1922 (h) "Qualifying association" means an association that represents two or more political
1923 subdivisions in the state.

1924 (i) "Qualifying community" means any of the following located in a county of the
1925 second class:

1926 (i) a city of the fifth class; or

1927 (ii) a town.

1928 (2) The Volunteer Emergency Medical Service Personnel Insurance Program shall promote
1929 recruitment and retention of volunteer emergency medical service personnel by making
1930 insurance available to volunteer emergency medical service personnel in accordance
1931 with this section.

- 1932 (3)(a) The bureau shall contract with a qualifying association to create, implement, and
1933 administer the Volunteer Emergency Medical Service Personnel Insurance Program
1934 described in this section.
- 1935 (b) The qualifying association will create promotional campaigns for the Volunteer
1936 Emergency Medical Service Personnel Insurance Program and volunteer emergency
1937 medical service recruitment and retention including outreach to local government
1938 entities through social media, video production, and other media platforms.
- 1939 (4) Participation in the program is limited to any individual who:
- 1940 (a) is licensed under Section 53-2d-402 as an emergency medical technician, an
1941 advanced emergency medical technician, or a paramedic;
- 1942 (b) is able to perform all necessary functions associated with the license;
- 1943 (c) provides emergency medical services under the direction of a local governmental
1944 entity:
- 1945 (i) by responding to 20% of calls for emergency medical services in a rolling
1946 twelve-month period; and
- 1947 (ii) within a qualifying community or a county of the third, fourth, fifth, or sixth class
1948 by responding to the number of calls described in Subsection (4)(c)(i); and
- 1949 (iii)(A) as a volunteer under the Fair Labor Standards Act, in accordance with 29
1950 C.F.R. Sec. 553.106; or
- 1951 (B) as a part-time unbenefited employee, as classified by the employing local
1952 government entity;
- 1953 (d) if seeking health insurance:
- 1954 (i)(A) is not eligible for a health benefit plan through an employer or a spouse's
1955 employer; and
- 1956 (B) is not eligible for medical coverage under a government sponsored healthcare
1957 program; or
- 1958 (ii) the individual's premium cost for individual, double, or family coverage through
1959 another source exceeds 20% or greater of the premium cost of the program created
1960 by this section;
- 1961 (e) if seeking dental insurance:
- 1962 (i)(A) is not eligible for a dental plan through an employer or a spouse's employer;
1963 and
- 1964 (B) is not eligible for dental coverage under a government sponsored healthcare
1965 program; or

1966 (ii) the individual's premium cost for individual, double, or family coverage exceeds
 1967 20% or greater of the premium cost of the program created by this section; and

1968 (f) resides in the state.

1969 (5)(a) A participant in the program is eligible to participate in PEHP in accordance with
 1970 Subsection (5)(b) and Subsection 49-20-201(3).

1971 (b) Health and dental benefits available to program participants under PEHP are limited
 1972 to health insurance and dental insurance that:

1973 (i) covers the program participant and the program participant's eligible dependents
 1974 on a July 1 plan year;

1975 (ii) accepts enrollment during an open enrollment period or for a special enrollment
 1976 event, including the initial eligibility of a program participant;

1977 (iii) if the program participant is no longer eligible for benefits, terminates on the last
 1978 day of the last month for which the individual is a participant in the Volunteer

1979 Emergency Medical Service Personnel Insurance Program; and

1980 (iv) is not subject to continuation rights under state or federal law.

1981 (c) Within existing appropriations, the Volunteer Emergency Medical Service Personnel
 1982 Insurance Program may offer basic life insurance and long-term disability insurance
 1983 to participants to enhance recruitment and retention efforts.

1984 (6)(a) The bureau may make rules in accordance with Title 63G, Chapter 3, Utah
 1985 Administrative Rulemaking Act, to define additional criteria regarding benefit
 1986 design, eligibility for the program, and to implement this section.

1987 (b) The bureau shall convene an advisory board:

1988 (i) to advise the bureau on making rules under Subsection (6)(a); and

1989 (ii) that includes representation from at least the following entities:

1990 (A) the qualifying association that receives the contract under Subsection (3); and

1991 (B) PEHP.

1992 (7) For purposes of this section, the qualifying association that receives the contract under
 1993 Subsection (3) shall be considered the public agency for whom the program participant
 1994 is volunteering under 29 C.F.R. Sec. 553.101.

1995 (8) Notwithstanding any other provision of law, coverage provided under this section shall
 1996 be provided under Title 26C, Utah Cares Act, beginning January 1, 2028.

1997 Section 45. Section **53-17-201** is amended to read:

1998 **53-17-201 (Effective 01/01/28). Surviving spouse and children health, dental, and**
 1999 **vision coverage for line-of-duty death.**

- 2000 (1)(a) Subject to Subsection (1)(b), and in accordance with this section, an employer
 2001 shall allow the surviving spouse and children of a member whose death is classified
 2002 by the Utah State Retirement Office as a line-of-duty death under the provisions of
 2003 Title 49, Utah State Retirement and Insurance Benefit Act, to remain eligible for the
 2004 following coverage, if offered by the employer, as if the surviving spouse was an
 2005 employee of the employer:
- 2006 (i) health coverage;
 - 2007 (ii) dental coverage; and
 - 2008 (iii) vision coverage.
- 2009 (b) Except as provided in Subsection (1)(d), the employer shall pay:
- 2010 (i) 100% of the premium costs for the coverage described in Subsection (1)(a); and
 - 2011 (ii) if the health coverage is a high-deductible plan, the employer share of any
 2012 contribution into a health savings account for the surviving spouse and dependent
 2013 children as described under Subsections (1)(a) and (2).
- 2014 (c) The employer may not require the surviving spouse to pay for premium costs or
 2015 health savings account contributions as a condition of qualifying to continue to
 2016 receive the coverage described in Subsection (1)(a).
- 2017 (d) An employer may pay the amount specified under Subsection (1)(b) through a
 2018 cost-sharing agreement under Section 53-17-301 associated with the trust fund
 2019 created under Section 53-17-401.
- 2020 (2) An employer shall allow a surviving spouse and children to remain eligible to receive
 2021 coverage from the employer under this section at the option of the surviving spouse:
- 2022 (a) for the surviving spouse, until the surviving spouse becomes eligible for Medicare;
 - 2023 and
 - 2024 (b) for a child, until the child reaches the age of 26.
- 2025 (3) This section does not apply to:
- 2026 (a) a member who does not qualify for a line-of-duty death benefit under Title 49, Utah
 2027 State Retirement and Insurance Benefit Act;
 - 2028 (b) coverage for which, at the time of death, the member did not receive or qualify to
 2029 receive; or
 - 2030 ~~[(e) a member who is covered under Section 49-20-406.]~~
 - 2031 (c) an individual eligible for coverage under Title 26C, Utah Cares Act.
 2032 Section 46. Section **58-1-112** is amended to read:
 2033 **58-1-112 (Effective 01/01/28). Data collection.**

- 2034 (1) As used in this section:
- 2035 (a) "Council" means the Utah Health Workforce Advisory Council created in Section [
2036 ~~26B-1-425~~] 26C-2-105.
- 2037 (b) "Information center" means the Utah Health Workforce Information Center created
2038 in Section [~~26B-4-705~~] 26C-2-106.
- 2039 (2)(a) In accordance with Subsection [~~26B-4-705(3)(a)~~] 26C-2-106(3)(a), the department
2040 shall work with the information center to identify relevant data pertaining to a
2041 profession described in Subsection (3).
- 2042 (b) The data should focus on:
- 2043 (i) identifying workforce shortages;
- 2044 (ii) identifying labor market indicators;
- 2045 (iii) determining the educational background of a licensee; and
- 2046 (iv) determining whether Utah is retaining a stable health workforce.
- 2047 (c) After the council approves data to be collected, the department shall request the data
2048 from a licensee when a licensee applies for a license or renews the licensee's license.
- 2049 (d) The department shall send the obtained data to the information center.
- 2050 (e) A licensee may not be denied a license for failing to provide the data described in
2051 Subsection (2)(c) to the department.
- 2052 (3)(a) The department shall prioritize data collection for each profession licensed under:
- 2053 (i) Chapter 31b, Nurse Practice Act;
- 2054 (ii) Chapter 60, Mental Health Professional Practice Act;
- 2055 (iii) Chapter 61, Psychologist Licensing Act;
- 2056 (iv) Chapter 67, Utah Medical Practice Act;
- 2057 (v) Chapter 68, Utah Osteopathic Medical Practice Act;
- 2058 (vi) Chapter 69, Dentist and Dental Hygienist Practice Act; or
- 2059 (vii) Chapter 70a, Utah Physician Assistant Act.
- 2060 (b) After the department has collected data for each profession described in Subsection
2061 (3)(a), the department shall collect data for each profession licensed under:
- 2062 (i) Chapter 5a, Podiatric Physician Licensing Act;
- 2063 (ii) Chapter 17b, Pharmacy Practice Act;
- 2064 (iii) Chapter 24b, Physical Therapy Practice Act;
- 2065 (iv) Chapter 40, Recreational Therapy Practice Act;
- 2066 (v) Chapter 41, Speech-Language Pathology and Audiology Licensing Act;
- 2067 (vi) Chapter 42a, Occupational Therapy Practice Act;

- 2068 (vii) Chapter 44a, Nurse Midwife Practice Act;
- 2069 (viii) Chapter 54, Radiologic Technologist, Radiologist Assistant, and Radiology
- 2070 Practical Technician Licensing Act; or
- 2071 (ix) Chapter 57, Respiratory Care Practices Act.
- 2072 (c) The department shall collect data in accordance with this section for any
- 2073 health-related occupation or profession that is regulated by the department and is not
- 2074 described in Subsection (3)(a) or (b) if:
- 2075 (i) funding is available;
- 2076 (ii) the council has identified a need for the data; and
- 2077 (iii) data has been collected for each profession described in Subsections (3)(a) and
- 2078 (3)(b).

2079 Section 47. Section **58-17b-802** is amended to read:

2080 **58-17b-802 (Effective 01/01/28). Definitions.**

2081 As used in this part:

- 2082 (1)(a) "Cosmetic drug" means a prescription drug that:
- 2083 (i) is for the purpose of promoting attractiveness or altering the appearance of an
- 2084 individual; and
- 2085 (ii)(A) is listed as a cosmetic drug subject to the exemption under this section by
- 2086 the division by administrative rule; or
- 2087 (B) has been expressly approved for online dispensing, whether or not it is
- 2088 dispensed online or through a physician's office.
- 2089 (b) "Cosmetic drug" does not include a prescription drug that is:
- 2090 (i) a controlled substance;
- 2091 (ii) compounded by the physician; or
- 2092 (iii) prescribed for or used by the patient for the purpose of diagnosing, curing, or
- 2093 preventing a disease.
- 2094 (2) "Employer sponsored clinic" means[;]
- 2095 ~~[(a)]~~ _an entity that has a medical director who is licensed as a physician as defined in
- 2096 Section 58-67-102 and offers health care only to the employees of an exclusive group
- 2097 of employers and the employees' dependents[; or] _.
- 2098 ~~[(b)]~~ a clinic designated as a clinic for state employees and their dependents by the Public
- 2099 Employees' Benefit and Insurance Program under the pilot program created by
- 2100 Section 49-20-413 including all the patients at that clinic, regardless of the patients'
- 2101 participation in the pilot program.]

- 2102 (3) "Health care" is as defined in Section 31A-1-301.
- 2103 (4)(a) "Injectable weight loss drug" means an injectable prescription drug:
- 2104 (i) prescribed to promote weight loss; and
- 2105 (ii) listed as an injectable prescription drug subject to exemption under this section by
- 2106 the division by administrative rule.
- 2107 (b) "Injectable weight loss drug" does not include a prescription drug that is a controlled
- 2108 substance.
- 2109 (5) "Prepackaged drug" means a prescription drug that:
- 2110 (a) is not listed under federal or state law as a Schedule I, II, III, IV, or V drug; and
- 2111 (b) is packaged in a fixed quantity per package by:
- 2112 (i) the drug manufacturer;
- 2113 (ii) a pharmaceutical wholesaler or distributor; or
- 2114 (iii) a pharmacy licensed under this title.
- 2115 Section 48. Section **58-37-6.5** is amended to read:
- 2116 **58-37-6.5 (Effective 01/01/28). Continuing education for controlled substance**
- 2117 **prescribers.**
- 2118 (1) For the purposes of this section:
- 2119 (a) "Controlled substance prescriber" means an individual, other than a veterinarian,
- 2120 who:
- 2121 (i) is licensed to prescribe a controlled substance under this chapter; and
- 2122 (ii) possesses the authority, in accordance with the individual's scope of practice, to
- 2123 prescribe schedule II controlled substances and schedule III controlled substances
- 2124 that are applicable to opioid narcotics, hypnotic depressants, or psychostimulants.
- 2125 (b) "D.O." means an osteopathic physician and surgeon licensed under Chapter 68, Utah
- 2126 Osteopathic Medical Practice Act.
- 2127 (c) "FDA" means the United States Food and Drug Administration.
- 2128 (d) "M.D." means a physician and surgeon licensed under Chapter 67, Utah Medical
- 2129 Practice Act.
- 2130 (e) "SBIRT" means the Screening, Brief Intervention, and Referral to Treatment
- 2131 approach used by the federal Substance Abuse and Mental Health Services
- 2132 Administration or defined by the division, in consultation with the Office of
- 2133 Substance Use and Mental Health, by administrative rule, in accordance with Title
- 2134 63G, Chapter 3, Utah Administrative Rulemaking Act.
- 2135 (2)(a) Beginning with the licensing period that begins after January 1, 2014, as a

- 2136 condition precedent for license renewal, each controlled substance prescriber shall
2137 complete at least 3.5 continuing education hours per licensing period that satisfy the
2138 requirements of Subsection (3).
- 2139 (b)(i) Beginning with the licensing period that begins after January 1, 2024, as a
2140 condition precedent for license renewal, each controlled substance prescriber shall
2141 complete at least 3.5 continuing education hours in an SBIRT-training class that
2142 satisfies the requirements of Subsection (4).
- 2143 (ii) Completion of the SBIRT-training class, in compliance with Subsection (2)(b)(i),
2144 fulfills the continuing education hours requirement in Subsection (3) for the
2145 licensing period in which the class was completed.
- 2146 (iii) A controlled substance prescriber:
- 2147 (A) need only take the SBIRT-training class once during the controlled substance
2148 prescriber's licensure in the state; and
- 2149 (B) shall provide a completion record of the SBIRT-training class in order to be
2150 reimbursed for SBIRT services to patients, in accordance with Sections
2151 26B-3-131 and ~~[49-20-416]~~ 26C-5-102.
- 2152 (3) A controlled substance prescriber shall complete at least 3.5 hours of continuing
2153 education in one or more controlled substance prescribing classes, except dentists who
2154 shall complete at least two hours, that satisfy the requirements of Subsections (4) and (6).
- 2155 (4) A controlled substance prescribing class shall:
- 2156 (a) satisfy the division's requirements for the continuing education required for the
2157 renewal of the controlled substance prescriber's respective license type;
- 2158 (b) be delivered by an accredited or approved continuing education provider recognized
2159 by the division as offering continuing education appropriate for the controlled
2160 substance prescriber's respective license type; and
- 2161 (c) include a postcourse knowledge assessment.
- 2162 (5) An M.D. or D.O. completing continuing professional education hours under Subsection
2163 (4) shall complete those hours in classes that qualify for the American Medical
2164 Association Physician's Recognition Award Category 1 Credit.
- 2165 (6) The 3.5 hours of the controlled substance prescribing classes under Subsection (4) shall
2166 include educational content covering the following:
- 2167 (a) the scope of the controlled substance abuse problem in Utah and the nation;
- 2168 (b) all elements of the FDA Blueprint for Prescriber Education under the FDA's
2169 Extended-Release and Long-Acting Opioid Analgesics Risk Evaluation and

- 2170 Mitigation Strategy, as published July 9, 2012, or as it may be subsequently revised;
- 2171 (c) the national and Utah-specific resources available to prescribers to assist in
- 2172 appropriate controlled substance and opioid prescribing;
- 2173 (d) patient record documentation for controlled substance and opioid prescribing;
- 2174 (e) office policies, procedures, and implementation; and
- 2175 (f) some training regarding medical cannabis, as that term is defined in Section
- 2176 26B-4-201.
- 2177 (7)(a) The division, in consultation with the Utah Medical Association Foundation, shall
- 2178 determine whether a particular controlled substance prescribing class satisfies the
- 2179 educational content requirements of Subsections (4) and (6) for an M.D. or D.O.
- 2180 (b) The division, in consultation with the applicable professional licensing boards, shall
- 2181 determine whether a particular controlled substance prescribing class satisfies the
- 2182 educational content requirements of Subsections (4) and (6) for a controlled
- 2183 substance prescriber other than an M.D. or D.O.
- 2184 (c) The division may by rule establish a committee that may audit compliance with the
- 2185 Utah Risk Evaluation and Mitigation Strategy (REMS) Educational Programming
- 2186 Project grant, that satisfies the educational content requirements of Subsections (4)
- 2187 and (6) for a controlled substance prescriber.
- 2188 (d) The division shall consult with the Department of Health and Human Services
- 2189 regarding the medical cannabis training described in Subsection (6)(f).
- 2190 (8) A controlled substance prescribing class required under this section:
- 2191 (a) may be held:
- 2192 (i) in conjunction with other continuing professional education programs; and
- 2193 (ii) online; and
- 2194 (b) does not increase the total number of state-required continuing professional
- 2195 education hours required for prescriber licensing.
- 2196 (9) The division may establish rules, in accordance with Title 63G, Chapter 3, Utah
- 2197 Administrative Rulemaking Act, to implement this section.
- 2198 (10) A controlled substance prescriber who, on or after July 1, 2017, obtains a waiver to
- 2199 treat opioid dependency with narcotic medications, in accordance with the Drug
- 2200 Addiction Treatment Act of 2000, 21 U.S.C. Sec. 823 et seq., may use the waiver to
- 2201 satisfy the 3.5 hours of the continuing education requirement under Subsection (3) for
- 2202 two consecutive licensing periods.
- 2203 Section 49. Section **59-35-101** is enacted to read:

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CHAPTER 35. Utah Health Care Tax

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

As used in this section:

- (1) "Corporation" means any of the following:
 - (a) a domestic corporation; or
 - (b) a foreign corporation.
 - (2) "Domestic corporation" means the same as that term is defined in Section 59-7-101.
 - (3) "Foreign corporation" means the same as that term is defined in Section 59-7-101.
 - (4) "Fund" means the Utah Cares Trust Fund created in Section 26C-1-103.
 - (5)(a) "Gross margin" means the direct cost of producing a good or providing a service.
 - (b) "Gross margin" does not include any indirect cost that may be used to calculate net margin.
 - (6) "Gross receipts" means the totality of the money that an entity receives for any good or service produced or rendered in the state without any deduction.
 - (7) "Pass-through entity" means the same as that term is defined in Section 59-10-1402.
- Section 50. Section **59-35-102** is enacted to read:
- 59-35-102 (Effective 01/01/28). Application -- Utah source-- Credit.**
- (1) There is created a tax on gross receipts of corporations and pass-through entities.
 - (2) For a domestic corporation or a pass-through entity that is commercially domiciled in this state, the tax is applicable to all gross receipts of the domestic corporation or pass-through entity.
 - (3) For a foreign corporation or a pass-through entity not described in Subsection (2), the tax on gross receipts is applicable to gross receipts derived from Utah sources attributable to or resulting from:
 - (a) the ownership in this state of any interest in real or tangible personal property, including real property or property rights from which gross receipts from mining as described by Section 613(c), Internal Revenue Code, is derived; and
 - (b) the carrying on of a business, trade, profession, or occupation in this state.
 - (4) If a domestic corporation or pass-through entity described in Subsection (2) pays a gross receipts tax in another state for sales deriving in that state, the domestic corporation or pass-through entity described in Subsection (2) may claim a credit for a tax collected under this chapter in an amount equal to the amount of gross receipts tax paid in the other state.

Section 51. Section **59-35-103** is enacted to read:

2238 **59-35-103 (Effective 01/01/28). Rates.**

- 2239 (1) Except as provided in Subsection (2), the gross receipts tax shall be calculated as
 2240 follows on each dollar of gross receipts:
 2241 (a) 0% on the first \$10,000;
 2242 (b) 2% on the amount between \$10,001 and \$100,000;
 2243 (c) 2.5% on the amount between \$100,001 and \$1,000,000; and
 2244 (d) 2.85% on any amount over \$1,000,000.
 2245 (2) If the total amount of the tax required by Subsection (1) that a corporation or
 2246 pass-through entity is liable for exceeds the corporation's or pass-through entity's gross
 2247 margin, the corporation or pass-through entity shall pay an amount in tax that is equal to
 2248 the entity's gross margin.

2249 Section 52. Section **59-35-104** is enacted to read:

2250 **59-35-104 (Effective 01/01/28). Commission duties -- Rulemaking.**

- 2251 (1) The commission shall deposit all revenue collected or received by the commission
 2252 under this chapter into the fund at least monthly.
 2253 (2) The commission may make rules in accordance with Title 63G, Chapter 3,
 2254 Administrative Rulemaking Act, to effectuate this chapter.

2255 Section 53. Section **59-35-105** is enacted to read:

2256 **59-35-105 (Effective 01/01/28). Filing -- Taxable year.**

- 2257 (1) Each taxpayer upon whom a gross receipts tax is imposed under this chapter shall file a
 2258 return with and pay the tax reflected in the return to the commission annually.
 2259 (2) A taxpayer's taxable year under this chapter is the taxpayer's fiscal year.
 2260 (3) A taxpayer shall file a return no later than 90 days from the day on which the tax payer's
 2261 fiscal year ends.

2262 Section 54. Section **59-35-106** is enacted to read:

2263 **59-35-106 (Effective 01/01/28). Timely mailing treating as timely filing.**

- 2264 (1)(a) A return, claim, statement, other document, or payment is considered mailed on
 2265 the date of the postmark.
 2266 (b) Subsection (1)(a) shall apply only if:
 2267 (i) the postmark date falls within the prescribed period or on or before the prescribed
 2268 date:
 2269 (A) for the filing of the return, claim, statement, or other document; or
 2270 (B) for making the payment; and
 2271 (ii) the return, claim, statement, other document, or payment, was, within the time

2272 prescribed in Subsection (1)(b)(i), deposited in the mail in the United States in an
 2273 envelope or other appropriate wrapper, postage prepaid, properly addressed to the
 2274 agency, officer, or office with which the return, claim, statement, or other
 2275 document is required to be filed, or to which such payment is required to be made.

2276 (2) This section shall apply in the case of postmarks not made by the United States Postal
 2277 Service only if and to the extent provided by rules prescribed by the commission.

2278 (3)(a) For purposes of this section, if any such return, claim, statement, other document,
 2279 or payment is sent by United States registered mail:

2280 (i) such registration shall be prima facie evidence that the return, claim, statement, or
 2281 other document was delivered to the agency, officer, or office to which addressed;
 2282 and

2283 (ii) the date of registration shall be deemed the postmark date.

2284 (b) The commission may provide by rule the extent to which the provisions of
 2285 Subsection (3)(a) with respect to prima facie evidence of delivery and the postmark
 2286 date shall apply to certified mail.

2287 (4) This section does not apply with respect to currency or other medium of payment unless
 2288 actually received and accounted for.

2289 (5)(a) If any deposit required to be made on or before a prescribed date is, after such
 2290 date, delivered by the United States mail to the commission, such deposit shall be
 2291 deemed received by the commission on the date the deposit was mailed.

2292 (b) Subsection (5)(a) applies only if the person required to make the deposit establishes
 2293 that:

2294 (i) the date of mailing falls on or before the second day before the prescribed date for
 2295 making the deposit, including any extension of time granted for making the
 2296 deposit; and

2297 (ii) the deposit was, on or before such second day, mailed in the United States in an
 2298 envelope or other appropriate wrapper, postage prepaid, properly addressed to the
 2299 commission.

2300 Section 55. Section **59-35-107** is enacted to read:

2301 **59-35-107 (Effective 01/01/28). Place for filing returns.**

2302 When not otherwise provided for by this chapter, the commission shall by rule made in
 2303 accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, prescribe the
 2304 place and for the filing of any return, statement, or other documents, required by this chapter
 2305 or rules.

2306 Section 56. Section **59-35-108** is enacted to read:

2307 **59-35-108 (Effective 01/01/28). Time and place for paying tax.**

2308 (1) If a taxpayer under this chapter obtains an extension under Section 59-35-109, the
 2309 taxpayer shall pay an amount equal to the previous year's tax required under this chapter
 2310 when the tax is due.

2311 (2) The taxpayer that pays under Subsection (1) shall pay the difference of the tax owed or
 2312 receive a refund of the amount of tax overpaid when the taxpayer files the return.

2313 Section 57. Section **59-35-109** is enacted to read:

2314 **59-35-109 (Effective 01/01/28). Extension.**

2315 (1) The commission shall allow a taxpayer an extension of time for filing a return.

2316 (2) An extension described in Subsection (1) may be up to six months.

2317 Section 58. Section **63A-17-804** is amended to read:

2318 **63A-17-804 (Effective 01/01/28). Continuation of Insurance Benefits Program --**
 2319 **Creation -- Coverage following death in the line of duty.**

2320 (1) There is created the "Continuation of Insurance Benefits Program" to provide a
 2321 continuation of insurance to the surviving spouse and family of any state employee
 2322 whose death occurs in the line of duty.

2323 (2) The insurance coverage shall be the same coverage as provided under Section [
 2324 ~~49-20-406~~] 26C-7-101.

2325 (3) The program provides that unused accumulated sick leave of a deceased employee may
 2326 be used for additional medical coverage in the same manner as provided under Section
 2327 63A-17-507 or 63A-17-508 as applicable.

2328 Section 59. Section **63C-31-102** is amended to read:

2329 **63C-31-102 (Effective 01/01/28) (Repealed 07/01/28). Creation of State Employee**
 2330 **Benefits Advisory Commission -- Membership.**

2331 (1) There is created the State Employee Benefits Advisory Commission consisting of the
 2332 following members:

2333 (a) one member of the Senate, appointed by the president of the Senate;

2334 (b) one member of the House of Representatives, appointed by the speaker of the House
 2335 of Representatives;

2336 (c) the director of the Division of Human Resource Management, created in Section
 2337 63A-17-105, or the director's designee;

2338 (d) the executive director of the Governor's Office of Planning and Budget, created in
 2339 Section 63J-4-201, or the executive director's designee;

- 2340 (e) the following four individuals who are not employed by the state or another public
2341 entity and are appointed jointly by the president of the Senate and speaker of the
2342 House of Representatives:
- 2343 (i) an individual who has experience in health insurance benefits in the private sector;
2344 (ii) an individual who has experience in business and employee benefits in the private
2345 sector; and
2346 (iii) a representative of an organization that represents the interests of state
2347 employees; and
- 2348 (f) a representative of the [~~Public Employees' Benefit and Insurance Program~~] Utah
2349 Cares Health Financing Program, created in [~~Section 49-20-103~~] Title 26C, Utah
2350 Cares Act, appointed by the [~~executive director of the Utah State Retirement Office~~]
2351 Utah Health Services Commission.
- 2352 (2)(a) The member of the Senate appointed under Subsection (1)(a) is a cochair of the
2353 benefits advisory commission.
- 2354 (b) The member of the House of Representatives appointed under Subsection (1)(b) is a
2355 cochair of the benefits advisory commission.
- 2356 (3)(a) Each position described in Subsection (1)(e) is for a term of four years.
- 2357 (b) A vacancy in a position appointed under Subsection (1)(a), (b), (e), or (f) shall be
2358 filled by appointing a replacement member in the same manner as the member
2359 creating the vacancy was appointed under Subsection (1)(a), (b), (e), or (f),
2360 respectively.
- 2361 (c) If a position described in Subsection (1)(e) is vacant, the president of the Senate and
2362 speaker of the House of Representatives shall jointly appoint the replacement
2363 member for the remainder of the unexpired term.
- 2364 (4)(a) A majority of members constitute a quorum.
- 2365 (b) The action of a majority of a quorum constitutes the action of the benefits advisory
2366 commission.
- 2367 (5) The benefits advisory commission shall meet as necessary to effectively conduct the
2368 commission's business and duties as prescribed by statute, but not less than twice a year.
- 2369 (6) The Division of Human Resource Management shall provide staff support to facilitate
2370 the function of the benefits advisory commission and record the benefits advisory
2371 commission's action and recommendations.
- 2372 (7)(a) The salary and expenses of a benefits advisory commission member who is a
2373 legislator shall be paid in accordance with Section 36-2-2 and Legislative Joint Rules,

- 2374 Title 5, Legislative Compensation and Expenses.
- 2375 (b) A benefits advisory commission member who is not a legislator may not receive
- 2376 compensation or benefits for the member's service on the benefits advisory
- 2377 commission, but may receive per diem and reimbursement for travel expenses
- 2378 incurred as a benefits advisory commission member at the rates established by the
- 2379 Division of Finance under:
- 2380 (i) Sections 63A-3-106 and 63A-3-107; and
- 2381 (ii) rules made by the Division of Finance under Sections 63A-3-106 and 63A-3-107.
- 2382 (8) The benefits advisory commission shall comply with the provisions of Title 52, Chapter
- 2383 4, Open and Public Meetings Act.
- 2384 Section 60. Section **63E-1-102** is amended to read:
- 2385 **63E-1-102 (Effective 01/01/28). Definitions -- List of independent entities.**
- 2386 As used in this title:
- 2387 (1) "Authorizing statute" means the statute creating an entity as an independent entity.
- 2388 (2) "Committee" means the Retirement and Independent Entities Committee created by
- 2389 Section 63E-1-201.
- 2390 (3) "Independent corporation" means a corporation incorporated in accordance with
- 2391 Chapter 2, Independent Corporations Act.
- 2392 (4)(a) "Independent entity" means an entity having a public purpose relating to the state
- 2393 or its citizens that is individually created by the state or is given by the state the right
- 2394 to exist and conduct its affairs as an:
- 2395 (i) independent state agency; or
- 2396 (ii) independent corporation.
- 2397 (b) For purposes of this title, the independent entities are the:
- 2398 (i) Utah Beef Council, created by Section 4-21-103;
- 2399 (ii) Utah Dairy Commission created by Section 4-22-103;
- 2400 (iii) Heber Valley Historic Railroad Authority created by Section 63H-4-102;
- 2401 (iv) Utah Housing Corporation created by Section 63H-8-201;
- 2402 (v) Utah State Retirement Office created by Section 49-11-201;
- 2403 (vi) School and Institutional Trust Lands Administration created by Section
- 2404 53C-1-201;
- 2405 (vii) School and Institutional Trust Fund Office created by Section 53D-1-201;
- 2406 (viii) Utah Communications Authority created by Section 63H-7a-201;
- 2407 (ix) Utah Capital Investment Corporation created by Section 63N-6-301;

- 2408 (x) Military Installation Development Authority created by Section 63H-1-201;~~and~~
- 2409 (xi) Public Service Commission of Utah created by Section 54-1-1[-] ; and
- 2410 (xii) Utah Health Services Commission created by Section 26C-2-101.
- 2411 (c) Notwithstanding this Subsection (4), "independent entity" does not include:
- 2412 (i) an institution within the state system of higher education;
- 2413 (ii) a city, county, or town;
- 2414 (iii) a local school district;
- 2415 (iv) a special district under Title 17B, Limited Purpose Local Government Entities -
- 2416 Special Districts; or
- 2417 (v) a special service district under Title 17D, Chapter 1, Special Service District Act.
- 2418 (5) "Independent state agency" means an entity that is created by the state, but is
- 2419 independent of the governor's direct supervisory control.
- 2420 (6) "Money held in trust" means money maintained for the benefit of:
- 2421 (a) one or more private individuals, including public employees;
- 2422 (b) one or more public or private entities; or
- 2423 (c) the owners of a quasi-public corporation.
- 2424 (7) "Public corporation" means an artificial person, public in ownership, individually
- 2425 created by the state as a body politic and corporate for the administration of a public
- 2426 purpose relating to the state or its citizens.
- 2427 (8) "Quasi-public corporation" means an artificial person, private in ownership, individually
- 2428 created as a corporation by the state, which has accepted from the state the grant of a
- 2429 franchise or contract involving the performance of a public purpose relating to the state
- 2430 or its citizens.
- 2431 Section 61. Section **63G-2-103** is amended to read:
- 2432 **63G-2-103 (Effective 01/01/28). Definitions.**
- 2433 As used in this chapter:
- 2434 (1) "Audit" means:
- 2435 (a) a systematic examination of financial, management, program, and related records for
- 2436 the purpose of determining the fair presentation of financial statements, adequacy of
- 2437 internal controls, or compliance with laws and regulations; or
- 2438 (b) a systematic examination of program procedures and operations for the purpose of
- 2439 determining their effectiveness, economy, efficiency, and compliance with statutes
- 2440 and regulations.
- 2441 (2) "Chief administrative officer" means the chief administrative officer of a governmental

- 2442 entity who is responsible to fulfill the duties described in Section 63A-12-103.
- 2443 (3) "Chronological logs" mean the regular and customary summary records of law
2444 enforcement agencies and other public safety agencies that show:
- 2445 (a) the time and general nature of police, fire, and paramedic calls made to the agency;
2446 and
- 2447 (b) any arrests or jail bookings made by the agency.
- 2448 (4) "Classification," "classify," and their derivative forms mean determining whether a
2449 record series, record, or information within a record is public, private, controlled,
2450 protected, or exempt from disclosure under Subsection 63G-2-201(3)(b).
- 2451 (5)(a) "Computer program" means:
- 2452 (i) a series of instructions or statements that permit the functioning of a computer
2453 system in a manner designed to provide storage, retrieval, and manipulation of
2454 data from the computer system; and
- 2455 (ii) any associated documentation and source material that explain how to operate the
2456 computer program.
- 2457 (b) "Computer program" does not mean:
- 2458 (i) the original data, including numbers, text, voice, graphics, and images;
2459 (ii) analysis, compilation, and other manipulated forms of the original data produced
2460 by use of the program; or
- 2461 (iii) the mathematical or statistical formulas, excluding the underlying mathematical
2462 algorithms contained in the program, that would be used if the manipulated forms
2463 of the original data were to be produced manually.
- 2464 (6)(a) "Contractor" means:
- 2465 (i) any person who contracts with a governmental entity to provide goods or services
2466 directly to a governmental entity; or
- 2467 (ii) any private, nonprofit organization that receives funds from a governmental entity.
- 2468 (b) "Contractor" does not mean a private provider.
- 2469 (7) "Controlled record" means a record containing data on individuals that is controlled as
2470 provided by Section 63G-2-304.
- 2471 (8) "Designation," "designate," and their derivative forms mean indicating, based on a
2472 governmental entity's familiarity with a record series or based on a governmental entity's
2473 review of a reasonable sample of a record series, the primary classification that a
2474 majority of records in a record series would be given if classified and the classification
2475 that other records typically present in the record series would be given if classified.

- 2476 (9) "Elected official" means each person elected to a state office, county office, municipal
2477 office, school board or school district office, special district office, or special service
2478 district office, but does not include judges.
- 2479 (10) "Explosive" means a chemical compound, device, or mixture:
2480 (a) commonly used or intended for the purpose of producing an explosion; and
2481 (b) that contains oxidizing or combustive units or other ingredients in proportions,
2482 quantities, or packing so that:
2483 (i) an ignition by fire, friction, concussion, percussion, or detonator of any part of the
2484 compound or mixture may cause a sudden generation of highly heated gases; and
2485 (ii) the resultant gaseous pressures are capable of:
2486 (A) producing destructive effects on contiguous objects; or
2487 (B) causing death or serious bodily injury.
- 2488 (11) "Government audit agency" means any governmental entity that conducts an audit.
- 2489 (12)(a) "Governmental entity" means:
2490 (i) executive department agencies of the state, the offices of the governor, lieutenant
2491 governor, state auditor, attorney general, and state treasurer, the Board of Pardons
2492 and Parole, the Board of Examiners, the National Guard, the Career Service
2493 Review Office, the State Board of Education, the Utah Board of Higher
2494 Education, and the State Archives;
2495 (ii) the Office of the Legislative Auditor General, Office of the Legislative Fiscal
2496 Analyst, Office of Legislative Research and General Counsel, the Legislature, and
2497 legislative committees, except any political party, group, caucus, or rules or sifting
2498 committee of the Legislature;
2499 (iii) courts, the Judicial Council, the Administrative Office of the Courts, and similar
2500 administrative units in the judicial branch;
2501 (iv) any state-funded institution of higher education or public education; or
2502 (v) any political subdivision of the state, but, if a political subdivision has adopted an
2503 ordinance or a policy relating to information practices pursuant to Section
2504 63G-2-701, this chapter shall apply to the political subdivision to the extent
2505 specified in Section 63G-2-701 or as specified in any other section of this chapter
2506 that specifically refers to political subdivisions.
- 2507 (b) "Governmental entity" also means:
2508 (i) every office, agency, board, bureau, committee, department, advisory board, or
2509 commission of an entity listed in Subsection (12)(a) that is funded or established

- 2510 by the government to carry out the public's business;
- 2511 (ii) as defined in Section 11-13-103, an interlocal entity or joint or cooperative
- 2512 undertaking, except for the Water District Water Development Council created
- 2513 pursuant to Section 11-13-228;
- 2514 (iii) as defined in Section 11-13a-102, a governmental nonprofit corporation;
- 2515 (iv) an association as defined in Section 53G-7-1101;
- 2516 (v) the Utah Independent Redistricting Commission; and
- 2517 (vi) a law enforcement agency, as defined in Section 53-1-102, that employs one or
- 2518 more law enforcement officers, as defined in Section 53-13-103.
- 2519 (c) "Governmental entity" does not include the Utah Educational Savings Plan created in
- 2520 Section 53H-10-202.
- 2521 (13) "Government Records Office" means the same as that term is defined in Section
- 2522 63A-12-201.
- 2523 (14) "Gross compensation" means every form of remuneration payable for a given period to
- 2524 an individual for services provided including salaries, commissions, vacation pay,
- 2525 severance pay, bonuses, and any board, rent, housing, lodging, payments in kind, and
- 2526 any similar benefit received from the individual's employer.
- 2527 (15) "Individual" means a human being.
- 2528 (16)(a) "Initial contact report" means an initial written or recorded report, however
- 2529 titled, prepared by peace officers engaged in public patrol or response duties
- 2530 describing official actions initially taken in response to either a public complaint
- 2531 about or the discovery of an apparent violation of law, which report may describe:
- 2532 (i) the date, time, location, and nature of the complaint, the incident, or offense;
- 2533 (ii) names of victims;
- 2534 (iii) the nature or general scope of the agency's initial actions taken in response to the
- 2535 incident;
- 2536 (iv) the general nature of any injuries or estimate of damages sustained in the incident;
- 2537 (v) the name, address, and other identifying information about any person arrested or
- 2538 charged in connection with the incident; or
- 2539 (vi) the identity of the public safety personnel, except undercover personnel, or
- 2540 prosecuting attorney involved in responding to the initial incident.
- 2541 (b) Initial contact reports do not include follow-up or investigative reports prepared after
- 2542 the initial contact report. However, if the information specified in Subsection (16)(a)
- 2543 appears in follow-up or investigative reports, it may only be treated confidentially if

- 2544 it is private, controlled, protected, or exempt from disclosure under Subsection
2545 63G-2-201(3)(b).
- 2546 (c) Initial contact reports do not include accident reports, as that term is described in
2547 Title 41, Chapter 6a, Part 4, Accident Responsibilities.
- 2548 (17) "Legislative body" means the Legislature.
- 2549 (18) "Notice of compliance" means a statement confirming that a governmental entity has
2550 complied with an order of the director of the Government Records Office.
- 2551 (19) "Person" means:
- 2552 (a) an individual;
- 2553 (b) a nonprofit or profit corporation;
- 2554 (c) a partnership;
- 2555 (d) a sole proprietorship;
- 2556 (e) other type of business organization; or
- 2557 (f) any combination acting in concert with one another.
- 2558 (20) "Private provider" means any person who contracts with a governmental entity to
2559 provide services directly to the public.
- 2560 (21) "Private record" means a record containing data on individuals that is private as
2561 provided by Section 63G-2-302.
- 2562 (22) "Protected record" means a record that is classified protected as provided by Section
2563 63G-2-305.
- 2564 (23) "Public record" means a record that is not private, controlled, or protected and that is
2565 not exempt from disclosure as provided in Subsection 63G-2-201(3)(b).
- 2566 (24) "Reasonable search" means a search that is:
- 2567 (a) reasonable in scope and intensity; and
- 2568 (b) not unreasonably burdensome for the government entity.
- 2569 (25)(a) "Record" means a book, letter, document, paper, map, plan, photograph, film,
2570 card, tape, recording, electronic data, or other documentary material regardless of
2571 physical form or characteristics:
- 2572 (i) that is prepared, owned, received, or retained by a governmental entity or political
2573 subdivision; and
- 2574 (ii) where all of the information in the original is reproducible by photocopy or other
2575 mechanical or electronic means.
- 2576 (b) "Record" does not include:
- 2577 (i) a personal note or personal communication prepared or received by an employee

- 2578 or officer of a governmental entity:
- 2579 (A) in a capacity other than the employee's or officer's governmental capacity; or
- 2580 (B) that is unrelated to the conduct of the public's business;
- 2581 (ii) a temporary draft or similar material prepared for the originator's personal use or
- 2582 prepared by the originator for the personal use of an individual for whom the
- 2583 originator is working;
- 2584 (iii) material that is legally owned by an individual in the individual's private capacity;
- 2585 (iv) material to which access is limited by the laws of copyright or patent unless the
- 2586 copyright or patent is owned by a governmental entity or political subdivision;
- 2587 (v) proprietary software;
- 2588 (vi) junk mail or a commercial publication received by a governmental entity or an
- 2589 official or employee of a governmental entity;
- 2590 (vii) a book that is cataloged, indexed, or inventoried and contained in the collections
- 2591 of a library open to the public;
- 2592 (viii) material that is cataloged, indexed, or inventoried and contained in the
- 2593 collections of a library open to the public, regardless of physical form or
- 2594 characteristics of the material;
- 2595 (ix) a daily calendar ;
- 2596 (x) a note prepared by the originator for the originator's own use or for the sole use of
- 2597 an individual for whom the originator is working;
- 2598 (xi) a computer program that is developed or purchased by or for any governmental
- 2599 entity for its own use;
- 2600 (xii) a note or internal memorandum prepared as part of the deliberative process by:
- 2601 (A) a member of the judiciary;
- 2602 (B) an administrative law judge;
- 2603 (C) a member of the Board of Pardons and Parole; or
- 2604 (D) a member of any other body, other than an association or appeals panel as
- 2605 defined in Section 53G-7-1101, charged by law with performing a
- 2606 quasi-judicial function;
- 2607 (xiii) a telephone number or similar code used to access a mobile communication
- 2608 device that is used by an employee or officer of a governmental entity, provided
- 2609 that the employee or officer of the governmental entity has designated at least one
- 2610 business telephone number that is a public record as provided in Section
- 2611 63G-2-301;

- 2612 [~~(xiv)~~] information provided by the Public Employees' Benefit and Insurance
 2613 Program, created in Section 49-20-103, to a county to enable the county to
 2614 calculate the amount to be paid to a health care provider under Subsection
 2615 17-63-706(2)(e)(ii);]
- 2616 [~~(xv)~~] (xiv) information that an owner of unimproved property provides to a local
 2617 entity as provided in Section 11-42-205;
- 2618 [~~(xvi)~~] (xv) a video or audio recording of an interview, or a transcript of the video or
 2619 audio recording, that is conducted at a Children's Justice Center established under
 2620 Section 67-5b-102;
- 2621 [~~(xvii)~~] (xvi) child sexual abuse material, as defined by Section 76-5b-103;
- 2622 [~~(xviii)~~] (xvii) before final disposition of an ethics complaint occurs, a video or audio
 2623 recording of the closed portion of a meeting or hearing of:
- 2624 (A) a Senate or House Ethics Committee;
- 2625 (B) the Independent Legislative Ethics Commission;
- 2626 (C) the Independent Executive Branch Ethics Commission, created in Section
 2627 63A-14-202; or
- 2628 (D) the Political Subdivisions Ethics Review Commission established in Section
 2629 63A-15-201;
- 2630 [~~(xix)~~] (xviii) confidential communication described in Section 58-60-102, 58-61-102,
 2631 or 58-61-702;
- 2632 [~~(xx)~~] (xix) any item described in Subsection (25)(a) that is:
- 2633 (A) described in Subsection 63G-2-305(17), (18), or (23)(b); and
- 2634 (B) shared between any of the following entities:
- 2635 (I) the Division of Risk Management;
- 2636 (II) the Office of the Attorney General;
- 2637 (III) the governor's office; or
- 2638 (IV) the Legislature;
- 2639 [~~(xxi)~~] (xx) the email address that a candidate for elective office provides to a filing
 2640 officer under Subsection 20A-9-201(5)(c)(ii) or 20A-9-203(4)(c)(iv); or
- 2641 [~~(xxii)~~] (xxi) except as provided in Sections 31A-16-105, 31A-16-107.5, and
 2642 27a-3-303, an investment policy, or information related to an investment policy,
 2643 provided to the insurance commissioner as described in Title 31A, Chapter 18,
 2644 Investments.
- 2645 (26) "Record series" means a group of records that may be treated as a unit for purposes of

- 2646 designation, description, management, or disposition.
- 2647 (27) "Records officer" means the individual appointed by the chief administrative officer of
2648 each governmental entity, or the political subdivision to work with state archives in the
2649 care, maintenance, scheduling, designation, classification, disposal, and preservation of
2650 records.
- 2651 (28) "Schedule," "scheduling," and their derivative forms mean the process of specifying
2652 the length of time each record series should be retained by a governmental entity for
2653 administrative, legal, fiscal, or historical purposes and when each record series should be
2654 transferred to the state archives or destroyed.
- 2655 (29) "Sponsored research" means research, training, and other sponsored activities as
2656 defined by the federal Executive Office of the President, Office of Management and
2657 Budget:
- 2658 (a) conducted:
- 2659 (i) by an institution within the state system of higher education described in Section
2660 53H-1-102; and
- 2661 (ii) through an office responsible for sponsored projects or programs; and
- 2662 (b) funded or otherwise supported by an external:
- 2663 (i) person that is not created or controlled by the institution within the state system of
2664 higher education; or
- 2665 (ii) federal, state, or local governmental entity.
- 2666 (30) "State archives" means the Division of Archives and Records Service created in
2667 Section 63A-12-101.
- 2668 (31) "State archivist" means the director of the state archives.
- 2669 (32) "Summary data" means statistical records and compilations that contain data derived
2670 from private, controlled, or protected information but that do not disclose private,
2671 controlled, or protected information.
- 2672 Section 62. Section **63H-9-101** is amended to read:
- 2673 **63H-9-101 (Effective 01/01/28). Definitions.**
- 2674 As used in this chapter:
- 2675 (1) "Best practices toolbox" means the collection of resources for governmental entities
2676 provided on the website of the Office of the Legislative Auditor General that includes a
2677 best practice self-assessment and other resources, tools, surveys, and reports designed to
2678 help government organizations better serve the citizens of the state.
- 2679 (2) "Consensus group" means the Office of Legislative Research and General Counsel, the

- 2680 Office of the Legislative Auditor General, and the Office of the Legislative Fiscal
2681 Analyst.
- 2682 (3)(a) "Independent entity" means an entity that:
- 2683 (i) has a public purpose relating to the state or its citizens;
 - 2684 (ii) is individually created by the state;
 - 2685 (iii) is separate from the judicial and legislative branches of state government; and
 - 2686 (iv) is not under the direct supervisory control of the governor.
- 2687 (b) "Independent entity" does not include an entity that is:
- 2688 (i) a county;
 - 2689 (ii) a municipality as defined in Section 10-1-104;
 - 2690 (iii) an institution of higher education as defined in Section 53H-1-101;
 - 2691 (iv) a public school as defined in Section 53G-8-701;
 - 2692 (v) a special district as defined in Section 17B-1-102;
 - 2693 (vi) a special service district as defined in Section 17D-1-102;
 - 2694 (vii) created by an interlocal agreement as described in Section 11-13-203; or
 - 2695 (viii) an elective constitutional office, including the state auditor, the state treasurer,
2696 and the attorney general.
- 2697 (c) Independent entities that are subject to the provisions of this chapter include the:
- 2698 (i) Career Service Review Office created in Section 67-19a-201;
 - 2699 (ii) State Capitol Preservation Board created in Section [~~63C-9-201~~] 63O-2-201;
 - 2700 (iii) Heber Valley Historic Railroad Authority created in Section 63H-4-102;
 - 2701 (iv) Military Installation Development Authority created in Section 63H-1-201;
 - 2702 (v) Office of Inspector General of Medicaid Services created in Section 63A-13-201;
 - 2703 (vi) Point of the Mountain State Land Authority created in Section 11-59-201;
 - 2704 (vii) Public Service Commission created in Section 54-1-1;
 - 2705 (viii) School and Institutional Trust Fund Office created in Section [~~53C-1-201~~]
2706 53D-1-201;
 - 2707 (ix) School and Institutional Trust Lands Administration created in Section [
2708 ~~53D-1-201~~] 53C-1-201;
 - 2709 (x) Utah Beef Council created in Section 4-21-103;
 - 2710 (xi) Utah Capital Investment Corporation created in Section 63N-6-301;
 - 2711 (xii) Utah Communications Authority created in Section 63H-7a-201;
 - 2712 (xiii) Utah Dairy Commission created in Section 4-22-103;
 - 2713 (xiv) Utah Education and Telehealth Network created in Section 53H-4-213.4;

- 2714 (xv) Utah Housing Corporation created in Section 63H-8-201;
- 2715 (xvi) Utah Inland Port Authority created in Section 11-58-201;
- 2716 (xvii) Utah Lake Authority created in Section 11-65-201;
- 2717 (xviii) Utah Retirement Systems created in Section 49-11-201;~~and~~
- 2718 (xix) ~~[Utah]~~State Fair Park Authority created in Section 11-68-201~~[-]~~ ; and
- 2719 (xx) Utah Health Services Commission created in Section 26C-2-101.
- 2720 Section 63. Section **63I-1-226** is amended to read:
- 2721 **63I-1-226 (Effective 01/01/28). Repeal dates: Titles 26 through 26C.**
- 2722 (1) Subsection 26B-1-204(2)(g), regarding the Youth Electronic Cigarette, Marijuana, and
- 2723 Other Drug Prevention Committee, is repealed July 1, 2030.
- 2724 (2) Subsection 26B-1-204(2)(h), regarding the Primary Care Grant Committee, is repealed
- 2725 July 1, 2035.
- 2726 (3) Section 26B-1-315, Medicaid ACA Fund, is repealed July 1, 2034.
- 2727 (4) Section 26B-1-318, Brain and Spinal Cord Injury Fund, is repealed July 1, 2029.
- 2728 (5) Section 26B-1-402, Rare Disease Advisory Council Grant Program -- Creation --
- 2729 Reporting, is repealed July 1, 2026.
- 2730 (6) Section 26B-1-409, Utah Digital Health Service Commission -- Creation -- Membership
- 2731 -- Duties, is repealed July 1, 2025.
- 2732 (7) Section 26B-1-410, Primary Care Grant Committee, is repealed July 1, 2035.
- 2733 (8) Section 26B-1-417, Brain and Spinal Cord Injury Advisory Committee -- Membership
- 2734 -- Duties, is repealed July 1, 2029.
- 2735 (9) Section 26B-1-422, Early Childhood Utah Advisory Council -- Creation --
- 2736 Compensation -- Duties, is repealed July 1, 2029.
- 2737 ~~[(10) Section 26B-1-425, Utah Health Workforce Advisory Council -- Creation and~~
- 2738 ~~membership, is repealed July 1, 2027.]~~
- 2739 ~~[(11)]~~ (10) Section 26B-1-428, Youth Electronic Cigarette, Marijuana, and Other Drug
- 2740 Prevention Committee and Program -- Creation -- Membership -- Duties, is repealed
- 2741 July 1, 2030.
- 2742 ~~[(12)]~~ (11) Section 26B-1-430, Coordinating Council for Persons with Disabilities -- Policy
- 2743 regarding services to individuals with disabilities -- Creation -- Membership --
- 2744 Expenses, is repealed July 1, 2027.
- 2745 ~~[(13)]~~ (12) Section 26B-1-432, Newborn Hearing Screening Committee, is repealed July 1,
- 2746 2026.
- 2747 ~~[(14)]~~ (13) Section 26B-2-407, Drinking water quality in child care centers, is repealed July

- 2748 1, 2027.
- 2749 ~~[(15)]~~ (14) Subsection 26B-3-107(9), regarding reimbursement for dental hygienists, is
- 2750 repealed July 1, 2028.
- 2751 ~~[(16)]~~ (15) Section 26B-3-136, Children's Health Care Coverage Program, is repealed July
- 2752 1, 2025.
- 2753 ~~[(17)]~~ (16) Section 26B-3-137, Reimbursement for diabetes prevention program, is repealed
- 2754 June 30, 2027.
- 2755 ~~[(18)]~~ (17) Subsection 26B-3-213(2)(b), regarding consultation with the Behavioral Health
- 2756 Crisis Response Committee, is repealed December 31, 2026.
- 2757 ~~[(19)]~~ (18) Section 26B-3-302, DUR Board -- Creation and membership -- Expenses, is
- 2758 repealed July 1, 2027.
- 2759 ~~[(20)]~~ (19) Section 26B-3-303, DUR Board -- Responsibilities, is repealed July 1, 2027.
- 2760 ~~[(21)]~~ (20) Section 26B-3-304, Confidentiality of records, is repealed July 1, 2027.
- 2761 ~~[(22)]~~ (21) Section 26B-3-305, Drug prior approval program, is repealed July 1, 2027.
- 2762 ~~[(23)]~~ (22) Section 26B-3-306, Advisory committees, is repealed July 1, 2027.
- 2763 ~~[(24)]~~ (23) Section 26B-3-307, Retrospective and prospective DUR, is repealed July 1, 2027.
- 2764 ~~[(25)]~~ (24) Section 26B-3-308, Penalties, is repealed July 1, 2027.
- 2765 ~~[(26)]~~ (25) Section 26B-3-309, Immunity, is repealed July 1, 2027.
- 2766 ~~[(27)]~~ (26) Title 26B, Chapter 3, Part 5, Inpatient Hospital Assessment, is repealed July 1,
- 2767 2034.
- 2768 ~~[(28)]~~ (27) Title 26B, Chapter 3, Part 6, Medicaid Expansion Hospital Assessment, is
- 2769 repealed July 1, 2034.
- 2770 ~~[(29)]~~ (28) Title 26B, Chapter 3, Part 7, Hospital Provider Assessment, is repealed July 1,
- 2771 2028.
- 2772 ~~[(30)]~~ (29) Section 26B-3-910, Alternative eligibility -- Report -- Alternative Eligibility
- 2773 Expendable Revenue Fund, is repealed July 1, 2028.
- 2774 ~~[(31)]~~ (30) Section 26B-4-710, Rural residency training program, is repealed July 1, 2025.
- 2775 ~~[(32)]~~ (31) Subsection 26B-5-112(1)(b), regarding consultation with the Behavioral Health
- 2776 Crisis Response Committee, is repealed December 31, 2026.
- 2777 ~~[(33)]~~ (32) Subsection 26B-5-112(5)(b), regarding consultation with the Behavioral Health
- 2778 Crisis Response Committee, is repealed December 31, 2026.
- 2779 ~~[(34)]~~ (33) Section 26B-5-112.5, Mobile Crisis Outreach Team Grant Program, is repealed
- 2780 December 31, 2026.
- 2781 ~~[(35)]~~ (34) Section 26B-5-114, Behavioral Health Receiving Center Grant Program, is

- 2782 repealed December 31, 2026.
- 2783 [(36)] (35) Section 26B-5-118, Collaborative care grant program, is repealed December 31,
2784 2024.
- 2785 [(37)] (36) Section 26B-5-120, Virtual crisis outreach team grant program, is repealed
2786 December 31, 2026.
- 2787 [(38)] (37) Subsection 26B-5-609(1)(a), regarding the Behavioral Health Crisis Response
2788 Committee, is repealed December 31, 2026.
- 2789 [(39)] (38) Subsection 26B-5-609(3)(b), regarding the Behavioral Health Crisis Response
2790 Committee, is repealed December 31, 2026.
- 2791 [(40)] (39) Subsection 26B-5-610(1)(b), regarding the Behavioral Health Crisis Response
2792 Committee, is repealed December 31, 2026.
- 2793 [(41)] (40) Subsection 26B-5-610(2)(b)(ii), regarding the Behavioral Health Crisis Response
2794 Committee, is repealed December 31, 2026.
- 2795 [(42)] (41) Section 26B-5-612, Integrated behavioral health care grant programs, is repealed
2796 December 31, 2025.
- 2797 [(43)] (42) Title 26B, Chapter 5, Part 7, Utah Behavioral Health Commission, is repealed
2798 July 1, 2029.
- 2799 [(44)] (43) Subsection 26B-5-704(2)(a), regarding the Behavioral Health Crisis Response
2800 Committee, is repealed December 31, 2026.
- 2801 [(45)] (44) Title 26B, Chapter 5, Part 8, Utah Substance Use and Mental Health Advisory
2802 Committee, is repealed January 1, 2033.
- 2803 [(46)] (45) Section 26B-7-119, Hepatitis C Outreach Pilot Program, is repealed July 1, 2028.
- 2804 [(47)] (46) Section 26B-7-122, Communication Habits to reduce Adolescent Threats Pilot
2805 Program, is repealed July 1, 2029.
- 2806 [(48)] (47) Section 26B-7-123, Report on CHAT campaign, is repealed July 1, 2029.
- 2807 [(49)] (48) Title 26B, Chapter 8, Part 5, Utah Health Data Authority, is repealed July 1,
2808 2026.
- 2809 Section 64. Section **63I-2-249** is amended to read:
- 2810 **63I-2-249 (Effective 01/01/28). Repeal dates: Title 49.**
- 2811 Reserved.
- 2812 [(1) Subsection 49-20-420(3), regarding a requirement to report to the Legislature, is
2813 repealed January 1, 2030.]
- 2814 [(2) Section 49-20-422, Coverage of pregnancy and childbirth services, including doula,
2815 direct-entry midwife, and birthing center services, is repealed July 1, 2027.]

2816 Section 65. Section **63J-1-602.2** is amended to read:

2817 **63J-1-602.2 (Effective 01/01/28) (Partially Repealed 07/01/29). List of nonlapsing**
2818 **appropriations to programs.**

2819 Appropriations made to the following programs are nonlapsing:

- 2820 (1) The Legislature and the Legislature's committees.
- 2821 (2) The State Board of Education, including all appropriations to agencies, line items, and
2822 programs under the jurisdiction of the State Board of Education, in accordance with
2823 Section 53F-9-103.
- 2824 (3) The Rangeland Improvement Act created in Section 4-20-101.
- 2825 (4) The Percent-for-Art Program created in Section 9-6-404.
- 2826 (5) The LeRay McAllister Working Farm and Ranch Fund Program created in Title 4,
2827 Chapter 46, Part 3, LeRay McAllister Working Farm and Ranch Fund.
- 2828 (6) The Utah Lake Authority created in Section 11-65-201.
- 2829 (7) Dedicated credits accrued to the Utah Marriage Commission as provided under
2830 Subsection 17-66-303(2)(d)(ii).
- 2831 (8) The Wildlife Land and Water Acquisition Program created in Section 23A-6-205.
- 2832 (9) Sanctions collected as dedicated credits from Medicaid providers under Subsection
2833 26B-3-108(7).
- 2834 (10) The primary care grant program created in Section 26B-4-310.
- 2835 (11) The Opiate Overdose Outreach Pilot Program created in Section 26B-4-512.
- 2836 (12) The Utah Health Care Workforce Financial Assistance Program created in Section
2837 26B-4-702.
- 2838 (13) The Rural Physician Loan Repayment Program created in Section 26B-4-703.
- 2839 (14) The Utah Medical Education Council for the:
- 2840 (a) administration of the Utah Medical Education Program created in Section [~~26B-4-707~~]
2841 26C-2-108;
- 2842 (b) provision of medical residency grants described in Section [~~26B-4-711~~] 26C-2-111;
2843 and
- 2844 (c) provision of the forensic psychiatric fellowship grant described in Section [~~26B-4-712~~]
2845 26C-2-112.
- 2846 (15) The Division of Services for People with Disabilities, as provided in Section 26B-6-402.
- 2847 (16) The Communication Habits to reduce Adolescent Threats (CHAT) Pilot Program
2848 created in Section 26B-7-122.
- 2849 (17) Funds that the Department of Alcoholic Beverage Services retains in accordance with

- 2850 Subsection 32B-2-301(8)(a) or (b).
- 2851 (18) The General Assistance program administered by the Department of Workforce
2852 Services, as provided in Section 35A-3-401.
- 2853 (19) The Utah National Guard, created in Title 39A, National Guard and Militia Act.
- 2854 (20) The Search and Rescue Financial Assistance Program, as provided in Section
2855 53-2a-1102.
- 2856 (21) The Emergency Medical Services Grant Program, as provided in Section 53-2d-207.
- 2857 (22) The Motorcycle Rider Education Program, as provided in Section 53-3-905.
- 2858 (23) The Utah Board of Higher Education for teacher preparation programs, as provided in
2859 Section 53H-5-402.
- 2860 (24) Innovation grants under Section 53G-10-608, except as provided in Subsection
2861 53G-10-608(3).
- 2862 (25) The Division of Fleet Operations for the purpose of upgrading underground storage
2863 tanks under Section 63A-9-401.
- 2864 (26) The Division of Technology Services for technology innovation as provided under
2865 Section 63A-16-903.
- 2866 (27) The State Capitol Preservation Board created by Section 63O-2-201.
- 2867 (28) The Office of Administrative Rules for publishing, as provided in Section 63G-3-402.
- 2868 (29) The Colorado River Authority of Utah, created in Title 63M, Chapter 14, Colorado
2869 River Authority of Utah Act.
- 2870 (30) The Governor's Office of Economic Opportunity to fund the Enterprise Zone Act, as
2871 provided in Title 63N, Chapter 2, Part 2, Enterprise Zone Act.
- 2872 (31) The Governor's Office of Economic Opportunity's Rural Employment Expansion
2873 Program, as described in Title 63N, Chapter 4, Part 4, Rural Employment Expansion
2874 Program.
- 2875 (32) County correctional facility contracting program for state inmates as described in
2876 Section 64-13e-103.
- 2877 (33) County correctional facility reimbursement program for state probationary inmates and
2878 state parole inmates as described in Section 64-13e-104.
- 2879 (34) Programs for the Jordan River Recreation Area as described in Section 65A-2-8.
- 2880 (35) The Division of Human Resource Management user training program, as provided in
2881 Section 63A-17-106.
- 2882 (36) A public safety answering point's emergency telecommunications service fund, as
2883 provided in Section 69-2-301.

- 2884 (37) The Traffic Noise Abatement Program created in Section 72-6-112.
- 2885 (38) The money appropriated from the Navajo Water Rights Negotiation Account to the
2886 Division of Water Rights, created in Section 73-2-1.1, for purposes of participating in a
2887 settlement of federal reserved water right claims.
- 2888 (39) The Judicial Council for compensation for special prosecutors, as provided in Section
2889 77-10a-19.
- 2890 (40) A state rehabilitative employment program, as provided in Section 78A-6-210.
- 2891 (41) The Utah Geological Survey, as provided in Section 79-3-401.
- 2892 (42) The Bonneville Shoreline Trail Program created under Section 79-5-503.
- 2893 (43) Adoption document access as provided in Sections 81-13-103, 81-13-504, and
2894 81-13-505.
- 2895 (44) Indigent defense as provided in Title 78B, Chapter 22, Part 4, Utah Indigent Defense
2896 Commission.
- 2897 (45) The program established by the Division of Facilities Construction and Management
2898 under Section 63A-5b-703 under which state agencies receive an appropriation and pay
2899 lease payments for the use and occupancy of buildings owned by the Division of
2900 Facilities Construction and Management.
- 2901 (46) The State Tax Commission for reimbursing counties for deferrals in accordance with
2902 Section 59-2-1802.5.
- 2903 (47) The Veterinarian Education Loan Repayment Program created in Section 4-2-902.
2904 Section 66. Section **63J-7-102** is amended to read:
2905 **63J-7-102 (Effective 01/01/28). Scope and applicability of chapter.**
- 2906 (1) Except as provided in Subsection (2), and except as otherwise provided by a statute
2907 superseding provisions of this chapter by explicit reference to this chapter, the
2908 provisions of this chapter apply to each agency and govern each grant received on or
2909 after May 5, 2008.
- 2910 (2) This chapter does not govern:
- 2911 (a) a grant deposited into a General Fund restricted account;
- 2912 (b) a grant deposited into a Fiduciary Fund as defined in Section 51-5-4;
- 2913 (c) a grant deposited into an Enterprise Fund as defined in Section 51-5-4;
- 2914 (d) a grant made to the state without a restriction or other designated purpose that is
2915 deposited into the General Fund as free revenue;
- 2916 (e) a grant made to the state that is restricted only to "education" and that is deposited
2917 into the Income Tax Fund or Uniform School Fund as free revenue;

- 2918 (f) in-kind donations;
- 2919 (g) a tax, fees, penalty, fine, surcharge, money judgment, or other money due the state
- 2920 when required by state law or application of state law;
- 2921 (h) a contribution made under Title 59, Chapter 10, Part 13, Individual Income Tax
- 2922 Contribution Act;
- 2923 (i) a grant received by an agency from another agency or political subdivision;
- 2924 (j) a grant to the Utah Dairy Commission created in Section 4-22-103;
- 2925 (k) a grant to the Heber Valley Historic Railroad Authority created in Section 63H-4-102;
- 2926 (l) a grant to the Utah State Railroad Museum Authority created in Section 63H-5-102;
- 2927 (m) a grant to the Utah Housing Corporation created in Section 63H-8-201;
- 2928 (n) a grant to the State Fair Park Authority created in Section 11-68-201;
- 2929 (o) a grant to the Utah State Retirement Office created in Section 49-11-201;
- 2930 (p) a grant to the School and Institutional Trust Lands Administration created in Section
- 2931 53C-1-201;
- 2932 (q) a grant to the Utah Communications Authority created in Section 63H-7a-201;
- 2933 (r) a grant to the Medical Education Program created in Section [~~26B-4-707~~] 26C-2-108;
- 2934 (s) a grant to the Utah Capital Investment Corporation created in Section 63N-6-301;
- 2935 (t) a grant to the Utah Charter School Finance Authority created in Section 53G-5-602;
- 2936 (u) a grant to the State Building Ownership Authority created in Section 63B-1-304; or
- 2937 (v) a grant to the Military Installation Development Authority created in Section
- 2938 63H-1-201.
- 2939 (3) An agency need not seek legislative review or approval of grants under Part 2, Grant
- 2940 Approval Requirements, if:
- 2941 (a) the governor has declared a state of emergency; and
- 2942 (b) the grant is donated to the agency to assist victims of the state of emergency under
- 2943 Subsection 53-2a-204(1).
- 2944 Section 67. Section **64-13-30** is amended to read:
- 2945 **64-13-30 (Effective 01/01/28). Expenses incurred by offenders -- Payment to**
- 2946 **department or county jail -- Medical care expenses and copayments.**
- 2947 (1)(a) The department or county jail may require an inmate to make a copayment for
- 2948 medical and dental services provided by the department or county jail.
- 2949 (b) For services provided while in the custody of the department, the copayment by the
- 2950 inmate is \$5 for primary medical care, \$5 for dental care, and \$2 for prescription
- 2951 medication.

- 2952 (c) For services provided outside of a prison facility while in the custody of the
2953 department, the offender is responsible for 10% of the costs associated with hospital
2954 care with a cap on an inmate's share of hospital care expenses not to exceed \$2,000
2955 per fiscal year.
- 2956 (2)(a) An inmate who has assets exceeding \$200,000, as determined by the department
2957 upon entry into the department's custody, is responsible to pay the costs of all
2958 medical and dental care up to 20% of the inmate's total determined asset value.
- 2959 (b) After an inmate has received medical and dental care equal to 20% of the inmate's
2960 total asset value, the inmate is subject to the copayments provided in Subsection (1).
- 2961 (3) The department shall turn over to the Office of State Debt Collection any debt under
2962 this section that is unpaid at the time the offender is released from parole.
- 2963 (4) An inmate may not be denied medical treatment if the inmate is unable to pay for the
2964 treatment because of inadequate financial resources.
- 2965 (5) When an offender in the custody of the department receives medical care that is
2966 provided outside of a prison facility, the department shall pay the costs:
- 2967 (a) at the contracted rate; or
- 2968 (b)(i) if there is no contract between the department and a health care facility that
2969 establishes a fee schedule for medical services rendered or the individual is not an
2970 enrollee described in Subsection (6)(a), expenses shall be at the noncapitated state
2971 Medicaid rate in effect at the time the service was provided; and
- 2972 (ii) if there is no contract between the department and a health care provider that
2973 establishes a fee schedule for medical services rendered, expenses shall be 65% of
2974 the amount that would be paid under the ~~[Public Employees' Benefit and~~
2975 ~~Insurance Program, created in Section 49-20-103]~~ Utah Cares Health Financing
2976 Program, created in Title 26C, Utah Cares Act.
- 2977 (6)(a) A jail shall ensure that each inmate is enrolled in the Utah Cares Health Financing
2978 Program if the inmate is eligible for enrollment when enrollment opens on January 1,
2979 2029.
- 2980 (b) Expenses described in Subsection (5) are a cost to the department only to the extent
2981 that they exceed an offender's private insurance that is in effect at the time of the
2982 service and that covers those expenses.
- 2983 (7)(a) The ~~[Public Employees' Benefit and Insurance Program shall provide information~~
2984 ~~to the department that enables the department to]~~ Utah Cares Health Financing
2985 Program shall calculate the amount to be paid to a health care provider under

2986 Subsection (5)(b).

2987 (b) The department shall ensure that information provided under Subsection (7)(a) is
2988 confidential.

2989 Section 68. Section **67-19d-201.5** is amended to read:

2990 **67-19d-201.5 (Effective 01/01/28). Elected Official Post-Retirement Benefits**

2991 **Trust Fund -- Creation -- Oversight -- Dissolution.**

2992 (1) There is created the "Elected Official Post-Retirement Benefits Trust Fund."

2993 (2) The Elected Official Post-Retirement Benefits Trust Fund consists of:

2994 (a) appropriations made to the fund by the Legislature for the purpose of funding the
2995 post-retirement benefits in Section 49-20-404;

2996 (b) revenues received by the state treasurer from the investment of the Elected Official
2997 Post-Retirement Benefits Trust Fund; and

2998 (c) other revenues received from other sources.

2999 (3) The Division of Finance shall account for the receipt and expenditures of money in the
3000 Elected Official Post-Retirement Benefits Trust Fund.

3001 (4)(a) Except as provided in Subsection (4)(c), the state treasurer shall invest the Elected
3002 Official Post-Retirement Benefits Trust Fund money by following the same
3003 procedures and requirements for the investment of the State Post-Retirement Benefits
3004 Trust Fund in Part 3, Trust Fund Investments.

3005 (b)(i) The Elected Official Post-Retirement Benefits Trust Fund shall earn interest.

3006 (ii) The state treasurer shall deposit all interest or other income earned from
3007 investment of the Elected Official Post-Retirement Benefits Trust Fund back into
3008 the Elected Official Post-Retirement Benefits Trust Fund.

3009 (c) The Elected Official Post-Retirement Benefits Trust Fund is exempt from Title 51,
3010 Chapter 7, State Money Management Act.

3011 (5) The board of trustees created in Section 67-19d-202 may expend money from the
3012 Elected Official Post-Retirement Benefits Trust Fund for:

3013 (a) the employer portion of the cost of the program established in Section [49-20-404]
3014 67-19d-201.6; and

3015 (b) reasonable administrative costs that the board of trustees incurs in performing its
3016 duties as trustees of the Elected Official Post-Retirement Benefits Trust Fund.

3017 (6) The board of trustees shall ensure that:

3018 (a) money deposited into the Elected Official Post-Retirement Benefits Trust Fund is
3019 irrevocable and is expended only for the employer portion of the costs of

3020 post-retirement benefits under Section 49-20-404; and
 3021 (b) creditors of the board of trustees and of employers liable for the post-retirement
 3022 benefits may not seize, attach, or otherwise obtain assets of the Elected Official
 3023 Post-Retirement Benefits Trust Fund.

3024 (7) When all of the liabilities for which the Elected Official Post-Retirement Benefits Trust
 3025 Fund was created are paid, the Division of Finance shall transfer any assets remaining in
 3026 the Elected Official Post-Retirement Benefits Trust Fund into the appropriate fund.

3027 Section 69. Section **67-19d-201.6**, which is renumbered from Section 49-20-404 is renumbered
 3028 and amended to read:

3029 **~~[49-20-404]~~ 67-19d-201.6 (Effective 01/01/28). Governors' and legislative paid-up**
 3030 **group health coverage benefit -- Limitations -- Medicare supplemental coverage --**
 3031 **Spouse coverage -- Limitations.**

3032 (1)(a) Except as provided under Subsection (1)(b), the state shall pay the percentage of
 3033 the cost of providing paid-up group health coverage under Subsection (3) for
 3034 members and their surviving spouses covered under Title 49, Chapter 19, Utah
 3035 Governors' and Legislators' Retirement Act, or governors and legislators, as defined
 3036 in Section 49-19-102, and their surviving spouses covered under Chapter 22, New
 3037 Public Employees' Tier II Contributory Retirement Act, who:

3038 (i) retire after January 1, 1998;
 3039 (ii) are at least 62 but less than 65 years~~[-of age]~~ old;
 3040 (iii) elect to receive and apply for this benefit to the program; and
 3041 (iv) are active members at the time of retirement or have continued coverage with the
 3042 program until the date of eligibility for the benefit under this Subsection (1).

3043 (b) A governor or a legislator who begins service as a governor or legislator on or after
 3044 January 1, 2012, and a surviving spouse of the governor or the legislator who begins
 3045 service as a governor or legislator on or after January 1, 2012, is not eligible for the
 3046 benefit provided under this Subsection (1).

3047 (2) The state shall pay the percentage of the cost of providing Medicare supplemental
 3048 coverage under Subsection (3) for members and their surviving spouses covered under
 3049 Title 49, Chapter 19, Utah Governors' and Legislators' Retirement Act who:

3050 (a) began service as a governor or legislator before July 1, 2013;
 3051 (b) retire after January 1, 1998;
 3052 (c) are at least 65 years~~[-of age]~~ old; and
 3053 (d) elect to receive and apply for this benefit to the program.

3054 (3) The following percentages apply to the benefit described in Subsections (1)(a) and (2):

3055 (a) 100% if the member has accrued 10 or more years of service credit;

3056 (b) 80% if the member has accrued 8 or more years of service credit;

3057 (c) 60% if the member has accrued 6 or more years of service credit; and

3058 (d) 40% if the member has accrued 4 or more years of service credit.

3059 Section 70. **Repealer.**

3060 This bill repeals:

3061 Section **26B-4-701, Definitions.**

3062 Section **31A-22-626, Coverage of diabetes.**

3063 Section **31A-22-656, Coverage of epinephrine auto-injector.**

3064 Section **49-20-101, Title.**

3065 Section **49-20-102, Definitions.**

3066 Section **49-20-103, Creation of insurance program.**

3067 Section **49-20-104, Creation of fund.**

3068 Section **49-20-105, Purpose -- Benefits are not a continuing obligation.**

3069 Section **49-20-201, Program participation -- Eligibility -- Optional for certain groups.**

3070 Section **49-20-202, Establishment of separate risk pools.**

3071 Section **49-20-301, Payments made by employer and employee.**

3072 Section **49-20-401, Program -- Powers and duties.**

3073 Section **49-20-402, Reserves to be held -- Refunds.**

3074 Section **49-20-403, Assistance to members in purchase of life, health, dental, and**
 3075 **medical insurance after retirement -- Employment of personnel to administer section.**

3076 Section **49-20-405, Audit required -- Report to governor and Legislature.**

3077 Section **49-20-407, Insurance mandates.**

3078 Section **49-20-407.1, Time to add child to plan.**

3079 Section **49-20-409, Long-term disability -- Cost of health coverage benefit.**

3080 Section **49-20-410, High deductible health plan -- Health savings account --**
 3081 **Contributions.**

3082 Section **49-20-413, Pilot program for on-site employee clinic.**

3083 Section **49-20-414, Telemedicine services -- Reimbursement -- Reporting.**

3084 Section **49-20-417, Insurance coverage for amino acid-based formula.**

3085 Section **49-20-421, Prescription discount program.**

3086 Section **49-20-501, Title.**

3087 Section **49-20-502, Definitions.**

3088 Section **49-20-503, Request for proposals for pharmacy benefits manager for Public**
3089 **Employees' Benefit and Insurance Program.**

3090 Section **53G-11-203, Health insurance mandates.**

3091 Section **53H-3-505, Health insurance mandates.**

3092 Section 71. **Effective Date.**

3093 (1) Except as provided in Subsections (2) and (3), this bill takes effect January 1, 2028.

3094 (2) The actions affecting the following sections take effect on January 1, 2027:

3095 (a) Section 26B-2-201(Effective 01/01/27);

3096 (b) Section 26B-2-206(Effective 01/01/27);

3097 (c) Section 26B-3-104.1(Effective 01/01/27); and

3098 (d) Section 26B-3-908(Effective 01/01/27).

3099 (3) The actions affecting the following sections take effect on July 1, 2027:

3100 (a) Section 26B-4-701;

3101 (b) Section 26C-1-101(Effective 07/01/27);

3102 (c) Section 26C-1-102(Effective 07/01/27);

3103 (d) Section 26C-1-103(Effective 07/01/27);

3104 (e) Section 26C-1-104(Effective 07/01/27);

3105 (f) Section 26C-2-101(Effective 07/01/27);

3106 (g) Section 26C-2-102(Effective 07/01/27);

3107 (h) Section 26C-2-103(Effective 07/01/27);

3108 (i) Section 26C-2-104(Effective 07/01/27);

3109 (j) Section 26C-2-105(Effective 07/01/27)(Repealed 07/01/27);

3110 (k) Section 26C-2-106(Effective 07/01/27);

3111 (l) Section 26C-2-107(Effective 07/01/27);

3112 (m) Section 26C-2-108(Effective 07/01/27);

3113 (n) Section 26C-2-109(Effective 07/01/27);

3114 (o) Section 26C-2-710(Effective 07/01/27);

3115 (p) Section 26C-2-111(Effective 07/01/27);

3116 (q) Section 26C-2-112(Effective 07/01/27); and

3117 (r) Section 26C-3-101(Effective 07/01/27).