1	<b>HEALTH AND HUMAN SERVICES RECODIFICATION -</b>
2	PREVENTION, SUPPORTS SUBSTANCE USE AND MENTAL HEALTH
3	2023 GENERAL SESSION
4	STATE OF UTAH
5	
6	LONG TITLE
7	General Description:
8	This bill recodifies portions of the Utah Health Code and Utah Human Services Code.
9	Highlighted Provisions:
10	This bill:
11	recodifies provisions regarding:
12	• substance use and mental health;
13	<ul> <li>long term services and supports, aging, and disabilities; and</li> </ul>
14	<ul> <li>public health and prevention; and</li> </ul>
15	<ul> <li>makes technical and corresponding changes.</li> </ul>
16	Money Appropriated in this Bill:
17	None
18	Other Special Clauses:
19	This bill contains revisor's instructions.
20	<b>Utah Code Sections Affected:</b>
21	AMENDS:
22	26B-5-101, as enacted by Laws of Utah 2022, Chapter 255
23	26B-6-101, as enacted by Laws of Utah 2022, Chapter 255
24	<b>26B-7-101</b> , as enacted by Laws of Utah 2022, Chapter 255
25	ENACTS:
26	<b>26B-6-501</b> , Utah Code Annotated 1953
27	<b>26B-6-601</b> , Utah Code Annotated 1953
28	<b>26B-7-324</b> , Utah Code Annotated 1953
29	RENUMBERS AND AMENDS:
30	<b>26B-5-102</b> , (Renumbered from 62A-15-103, as last amended by Laws of Utah 2022,
31	Chapters 187, 255, and 415)

32	26B-5-103, (Renumbered from 62A-15-104, as last amended by Laws of Utah 2022,
33	Chapter 255)
34	26B-5-104, (Renumbered from 62A-15-105, as last amended by Laws of Utah 2009,
35	Chapter 75)
36	<b>26B-5-105</b> , (Renumbered from 62A-15-105.2, as enacted by Laws of Utah 2012,
37	Chapter 305)
38	26B-5-106, (Renumbered from 62A-15-107, as last amended by Laws of Utah 2009,
39	Chapter 75)
40	26B-5-107, (Renumbered from 62A-15-108, as last amended by Laws of Utah 2009,
41	Chapter 75)
42	26B-5-108, (Renumbered from 62A-15-110, as last amended by Laws of Utah 2005,
43	Chapter 71)
44	26B-5-109, (Renumbered from 62A-15-113, as enacted by Laws of Utah 2017, Chapter
45	315)
46	<b>26B-5-110</b> , (Renumbered from 62A-15-103.1, as enacted by Laws of Utah 2019,
47	Chapter 440)
48	26B-5-111, (Renumbered from 62A-15-115, as enacted by Laws of Utah 2018, Chapter
49	414)
50	26B-5-112, (Renumbered from 62A-15-116, as last amended by Laws of Utah 2020,
51	Chapter 303)
52	26B-5-113, (Renumbered from 62A-15-117, as enacted by Laws of Utah 2019, Chapter
53	446)
54	26B-5-114, (Renumbered from 62A-15-118, as enacted by Laws of Utah 2020, Chapter
55	303)
56	26B-5-115, (Renumbered from 62A-15-119, as renumbered and amended by Laws of
57	Utah 2020, Chapter 29)
58	26B-5-116, (Renumbered from 62A-15-121, as enacted by Laws of Utah 2021, Chapter
59	277)
60	26B-5-117, (Renumbered from 62A-15-122, as enacted by Laws of Utah 2021, Chapter
61	278)
62	26B-5-118, (Renumbered from 62A-15-124, as enacted by Laws of Utah 2022, Chapter

63	149)
64	26B-5-119, (Renumbered from 62A-15-615, as renumbered and amended by Laws of
65	Utah 2002, Fifth Special Session, Chapter 8)
66	<b>26B-5-201</b> , (Renumbered from 62A-15-202, as last amended by Laws of Utah 2022,
67	Chapter 155)
68	26B-5-202, (Renumbered from 62A-15-203, as renumbered and amended by Laws of
69	Utah 2002, Fifth Special Session, Chapter 8)
70	26B-5-203, (Renumbered from 62A-15-204, as last amended by Laws of Utah 2022,
71	Chapter 155)
72	26B-5-204, (Renumbered from 62A-15-301, as renumbered and amended by Laws of
73	Utah 2002, Fifth Special Session, Chapter 8)
74	26B-5-205, (Renumbered from 62A-15-401, as last amended by Laws of Utah 2022,
75	Chapter 447)
76	26B-5-206, (Renumbered from 62A-15-403, as renumbered and amended by Laws of
77	Utah 2022, Chapter 211)
78	26B-5-207, (Renumbered from 62A-15-501, as last amended by Laws of Utah 2009,
79	Chapter 81)
80	26B-5-208, (Renumbered from 62A-15-502, as last amended by Laws of Utah 2005,
81	Chapter 2)
82	26B-5-209, (Renumbered from 62A-15-503, as last amended by Laws of Utah 2020,
83	Chapter 230)
84	26B-5-210, (Renumbered from 62A-15-504, as renumbered and amended by Laws of
85	Utah 2002, Fifth Special Session, Chapter 8)
86	<b>26B-5-301</b> , (Renumbered from 62A-15-602, as last amended by Laws of Utah 2022,
87	Chapters 187 and 374)
88	26B-5-302, (Renumbered from 62A-15-601, as renumbered and amended by Laws of
89	Utah 2002, Fifth Special Session, Chapter 8)
90	26B-5-303, (Renumbered from 62A-15-603, as last amended by Laws of Utah 2018,
91	Chapter 322)
92	26B-5-304, (Renumbered from 62A-15-604, as last amended by Laws of Utah 2015,

93	Chapter 121)
94	26B-5-305, (Renumbered from 62A-15-605.5, as renumbered and amended by Laws of
95	Utah 2002, Fifth Special Session, Chapter 8)
96	26B-5-306, (Renumbered from 62A-15-607, as last amended by Laws of Utah 2008,
97	Chapter 3)
98	<b>26B-5-307</b> , (Renumbered from 62A-15-608, as last amended by Laws of Utah 2011,
99	Chapter 366)
100	26B-5-308, (Renumbered from 62A-15-609, as renumbered and amended by Laws of
101	Utah 2002, Fifth Special Session, Chapter 8)
102	<b>26B-5-309</b> , (Renumbered from 62A-15-610, as last amended by Laws of Utah 2011,
103	Chapter 366)
104	<b>26B-5-310</b> , (Renumbered from 62A-15-611, as last amended by Laws of Utah 2018,
105	Chapter 330)
106	<b>26B-5-311</b> , (Renumbered from 62A-15-612, as last amended by Laws of Utah 2021,
107	Chapter 382)
108	26B-5-312, (Renumbered from 62A-15-613, as last amended by Laws of Utah 2021,
109	Chapter 344)
110	26B-5-313, (Renumbered from 62A-15-614, as renumbered and amended by Laws of
111	Utah 2002, Fifth Special Session, Chapter 8)
112	26B-5-314, (Renumbered from 62A-15-616, as last amended by Laws of Utah 2011,
113	Chapter 366)
114	26B-5-315, (Renumbered from 62A-15-617, as renumbered and amended by Laws of
115	Utah 2002, Fifth Special Session, Chapter 8)
116	26B-5-316, (Renumbered from 62A-15-618, as last amended by Laws of Utah 2019,
117	Chapters 256 and 419)
118	26B-5-317, (Renumbered from 62A-15-619, as last amended by Laws of Utah 2011,
119	Chapter 366)
120	26B-5-318, (Renumbered from 62A-15-620, as renumbered and amended by Laws of
121	Utah 2002, Fifth Special Session, Chapter 8)
122	26B-5-319, (Renumbered from 62A-15-621, as renumbered and amended by Laws of
123	Utah 2002, Fifth Special Session, Chapter 8)

124	<b>26B-5-320</b> , (Renumbered from 62A-15-622, as renumbered and amended by Laws of
125	Utah 2002, Fifth Special Session, Chapter 8)
126	26B-5-321, (Renumbered from 62A-15-623, as renumbered and amended by Laws of
127	Utah 2002, Fifth Special Session, Chapter 8)
128	26B-5-322, (Renumbered from 62A-15-624, as renumbered and amended by Laws of
129	Utah 2002, Fifth Special Session, Chapter 8)
130	<b>26B-5-323</b> , (Renumbered from 62A-15-625, as last amended by Laws of Utah 2021,
131	Chapter 260)
132	<b>26B-5-324</b> , (Renumbered from 62A-15-626, as last amended by Laws of Utah 2021,
133	Chapter 262)
134	<b>26B-5-325</b> , (Renumbered from 62A-15-627, as last amended by Laws of Utah 2022,
135	Chapter 374)
136	<b>26B-5-326</b> , (Renumbered from 62A-15-628, as last amended by Laws of Utah 2018,
137	Chapter 322)
138	26B-5-327, (Renumbered from 62A-15-629, as last amended by Laws of Utah 2022,
139	Chapters 341 and 374)
140	26B-5-328, (Renumbered from 62A-15-630, as last amended by Laws of Utah 2008,
141	Chapter 3)
142	<b>26B-5-329</b> , (Renumbered from 62A-15-630.4, as enacted by Laws of Utah 2019,
143	Chapter 256)
144	<b>26B-5-330</b> , (Renumbered from 62A-15-630.5, as last amended by Laws of Utah 2021,
145	Chapter 122)
146	26B-5-331, (Renumbered from 62A-15-631, as last amended by Laws of Utah 2022,
147	Chapter 374)
148	26B-5-332, (Renumbered from 62A-15-632, as repealed and reenacted by Laws of Utah
149	2021, Chapter 122)
150	26B-5-333, (Renumbered from 62A-15-633, as renumbered and amended by Laws of
151	Utah 2002, Fifth Special Session, Chapter 8)
152	26B-5-334, (Renumbered from 62A-15-634, as renumbered and amended by Laws of
153	Utah 2002, Fifth Special Session, Chapter 8)

154	26B-5-335, (Renumbered from 62A-15-635, as last amended by Laws of Utah 2018,
155	Chapter 322)
156	26B-5-336, (Renumbered from 62A-15-636, as renumbered and amended by Laws of
157	Utah 2002, Fifth Special Session, Chapter 8)
158	26B-5-337, (Renumbered from 62A-15-637, as last amended by Laws of Utah 2019,
159	Chapter 419)
160	26B-5-338, (Renumbered from 62A-15-638, as renumbered and amended by Laws of
161	Utah 2002, Fifth Special Session, Chapter 8)
162	26B-5-339, (Renumbered from 62A-15-639, as renumbered and amended by Laws of
163	Utah 2002, Fifth Special Session, Chapter 8)
164	26B-5-340, (Renumbered from 62A-15-640, as renumbered and amended by Laws of
165	Utah 2002, Fifth Special Session, Chapter 8)
166	<b>26B-5-341</b> , (Renumbered from 62A-15-641, as last amended by Laws of Utah 2017,
167	Chapter 408)
168	26B-5-342, (Renumbered from 62A-15-642, as renumbered and amended by Laws of
169	Utah 2002, Fifth Special Session, Chapter 8)
170	26B-5-343, (Renumbered from 62A-15-643, as renumbered and amended by Laws of
171	Utah 2002, Fifth Special Session, Chapter 8)
172	<b>26B-5-344</b> , (Renumbered from 62A-15-644, as last amended by Laws of Utah 2011,
173	Chapter 366)
174	26B-5-345, (Renumbered from 62A-15-645, as renumbered and amended by Laws of
175	Utah 2002, Fifth Special Session, Chapter 8)
176	26B-5-346, (Renumbered from 62A-15-646, as renumbered and amended by Laws of
177	Utah 2002, Fifth Special Session, Chapter 8)
178	26B-5-347, (Renumbered from 62A-15-647, as renumbered and amended by Laws of
179	Utah 2002, Fifth Special Session, Chapter 8)
180	26B-5-348, (Renumbered from 62A-15-901, as renumbered and amended by Laws of
181	Utah 2002, Fifth Special Session, Chapter 8)
182	<b>26B-5-349</b> , (Renumbered from 62A-15-902, as last amended by Laws of Utah 2011,
183	Chapter 366)
184	26B-5-350, (Renumbered from 62A-15-801, as renumbered and amended by Laws of

185	Utah 2002, Fifth Special Session, Chapter 8)
186	26B-5-351, (Renumbered from 62A-15-802, as renumbered and amended by Laws of
187	Utah 2002, Fifth Special Session, Chapter 8)
188	26B-5-352, (Renumbered from 62A-15-1002, as renumbered and amended by Laws of
189	Utah 2002, Fifth Special Session, Chapter 8)
190	26B-5-353, (Renumbered from 62A-15-1003, as renumbered and amended by Laws of
191	Utah 2002, Fifth Special Session, Chapter 8)
192	26B-5-354, (Renumbered from 62A-15-1004, as renumbered and amended by Laws of
193	Utah 2002, Fifth Special Session, Chapter 8)
194	26B-5-401, (Renumbered from 62A-15-701, as last amended by Laws of Utah 2003,
195	Chapter 195)
196	26B-5-402, (Renumbered from 62A-15-702, as renumbered and amended by Laws of
197	Utah 2002, Fifth Special Session, Chapter 8)
198	26B-5-403, (Renumbered from 62A-15-703, as last amended by Laws of Utah 2021,
199	Chapter 262)
200	26B-5-404, (Renumbered from 62A-15-704, as last amended by Laws of Utah 2008,
201	Chapter 382)
202	26B-5-405, (Renumbered from 62A-15-705, as last amended by Laws of Utah 2021,
203	Chapter 261)
204	<b>26B-5-406</b> , (Renumbered from 62A-15-706, as last amended by Laws of Utah 2011,
205	Chapter 366)
206	26B-5-407, (Renumbered from 62A-15-707, as last amended by Laws of Utah 2008,
207	Chapter 382)
208	26B-5-408, (Renumbered from 62A-15-708, as renumbered and amended by Laws of
209	Utah 2002, Fifth Special Session, Chapter 8)
210	26B-5-409, (Renumbered from 62A-15-709, as renumbered and amended by Laws of
211	Utah 2002, Fifth Special Session, Chapter 8)
212	26B-5-410, (Renumbered from 62A-15-710, as renumbered and amended by Laws of
213	Utah 2002, Fifth Special Session, Chapter 8)
214	26B-5-411, (Renumbered from 62A-15-711, as renumbered and amended by Laws of

215	Utah 2002, Fifth Special Session, Chapter 8)
216	26B-5-412, (Renumbered from 62A-15-712, as last amended by Laws of Utah 2013,
217	Chapter 167)
218	26B-5-413, (Renumbered from 62A-15-713, as last amended by Laws of Utah 2005,
219	Chapter 71)
220	<b>26B-5-414</b> , (Renumbered from 62A-1-108.5, as last amended by Laws of Utah 2021,
221	Chapter 262)
222	<b>26B-5-501</b> , (Renumbered from 62A-15-1202, as last amended by Laws of Utah 2018,
223	Chapter 77)
224	<b>26B-5-502</b> , (Renumbered from 62A-15-1201, as enacted by Laws of Utah 2017,
225	Chapter 408)
226	<b>26B-5-503</b> , (Renumbered from 62A-15-1203, as last amended by Laws of Utah 2018,
227	Chapter 77)
228	<b>26B-5-504</b> , (Renumbered from 62A-15-1204, as enacted by Laws of Utah 2017,
229	Chapter 408)
230	<b>26B-5-505</b> , (Renumbered from 62A-15-1205, as last amended by Laws of Utah 2018,
231	Chapter 77)
232	<b>26B-5-506</b> , (Renumbered from 62A-15-1205.5, as enacted by Laws of Utah 2018,
233	Chapter 77)
234	<b>26B-5-507</b> , (Renumbered from 62A-15-1206, as enacted by Laws of Utah 2017,
235	Chapter 408)
236	<b>26B-5-508</b> , (Renumbered from 62A-15-1207, as last amended by Laws of Utah 2018,
237	Chapter 77)
238	<b>26B-5-509</b> , (Renumbered from 62A-15-1207.5, as enacted by Laws of Utah 2018,
239	Chapter 77)
240	<b>26B-5-510</b> , (Renumbered from 62A-15-1208, as enacted by Laws of Utah 2017,
241	Chapter 408)
242	<b>26B-5-511</b> , (Renumbered from 62A-15-1209, as enacted by Laws of Utah 2017,
243	Chapter 408)
244	26B-5-601, (Renumbered from 62A-17-102, as enacted by Laws of Utah 2013, Chapter
245	24)

246	26B-5-602, (Renumbered from 62A-17-103, as last amended by Laws of Utah 2017,
247	Chapter 22)
248	26B-5-603, (Renumbered from 62A-17-104, as enacted by Laws of Utah 2013, Chapter
249	24)
250	26B-5-604, (Renumbered from 62A-17-105, as enacted by Laws of Utah 2013, Chapter
251	24)
252	26B-5-605, (Renumbered from 62A-17-106, as enacted by Laws of Utah 2013, Chapter
253	24)
254	<b>26B-5-606</b> , (Renumbered from 62A-15-1802, as enacted by Laws of Utah 2020,
255	Chapter 304)
256	<b>26B-5-607</b> , (Renumbered from 62A-15-1803, as enacted by Laws of Utah 2020,
257	Chapter 304)
258	<b>26B-5-608</b> , (Renumbered from 62A-15-1804, as enacted by Laws of Utah 2020,
259	Chapter 304)
260	<b>26B-5-609</b> , (Renumbered from 62A-15-1402, as enacted by Laws of Utah 2018,
261	Chapter 84)
262	<b>26B-5-610</b> , (Renumbered from 62A-15-1302, as last amended by Laws of Utah 2020,
263	Chapter 303)
264	<b>26B-5-611</b> , (Renumbered from 62A-15-1101, as last amended by Laws of Utah 2022,
265	Chapter 149)
266	26B-5-612, (Renumbered from 26-1-43, as enacted by Laws of Utah 2022, Chapter 253
267	and further amended by Revisor Instructions, Laws of Utah 2022, Chapter 189)
268	26B-6-102, (Renumbered from 62A-3-102, as last amended by Laws of Utah 1990,
269	Chapter 181)
270	26B-6-103, (Renumbered from 62A-3-103, as last amended by Laws of Utah 1992,
271	Chapter 104)
272	26B-6-104, (Renumbered from 62A-3-104, as last amended by Laws of Utah 2012,
273	Chapter 347)
274	<b>26B-6-105</b> , (Renumbered from 62A-3-104.1, as last amended by Laws of Utah 2018,
275	Chapter 256)

276	<b>26B-6-106</b> , (Renumbered from 62A-3-104.2, as last amended by Laws of Utah 1998,
277	Chapter 254)
278	<b>26B-6-107</b> , (Renumbered from 62A-3-104.3, as last amended by Laws of Utah 2015,
279	Chapter 255)
280	26B-6-108, (Renumbered from 62A-3-105, as last amended by Laws of Utah 2013,
281	Chapter 110)
282	26B-6-109, (Renumbered from 62A-3-106, as enacted by Laws of Utah 1988, Chapter
283	1)
284	<b>26B-6-110</b> , (Renumbered from 62A-3-106.5, as last amended by Laws of Utah 2008,
285	Chapter 382)
286	26B-6-111, (Renumbered from 62A-3-107, as last amended by Laws of Utah 2010,
287	Chapter 286)
288	<b>26B-6-112</b> , (Renumbered from 62A-3-107.5, as enacted by Laws of Utah 1996,
289	Chapter 299)
290	26B-6-113, (Renumbered from 62A-3-108, as last amended by Laws of Utah 1998,
291	Chapter 254)
292	26B-6-114, (Renumbered from 62A-3-109, as last amended by Laws of Utah 2008,
293	Chapters 91 and 382)
294	26B-6-201, (Renumbered from 62A-3-301, as last amended by Laws of Utah 2022,
295	Chapter 430)
296	26B-6-202, (Renumbered from 62A-3-302, as last amended by Laws of Utah 2017,
297	Chapter 176)
298	26B-6-203, (Renumbered from 62A-3-303, as last amended by Laws of Utah 2017,
299	Chapter 176)
300	26B-6-204, (Renumbered from 62A-3-304, as last amended by Laws of Utah 2008,
301	Chapter 91)
302	26B-6-205, (Renumbered from 62A-3-305, as last amended by Laws of Utah 2022,
303	Chapters 274, 335, and 415)
304	26B-6-206, (Renumbered from 62A-3-307, as repealed and reenacted by Laws of Utah
305	2008, Chapter 91)
306	26B-6-207, (Renumbered from 62A-3-308, as last amended by Laws of Utah 2008,

307	Chapter 91)
308	26B-6-208, (Renumbered from 62A-3-309, as last amended by Laws of Utah 2013,
309	Chapter 237)
310	26B-6-209, (Renumbered from 62A-3-311, as last amended by Laws of Utah 2008,
311	Chapters 91 and 382)
312	<b>26B-6-210</b> , (Renumbered from 62A-3-311.1, as last amended by Laws of Utah 2022,
313	Chapter 415)
314	<b>26B-6-211</b> , (Renumbered from 62A-3-311.5, as enacted by Laws of Utah 2008,
315	Chapter 91)
316	26B-6-212, (Renumbered from 62A-3-312, as last amended by Laws of Utah 2022,
317	Chapter 415)
318	26B-6-213, (Renumbered from 62A-3-314, as last amended by Laws of Utah 2007,
319	Chapter 176)
320	26B-6-214, (Renumbered from 62A-3-315, as last amended by Laws of Utah 2017,
321	Chapter 176)
322	26B-6-215, (Renumbered from 62A-3-316, as enacted by Laws of Utah 2002, Chapter
323	108)
324	26B-6-216, (Renumbered from 62A-3-317, as last amended by Laws of Utah 2017,
325	Chapter 176)
326	26B-6-217, (Renumbered from 62A-3-320, as last amended by Laws of Utah 2017,
327	Chapter 176)
328	26B-6-218, (Renumbered from 62A-3-321, as last amended by Laws of Utah 2017,
329	Chapter 176)
330	26B-6-219, (Renumbered from 62A-3-322, as enacted by Laws of Utah 2018, Third
331	Special Session, Chapter 1)
332	26B-6-301, (Renumbered from 62A-14-102, as last amended by Laws of Utah 2013,
333	Chapter 364)
334	26B-6-302, (Renumbered from 62A-14-103, as enacted by Laws of Utah 1999, Chapter
335	69)
336	26B-6-303, (Renumbered from 62A-14-104, as last amended by Laws of Utah 2009,

337	Chapter 75)
338	26B-6-304, (Renumbered from 62A-14-105, as last amended by Laws of Utah 2022,
339	Chapter 441)
340	26B-6-305, (Renumbered from 62A-14-107, as enacted by Laws of Utah 1999, Chapter
341	69)
342	26B-6-306, (Renumbered from 62A-14-108, as last amended by Laws of Utah 2022,
343	Chapter 255)
344	26B-6-307, (Renumbered from 62A-14-109, as last amended by Laws of Utah 2012,
345	Chapter 347)
346	26B-6-308, (Renumbered from 62A-14-110, as enacted by Laws of Utah 1999, Chapter
347	69)
348	26B-6-309, (Renumbered from 62A-14-111, as enacted by Laws of Utah 1999, Chapter
349	69)
350	26B-6-401, (Renumbered from 62A-5-101, as last amended by Laws of Utah 2020,
351	Chapter 444)
352	26B-6-402, (Renumbered from 62A-5-102, as last amended by Laws of Utah 2020,
353	Chapter 444)
354	26B-6-403, (Renumbered from 62A-5-103, as last amended by Laws of Utah 2011,
355	Chapter 366)
356	26B-6-404, (Renumbered from 62A-5-104, as last amended by Laws of Utah 2012,
357	Chapter 369)
358	26B-6-405, (Renumbered from 62A-5-105, as last amended by Laws of Utah 2013,
359	Chapter 167)
360	26B-6-406, (Renumbered from 62A-5-106, as enacted by Laws of Utah 1988, Chapter
361	1)
362	<b>26B-6-407</b> , (Renumbered from 62A-5-103.1, as last amended by Laws of Utah 2013,
363	Chapter 125)
364	<b>26B-6-408</b> , (Renumbered from 62A-5-103.2, as last amended by Laws of Utah 2009,
365	Chapter 29)
366	<b>26B-6-409</b> , (Renumbered from 62A-5-103.3, as enacted by Laws of Utah 2011,
367	Chapter 169)

368	<b>26B-6-410</b> , (Renumbered from 62A-5-103.5, as last amended by Laws of Utah 2017,
369	Chapter 181)
370	26B-6-411, (Renumbered from 62A-5-109, as last amended by Laws of Utah 2008,
371	Chapter 3)
372	26B-6-412, (Renumbered from 62A-5-110, as last amended by Laws of Utah 2018,
373	Chapter 88)
374	26B-6-413, (Renumbered from 62A-5-402, as last amended by Laws of Utah 2005,
375	Chapter 61)
376	26B-6-502, (Renumbered from 62A-5-201, as last amended by Laws of Utah 2017,
377	Chapter 211)
378	26B-6-503, (Renumbered from 62A-5-202, as last amended by Laws of Utah 2009,
379	Chapter 75)
380	26B-6-504, (Renumbered from 62A-5-203, as last amended by Laws of Utah 1991,
381	Chapter 207)
382	26B-6-505, (Renumbered from 62A-5-205, as last amended by Laws of Utah 1991,
383	Chapter 207)
384	26B-6-506, (Renumbered from 62A-5-206, as last amended by Laws of Utah 2016,
385	Chapter 300)
386	<b>26B-6-507</b> , (Renumbered from 62A-5-206.6, as last amended by Laws of Utah 2018,
387	Chapter 404)
388	26B-6-508, (Renumbered from 62A-5-207, as last amended by Laws of Utah 2011,
389	Chapter 366)
390	26B-6-509, (Renumbered from 62A-5-208, as last amended by Laws of Utah 1991,
391	Chapter 207)
392	26B-6-510, (Renumbered from 62A-5-211, as enacted by Laws of Utah 2017, Chapter
393	211)
394	26B-6-602, (Renumbered from 62A-5-302, as last amended by Laws of Utah 2011,
395	Chapter 366)
396	26B-6-603, (Renumbered from 62A-5-305, as last amended by Laws of Utah 2011,
397	Chapter 366)

398	<b>26B-6-604</b> , (Renumbered from 62A-5-308, as last amended by Laws of Utah 2021,
399	Chapter 261)
400	26B-6-605, (Renumbered from 62A-5-309, as last amended by Laws of Utah 2021,
401	Chapter 261)
402	26B-6-606, (Renumbered from 62A-5-310, as last amended by Laws of Utah 2011,
403	Chapter 366)
404	26B-6-607, (Renumbered from 62A-5-311, as last amended by Laws of Utah 2011,
405	Chapter 366)
406	26B-6-608, (Renumbered from 62A-5-312, as last amended by Laws of Utah 2011,
407	Chapter 366)
408	26B-6-609, (Renumbered from 62A-5-313, as last amended by Laws of Utah 2011,
409	Chapter 366)
410	26B-6-610, (Renumbered from 62A-5-315, as last amended by Laws of Utah 2004,
411	Chapter 114)
412	26B-6-611, (Renumbered from 62A-5-316, as last amended by Laws of Utah 2011,
413	Chapter 366)
414	26B-6-612, (Renumbered from 62A-5-317, as last amended by Laws of Utah 2011,
415	Chapter 366)
416	26B-6-613, (Renumbered from 62A-5-318, as last amended by Laws of Utah 2011,
417	Chapter 366)
418	26B-6-701, (Renumbered from 62A-5-501, as enacted by Laws of Utah 2022, Chapter
419	220)
420	26B-6-702, (Renumbered from 62A-5-502, as enacted by Laws of Utah 2022, Chapter
421	220)
422	26B-6-703, (Renumbered from 62A-5-503, as enacted by Laws of Utah 2022, Chapter
423	220)
424	26B-6-704, (Renumbered from 62A-5-504, as enacted by Laws of Utah 2022, Chapter
425	220)
426	26B-6-705, (Renumbered from 62A-5-505, as enacted by Laws of Utah 2022, Chapter
427	220)
428	26B-6-801, (Renumbered from 62A-5b-102, as last amended by Laws of Utah 2019,

429	Chapter 190)
430	26B-6-802, (Renumbered from 62A-5b-103, as last amended by Laws of Utah 2019,
431	Chapter 190)
432	26B-6-803, (Renumbered from 62A-5b-104, as last amended by Laws of Utah 2019,
433	Chapter 190)
434	26B-6-804, (Renumbered from 62A-5b-105, as last amended by Laws of Utah 2019,
435	Chapter 190)
436	26B-6-805, (Renumbered from 62A-5b-106, as last amended by Laws of Utah 2019,
437	Chapter 190)
438	26B-6-806, (Renumbered from 62A-6-102, as enacted by Laws of Utah 1988, Chapter
439	1)
440	26B-6-807, (Renumbered from 62A-6-103, as enacted by Laws of Utah 1988, Chapter
441	1)
442	26B-6-808, (Renumbered from 62A-6-104, as enacted by Laws of Utah 1988, Chapter
443	1)
444	26B-6-809, (Renumbered from 62A-6-105, as enacted by Laws of Utah 1988, Chapter
445	1)
446	26B-6-810, (Renumbered from 62A-6-106, as enacted by Laws of Utah 1988, Chapter
447	1)
448	26B-6-811, (Renumbered from 62A-6-107, as enacted by Laws of Utah 1988, Chapter
449	1)
450	26B-6-812, (Renumbered from 62A-6-108, as enacted by Laws of Utah 1988, Chapter
451	1)
452	26B-6-813, (Renumbered from 62A-6-109, as enacted by Laws of Utah 1988, Chapter
453	1)
454	26B-6-814, (Renumbered from 62A-6-110, as enacted by Laws of Utah 1988, Chapter
455	1)
456	26B-6-815, (Renumbered from 62A-6-111, as enacted by Laws of Utah 1988, Chapter
457	1)
458	26B-6-816, (Renumbered from 62A-6-112, as enacted by Laws of Utah 1988, Chapter

459	1)
460	26B-6-817, (Renumbered from 62A-6-113, as enacted by Laws of Utah 1988, Chapter
461	1)
462	26B-6-818, (Renumbered from 62A-6-114, as enacted by Laws of Utah 1988, Chapter
463	1)
464	26B-6-819, (Renumbered from 62A-6-115, as enacted by Laws of Utah 1988, Chapter
465	1)
466	26B-6-820, (Renumbered from 62A-6-116, as enacted by Laws of Utah 1988, Chapter
467	1)
468	26B-7-102, (Renumbered from 26-10-3, as enacted by Laws of Utah 1981, Chapter
469	126)
470	26B-7-103, (Renumbered from 26-10-4, as enacted by Laws of Utah 1981, Chapter
471	126)
472	<b>26B-7-104</b> , (Renumbered from 26-10-5.5, as last amended by Laws of Utah 2016,
473	Chapter 144)
474	26B-7-105, (Renumbered from 26-10-10, as last amended by Laws of Utah 2018,
475	Chapters 58, 281, and 415)
476	26B-7-106, (Renumbered from 26-10-14, as enacted by Laws of Utah 2019, Chapter
477	124)
478	26B-7-107, (Renumbered from 26-10-15, as enacted by Laws of Utah 2021, Chapter
479	161)
480	26B-7-108, (Renumbered from 26-1-23.5, as renumbered and amended by Laws of
481	Utah 1991, Chapter 112)
482	26B-7-109, (Renumbered from 26-1-26, as enacted by Laws of Utah 1981, Chapter
483	126)
484	26B-7-110, (Renumbered from 26-1-36, as last amended by Laws of Utah 2013,
485	Chapters 43 and 167)
486	26B-7-111, (Renumbered from 26-1-38, as last amended by Laws of Utah 2015,
487	Chapter 180)
488	26B-7-112, (Renumbered from 26-1-42, as enacted by Laws of Utah 2020, Chapter
489	211)

490	<b>26B-7-113</b> , (Renumbered from 26-7-1, as last amended by Laws of Utah 2011, Chapter
491	297)
492	26B-7-114, (Renumbered from 26-7-2, as last amended by Laws of Utah 2011, Chapter
493	192)
494	<b>26B-7-115</b> , (Renumbered from 26-7-4, as enacted by Laws of Utah 2008, Chapter 72)
495	26B-7-116, (Renumbered from 26-7-7, as last amended by Laws of Utah 2015, Chapter
496	451)
497	26B-7-117, (Renumbered from 26-7-8, as last amended by Laws of Utah 2018, Chapter
498	281)
499	26B-7-118, (Renumbered from 26-7-9, as last amended by Laws of Utah 2019, Chapter
500	186)
501	26B-7-119, (Renumbered from 26-7-11, as enacted by Laws of Utah 2020, Chapter
502	429)
503	26B-7-201, (Renumbered from 26-6-2, as last amended by Laws of Utah 2021, Chapter
504	437)
505	26B-7-202, (Renumbered from 26-6-3, as last amended by Laws of Utah 2021, Chapter
506	437)
507	26B-7-203, (Renumbered from 26-6-3.5, as last amended by Laws of Utah 2006,
508	Chapter 116)
509	26B-7-204, (Renumbered from 26-6-4, as last amended by Laws of Utah 2006, Chapter
510	185)
511	26B-7-205, (Renumbered from 26-6-5, as last amended by Laws of Utah 1993, Chapter
512	179)
513	26B-7-206, (Renumbered from 26-6-6, as last amended by Laws of Utah 2008, Chapter
514	3)
515	26B-7-207, (Renumbered from 26-6-7, as last amended by Laws of Utah 1996, Chapter
516	211)
517	26B-7-208, (Renumbered from 26-6-8, as last amended by Laws of Utah 1996, Chapter
518	211)
519	26B-7-209, (Renumbered from 26-6-9, as repealed and reenacted by Laws of Utah

520	1996, Chapter 211)
521	26B-7-210, (Renumbered from 26-6-11, as enacted by Laws of Utah 1981, Chapter
522	126)
523	26B-7-211, (Renumbered from 26-6-15, as enacted by Laws of Utah 1981, Chapter
524	126)
525	26B-7-212, (Renumbered from 26-6-16, as enacted by Laws of Utah 1981, Chapter
526	126)
527	26B-7-213, (Renumbered from 26-6-17, as last amended by Laws of Utah 2019,
528	Chapter 349)
529	26B-7-214, (Renumbered from 26-6-18, as last amended by Laws of Utah 2019,
530	Chapter 349)
531	26B-7-215, (Renumbered from 26-6-19, as last amended by Laws of Utah 2019,
532	Chapter 349)
533	26B-7-216, (Renumbered from 26-6-20, as last amended by Laws of Utah 2019,
534	Chapter 349)
535	26B-7-217, (Renumbered from 26-6-27, as last amended by Laws of Utah 2022,
536	Chapters 169, 335, 415, and 430)
537	26B-7-218, (Renumbered from 26-6-28, as last amended by Laws of Utah 2007,
538	Chapter 38)
539	26B-7-219, (Renumbered from 26-6-29, as renumbered and amended by Laws of Utah
540	1996, Chapter 201)
541	26B-7-220, (Renumbered from 26-6-30, as last amended by Laws of Utah 2003,
542	Chapter 171)
543	26B-7-221, (Renumbered from 26-6-31, as enacted by Laws of Utah 2012, Chapter
544	150)
545	26B-7-222, (Renumbered from 26-6-32, as last amended by Laws of Utah 2022,
546	Chapter 169)
547	26B-7-223, (Renumbered from 26-6-42, as last amended by Laws of Utah 2022,
548	Chapter 5 and further amended by Revisor Instructions, Laws of Utah 2022,
549	Chapter 5)
550	26B-7-224, (Renumbered from 26-7-14, as last amended by Laws of Utah 2022,

551	Chapter 430)
552	26B-7-225, (Renumbered from 26-8d-102, as enacted by Laws of Utah 2018, Chapter
553	104)
554	26B-7-226, (Renumbered from 26-8d-103, as enacted by Laws of Utah 2018, Chapter
555	104)
556	<b>26B-7-227</b> , (Renumbered from 26-5-1, as enacted by Laws of Utah 1981, Chapter 126)
557	<b>26B-7-301</b> , (Renumbered from 26-23b-102, as last amended by Laws of Utah 2022,
558	Chapter 255)
559	26B-7-302, (Renumbered from 26-1-12, as last amended by Laws of Utah 1991,
560	Chapter 112)
561	26B-7-303, (Renumbered from 26-6b-1, as last amended by Laws of Utah 2008,
562	Chapter 382)
563	26B-7-304, (Renumbered from 26-6b-3, as last amended by Laws of Utah 2021,
564	Chapter 437)
565	26B-7-305, (Renumbered from 26-6b-3.1, as last amended by Laws of Utah 2011,
566	Chapter 297)
567	26B-7-306, (Renumbered from 26-6b-3.2, as enacted by Laws of Utah 2006, Chapter
568	185)
569	26B-7-307, (Renumbered from 26-6b-3.3, as last amended by Laws of Utah 2008,
570	Chapter 115)
571	26B-7-308, (Renumbered from 26-6b-3.4, as last amended by Laws of Utah 2008,
572	Chapters 3 and 115)
573	26B-7-309, (Renumbered from 26-6b-4, as last amended by Laws of Utah 2008,
574	Chapter 115)
575	26B-7-310, (Renumbered from 26-6b-5, as last amended by Laws of Utah 2019,
576	Chapter 349)
577	26B-7-311, (Renumbered from 26-6b-6, as last amended by Laws of Utah 2008,
578	Chapter 115)
579	26B-7-312, (Renumbered from 26-6b-7, as enacted by Laws of Utah 1996, Chapter
580	211)

581	<b>26B-7-313</b> , (Renumbered from 26-6b-8, as last amended by Laws of Utah 2006,
582	Chapter 185)
583	26B-7-314, (Renumbered from 26-6b-9, as last amended by Laws of Utah 2006,
584	Chapter 185)
585	26B-7-315, (Renumbered from 26-6b-10, as enacted by Laws of Utah 1996, Chapter
586	211)
587	26B-7-316, (Renumbered from 26-23b-103, as enacted by Laws of Utah 2002, Chapter
588	155)
589	<b>26B-7-317</b> , (Renumbered from 26-23b-104, as last amended by Laws of Utah 2021,
590	Chapter 437)
591	26B-7-318, (Renumbered from 26-23b-105, as enacted by Laws of Utah 2002, Chapter
592	155)
593	26B-7-319, (Renumbered from 26-23b-106, as enacted by Laws of Utah 2002, Chapter
594	155)
595	26B-7-320, (Renumbered from 26-23b-107, as enacted by Laws of Utah 2002, Chapter
596	155)
597	<b>26B-7-321</b> , (Renumbered from 26-23b-108, as last amended by Laws of Utah 2021,
598	Chapter 437)
599	26B-7-322, (Renumbered from 26-23b-109, as enacted by Laws of Utah 2002, Chapter
600	155)
601	26B-7-323, (Renumbered from 26-23b-110, as last amended by Laws of Utah 2011,
602	Chapter 55)
603	26B-7-401, (Renumbered from 26-15a-102, as last amended by Laws of Utah 2008,
604	Chapter 382)
605	26B-7-402, (Renumbered from 26-15-2, as last amended by Laws of Utah 2021,
606	Chapter 227)
607	26B-7-403, (Renumbered from 26-15-3, as last amended by Laws of Utah 2022,
608	Chapter 415)
609	26B-7-404, (Renumbered from 26-15-4, as enacted by Laws of Utah 1981, Chapter
610	126)
611	26B-7-405, (Renumbered from 26-15-7, as enacted by Laws of Utah 1981, Chapter

612	126)
613	26B-7-406, (Renumbered from 26-15-8, as last amended by Laws of Utah 2011,
614	Chapter 297)
615	26B-7-407, (Renumbered from 26-15-13, as last amended by Laws of Utah 2016,
616	Chapter 303)
617	<b>26B-7-408</b> , (Renumbered from 26-31-201, as last amended by Laws of Utah 2011,
618	Chapter 297 and renumbered and amended by Laws of Utah 2011, Chapter 90)
619	26B-7-409, (Renumbered from 26-51-201, as enacted by Laws of Utah 2008, Chapter
620	38)
621	26B-7-410, (Renumbered from 26-15a-104, as last amended by Laws of Utah 2008,
622	Chapter 382)
623	<b>26B-7-411</b> , (Renumbered from 26-15a-105, as last amended by Laws of Utah 2014,
624	Chapter 327)
625	26B-7-412, (Renumbered from 26-15a-106, as last amended by Laws of Utah 2020,
626	Chapter 189)
627	26B-7-413, (Renumbered from 26-15-5, as last amended by Laws of Utah 2020,
628	Chapter 189)
629	26B-7-414, (Renumbered from 26-15-9, as enacted by Laws of Utah 1981, Chapter
630	126)
631	26B-7-415, (Renumbered from 26-15b-105, as last amended by Laws of Utah 2020,
632	Fifth Special Session, Chapter 4)
633	26B-7-416, (Renumbered from 26-15c-105, as enacted by Laws of Utah 2021, Chapter
634	417)
635	<b>26B-7-501</b> , (Renumbered from 26-62-102, as last amended by Laws of Utah 2020,
636	Chapters 302 and 347)
637	26B-7-502, (Renumbered from 26-15-11, as last amended by Laws of Utah 1994,
638	Chapter 281)
639	26B-7-503, (Renumbered from 26-38-3, as last amended by Laws of Utah 2009,
640	Chapter 383)
641	26B-7-504, (Renumbered from 26-43-102, as enacted by Laws of Utah 1998, Chapter

642	73)
643	26B-7-505, (Renumbered from 26-57-103, as last amended by Laws of Utah 2021, First
644	Special Session, Chapter 12)
645	26B-7-506, (Renumbered from 26-62-103, as enacted by Laws of Utah 2018, Chapter
646	231)
647	<b>26B-7-507</b> , (Renumbered from 26-62-201, as last amended by Laws of Utah 2020,
648	Chapter 347)
649	<b>26B-7-508</b> , (Renumbered from 26-62-202, as last amended by Laws of Utah 2020,
650	Sixth Special Session, Chapter 18)
651	26B-7-509, (Renumbered from 26-62-203, as enacted by Laws of Utah 2018, Chapter
652	231)
653	26B-7-510, (Renumbered from 26-62-204, as enacted by Laws of Utah 2018, Chapter
654	231)
655	<b>26B-7-511</b> , (Renumbered from 26-62-205, as last amended by Laws of Utah 2021,
656	Chapter 348)
657	26B-7-512, (Renumbered from 26-62-206, as enacted by Laws of Utah 2020, Chapter
658	347)
659	26B-7-513, (Renumbered from 26-62-207, as enacted by Laws of Utah 2020, Chapter
660	302)
661	<b>26B-7-514</b> , (Renumbered from 26-62-301, as last amended by Laws of Utah 2020,
662	Chapter 347)
663	26B-7-515, (Renumbered from 26-62-302, as renumbered and amended by Laws of
664	Utah 2018, Chapter 231)
665	26B-7-516, (Renumbered from 26-62-303, as enacted by Laws of Utah 2018, Chapter
666	231)
667	<b>26B-7-517</b> , (Renumbered from 26-62-304, as last amended by Laws of Utah 2022,
668	Chapter 274)
669	26B-7-518, (Renumbered from 26-62-305, as last amended by Laws of Utah 2022,
670	Chapter 274)
671	<b>26B-7-519</b> , (Renumbered from 26-62-306, as last amended by Laws of Utah 2021,
672	Chapter 348)

	26B-7-520, (Renumbered from 26-62-307, as renumbered and amended by Laws of
	Utah 2018, Chapter 231)
	<b>26B-7-521</b> , (Renumbered from 26-62-401, as last amended by Laws of Utah 2021,
	Chapter 348)
	Be it enacted by the Legislature of the state of Utah:
	Section 1. Section 26B-5-101 is amended to read:
	CHAPTER 5. HEALTH CARE - SUBSTANCE USE AND MENTAL HEALTH
	Part 1. General Provisions
	26B-5-101. Chapter Definitions.
	[ <del>Reserved.</del> ]
	As used in this chapter:
	(1) "Criminal risk factors" means a person's characteristics and behaviors that:
	(a) affect the person's risk of engaging in criminal behavior; and
	(b) are diminished when addressed by effective treatment, supervision, and other
	support resources, resulting in reduced risk of criminal behavior.
	(2) "Director" means the director appointed under Section 62A-15-104.
	(3) "Division" means the Division of Integrated Healthcare created in Section
4	26B-1-202.
	(4) "Local mental health authority" means a county legislative body.
	(5) "Local substance abuse authority" means a county legislative body.
	(6) "Mental health crisis" means:
	(a) a mental health condition that manifests in an individual by symptoms of sufficient
	severity that a prudent layperson who possesses an average knowledge of mental health issues
	could reasonably expect the absence of immediate attention or intervention to result in:
	(i) serious danger to the individual's health or well-being; or
	(ii) a danger to the health or well-being of others; or
	(b) a mental health condition that, in the opinion of a mental health therapist or the
	therapist's designee, requires direct professional observation or intervention.
	(7) "Mental health crisis response training" means community-based training that
	educates laypersons and professionals on the warning signs of a mental health crisis and how to

704	respond.
705	(8) "Mental health crisis services" means an array of services provided to an individua
706	who experiences a mental health crisis, which may include:
707	(a) direct mental health services;
708	(b) on-site intervention provided by a mobile crisis outreach team;
709	(c) the provision of safety and care plans;
710	(d) prolonged mental health services for up to 90 days after the day on which an
711	individual experiences a mental health crisis;
712	(e) referrals to other community resources;
713	(f) local mental health crisis lines; and
714	(g) the statewide mental health crisis line.
715	(9) "Mental health therapist" means the same as that term is defined in Section
716	<u>58-60-102.</u>
717	(10) "Mobile crisis outreach team" or "MCOT" means a mobile team of medical and
718	mental health professionals that, in coordination with local law enforcement and emergency
719	medical service personnel, provides mental health crisis services.
720	(11) (a) "Public funds" means federal money received from the department, and state
721	money appropriated by the Legislature to the department, a county governing body, or a local
722	substance abuse authority, or a local mental health authority for the purposes of providing
723	substance abuse or mental health programs or services.
724	(b) "Public funds" include federal and state money that has been transferred by a local
725	substance abuse authority or a local mental health authority to a private provider under an
726	annual or otherwise ongoing contract to provide comprehensive substance abuse or mental
727	health programs or services for the local substance abuse authority or local mental health
728	authority. The money maintains the nature of "public funds" while in the possession of the
729	private entity that has an annual or otherwise ongoing contract with a local substance abuse
730	authority or a local mental health authority to provide comprehensive substance abuse or
731	mental health programs or services for the local substance abuse authority or local mental
732	health authority.
733	(c) Public funds received for the provision of services under substance abuse or menta
734	health service plans may not be used for any other purpose except those authorized in the

735 contract between the local mental health or substance abuse authority and provider for the 736 provision of plan services. 737 (12) "Severe mental disorder" means schizophrenia, major depression, bipolar disorders, delusional disorders, psychotic disorders, and other mental disorders as defined by 738 739 the division. (13) "Statewide mental health crisis line" means the same as that term is defined in 740 741 Section 62A-15-1301. Section 2. Section 26B-5-102, which is renumbered from Section 62A-15-103 is 742 743 renumbered and amended to read: 744 [<del>62A-15-103</del>]. 26B-5-102. Division -- Creation -- Responsibilities. 745 (1) (a) The [division of Integrated Healthcare shall exercise responsibility 746 over the policymaking functions, regulatory and enforcement powers, rights, duties, and 747 responsibilities outlined in state law that were previously vested in the Division of Substance 748 Abuse and Mental Health within the department, under the administration and general 749 supervision of the executive director. 750 (b) The division is the substance abuse authority and the mental health authority for 751 this state. 752 (2) The division shall: 753 (a) (i) educate the general public regarding the nature and consequences of substance 754 abuse by promoting school and community-based prevention programs; 755 (ii) render support and assistance to public schools through approved school-based 756 substance abuse education programs aimed at prevention of substance abuse; 757 (iii) promote or establish programs for the prevention of substance abuse within the 758 community setting through community-based prevention programs; 759 (iv) cooperate with and assist treatment centers, recovery residences, and other 760 organizations that provide services to individuals recovering from a substance abuse disorder, 761 by identifying and disseminating information about effective practices and programs; 762 (v) promote integrated programs that address an individual's substance abuse, mental 763 health, and physical health; 764 (vi) establish and promote an evidence-based continuum of screening, assessment, 765 prevention, treatment, and recovery support services in the community for individuals with a

766	substance use disorder or mental illness;
767	(vii) evaluate the effectiveness of programs described in this Subsection (2);
768	(viii) consider the impact of the programs described in this Subsection (2) on:
769	(A) emergency department utilization;
770	(B) jail and prison populations;
771	(C) the homeless population; and
772	(D) the child welfare system; and
773	(ix) promote or establish programs for education and certification of instructors to
774	educate individuals convicted of driving under the influence of alcohol or drugs or driving with
775	any measurable controlled substance in the body;
776	(b) (i) collect and disseminate information pertaining to mental health;
777	(ii) provide direction over the state hospital including approval of the state hospital's
778	budget, administrative policy, and coordination of services with local service plans;
779	(iii) make rules in accordance with Title 63G, Chapter 3, Utah Administrative
780	Rulemaking Act, to educate families concerning mental illness and promote family
781	involvement, when appropriate, and with patient consent, in the treatment program of a family
782	member; and
783	(iv) make rules in accordance with Title 63G, Chapter 3, Utah Administrative
784	Rulemaking Act, to direct that an individual receiving services through a local mental health
785	authority or the Utah State Hospital be informed about and, if desired by the individual,
786	provided assistance in the completion of a declaration for mental health treatment in
787	accordance with Section 62A-15-1002;
788	(c) (i) consult and coordinate with local substance abuse authorities and local mental
789	health authorities regarding programs and services;
790	(ii) provide consultation and other assistance to public and private agencies and groups
791	working on substance abuse and mental health issues;
792	(iii) promote and establish cooperative relationships with courts, hospitals, clinics,
793	medical and social agencies, public health authorities, law enforcement agencies, education and
794	research organizations, and other related groups;
795	(iv) promote or conduct research on substance abuse and mental health issues, and
796	submit to the governor and the Legislature recommendations for changes in policy and

797	legislation;
798	(v) receive, distribute, and provide direction over public funds for substance abuse and
799	mental health services;
800	(vi) monitor and evaluate programs provided by local substance abuse authorities and
801	local mental health authorities;
802	(vii) examine expenditures of local, state, and federal funds;
803	(viii) monitor the expenditure of public funds by:
804	(A) local substance abuse authorities;
805	(B) local mental health authorities; and
806	(C) in counties where they exist, a private contract provider that has an annual or
807	otherwise ongoing contract to provide comprehensive substance abuse or mental health
808	programs or services for the local substance abuse authority or local mental health authority;
809	(ix) contract with local substance abuse authorities and local mental health authorities
810	to provide a comprehensive continuum of services that include community-based services for
811	individuals involved in the criminal justice system, in accordance with division policy, contract
812	provisions, and the local plan;
813	(x) contract with private and public entities for special statewide or nonclinical
814	services, or services for individuals involved in the criminal justice system, according to
815	division rules;
816	(xi) review and approve each local substance abuse authority's plan and each local
817	mental health authority's plan in order to ensure:
818	(A) a statewide comprehensive continuum of substance abuse services;
819	(B) a statewide comprehensive continuum of mental health services;
820	(C) services result in improved overall health and functioning;
821	(D) a statewide comprehensive continuum of community-based services designed to
822	reduce criminal risk factors for individuals who are determined to have substance abuse or
823	mental illness conditions or both, and who are involved in the criminal justice system;
824	(E) compliance, where appropriate, with the certification requirements in Subsection
825	(2)(j); and
826	(F) appropriate expenditure of public funds;
827	(xii) review and make recommendations regarding each local substance abuse

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authority's contract with the local substance abuse authority's provider of substance abuse programs and services and each local mental health authority's contract with the local mental health authority's provider of mental health programs and services to ensure compliance with state and federal law and policy; (xiii) monitor and ensure compliance with division rules and contract requirements; and 834 (xiv) withhold funds from local substance abuse authorities, local mental health authorities, and public and private providers for contract noncompliance, failure to comply with division directives regarding the use of public funds, or for misuse of public funds or money; (d) ensure that the requirements of this part are met and applied uniformly by local substance abuse authorities and local mental health authorities across the state; (e) require each local substance abuse authority and each local mental health authority, in accordance with Subsections 17-43-201(5)(b) and 17-43-301(6)(a)(ii), to submit a plan to the division on or before May 15 of each year; (f) conduct an annual program audit and review of each local substance abuse authority and each local substance abuse authority's contract provider, and each local mental health authority and each local mental health authority's contract provider, including: (i) a review and determination regarding whether: (A) public funds allocated to the local substance abuse authority or the local mental health authorities are consistent with services rendered by the authority or the authority's contract provider, and with outcomes reported by the authority's contract provider; and (B) each local substance abuse authority and each local mental health authority is exercising sufficient oversight and control over public funds allocated for substance use disorder and mental health programs and services; and (ii) items determined by the division to be necessary and appropriate; (g) define "prevention" by rule as required under Title 32B, Chapter 2, Part 4, Alcoholic Beverage and Substance Abuse Enforcement and Treatment Restricted Account Act; (h) (i) train and certify an adult as a peer support specialist, qualified to provide peer supports services to an individual with:

(A) a substance use disorder;

359	(B) a mental health disorder; or
360	(C) a substance use disorder and a mental health disorder;
361	(ii) certify a person to carry out, as needed, the division's duty to train and certify an
362	adult as a peer support specialist;
363	(iii) make rules in accordance with Title 63G, Chapter 3, Utah Administrative
364	Rulemaking Act, that:
365	(A) establish training and certification requirements for a peer support specialist;
366	(B) specify the types of services a peer support specialist is qualified to provide;
367	(C) specify the type of supervision under which a peer support specialist is required to
368	operate; and
369	(D) specify continuing education and other requirements for maintaining or renewing
370	certification as a peer support specialist; and
371	(iv) make rules in accordance with Title 63G, Chapter 3, Utah Administrative
372	Rulemaking Act, that:
373	(A) establish the requirements for a person to be certified to carry out, as needed, the
374	division's duty to train and certify an adult as a peer support specialist; and
375	(B) specify how the division shall provide oversight of a person certified to train and
376	certify a peer support specialist;
377	(i) collaborate with the State Commission on Criminal and Juvenile Justice to analyze
378	and provide recommendations to the Legislature regarding:
379	(i) pretrial services and the resources needed to reduce recidivism;
880	(ii) county jail and county behavioral health early-assessment resources needed for an
381	individual convicted of a class A or class B misdemeanor; and
382	(iii) the replacement of federal dollars associated with drug interdiction law
383	enforcement task forces that are reduced;
384	(j) establish performance goals and outcome measurements for a mental health or
385	substance use treatment program that is licensed under Chapter 2, Licensure of Programs and
386	Facilities, and contracts with the department, including goals and measurements related to
387	employment and reducing recidivism of individuals receiving mental health or substance use
888	treatment who are involved with the criminal justice system;
889	(k) annually on or before November 30, submit a written report to the Judiciary

890 Interim Committee, the Health and Human Services Interim Committee, and the Law 891 Enforcement and Criminal Justice Interim Committee, that includes: 892 (i) a description of the performance goals and outcome measurements described in 893 Subsection (2)(j); and 894 (ii) information on the effectiveness of the goals and measurements in ensuring 895 appropriate and adequate mental health or substance use treatment is provided in a treatment 896 program described in Subsection (2)(i); 897 (1) collaborate with the Administrative Office of the Courts, the Department of 898 Corrections, the Department of Workforce Services, and the Board of Pardons and Parole to 899 collect data on recidivism, including data on: 900 (i) individuals who participate in a mental health or substance use treatment program 901 while incarcerated and are convicted of another offense within two years after release from 902 incarceration; 903 (ii) individuals who are ordered by a criminal court or the Board of Pardons and Parole 904 to participate in a mental health or substance use treatment program and are convicted of 905 another offense while participating in the treatment program or within two years after the day 906 on which the treatment program ends: 907 (iii) the type of treatment provided to, and employment of, the individuals described in 908 Subsections (2)(1)(i) and (ii); and 909 (iv) cost savings associated with recidivism reduction and the reduction in the number 910 of inmates in the state; 911 (m) at the division's discretion, use the data described in Subsection (2)(1) to make 912 decisions regarding the use of funds allocated to the division to provide treatment; 913 (n) annually, on or before August 31, submit the data collected under Subsection (2)(1) 914 and any recommendations to improve the data collection to the State Commission on Criminal 915 and Juvenile Justice to be included in the report described in Subsection 63M-7-204(1)(x); 916 (o) publish the following on the division's website: 917 (i) the performance goals and outcome measurements described in Subsection (2)(j); 918 and 919 (ii) a description of the services provided and the contact information for the mental 920 health and substance use treatment programs described in Subsection (2)(j) and residential,

921 vocational and life skills programs, as defined in Section 13-53-102; and 922 (p) consult and coordinate with the Division of Child and Family Services to develop 923 and manage the operation of a program designed to reduce substance abuse during pregnancy 924 and by parents of a newborn child that includes: 925 (i) providing education and resources to health care providers and individuals in the 926 state regarding prevention of substance abuse during pregnancy; 927 (ii) providing training to health care providers in the state regarding screening of a pregnant woman or pregnant minor to identify a substance abuse disorder; and 928 929 (iii) providing referrals to pregnant women, pregnant minors, or parents of a newborn 930 child in need of substance abuse treatment services to a facility that has the capacity to provide 931 the treatment services. 932 (3) In addition to the responsibilities described in Subsection (2), the division shall, 933 within funds appropriated by the Legislature for this purpose, implement and manage the 934 operation of a firearm safety and suicide prevention program, in consultation with the Bureau 935 of Criminal Identification created in Section 53-10-201, including: 936 (a) coordinating with local mental health and substance abuse authorities, a nonprofit 937 behavioral health advocacy group, and a representative from a Utah-based nonprofit 938 organization with expertise in the field of firearm use and safety that represents firearm owners, 939 to: 940 (i) produce and periodically review and update a firearm safety brochure and other 941 educational materials with information about the safe handling and use of firearms that 942 includes: 943 (A) information on safe handling, storage, and use of firearms in a home environment; 944 (B) information about at-risk individuals and individuals who are legally prohibited 945 from possessing firearms; 946 (C) information about suicide prevention awareness; and 947 (D) information about the availability of firearm safety packets; 948 (ii) procure cable-style gun locks for distribution under this section; (iii) produce a firearm safety packet that includes the firearm safety brochure and the 949 950 cable-style gun lock described in this Subsection (3); and 951 (iv) create a suicide prevention education course that:

932	(A) provides information for distribution regarding firearm safety education;
953	(B) incorporates current information on how to recognize suicidal behaviors and
954	identify individuals who may be suicidal; and
955	(C) provides information regarding crisis intervention resources;
956	(b) distributing, free of charge, the firearm safety packet to the following persons, who
957	shall make the firearm safety packet available free of charge:
958	(i) health care providers, including emergency rooms;
959	(ii) mobile crisis outreach teams;
960	(iii) mental health practitioners;
961	(iv) other public health suicide prevention organizations;
962	(v) entities that teach firearm safety courses;
963	(vi) school districts for use in the seminar, described in Section 53G-9-702, for parents
964	of students in the school district; and
965	(vii) firearm dealers to be distributed in accordance with Section 76-10-526;
966	(c) creating and administering a rebate program that includes a rebate that offers
967	between \$10 and \$200 off the purchase price of a firearm safe from a participating firearms
968	dealer or a person engaged in the business of selling firearm safes in Utah, by a Utah resident;
969	(d) in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act,
970	making rules that establish procedures for:
971	(i) producing and distributing the suicide prevention education course and the firearm
72	safety brochures and packets;
973	(ii) procuring the cable-style gun locks for distribution; and
974	(iii) administering the rebate program; and
975	(e) reporting to the Health and Human Services Interim Committee regarding
976	implementation and success of the firearm safety program and suicide prevention education
977	course at or before the November meeting each year.
978	(4) (a) The division may refuse to contract with and may pursue legal remedies against
979	any local substance abuse authority or local mental health authority that fails, or has failed, to
980	expend public funds in accordance with state law, division policy, contract provisions, or
981	directives issued in accordance with state law.
982	(b) The division may withhold funds from a local substance abuse authority or local

mental health authority if the authority's contract provider of substance abuse or mental health programs or services fails to comply with state and federal law or policy.

- (5) (a) Before reissuing or renewing a contract with any local substance abuse authority or local mental health authority, the division shall review and determine whether the local substance abuse authority or local mental health authority is complying with the oversight and management responsibilities described in Sections 17-43-201, 17-43-203, 17-43-303, and 17-43-309.
- (b) Nothing in this Subsection (5) may be used as a defense to the responsibility and liability described in Section 17-43-303 and to the responsibility and liability described in Section 17-43-203.
  - (6) In carrying out the division's duties and responsibilities, the division may not duplicate treatment or educational facilities that exist in other divisions or departments of the state, but shall work in conjunction with those divisions and departments in rendering the treatment or educational services that those divisions and departments are competent and able to provide.
  - (7) The division may accept in the name of and on behalf of the state donations, gifts, devises, or bequests of real or personal property or services to be used as specified by the donor.
- (8) The division shall annually review with each local substance abuse authority and each local mental health authority the authority's statutory and contract responsibilities regarding:
  - (a) use of public funds;

- (b) oversight of public funds; and
- (c) governance of substance use disorder and mental health programs and services.
- (9) The Legislature may refuse to appropriate funds to the division upon the division's failure to comply with the provisions of this part.
- (10) If a local substance abuse authority contacts the division under Subsection 17-43-201(10) for assistance in providing treatment services to a pregnant woman or pregnant minor, the division shall:
- 1012 (a) refer the pregnant woman or pregnant minor to a treatment facility that has the capacity to provide the treatment services; or

1014 (b) otherwise ensure that treatment services are made available to the pregnant woman 1015 or pregnant minor. 1016 (11) The division shall employ a school-based mental health specialist to be housed at 1017 the State Board of Education who shall work with the State Board of Education to: 1018 (a) provide coordination between a local education agency and local mental health 1019 authority; 1020 (b) recommend evidence-based and evidence informed mental health screenings and 1021 intervention assessments for a local education agency; and 1022 (c) coordinate with the local community, including local departments of health, to 1023 enhance and expand mental health related resources for a local education agency. 1024 Section 3. Section 26B-5-103, which is renumbered from Section 62A-15-104 is 1025 renumbered and amended to read: 1026 [<del>62A-15-104</del>]. 26B-5-103. Director -- Qualifications. 1027 (1) The executive director shall appoint a director within the division to carry out all or 1028 part of the duties and responsibilities described in this part. 1029 (2) The director appointed under Subsection (1) shall have a bachelor's degree from an 1030 accredited university or college, be experienced in administration, and be knowledgeable in 1031 matters concerning substance abuse and mental health. 1032 Section 4. Section 26B-5-104, which is renumbered from Section 62A-15-105 is 1033 renumbered and amended to read: 1034 [<del>62A-15-105</del>]. 26B-5-104. Authority and responsibilities of division. 1035 The division shall set policy for its operation and for programs funded with state and 1036 federal money under Sections 17-43-201, 17-43-301, 17-43-304, and 62A-15-110. The division shall: 1037 1038 (1) in establishing rules, seek input from local substance abuse authorities, local mental 1039 health authorities, consumers, providers, advocates, division staff, and other interested parties 1040 as determined by the division; 1041 (2) establish, by rule, minimum standards for local substance abuse authorities and 1042 local mental health authorities; 1043 (3) establish, by rule, procedures for developing policies that ensure that local 1044 substance abuse authorities and local mental health authorities are given opportunity to

1045 comment and provide input on any new policy of the division or proposed changes in existing 1046 rules of the division; 1047 (4) provide a mechanism for review of its existing policy, and for consideration of 1048 policy changes that are proposed by local substance abuse authorities or local mental health 1049 authorities; 1050 (5) develop program policies, standards, rules, and fee schedules for the division; and 1051 (6) in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, 1052 make rules approving the form and content of substance abuse treatment, educational series, 1053 screening, and assessment that are described in Section 41-6a-501. 1054 Section 5. Section 26B-5-105, which is renumbered from Section 62A-15-105.2 is 1055 renumbered and amended to read: 1056 [<del>62A-15-105.2</del>]. 26B-5-105. Employment first emphasis on the provision of 1057 services. 1058 (1) As used in this section, "recipient" means an individual who is: 1059 (a) undergoing treatment for a substance abuse problem; or 1060 (b) suffers from a mental illness. 1061 (2) When providing services to a recipient, the division shall, within funds 1062 appropriated by the Legislature and in accordance with the requirements of federal and state 1063 law and memorandums of understanding between the division and other state entities that 1064 provide services to a recipient, give priority to providing services that assist an eligible 1065 recipient in obtaining and retaining meaningful and gainful employment that enables the 1066 recipient to earn sufficient income to: 1067 (a) purchase goods and services; 1068 (b) establish self-sufficiency; and 1069 (c) exercise economic control of the recipient's life. 1070 (3) The division shall develop a written plan to implement the policy described in 1071 Subsection (2) that includes: 1072 (a) assessing the strengths and needs of a recipient; 1073 (b) customizing strength-based approaches to obtaining employment; 1074 (c) expecting, encouraging, providing, and rewarding: 1075 (i) integrated employment in the workplace at competitive wages and benefits; and

1076	(ii) self-employment;
1077	(d) developing partnerships with potential employers;
1078	(e) maximizing appropriate employment training opportunities;
1079	(f) coordinating services with other government agencies and community resources;
1080	(g) to the extent possible, eliminating practices and policies that interfere with the
1081	policy described in Subsection (2); and
1082	(h) arranging sub-minimum wage work or volunteer work for an eligible recipient
1083	when employment at market rates cannot be obtained.
1084	(4) The division shall, on an annual basis:
1085	(a) set goals to implement the policy described in Subsection (2) and the plan described
1086	in Subsection (3);
1087	(b) determine whether the goals for the previous year have been met; and
1088	(c) modify the plan described in Subsection (3) as needed.
1089	Section 6. Section 26B-5-106, which is renumbered from Section 62A-15-107 is
1090	renumbered and amended to read:
1091	[62A-15-107]. 26B-5-106. Authority to assess fees.
1092	The division may, with the approval of the Legislature and the executive director,
1093	establish fee schedules and assess fees for services rendered by the division.
1094	Section 7. Section 26B-5-107, which is renumbered from Section 62A-15-108 is
1095	renumbered and amended to read:
1096	[62A-15-108]. 26B-5-107. Formula for allocation of funds to local
1097	substance abuse authorities and local mental health authorities.
1098	(1) (a) The division shall establish, by rule, formulas for allocating funds to local
1099	substance abuse authorities and local mental health authorities through contracts, to provide
1100	substance abuse prevention and treatment services in accordance with the provisions of this
1101	chapter and Title 17, Chapter 43, Part 2, Local Substance Abuse Authorities, and mental health
1102	services in accordance with the provisions of this chapter and Title 17, Chapter 43, Part 3,
1103	Local Mental Health Authorities.
1104	(b) The formulas shall provide for allocation of funds based on need. Determination of
1105	need shall be based on population unless the division establishes, by valid and accepted data,
1106	that other defined factors are relevant and reliable indicators of need.

1107 (c) The formulas shall include a differential to compensate for additional costs of 1108 providing services in rural areas. 1109 (2) The formulas established under Subsection (1) apply to all state and federal funds 1110 appropriated by the Legislature to the division for local substance abuse authorities and local 1111 mental health authorities, but does not apply to: 1112 (a) funds that local substance abuse authorities and local mental health authorities 1113 receive from sources other than the division; 1114 (b) funds that local substance abuse authorities and local mental health authorities receive from the division to operate specific programs within their jurisdictions which are 1115 1116 available to all residents of the state; 1117 (c) funds that local substance abuse authorities and local mental health authorities receive from the division to meet needs that exist only within their local areas; and 1118 1119 (d) funds that local substance abuse authorities and local mental health authorities 1120 receive from the division for research projects. Section 8. Section 26B-5-108, which is renumbered from Section 62A-15-110 is 1121 1122 renumbered and amended to read: 26B-5-108. Contracts for substance abuse and mental health 1123 [<del>62A-15-110</del>]. 1124 services -- Provisions -- Responsibilities. 1125 (1) If the division contracts with a local substance abuse authority or a local mental 1126 health authority to provide substance abuse or mental health programs and services in 1127 accordance with the provisions of this chapter and Title 17, Chapter 43, Part 2, Local 1128 Substance Abuse Authorities, or Title 17, Chapter 43, Part 3, Local Mental Health Authorities, 1129 it shall ensure that those contracts include at least the following provisions: 1130 (a) that an independent auditor shall conduct any audit of the local substance abuse 1131 authority or its contract provider's programs or services and any audit of the local mental health 1132 authority or its contract provider's programs or services, pursuant to the provisions of Title 51, 1133 Chapter 2a, Accounting Reports from Political Subdivisions, Interlocal Organizations, and 1134 Other Local Entities Act; 1135 (b) in addition to the requirements described in Title 51, Chapter 2a, Accounting 1136 Reports from Political Subdivisions, Interlocal Organizations, and Other Local Entities Act, the division: 1137

1138 (i) shall prescribe guidelines and procedures, in accordance with those formulated by 1139 the state auditor pursuant to Section 67-3-1, for auditing the compensation and expenses of 1140 officers, directors, and specified employees of the private contract provider, to assure the state 1141 that no personal benefit is gained from travel or other expenses; and 1142 (ii) may prescribe specific items to be addressed by that audit, depending upon the 1143 particular needs or concerns relating to the local substance abuse authority, local mental health 1144 authority, or contract provider at issue; 1145 (c) the local substance abuse authority or its contract provider and the local mental 1146 health authority and its contract provider shall invite and include all funding partners in its 1147 auditor's pre- and exit conferences; 1148 (d) each member of the local substance abuse authority and each member of the local 1149 mental health authority shall annually certify that he has received and reviewed the independent 1150 audit and has participated in a formal interview with the provider's executive officers; 1151 (e) requested information and outcome data will be provided to the division in the 1152 manner and within the time lines defined by the division; and 1153 (f) all audit reports by state or county persons or entities concerning the local substance 1154 abuse authority or its contract provider, or the local mental health authority or its contract 1155 provider shall be provided to the executive director of the department, the local substance 1156 abuse authority or local mental health authority, and members of the contract provider's 1157 governing board. 1158 (2) Each contract between the division and a local substance abuse authority or a local 1159 mental health authority shall authorize the division to withhold funds, otherwise allocated 1160 under Section 62A-15-108, to cover the costs of audits, attorney fees, and other expenditures 1161 associated with reviewing the expenditure of public funds by a local substance abuse authority 1162 or its contract provider or a local mental health authority or its contract provider, if there has 1163 been an audit finding or judicial determination that public funds have been misused by the local 1164 substance abuse authority or its contract provider or the local mental health authority or its 1165 contract provider. 1166 Section 9. Section 26B-5-109, which is renumbered from Section 62A-15-113 is 1167 renumbered and amended to read: 1168 26B-5-109. Local plan program funding. [<del>62A-15-113</del>].

1169	(1) To facilitate the distribution of newly appropriated funds beginning from fiscal year
1170	2018 for prevention, treatment, and recovery support services that reduce recidivism or reduce
1171	the per capita number of incarcerated offenders with a substance use disorder or a mental
1172	health disorder, the division shall:
1173	(a) form an application review and fund distribution committee that includes:
1174	(i) one representative of the Utah Sheriffs' Association;
1175	(ii) one representative of the Statewide Association of Prosecutors of Utah;
1176	(iii) two representatives from the division; and
1177	(iv) two representatives from the Utah Association of Counties; and
1178	(b) require the application review and fund distribution committee to:
1179	(i) establish a competitive application process for funding of a local plan, as described
1180	in Sections 17-43-201(5)(b) and 17-43-301(6)(a)(ii);
1181	(ii) establish criteria in accordance with Subsection (1) for the evaluation of an
1182	application;
1183	(iii) ensure that the committee members' affiliate groups approve of the application
1184	process and criteria;
1185	(iv) evaluate applications; and
1186	(v) distribute funds to programs implemented by counties, local mental health
1187	authorities, or local substance abuse authorities.
1188	(2) Demonstration of matching county funds is not a requirement to receive funds, but
1189	the application review committee may take into consideration the existence of matching funds
1190	when determining which programs to fund.
1191	Section 10. Section 26B-5-110, which is renumbered from Section 62A-15-103.1 is
1192	renumbered and amended to read:
1193	[62A-15-103.1]. 26B-5-110. Suicide Prevention Education Program
1194	Definitions Grant requirements.
1195	(1) As used in this section, "bureau" means the Bureau of Criminal Identification
1196	created in Section 53-10-201 within the Department of Public Safety.
1197	(2) There is created a Suicide Prevention Education Program to fund suicide
1198	prevention education opportunities for federally licensed firearms dealers who operate a retail
1199	establishment open to the public and the dealers' employees.

1200	(3) The division, in conjunction with the bureau, shall provide a grant to an employer
1201	described in Subsection (2) in accordance with the criteria provided in Subsection
1202	62A-15-1101(7)(b).
1203	(4) An employer may apply for a grant of up to \$2,500 under the program.
1204	Section 11. Section 26B-5-111, which is renumbered from Section 62A-15-115 is
1205	renumbered and amended to read:
1206	[62A-15-115]. <u>26B-5-111.</u> Mental health crisis response training.
1207	(1) The division shall award grants to communities to conduct mental health crisis
1208	response training.
1209	(2) For the application and award of the grants described in Subsection (1), the division
1210	shall make rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking
1211	Act, that determine:
1212	(a) the requirements and process for a community to apply for a grant; and
1213	(b) the substantive mental health crisis response programs that qualify for the award of
1214	a grant.
1215	Section 12. Section 26B-5-112, which is renumbered from Section 62A-15-116 is
1216	renumbered and amended to read:
1217	[62A-15-116]. 26B-5-112. Mobile crisis outreach team expansion.
1218	(1) In consultation with the Behavioral Health Crisis Response Commission,
1219	established in Section 63C-18-202, the division shall award grants for the development of:
1220	(a) five mobile crisis outreach teams:
1221	(i) in counties of the second, third, fourth, fifth, or sixth class; or
1222	(ii) in counties of the first class, if no more than two mobile crisis outreach teams are
1223	operating or have been awarded a grant to operate in the county; and
1224	(b) at least three mobile crisis outreach teams in counties of the third, fourth, fifth, or
1225	sixth class.
1226	(2) A mobile crisis outreach team awarded a grant under Subsection (1) shall provide
1227	mental health crisis services 24 hours per day, 7 days per week, and every day of the year.
1228	(3) The division shall prioritize the award of a grant described in Subsection (1) to
1229	entities, based on:
1230	(a) the number of individuals the proposed mobile crisis outreach team will serve; and

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1231	(b) the percentage of matching funds the entity will provide to develop the proposed
1232	mobile crisis outreach team.
1233	(4) An entity does not need to have resources already in place to be awarded a grant
1234	described in Subsection (1).
1235	(5) In consultation with the Behavioral Health Crisis Response Commission,
1236	established in Section 63C-18-202, the division shall make rules, in accordance with Title 63G,
1237	Chapter 3, Utah Administrative Rulemaking Act, for the application and award of the grants
1238	described in Subsection (1).
1239	Section 13. Section 26B-5-113, which is renumbered from Section 62A-15-117 is
1240	renumbered and amended to read:
1241	[62A-15-117]. 26B-5-113. Medicaid reimbursement for school-based health
1242	services Report to Legislature.
1243	(1) As used in this section, "individualized education program" or "IEP" means a
1244	written statement for a student with a disability that is developed, reviewed, and revised in
1245	accordance with the Individuals with Disabilities Education Act, 20 U.S.C. Sec. 1400 et seq.
1246	(2) The division shall coordinate with the State Board of Education, the Department of
1247	Health, and stakeholders to address and develop recommendations related to:
1248	(a) the expansion of Medicaid reimbursement for school-based health services,
1249	including how to expand Medicaid-eligible school-based services beyond the services for
1250	students with IEPs; and
1251	(b) other areas concerning Medicaid reimbursement for school-based health services,
1252	including the time threshold for medically necessary IEP services.
1253	[(3) The division, the State Board of Education, and the Department of Health shall
1254	jointly report the recommendations described in Subsection (2) to the Education Interim
1255	Committee on or before August 15, 2019.]
1256	Section 14. Section 26B-5-114, which is renumbered from Section 62A-15-118 is
1257	renumbered and amended to read:
1258	[62A-15-118]. 26B-5-114. Behavioral Health Receiving Center Grant
1259	Program.
1260	(1) As used in this section:
1261	(a) "Behavioral health receiving center" means a 23-hour nonsecure program or facility

that is responsible for, and provides mental health crisis services to, an individual experiencing a mental health crisis.

- (b) "Project" means a behavioral health receiving center project described in Subsection (2)(a).
- (2) (a) (i) Before July 1, 2020, the division shall issue a request for proposals in accordance with this section to award a grant to one or more counties of the first or second class, as classified in Section 17-50-501, to, except as provided in Subsection (2)(a)(ii), develop and implement a behavioral health receiving center.
  - (ii) A grant awarded under Subsection (2)(a)(i) may not be used to purchase land for the behavioral health receiving center.
    - (b) The division shall award all grants under this section before December 31, 2020.
- 1273 (3) The purpose of a project is to:

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- 1274 (a) increase access to mental health crisis services for individuals in the state who are 1275 experiencing a mental health crisis; and
- 1276 (b) reduce the number of individuals in the state who are incarcerated or in a hospital 1277 emergency room while experiencing a mental health crisis.
  - (4) An application for a grant under this section shall:
- 1279 (a) identify the population to which the behavioral health receiving center will provide
  1280 mental health crisis services;
  - (b) identify the type of mental health crisis services the behavioral health receiving center will provide;
- 1283 (c) explain how the population described in Subsection (4)(a) will benefit from the 1284 provision of mental health crisis services;
- 1285 (d) provide details regarding:
  - (i) how the proposed project plans to provide mental health crisis services;
- 1287 (ii) how the proposed project will ensure that consideration is given to the capacity of 1288 the behavioral health receiving center;
- 1289 (iii) how the proposed project will ensure timely and effective provision of mental 1290 health crisis services;
- (iv) the cost of the proposed project;
- (v) any existing or planned contracts or partnerships between the applicant and other

1293	individuals or entities to develop and implement the proposed project;
1294	(vi) any plan to use funding sources in addition to a grant under this section for the
1295	proposed project;
1296	(vii) the sustainability of the proposed project; and
1297	(viii) the methods the proposed project will use to:
1298	(A) protect the privacy of each individual who receives mental health crisis services
1299	from the behavioral health receiving center;
1300	(B) collect nonidentifying data relating to the proposed project; and
1301	(C) provide transparency on the costs and operation of the proposed project; and
1302	(e) provide other information requested by the division to ensure that the proposed
1303	project satisfies the criteria described in Subsection (5).
1304	(5) In evaluating an application for the grant, the division shall consider:
1305	(a) the extent to which the proposed project will fulfill the purposes described in
1306	Subsection (3);
1307	(b) the extent to which the population described in Subsection (4)(a) is likely to benefit
1308	from the proposed project;
1309	(c) the cost of the proposed project;
1310	(d) the extent to which any existing or planned contracts or partnerships between the
1311	applicant and other individuals or entities to develop and implement the project, or additional
1312	funding sources available to the applicant for the proposed project, are likely to benefit the
1313	proposed project; and
1314	(e) the viability and innovation of the proposed project.
1315	(6) Before June 30, 2021, the division shall report to the Health and Human Services
1316	Interim Committee regarding:
1317	(a) each county awarded a grant under this section; and
1318	(b) the details of each project.
1319	(7) Before June 30, 2023, the division shall report to the Health and Human Services
1320	Interim Committee regarding:
1321	(a) data gathered in relation to each project;
1322	(b) knowledge gained relating to the provision of mental health crisis services in a
1323	behavioral health receiving center;

1324	(c) recommendations for the future use of mental health crisis services in behavioral
1325	health receiving centers; and
1326	(d) obstacles encountered in the provision of mental health crisis services in a
1327	behavioral health receiving center.
1328	Section 15. Section 26B-5-115, which is renumbered from Section 62A-15-119 is
1329	renumbered and amended to read:
1330	[ <del>62A-15-119</del> ]. <u>26B-5-115.</u> Safety Net Initiative.
1331	(1) As used in this section, "individuals in underserved communities" means
1332	individuals living in culturally isolated communities in the state who may lack access to public
1333	assistance and other government services.
1334	(2) There is created within the division the Safety Net Initiative to:
1335	(a) implement strategies to increase awareness and reduce risk factors in order to
1336	improve the safety and well-being of individuals in underserved communities;
1337	(b) coordinate with government agencies, nonprofit organizations, and interested
1338	individuals to provide open communication with individuals in underserved communities; and
1339	(c) coordinate efforts to give individuals in underserved communities needed access to
1340	public assistance and other government services.
1341	(3) The division may employ or contract with individuals, entities, and support staff as
1342	necessary to administer the duties required by this section.
1343	Section 16. Section 26B-5-116, which is renumbered from Section 62A-15-121 is
1344	renumbered and amended to read:
1345	[62A-15-121]. 26B-5-116. Suicide technical assistance program.
1346	(1) As used in this section, "technical assistance" means training for the prevention of
1347	suicide.
1348	(2) (a) Before July 1, 2021, and each subsequent July 1, the division shall solicit
1349	applications from health care organizations to receive technical assistance provided by the
1350	division.
1351	(b) The division shall approve at least one but not more than six applications each year.
1352	(c) The division shall determine which applicants receive the technical assistance
1353	before December 31 of each year.
1354	(3) An application for technical assistance under this section shall:

1355	(a) identify the population to whom the health care organization will provide suicide
1356	prevention services;
1357	(b) identify how the health care organization plans to implement the skills and
1358	knowledge gained from the technical assistance;
1359	(c) identify the health care organization's current resources used for the prevention of
1360	suicide;
1361	(d) explain how the population described in Subsection (3)(a) will benefit from the
1362	health care organization receiving technical assistance;
1363	(e) provide details regarding:
1364	(i) how the health care organization will provide timely and effective suicide
1365	prevention services;
1366	(ii) any existing or planned contracts or partnerships between the health care
1367	organization and other persons that are related to suicide prevention;
1368	(iii) the methods the health care organization will use to:
1369	(A) protect the privacy of each individual to whom the health care organization
1370	provides suicide prevention services; and
1371	(B) collect non-identifying data; and
1372	(f) provide other information requested by the division for the division to evaluate the
1373	application.
1374	(4) In evaluating an application for technical assistance, the division shall consider:
1375	(a) the extent to which providing technical assistance to the health care organization
1376	will fulfill the purpose of preventing suicides in the state;
1377	(b) the extent to which the population described in Subsection (3)(a) is likely to benefit
1378	from the health care organization receiving the technical assistance;
1379	(c) the cost of providing the technical assistance to the health care organization; and
1380	(d) the extent to which any of the following are likely to benefit the heath care
1381	organization's ability to assist in preventing suicides in the state:
1382	(i) existing or planned contracts or partnerships between the applicant and other
1383	persons to develop and implement other initiatives; or
1384	(ii) additional funding sources available to the applicant for suicide prevention
1385	services.

1386	(5) Before June 30, 2022, and each subsequent June 30, the division shall submit a
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1387	written report to the Health and Human Services Interim Committee regarding each health care
1388	organization the division provided technical assistance to in the preceding year under this
1389	section.
1390	(6) Before June 30, 2024, the division shall submit a written report to the Health and
1391	Human Services Interim Committee regarding:
1392	(a) data gathered in relation to providing technical assistance to a health care
1393	organization;
1394	(b) knowledge gained relating to providing technical assistance;
1395	(c) recommendations for the future regarding how the state can better prevent suicides;
1396	and
1397	(d) obstacles encountered when providing technical assistance.
1398	Section 17. Section 26B-5-117, which is renumbered from Section 62A-15-122 is
1399	renumbered and amended to read:
1400	[ <del>62A-15-122</del> ]. <u>26B-5-117.</u> Early childhood mental health support grant
1401	program.
1402	(1) As used in this section:
1403	(a) "Child care" means the child care services defined in Section 35A-3-102 for a child
1404	during early childhood.
1405	(b) "Child care provider" means a person who provides child care or mental health
1406	
	support or interventions to a child during early childhood.
1407	(c) "Early childhood" means the time during which a child is zero to six years old.
1407 1408	
	(c) "Early childhood" means the time during which a child is zero to six years old.
1408	<ul><li>(c) "Early childhood" means the time during which a child is zero to six years old.</li><li>(d) "Project" means a project to provide education and training to child care providers</li></ul>
1408 1409	<ul><li>(c) "Early childhood" means the time during which a child is zero to six years old.</li><li>(d) "Project" means a project to provide education and training to child care providers regarding evidence-based best practices for delivery of mental health support and interventions</li></ul>
1408 1409 1410	<ul><li>(c) "Early childhood" means the time during which a child is zero to six years old.</li><li>(d) "Project" means a project to provide education and training to child care providers regarding evidence-based best practices for delivery of mental health support and interventions during early childhood.</li></ul>
1408 1409 1410 1411	<ul> <li>(c) "Early childhood" means the time during which a child is zero to six years old.</li> <li>(d) "Project" means a project to provide education and training to child care providers regarding evidence-based best practices for delivery of mental health support and interventions during early childhood.</li> <li>(2) On or before July 1, 2021, the division shall issue a request for proposals in</li> </ul>
1408 1409 1410 1411 1412	<ul> <li>(c) "Early childhood" means the time during which a child is zero to six years old.</li> <li>(d) "Project" means a project to provide education and training to child care providers regarding evidence-based best practices for delivery of mental health support and interventions during early childhood.</li> <li>(2) On or before July 1, 2021, the division shall issue a request for proposals in accordance with this section to award a grant to a public or nonprofit entity to implement a</li> </ul>
1408 1409 1410 1411 1412 1413	<ul> <li>(c) "Early childhood" means the time during which a child is zero to six years old.</li> <li>(d) "Project" means a project to provide education and training to child care providers regarding evidence-based best practices for delivery of mental health support and interventions during early childhood.</li> <li>(2) On or before July 1, 2021, the division shall issue a request for proposals in accordance with this section to award a grant to a public or nonprofit entity to implement a project.</li> </ul>

1417	(a) the education and training regarding early childhood mental health support and
1418	interventions that the proposed project will provide to child care providers;
1419	(b) how the proposed project plans to provide the education and training to child care
1420	providers;
1421	(c) the number of child care providers served by the proposed project;
1422	(d) how the proposed project will ensure the education and training is effectively
1423	provided to child care providers;
1424	(e) the cost of the proposed project; and
1425	(f) the sustainability of the proposed project.
1426	(5) In evaluating a project proposal for a grant under this section, the division shall
1427	consider:
1428	(a) the extent to which the proposed project will fulfill the purpose described in
1429	Subsection (3);
1430	(b) the extent to which child care providers that will be served by the proposed project
1431	are likely to benefit from the proposed project;
1432	(c) the cost of the proposed project; and
1433	(d) the viability of the proposed project.
1434	[(6) Before June 30, 2022, the division shall report to the Health and Human Services
1435	Interim Committee regarding:
1436	[(a) each entity awarded a grant under this section; and]
1437	[(b) the details of each project.]
1438	[ <del>(7)</del> ] <u>(6)</u> Before June 30, 2024, the division shall report to the Health and Human
1439	Services Interim Committee regarding:
1440	(a) any knowledge gained from providing the education and training regarding early
1441	childhood mental health support to child care providers;
1442	(b) data gathered in relation to each project;
1443	(c) recommendations for the future use of the education and training provided to child
1444	care providers; and
1445	(d) obstacles encountered in providing the education and training to child care
1446	providers.
1447	Section 18 Section 26B-5-118 which is renumbered from Section 62A-15-124 is

1448	renumbered and amended to read:
1449	[62A-15-124]. 26B-5-118. Collaborative care grant program.
1450	(1) As used in this section:
1451	(a) "Applicant" means a small primary health care practice that applies for a grant
1452	under this section.
1453	(b) "Care manager" means an individual who plans, directs, and coordinates health care
1454	services for a patient.
1455	(c) "Collaborative care model" means a formal collaborative arrangement between a
1456	primary care physician, a mental health professional, and a care manager, to provide integrated
1457	physical and behavioral health services.
1458	(d) "Mental health professional" means an individual licensed under Title 58, Chapter
1459	60, Mental Health Professional Practice Act, or Title 58, Chapter 61, Psychologist Licensing
1460	Act, or a psychiatrist.
1461	(e) "Physician" means an individual licensed to practice as a physician or osteopath
1462	under Title 58, Chapter 67, Utah Medical Practice Act, or Title 58, Chapter 68, Utah
1463	Osteopathic Medical Practice Act.
1464	(f) "Primary care physician" means a physician that provides health services related to
1465	family medicine, internal medicine, pediatrics, obstetrics, gynecology, or geriatrics.
1466	(g) "Program" means a program described in Subsection (2)(a).
1467	(h) "Psychiatrist" means a physician who is board eligible for a psychiatry
1468	specialization recognized by the American Board of Medical Specialists or the American
1469	Osteopathic Association's Bureau of Osteopathic Specialists.
1470	(i) "Small primary health care practice" means a medical practice of primary health
1471	care physicians that:
1472	(i) includes 10 or fewer primary care physicians; or
1473	(ii) is primarily based in a county of the third through sixth class, as classified in
1474	Section 17-50-501.
1475	(2) (a) Before July 1, 2022, the division shall solicit applications from small primary
1476	health care practices for a grant to support or implement a program to provide integrated
1477	physical and behavioral health services under a collaborative care model.

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(b) A grant under this section may be used to:

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1479	(i) hire and train staff to administer a program;
1480	(ii) identify and formalize contractual relationships with mental health professionals
1481	and case managers to implement a program; or
1482	(iii) purchase or upgrade software and other resources necessary to support or
1483	implement a program.
1484	(c) The division shall approve at least one but not more than six applications each year.
1485	(d) The division shall determine which applicants receive a grant under this section
1486	before December 31, 2022.
1487	(3) An application for a grant under this section shall:
1488	(a) identify the population to whom the applicant will provide services under a
1489	program;
1490	(b) identify the small primary health care practice's current resources that are used to
1491	provide integrated physical and behavioral health services;
1492	(c) explain how the population described in Subsection (3)(a) will benefit from the
1493	program;
1494	(d) provide details regarding:
1495	(i) how the applicant will provide timely and effective services under the program;
1496	(ii) any existing or planned contracts or partnerships between the applicant and other
1497	persons that are related to a collaborative care model;
1498	(iii) the methods the applicant will use to:
1499	(A) protect the privacy of each individual to whom the applicant provides services
1500	under the program; and
1501	(B) collect non-identifying data; and
1502	(e) provide other information requested by the division for the division to evaluate the
1503	application.
1504	(4) In evaluating an application for a grant under this section, the division shall
1505	consider:
1506	(a) the extent to which providing the grant to the applicant will fulfill the purpose of
1507	providing increased integrated physical and behavioral health services; and
1508	(b) the extent to which the population described in Subsection (3)(a) is likely to benefit
1509	from the applicant receiving the grant.

1510	(5) Before July 1, 2023, the division shall submit a written report to the Health and
1511	Human Services Interim Committee regarding each applicant the division provided a grant to
1512	in the preceding year under this section.
1513	(6) Before July 1, 2024, the division shall submit a written report to the Health and
1514	Human Services Interim Committee regarding:
1515	(a) data gathered and knowledge gained in relation to providing grants to an applicant;
1516	and
1517	(b) recommendations for how the state can better implement integrated physical and
1518	behavioral health services.
1519	Section 19. Section 26B-5-119, which is renumbered from Section 62A-15-615 is
1520	renumbered and amended to read:
1521	[62A-15-615]. 26B-5-119. Forms.
1522	The division shall furnish the clerks of the [district] courts with forms, blanks, warrants
1523	and certificates, to enable the [district court] judges, with regularity and facility, to comply with
1524	the provisions of this chapter.
1525	Section 20. Section 26B-5-201, which is renumbered from Section 62A-15-202 is
1526	renumbered and amended to read:
1527	Part 2. Substance Use Disorder Intervention, Prevention, and Education
1528	[62A-15-202]. 26B-5-201. Definitions.
1529	As used in this part:
1530	(1) "Juvenile substance abuse offender" means any minor who has committed a drug or
1531	alcohol related offense under the jurisdiction of the juvenile court in accordance with Section
1532	78A-6-103.
1533	(2) "Local substance abuse authority" means a county legislative body designated to
1534	provide substance abuse services in accordance with Section 17-43-201.
1535	(3) "Minor" means the same as that term is defined in Section 80-1-102.
1536	(4) "Teen substance abuse school" means any school established by the local substance
1537	abuse authority, in cooperation with the Board of Juvenile Court Judges, that provides an
1538	educational, interpersonal, skill-building experience for juvenile substance abuse offenders and
1539	their parents or legal guardians.
1540	Section 21. Section 26B-5-202, which is renumbered from Section 62A-15-203 is

1541	renumbered and amended to read:
1542	[ <del>62A-15-203</del> ]. <u>26B-5-202.</u> Teen substance abuse schools Establishment.
1543	The division or a local substance abuse authority, in cooperation with the Board of
1544	Juvenile Court Judges, may establish teen substance abuse schools in the districts of the
1545	juvenile court.
1546	Section 22. Section 26B-5-203, which is renumbered from Section 62A-15-204 is
1547	renumbered and amended to read:
1548	[62A-15-204]. 26B-5-203. Court order to attend substance abuse school
1549	Assessments.
1550	(1) In addition to any other disposition ordered by the juvenile court under Section
1551	80-6-701, the court may order:
1552	(a) a minor and the minor's parent or legal guardian to attend a teen substance abuse
1553	school; and
1554	(b) payment of an assessment in addition to any other fine imposed.
1555	(2) All assessments collected shall be forwarded to the county treasurer of the county
1556	where the minor resides, to be used exclusively for the operation of a teen substance abuse
1557	program.
1558	Section 23. Section 26B-5-204, which is renumbered from Section 62A-15-301 is
1559	renumbered and amended to read:
1560	[62A-15-301]. 26B-5-204. Commitment of minor to secure drug or alcohol
1561	facility or program Procedures Review.
1562	(1) [For purposes of this part] As used in this section:
1563	(a) "Approved treatment facility or program" means a public or private secure,
1564	inpatient facility or program that is licensed or operated by the department or by the
1565	Department of Health to provide drug or alcohol treatment or rehabilitation.
1566	(b) "Drug or alcohol addiction" means that the person has a physical or psychological
1567	dependence on drugs or alcohol in a manner not prescribed by a physician.
1568	(2) The parent or legal guardian of a minor under the age of 18 years may submit that
1569	child, without the child's consent, to an approved treatment facility or program for treatment or
1570	rehabilitation of drug or alcohol addiction, upon application to a facility or program, and after a
1571	careful diagnostic inquiry is made by a neutral and detached fact finder, in accordance with the

1572 requirements of this section.

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- 1573 (3) The neutral fact finder who conducts the inquiry:
- 1574 (a) shall be either a physician, psychologist, marriage and family therapist, psychiatric 1575 and mental health nurse specialist, or social worker licensed to practice in this state, who is 1576 trained and practicing in the area of substance abuse; and
  - (b) may not profit, financially or otherwise, from the commitment of the child and may not be employed by the proposed facility or program.
  - (4) The review by a neutral fact finder may be conducted on the premises of the proposed treatment facility or program.
  - (5) The inquiry conducted by the neutral fact finder shall include a private interview with the child, and an evaluation of the child's background and need for treatment.
  - (6) The child may be committed to the approved treatment facility or program if it is determined by the neutral fact finder that:
  - (a) the child is addicted to drugs or alcohol and because of that addiction poses a serious risk of harm to himself or others;
    - (b) the proposed treatment or rehabilitation is in the child's best interest; and
  - (c) there is no less restrictive alternative that would be equally as effective, from a clinical standpoint, as the proposed treatment facility or program.
  - (7) Any approved treatment facility or program that receives a child under this section shall conduct a periodic review, at intervals not to exceed 30 days, to determine whether the criteria described in Subsection (6) continue to exist.
  - (8) A minor committed under this section shall be released from the facility or program upon the request of his parent or legal guardian.
    - (9) Commitment of a minor under this section terminates when the minor reaches the age of 18 years.
- 1597 (10) Nothing in this section requires a program or facility to accept any person for treatment or rehabilitation.
  - (11) The parent or legal guardian who requests commitment of a minor under this section is responsible to pay any fee associated with the review required by this section and any necessary charges for commitment, treatment, or rehabilitation for a minor committed under this section.

1603	(12) The child shall be released from commitment unless the report of the neutral fact
1604	finder is submitted to the juvenile court within 72 hours of commitment and approved by the
1605	court.
1606	Section 24. Section 26B-5-205, which is renumbered from Section 62A-15-401 is
1607	renumbered and amended to read:
1608	[ <del>62A-15-401</del> ]. <u>26B-5-205.</u> Alcohol training and education seminar.
1609	(1) As used in this [part] section:
1610	(a) "Instructor" means a person that directly provides the instruction during an alcohol
1611	training and education seminar for a seminar provider.
1612	(b) "Licensee" means a person who is:
1613	(i) (A) a new or renewing licensee under Title 32B, Alcoholic Beverage Control Act;
1614	and
1615	(B) engaged in the retail sale of an alcoholic product for consumption on the premises
1616	of the licensee; or
1617	(ii) a business that is:
1618	(A) a new or renewing licensee licensed by a city, town, or county; and
1619	(B) engaged in the retail sale of beer for consumption off the premises of the licensee.
1620	(c) "Off-premise beer retailer" is as defined in Section 32B-1-102.
1621	(d) "Seminar provider" means a person other than the division who provides an alcohol
1622	training and education seminar meeting the requirements of this section.
1623	(2) (a) This section applies to:
1624	(i) a retail manager as defined in Section 32B-1-701;
1625	(ii) retail staff as defined in Section 32B-1-701; and
1626	(iii) an individual who, as defined by division rule:
1627	(A) directly supervises the sale of beer to a customer for consumption off the premises
1628	of an off-premise beer retailer; or
1629	(B) sells beer to a customer for consumption off the premises of an off-premise beer
1630	retailer.
1631	(b) If the individual does not have a valid record that the individual has completed an
1632	alcohol training and education seminar, an individual described in Subsection (2)(a) shall:
1633	(i) (A) complete an alcohol training and education seminar within 30 days of the

1634	following if the individual is described in Subsection (2)(a)(i) or (ii):
1635	(I) if the individual is an employee, the day the individual begins employment;
1636	(II) if the individual is an independent contractor, the day the individual is first hired;
1637	or
1638	(III) if the individual holds an ownership interest in the licensee, the day that the
1639	individual first engages in an activity that would result in that individual being required to
1640	complete an alcohol training and education seminar; or
1641	(B) complete an alcohol training and education seminar within the time periods
1642	specified in Subsection 32B-1-703(1) if the individual is described in Subsection (2)(a)(iii)(A)
1643	or (B); and
1644	(ii) pay a fee:
1645	(A) to the seminar provider; and
1646	(B) that is equal to or greater than the amount established under Subsection (4)(h).
1647	(c) An individual shall have a valid record that the individual completed an alcohol
1648	training and education seminar within the time period provided in this Subsection (2) to engage
1649	in an activity described in Subsection (2)(a).
1650	(d) A record that an individual has completed an alcohol training and education
1651	seminar is valid for:
1652	(i) three years from the day on which the record is issued for an individual described in
1653	Subsection (2)(a)(i) or (ii); and
1654	(ii) five years from the day on which the record is issued for an individual described in
1655	Subsection (2)(a)(iii)(A) or (B).
1656	(e) On and after July 1, 2011, to be considered as having completed an alcohol training
1657	and education seminar, an individual shall:
1658	(i) attend the alcohol training and education seminar and take any test required to
1659	demonstrate completion of the alcohol training and education seminar in the physical presence
1660	of an instructor of the seminar provider; or
1661	(ii) complete the alcohol training and education seminar and take any test required to
1662	demonstrate completion of the alcohol training and education seminar through an online course
1663	or testing program that meets the requirements described in Subsection (2)(f).
1664	(f) The division shall by rule made in accordance with Title 63G, Chapter 3, Utah

Administrative Rulemaking Act, establish one or more requirements for an online course or testing program described in Subsection (2)(e) that are designed to inhibit fraud in the use of the online course or testing program. In developing the requirements by rule the division shall consider whether to require:

- (i) authentication that the an individual accurately identifies the individual as taking the online course or test;
- (ii) measures to ensure that an individual taking the online course or test is focused on training material throughout the entire training period;
- (iii) measures to track the actual time an individual taking the online course or test is actively engaged online;
- (iv) a seminar provider to provide technical support, such as requiring a telephone number, email, or other method of communication that allows an individual taking the online course or test to receive assistance if the individual is unable to participate online because of technical difficulties;
- (v) a test to meet quality standards, including randomization of test questions and maximum time limits to take a test;
- (vi) a seminar provider to have a system to reduce fraud as to who completes an online course or test, such as requiring a distinct online certificate with information printed on the certificate that identifies the person taking the online course or test, or requiring measures to inhibit duplication of a certificate;
  - (vii) measures for the division to audit online courses or tests;
- (viii) measures to allow an individual taking an online course or test to provide an evaluation of the online course or test:
- (ix) a seminar provider to track the Internet protocol address or similar electronic location of an individual who takes an online course or test;
  - (x) an individual who takes an online course or test to use an e-signature; or
- (xi) a seminar provider to invalidate a certificate if the seminar provider learns that the certificate does not accurately reflect the individual who took the online course or test.
- (3) (a) A licensee may not permit an individual who is not in compliance with Subsection (2) to:
  - (i) serve or supervise the serving of an alcoholic product to a customer for

1696	consumption on the premises of the licensee;
1697	(ii) engage in any activity that would constitute managing operations at the premises of
1698	a licensee that engages in the retail sale of an alcoholic product for consumption on the
1699	premises of the licensee;
1700	(iii) directly supervise the sale of beer to a customer for consumption off the premises
1701	of an off-premise beer retailer; or
1702	(iv) sell beer to a customer for consumption off the premises of an off-premise beer
1703	retailer.
1704	(b) A licensee that violates Subsection (3)(a) is subject to Section 32B-1-702.
1705	(4) The division shall:
1706	(a) (i) provide alcohol training and education seminars; or
1707	(ii) certify one or more seminar providers;
1708	(b) establish the curriculum for an alcohol training and education seminar that includes
1709	the following subjects:
1710	(i) (A) alcohol as a drug; and
1711	(B) alcohol's effect on the body and behavior;
1712	(ii) recognizing the problem drinker or signs of intoxication;
1713	(iii) an overview of state alcohol laws related to responsible beverage sale or service,
1714	as determined in consultation with the Department of Alcoholic Beverage Services;
1715	(iv) dealing with the problem customer, including ways to terminate sale or service;
1716	and
1717	(v) for those supervising or engaging in the retail sale of an alcoholic product for
1718	consumption on the premises of a licensee, alternative means of transportation to get the
1719	customer safely home;
1720	(c) recertify each seminar provider every three years;
1721	(d) monitor compliance with the curriculum described in Subsection (4)(b);
1722	(e) maintain for at least five years a record of every person who has completed an
1723	alcohol training and education seminar;
1724	(f) provide the information described in Subsection (4)(e) on request to:
1725	(i) the Department of Alcoholic Beverage Services;
1726	(ii) law enforcement; or

1727	(iii) a person licensed by the state or a local government to sell an alcoholic product;
1728	(g) provide the Department of Alcoholic Beverage Services on request a list of any
1729	seminar provider certified by the division; and
1730	(h) establish a fee amount for each person attending an alcohol training and education
1731	seminar that is sufficient to offset the division's cost of administering this section.
1732	(5) The division shall by rule made in accordance with Title 63G, Chapter 3, Utah
1733	Administrative Rulemaking Act:
1734	(a) define what constitutes under this section an individual who:
1735	(i) manages operations at the premises of a licensee engaged in the retail sale of an
1736	alcoholic product for consumption on the premises of the licensee;
1737	(ii) supervises the serving of an alcoholic product to a customer for consumption on the
1738	premises of a licensee;
1739	(iii) serves an alcoholic product to a customer for consumption on the premises of a
1740	licensee;
1741	(iv) directly supervises the sale of beer to a customer for consumption off the premises
1742	of an off-premise beer retailer; or
1743	(v) sells beer to a customer for consumption off the premises of an off-premise beer
1744	retailer;
1745	(b) establish criteria for certifying and recertifying a seminar provider; and
1746	(c) establish guidelines for the manner in which an instructor provides an alcohol
1747	education and training seminar.
1748	(6) A seminar provider shall:
1749	(a) obtain recertification by the division every three years;
1750	(b) ensure that an instructor used by the seminar provider:
1751	(i) follows the curriculum established under this section; and
1752	(ii) conducts an alcohol training and education seminar in accordance with the
1753	guidelines established by rule;
1754	(c) ensure that any information provided by the seminar provider or instructor of a
1755	seminar provider is consistent with:
1756	(i) the curriculum established under this section; and
1757	(ii) this section;

1758	(d) provide the division with the names of all persons who complete an alcohol training
1759	and education seminar provided by the seminar provider;
1760	(e) (i) collect a fee for each person attending an alcohol training and education seminar
1761	in accordance with Subsection (2); and
1762	(ii) forward to the division the portion of the fee that is equal to the amount described
1763	in Subsection (4)(h); and
1764	(f) issue a record to an individual that completes an alcohol training and education
1765	seminar provided by the seminar provider.
1766	(7) (a) If after a hearing conducted in accordance with Title 63G, Chapter 4,
1767	Administrative Procedures Act, the division finds that a seminar provider violates this section
1768	or that an instructor of the seminar provider violates this section, the division may:
1769	(i) suspend the certification of the seminar provider for a period not to exceed 90 days;
1770	(ii) revoke the certification of the seminar provider;
1771	(iii) require the seminar provider to take corrective action regarding an instructor; or
1772	(iv) prohibit the seminar provider from using an instructor until such time that the
1773	seminar provider establishes to the satisfaction of the division that the instructor is in
1774	compliance with Subsection (6)(b).
1775	(b) The division may certify a seminar provider whose certification is revoked:
1776	(i) no sooner than 90 days from the date the certification is revoked; and
1777	(ii) if the seminar provider establishes to the satisfaction of the division that the
1778	seminar provider will comply with this section.
1779	Section 25. Section 26B-5-206, which is renumbered from Section 62A-15-403 is
1780	renumbered and amended to read:
1781	[62A-15-403]. 26B-5-206. Drinking while pregnant prevention media and
1782	education campaign.
1783	(1) As used in this section:
1784	(a) "Advisory council" means the Utah Substance Use and Mental Health Advisory
1785	Council created in Section 63M-7-301.
1786	(b) "Restricted account" means the Drinking While Pregnant Prevention Media and
1787	Education Campaign Restricted Account created in Section 32B-2-308.
1788	(2) The advisory council shall:

1789 (a) provide ongoing oversight of each media and education campaign funded through 1790 the restricted account; 1791 (b) create a drinking while pregnant prevention workgroup consistent with guidelines 1792 the advisory council proposes related to the workgroup's membership and duties; 1793 (c) create guidelines for how money appropriated for a media and education campaign 1794 can be used: 1795 (d) include in the guidelines created under this Subsection (2) that a media and education campaign funded through the restricted account shall be: 1796 1797 (i) carefully researched; 1798 (ii) developed for target groups; and 1799 (iii) appropriate for target groups; and 1800 (e) approve or deny each plan the division submits in accordance with Subsection (3). 1801 (3) (a) Subject to appropriation from the Legislature and in accordance with this 1802 section, the division shall expend money from the restricted account to direct and fund one or 1803 more media and education campaigns designed to reduce the consumption of alcohol while 1804 pregnant. 1805 (b) Before the division expends money from the restricted account for a media and 1806 education campaign, the division shall, in cooperation with the drinking while pregnant 1807 prevention workgroup created in accordance with Subsection (2), prepare and submit a plan to 1808 the advisory council that: 1809 (i) describes the media and education campaign; and 1810 (ii) details how the division intends to use money from the restricted account to fund 1811 the media and education campaign. 1812 (c) If the advisory council approves the plan described in Subsection (3)(b), the 1813 division shall conduct the media and education campaign in accordance with the guidelines 1814 described in Subsection (2). 1815 (4) The division shall submit to the Health and Human Services Interim Committee 1816 and the advisory council annually by no later than October 1, a written report detailing: (a) the use of the money for the media and education campaigns conducted in 1817 1818 accordance with Subsection (3); and

(b) the impact and result of the use of the money during the previous fiscal year ending

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1820	June 30.
1821	Section 26. Section 26B-5-207, which is renumbered from Section 62A-15-501 is
1822	renumbered and amended to read:
1823	[ <del>62A-15-501</del> ]. <u>26B-5-207.</u> DUI Legislative policy Rehabilitation
1824	treatment and evaluation Use of victim impact panels.
1825	The Legislature finds that drivers impaired by alcohol or drugs constitute a major
1826	problem in this state and that the problem demands a comprehensive detection, intervention,
1827	education, and treatment program including emergency services, outpatient treatment,
1828	detoxification, residential care, inpatient care, medical and psychological care, social service
1829	care, vocational rehabilitation, and career counseling through public and private agencies. It is
1830	the policy of this state to provide those programs at the expense of persons convicted of driving
1831	while under the influence of intoxicating liquor or drugs. It is also the policy of this state to
1832	utilize victim impact panels to assist persons convicted of driving under the influence of
1833	intoxicating liquor or drugs to gain a full understanding of the severity of their offense.
1834	Section 27. Section 26B-5-208, which is renumbered from Section 62A-15-502 is
1835	renumbered and amended to read:
1836	[ <del>62A-15-502</del> ]. <u>26B-5-208.</u> Penalty for DUI conviction Amounts.
1837	(1) Courts of record and not of record may at sentencing assess against the defendant,
1838	in addition to any fine, an amount that will fully compensate agencies that treat the defendant
1839	for their costs in each case where a defendant is convicted of violating:
1840	(a) Section 41-6a-502 or 41-6a-517;
1841	(b) a criminal prohibition resulting from a plea bargain after an original charge of
1842	violating Section 41-6a-502; or
1843	(c) an ordinance that complies with the requirements of Subsection 41-6a-510(1).
1844	(2) The fee assessed shall be collected by the court or an entity appointed by the court.
1845	Section 28. Section 26B-5-209, which is renumbered from Section 62A-15-503 is
1846	renumbered and amended to read:
1847	[ <del>62A-15-503</del> ]. <u>26B-5-209.</u> Assessments for DUI Use of money for
1848	rehabilitation programs, including victim impact panels Rulemaking power granted.
1849	(1) (a) Assessments imposed under Section 62A-15-502 may, pursuant to court order:
1850	(i) be collected by the clerk of the court in which the person was convicted; or

1851	(ii) be paid directly to the licensed alcohol or drug treatment program.
1852	(b) Assessments collected by the court under Subsection (1)(a)(i) shall be forwarded to
1853	a special nonlapsing account created by the county treasurer of the county in which the fee is
1854	collected.
1855	(2) Assessments under Subsection (1) shall be used exclusively for the operation of
1856	licensed alcohol or drug rehabilitation programs and education, assessment, supervision, and
1857	other activities related to and supporting the rehabilitation of persons convicted of driving
1858	while under the influence of intoxicating liquor or drugs. A requirement of the rehabilitation
1859	program shall be participation with a victim impact panel or program providing a forum for
1860	victims of alcohol or drug related offenses and defendants to share experiences on the impact
1861	of alcohol or drug related incidents in their lives. The [Division of Substance Abuse and
1862	Mental Health] division shall establish guidelines to implement victim impact panels where, in
1863	the judgment of the licensed alcohol or drug program, appropriate victims are available, and
1864	shall establish guidelines for other programs where such victims are not available.
1865	(3) None of the assessments shall be maintained for administrative costs by the
1866	division.
1867	Section 29. Section 26B-5-210, which is renumbered from Section 62A-15-504 is
1868	renumbered and amended to read:
1869	[ <del>62A-15-504</del> ]. <u>26B-5-210.</u> Policy Alternatives to incarceration.
1870	It is the policy of this state to provide adequate and appropriate health and social
1871	services as alternatives to incarceration for public intoxication.
1872	Section 30. Section 26B-5-301, which is renumbered from Section 62A-15-602 is
1873	renumbered and amended to read:
1874	Part 3. Utah State Hospital and Other Mental Health Facilities
1875	[62A-15-602]. <u>26B-5-301.</u> Definitions.
1876	As used in this part[, Part 7, Commitment of Persons Under Age 18 to Division of
1877	Substance Abuse and Mental Health, Part 8, Interstate Compact on Mental Health, Part 9, Utah
1878	Forensic Mental Health Facility, Part 10, Declaration for Mental Health Treatment, and Part
1879	12, Essential Treatment and Intervention Act]:
1880	(1) "Adult" means an individual 18 years old or older.
1881	(2) "Approved treatment facility or program" means a mental health or substance use

1882 treatment provider that meets the goals and measurements described in Subsection 1883 62A-15-103(2)(j). 1884 (3) "Assisted outpatient treatment" means involuntary outpatient mental health 1885 treatment ordered under Section 62A-15-630.5. 1886 (4) "Attending physician" means a physician licensed to practice medicine in this state 1887 who has primary responsibility for the care and treatment of the declarant. 1888 (5) "Attorney-in-fact" means an adult properly appointed under this part to make 1889 mental health treatment decisions for a declarant under a declaration for mental health 1890 treatment. 1891 [(4)] (6) "Commitment to the custody of a local mental health authority" means that an 1892 adult is committed to the custody of the local mental health authority that governs the mental 1893 health catchment area where the adult resides or is found. 1894 [(5)] (7) "Community mental health center" means an entity that provides treatment 1895 and services to a resident of a designated geographical area, that operates by or under contract 1896 with a local mental health authority, and that complies with state standards for community 1897 mental health centers. 1898 [(6)] (8) "Designated examiner" means: 1899 (a) a licensed physician, preferably a psychiatrist, who is designated by the division as 1900 specially qualified by training or experience in the diagnosis of mental or related illness; or 1901 (b) a licensed mental health professional designated by the division as specially 1902 qualified by training and who has at least five years' continual experience in the treatment of 1903 mental illness. 1904 [(7)] (9) "Designee" means a physician who has responsibility for medical functions 1905 including admission and discharge, an employee of a local mental health authority, or an 1906 employee of a person that has contracted with a local mental health authority to provide mental 1907 health services under Section 17-43-304. 1908 [(8)] (10) "Essential treatment" and "essential treatment and intervention" mean 1909 court-ordered treatment at a local substance abuse authority or an approved treatment facility or 1910 program for the treatment of an adult's substance use disorder. 1911 [(9)] (11) "Harmful sexual conduct" means the following conduct upon an individual 1912 without the individual's consent, including the nonconsensual circumstances described in

1913	Subsections 76-5-406(2)(a) through (1):
1914	(a) sexual intercourse;
1915	(b) penetration, however slight, of the genital or anal opening of the individual;
1916	(c) any sexual act involving the genitals or anus of the actor or the individual and the
1917	mouth or anus of either individual, regardless of the gender of either participant; or
1918	(d) any sexual act causing substantial emotional injury or bodily pain.
1919	[(10)] (12) "Informed waiver" means the patient was informed of a right and, after
1920	being informed of that right and the patient's right to waive the right, expressly communicated
1921	his or her intention to waive that right.
1922	(13) "Incapable" means that, in the opinion of the court in a guardianship proceeding
1923	under Title 75, Utah Uniform Probate Code, or in the opinion of two physicians, a person's
1924	ability to receive and evaluate information effectively or communicate decisions is impaired to
1925	such an extent that the person currently lacks the capacity to make mental health treatment
1926	decisions.
1927	[(11)] (14) "Institution" means a hospital or a health facility licensed under Section
1928	26-21-8.
1929	[(12)] (15) "Local substance abuse authority" means the same as that term is defined in
1930	Section 62A-15-102 and described in Section 17-43-201.
1931	[(13)] (16) "Mental health facility" means the Utah State Hospital or other facility that
1932	provides mental health services under contract with the division, a local mental health
1933	authority, a person that contracts with a local mental health authority, or a person that provides
1934	acute inpatient psychiatric services to a patient.
1935	[(14)] (17) "Mental health officer" means an individual who is designated by a local
1936	mental health authority as qualified by training and experience in the recognition and
1937	identification of mental illness, to:
1938	(a) apply for and provide certification for a temporary commitment; or
1939	(b) assist in the arrangement of transportation to a designated mental health facility.
1940	[ <del>(15)</del> ] <u>(18)</u> "Mental illness" means:
1941	(a) a psychiatric disorder that substantially impairs an individual's mental, emotional,
1942	behavioral, or related functioning; or
1943	(b) the same as that term is defined in:

1944	(i) the current edition of the Diagnostic and Statistical Manual of Mental Disorders
1945	published by the American Psychiatric Association; or
1946	(ii) the current edition of the International Statistical Classification of Diseases and
1947	Related Health Problems.
1948	(19) "Mental health treatment" means convulsive treatment, treatment with
1949	psychoactive medication, or admission to and retention in a facility for a period not to exceed
1950	<u>17 days.</u>
1951	[(16)] (20) "Patient" means an individual who is:
1952	(a) under commitment to the custody or to the treatment services of a local mental
1953	health authority; or
1954	(b) undergoing essential treatment and intervention.
1955	$\left[\frac{(17)}{(21)}\right]$ "Physician" means an individual who is:
1956	(a) licensed as a physician under Title 58, Chapter 67, Utah Medical Practice Act; or
1957	(b) licensed as a physician under Title 58, Chapter 68, Utah Osteopathic Medical
1958	Practice Act.
1959	[(18)] (22) "Serious bodily injury" means bodily injury that involves a substantial risk
1960	of death, unconsciousness, extreme physical pain, protracted and obvious disfigurement, or
1961	protracted loss or impairment of the function of a bodily member, organ, or mental faculty.
1962	(23) "State hospital" means the Utah State Hospital established in Section 26B-4-302.
1963	$[\frac{(19)}{24}]$ "Substantial danger" means that due to mental illness, an individual is at
1964	serious risk of:
1965	(a) suicide;
1966	(b) serious bodily self-injury;
1967	(c) serious bodily injury because the individual is incapable of providing the basic
1968	necessities of life, including food, clothing, or shelter;
1969	(d) causing or attempting to cause serious bodily injury to another individual;
1970	(e) engaging in harmful sexual conduct; or
1971	(f) if not treated, suffering severe and abnormal mental, emotional, or physical distress
1972	that:
1973	(i) is associated with significant impairment of judgment, reason, or behavior; and
1974	(ii) causes a substantial deterioration of the individual's previous ability to function

1975	independently.
1976	[(20)] (25) "Treatment" means psychotherapy, medication, including the administration
1977	of psychotropic medication, or other medical treatments that are generally accepted medical or
1978	psychosocial interventions for the purpose of restoring the patient to an optimal level of
1979	functioning in the least restrictive environment.
1980	Section 31. Section 26B-5-302, which is renumbered from Section 62A-15-601 is
1981	renumbered and amended to read:
1982	[ <del>62A-15-601</del> ]. <u>26B-5-302.</u> Utah State Hospital.
1983	The Utah State Hospital is established and located in Provo, in Utah county. [For
1984	purposes of this part it is referred to as the "state hospital."]
1985	Section 32. Section 26B-5-303, which is renumbered from Section 62A-15-603 is
1986	renumbered and amended to read:
1987	[62A-15-603]. 26B-5-303. Administration of state hospital Division
1988	Authority.
1989	(1) The division shall administer the state hospital as part of the state's comprehensive
1990	mental health program and, to the fullest extent possible, shall, as the state hospital's
1991	administrator, coordinate with local mental health authority programs.
1992	(2) The division has the same powers, duties, rights, and responsibilities as, and shall
1993	perform the same functions that by law are conferred or required to be discharged or performed
1994	by, the state hospital.
1995	(3) Supervision and administration of security responsibilities for the state hospital is
1996	vested in the division. The executive director shall designate, as special function officers,
1997	individuals with peace officer authority to perform special security functions for the state
1998	hospital.
1999	(4) A director of a mental health facility that houses an involuntary patient or a patient
2000	committed by judicial order may establish secure areas, as provided in Section 76-8-311.1,
2001	within the mental health facility for the patient.
2002	Section 33. Section <b>26B-5-304</b> , which is renumbered from Section 62A-15-604 is
2003	renumbered and amended to read:
2004	[62A-15-604]. <u>26B-5-304.</u> Receipt of gift Transfer of persons from other
2005	institutions

(1) The division may take and hold by gift, devise, or bequest real and personal property required for the use of the state hospital. With the approval of the governor the division may convert that property that is not suitable for the state hospital's use into money or property that is suitable for the state hospital's use.

- (2) The state hospital is authorized to receive from any other institution within the department an individual committed to that institution, when a careful evaluation of the treatment needs of the individual and of the treatment programs available at the state hospital indicates that the transfer would be in the interest of that individual.
- (3) (a) For the purposes of this Subsection (3), "contributions" means gifts, grants, devises, and donations.
- (b) Notwithstanding the provisions of Subsection 62A-1-111(10), the state hospital is authorized to receive contributions and deposit the contributions into an interest-bearing restricted special revenue fund. The state treasurer may invest the fund, and all interest will remain in the fund.
- (c) (i) Single expenditures from the fund in amounts of \$5,000 or less shall be approved by the superintendent.
- (ii) Single expenditures exceeding \$5,000 must be preapproved by the superintendent and the division director.
- (iii) Expenditures described in this Subsection (3) shall be used for the benefit of patients at the state hospital.
- (d) Money and interest in the fund may not be used for items normally paid for by operating revenues or for items related to personnel costs without specific legislative authorization.
- Section 34. Section **26B-5-305**, which is renumbered from Section 62A-15-605.5 is renumbered and amended to read:
- 2031 [62A-15-605.5]. 26B-5-305. Admission of person in custody of Department of Corrections to state hospital -- Retransfer of person to Department of Corrections.
  - (1) The executive director of the Department of Corrections may request the director to admit a person who is in the custody of the Department of Corrections to the state hospital, if the clinical director within the Department of Corrections finds that the inmate has mentally deteriorated to the point that admission to the state hospital is necessary to ensure adequate

2037 mental health treatment. In determining whether that inmate should be placed in the state 2038 hospital, the director of the division shall consider: 2039 (a) the mental health treatment needs of the inmate; 2040 (b) the treatment programs available at the state hospital; and 2041 (c) whether the inmate meets the requirements of Subsection 62A-15-610(2). 2042 (2) If the director denies the admission of an inmate as requested by the clinical 2043 director within the Department of Corrections, the Board of Pardons and Parole shall determine 2044 whether the inmate will be admitted to the state hospital. The Board of Pardons and Parole 2045 shall consider: 2046 (a) the mental health treatment needs of the inmate; 2047 (b) the treatment programs available at the state hospital; and (c) whether the inmate meets the requirements of Subsection 62A-15-610(2). 2048 2049 (3) The state hospital shall receive any person in the custody of the Department of 2050 Corrections when ordered by either the director or the Board of Pardons and Parole, pursuant to 2051 Subsection (1) or (2). Any person so transferred to the state hospital shall remain in the 2052 custody of the Department of Corrections, and the state hospital shall act solely as the agent of 2053 the Department of Corrections. 2054 (4) Inmates transferred to the state hospital pursuant to this section shall be transferred 2055 back to the Department of Corrections through negotiations between the director and the 2056 director of the Department of Corrections. If agreement between the director and the director 2057 of the Department of Corrections cannot be reached, the Board of Pardons and Parole shall 2058 have final authority in determining whether a person will be transferred back to the Department 2059 of Corrections. In making that determination, that board shall consider: 2060 (a) the mental health treatment needs of the inmate; 2061 (b) the treatment programs available at the state hospital; 2062 (c) whether the person continues to meet the requirements of Subsection

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

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62A-15-610(2);

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

Section 35. Section 26B-5-306, which is renumbered from Section 62A-15-607 is 2068 2069 renumbered and amended to read: 2070 [<del>62A-15-607</del>]. 26B-5-306. Responsibility for cost of care. 2071 (1) The division shall estimate and determine, as nearly as possible, the actual expense 2072 per annum of caring for and maintaining a patient in the state hospital, and that amount or 2073 portion of that amount shall be assessed to and paid by the applicant, patient, spouse, parents, 2074 child or children who are of sufficient financial ability to do so, or by the guardian of the 2075 patient who has funds of the patient that may be used for that purpose. 2076 (2) In addition to the expenses described in Subsection (1), parents are responsible for 2077 the support of their child while the child is in the care of the state hospital pursuant to Title 2078 78B, Chapter 12, Utah Child Support Act, and Title 62A, Chapter 11, Recovery Services. 2079 Section 36. Section 26B-5-307, which is renumbered from Section 62A-15-608 is 2080 renumbered and amended to read: 2081 [<del>62A-15-608</del>]. 26B-5-307. Local mental health authority -- Supervision and 2082 treatment of persons with a mental illness. 2083 (1) Each local mental health authority has responsibility for supervision and treatment 2084 of persons with a mental illness who have been committed to its custody under the provisions 2085 of this part, whether residing in the state hospital or elsewhere. 2086 (2) The division, in administering and supervising the security responsibilities of the 2087 state hospital under its authority provided by Section 62A-15-603, shall enforce Sections 2088 62A-15-620 through 62A-15-624 to the extent they pertain to the state hospital. 2089 Section 37. Section 26B-5-308, which is renumbered from Section 62A-15-609 is 2090 renumbered and amended to read: 2091 [<del>62A-15-609</del>]. 26B-5-308. Responsibility for education of school-aged 2092 children at the hospital -- Responsibility for noninstructional services. 2093 (1) The State Board of Education is responsible for the education of school-aged 2094 children committed to the division. 2095 (2) In order to fulfill its responsibility under Subsection (1), the board may contract 2096 with local school districts or other appropriate agencies to provide educational and related 2097 administrative services.

(3) Medical, residential, and other noninstructional services at the state hospital are the

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2099	responsibility of the division.
2100	Section 38. Section 26B-5-309, which is renumbered from Section 62A-15-610 is
2101	renumbered and amended to read:
2102	[62A-15-610]. <u>26B-5-309.</u> Objectives of state hospital and other facilities
2103	Persons who may be admitted to state hospital.
2104	(1) The objectives of the state hospital and other mental health facilities shall be to care
2105	for all persons within this state who are subject to the provisions of this chapter; and to furnish
2106	them with the proper attendance, medical treatment, seclusion, rest, restraint, amusement,
2107	occupation, and support that is conducive to their physical and mental well-being.
2108	(2) Only the following persons may be admitted to the state hospital:
2109	(a) persons 18 years of age and older who meet the criteria necessary for commitment
2110	under this part and who have severe mental disorders for whom no appropriate, less restrictive
2111	treatment alternative is available;
2112	(b) persons under 18 years of age who meet the criteria necessary for commitment
2113	under [Part 7, Commitment of Persons Under Age 18 to Division of Substance Abuse and
2114	Mental Health] Part 4, Commitment of Persons Under Age 18, and for whom no less restrictive
2115	alternative is available;
2116	(c) persons adjudicated and found to be guilty with a mental illness under Title 77,
2117	Chapter 16a, Commitment and Treatment of Persons with a Mental Illness;
2118	(d) persons adjudicated and found to be not guilty by reason of insanity who are under
2119	a subsequent commitment order because they have a mental illness and are a danger to
2120	themselves or others, under Section 77-16a-302;
2121	(e) persons found incompetent to proceed under Section 77-15-6;
2122	(f) persons who require an examination under Title 77, Utah Code of Criminal
2123	Procedure; and
2124	(g) persons in the custody of the Department of Corrections, admitted in accordance
2125	with Section 62A-15-605.5, giving priority to those persons with severe mental disorders.
2126	Section 39. Section 26B-5-310, which is renumbered from Section 62A-15-611 is
2127	renumbered and amended to read:
2128	[62A-15-611]. 26B-5-310. Allocation of state hospital beds Formula.
2129	(1) As used in this section:

2130 (a) "Adult beds" means the total number of patient beds located in the adult general 2131 psychiatric unit and the geriatric unit at the state hospital, as determined by the superintendent 2132 of the state hospital. (b) "Mental health catchment area" means a county or group of counties governed by a 2133 2134 local mental health authority. 2135 (2) (a) The division shall establish by rule a formula to separately allocate to local 2136 mental health authorities adult beds for persons who meet the requirements of Subsection 2137 62A-15-610(2)(a). Beginning on May 10, 2011, and ending on June 30, 2011, 152 beds shall 2138 be allocated to local mental health authorities under this section. 2139 (b) The number of beds shall be reviewed and adjusted as necessary: 2140 (i) on July 1, 2011, to restore the number of beds allocated to 212 beds as funding 2141 permits; and 2142 (ii) on July 1, 2011, and every three years after July 1, 2011, according to the state's 2143 population. 2144 (c) All population figures utilized shall reflect the most recent available population 2145 estimates from the Utah Population Committee. 2146 (3) The formula established under Subsection (2) shall provide for allocation of beds 2147 based on: 2148 (a) the percentage of the state's adult population located within a mental health 2149 catchment area; and 2150 (b) a differential to compensate for the additional demand for hospital beds in mental health catchment areas that are located in urban areas. 2151 2152 (4) A local mental health authority may sell or loan its allocation of beds to another local mental health authority. 2153 2154 (5) The division shall allocate adult beds at the state hospital to local mental health 2155

(5) The division shall allocate adult beds at the state hospital to local mental health authorities for their use in accordance with the formula established under this section. If a local mental health authority is unable to access a bed allocated to it under the formula established under Subsection (2), the division shall provide that local mental health authority with funding equal to the reasonable, average daily cost of an acute care bed purchased by the local mental health authority.

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(6) The board shall periodically review and make changes in the formula established

2161	under Subsection (2) as necessary to accurately reflect changes in population.
2162	Section 40. Section 26B-5-311, which is renumbered from Section 62A-15-612 is
2163	renumbered and amended to read:
2164	[62A-15-612]. 26B-5-311. Allocation of pediatric state hospital beds
2165	Formula.
2166	(1) As used in this section:
2167	(a) "Mental health catchment area" means a county or group of counties governed by a
2168	local mental health authority.
2169	(b) "Pediatric beds" means the total number of patient beds located in the children's
2170	unit and the youth units at the state hospital, as determined by the superintendent of the state
2171	hospital.
2172	(2) On July 1, 1996, 72 pediatric beds shall be allocated to local mental health
2173	authorities under this section. The division shall review and adjust the number of pediatric beds
2174	as necessary every three years according to the state's population of persons under 18 years of
2175	age. All population figures utilized shall reflect the most recent available population estimates
2176	from the Governor's Office of Planning and Budget.
2177	(3) The allocation of beds shall be based on the percentage of the state's population of
2178	persons under the age of 18 located within a mental health catchment area. Each community
2179	mental health center shall be allocated at least one bed.
2180	(4) A local mental health authority may sell or loan its allocation of beds to another
2181	local mental health authority.
2182	(5) The division shall allocate 72 pediatric beds at the state hospital to local mental
2183	health authorities for their use in accordance with the formula established under this section. If
2184	a local mental health authority is unable to access a bed allocated to it under that formula, the
2185	division shall provide that local mental health authority with funding equal to the reasonable,
2186	average daily cost of an acute care bed purchased by the local mental health authority.
2187	Section 41. Section 26B-5-312, which is renumbered from Section 62A-15-613 is
2188	renumbered and amended to read:
2189	[62A-15-613]. 26B-5-312. Appointment of superintendent Qualifications
2190	Powers and responsibilities.
2191	(1) The director, with the consent of the executive director, shall appoint a

2192 superintendent of the state hospital, who shall hold office at the will of the director. 2193 (2) The superintendent shall have a bachelor's degree from an accredited university or 2194 college, be experienced in administration, and be knowledgeable in matters concerning mental 2195 health. 2196 (3) The superintendent has general responsibility for the buildings, grounds, and 2197 property of the state hospital. 2198 (4) The superintendent shall appoint, with the approval of the director, as many 2199 employees as necessary for the efficient and economical care and management of the state 2200 hospital, and shall fix the employees' compensation and administer personnel functions 2201 according to the standards of the Division of Human Resource Management. 2202 Section 42. Section 26B-5-313, which is renumbered from Section 62A-15-614 is 2203 renumbered and amended to read: 2204 [<del>62A-15-614</del>]. 26B-5-313. Clinical director -- Appointment -- Conditions 2205 and procedure -- Duties. 2206 (1) Whenever the superintendent is not qualified to be the clinical director of the state 2207 hospital under this section, [he] the superintendent shall, with the approval of the director of 2208 the division, appoint a clinical director who is licensed to practice medicine and surgery in this 2209 state, and who has had at least three years' training in a psychiatric residency program approved 2210 by the American Board of Psychiatry and Neurology, Inc., and who is eligible for certification 2211 by that board. 2212 (2) The salary of the clinical director of the state hospital shall be fixed by the 2213 standards of the Division of Finance, to be paid in the same manner as the salaries of other 2214 employees. 2215 (3) The clinical director shall perform such duties as directed by the superintendent and 2216 prescribed by the rules of the board, and shall prescribe and direct the treatment of patients and

- 2218 [(3)] (4) If the superintendent is qualified to be the clinical director, [he] the superintendent may assume the duties of the clinical director.
- Section 43. Section **26B-5-314**, which is renumbered from Section 62A-15-616 is renumbered and amended to read:
- 2222 [<del>62A-15-616</del>]. <u>26B-5-314.</u> Persons entering state mentally ill.

adopt sanitary measures for their welfare.

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2223	(1) A person who enters this state while mentally ill may be returned by a local mental			
2224	health authority to the home of relatives or friends of that person with a mental illness, if			
2225	known, or to a hospital in the state where that person with a mental illness is domiciled, in			
2226	accordance with Title 62A, Chapter 15, Part 8, Interstate Compact on Mental Health.			
2227	(2) This section does not prevent commitment of persons who are traveling through or			
2228	temporarily residing in this state.			
2229	Section 44. Section 26B-5-315, which is renumbered from Section 62A-15-617 is			
2230	renumbered and amended to read:			
2231	[ <del>62A-15-617</del> ]. <u>26B-5-315.</u> Expenses of voluntary patients.			
2232	The expense for the care and treatment of voluntary patients shall be assessed to and			
2233	paid in the same manner and to the same extent as is provided for involuntary patients under			
2234	the provisions of Section 62A-15-607.			
2235	Section 45. Section 26B-5-316, which is renumbered from Section 62A-15-618 is			
2236	renumbered and amended to read:			
2237	[ <del>62A-15-618</del> ]. <u>26B-5-316.</u> Designated examiners.			
2238	(1) A designated examiner shall consider a proposed patient's mental health history			
2239	when evaluating a proposed patient.			
2240	(2) A designated examiner may request a court order to obtain a proposed patient's			
2241	mental health records if a proposed patient refuses to share this information with the designated			
2242	examiner.			
2243	(3) A designated examiner, when evaluating a proposed patient for civil commitment,			
2244	shall consider whether:			
2245	(a) a proposed patient has been under a court order for assisted outpatient treatment;			
2246	(b) the proposed patient complied with the terms of the assisted outpatient treatment			
2247	order, if any; and			
2248	(c) whether assisted outpatient treatment is sufficient to meet the proposed patient's			
2249	needs.			
2250	(4) A designated examiner shall be allowed a reasonable fee by the county legislative			
2251	body of the county in which the proposed patient resides or is found, unless the designated			
2252	examiner is otherwise paid.			
2253	Section 46. Section <b>26B-5-317</b> , which is renumbered from Section 62A-15-619 is			

2254	renumbered and amended to read:		
2255	[62A-15-619]. 26B-5-317. Liability of estate of person with a mental illness.		
2256	The provisions made in this part for the support of persons with a mental illness at		
2257	public expense do not release the estates of those persons from liability for their care and		
2258	treatment, and the division is authorized and empowered to collect from the estates of those		
2259	persons any sums paid by the state in their behalf.		
2260	Section 47. Section 26B-5-318, which is renumbered from Section 62A-15-620 is		
2261	renumbered and amended to read:		
2262	[62A-15-620]. 26B-5-318. Attempt to commit person contrary to		
2263	requirements Penalty.		
2264	Any person who attempts to place another person in the custody of a local mental health		
2265	authority contrary to the provisions of this part is guilty of a class B misdemeanor, in addition		
2266	to liability in an action for damages, or subject to other criminal charges.		
2267	Section 48. Section 26B-5-319, which is renumbered from Section 62A-15-621 is		
2268	renumbered and amended to read:		
2269	[ <del>62A-15-621</del> ]. <u>26B-5-319.</u> Trespass Disturbance Penalty.		
2270	Any person who, without permission, enters any of the buildings or enclosures		
2271	appropriated to the use of patients, or makes any attempt to do so, or enters anywhere upon the		
2272	premises belonging to or used by the division, a local mental health authority, or the state		
2273	hospital and commits, or attempts to commit, any trespass or depredation thereon, or any		
2274	person who, either from within or without the enclosures, willfully annoys or disturbs the peace		
2275	or quiet of the premises or of any patient therein, is guilty of a class B misdemeanor.		
2276	Section 49. Section 26B-5-320, which is renumbered from Section 62A-15-622 is		
2277	renumbered and amended to read:		
2278	[ <del>62A-15-622</del> ]. <u>26B-5-320.</u> Abduction of patient Penalty.		
2279	Any person who abducts a patient who is in the custody of a local mental health		
2280	authority, or induces any patient to elope or escape from that custody, or attempts to do so, or		
2281	aids or assists therein, is guilty of a class B misdemeanor, in addition to liability for damages,		
2282	or subject to other criminal charges.		
2283	Section 50. Section 26B-5-321, which is renumbered from Section 62A-15-623 is		
2284	renumbered and amended to read:		

2285	[ <del>62A-15-623</del> ]. <u>26B-5-321.</u> Criminal's escape Penalty.			
2286	Any person committed to the state hospital under the provisions of Title 77, Chapte			
2287	Inquiry into Sanity of Defendant, or Chapter 16a, Commitment and Treatment of Persons wit			
2288	a Mental Illness, who escapes or leaves the state hospital without proper legal authority is			
2289	guilty of a class A misdemeanor.			
2290	Section 51. Section 26B-5-322, which is renumbered from Section 62A-15-624 is			
2291	renumbered and amended to read:			
2292	[ <del>62A-15-624</del> ]. <u>26B-5-322.</u> Violations of this part Penalty.			
2293	Any person who willfully and knowingly violates any provision of this part, except			
2294	where another penalty is provided by law, is guilty of a class C misdemeanor.			
2295	Section 52. Section 26B-5-323, which is renumbered from Section 62A-15-625 is			
2296	renumbered and amended to read:			
2297	[ <del>62A-15-625</del> ]. <u>26B-5-323.</u> Voluntary admission of adults.			
2298	(1) A local mental health authority, a designee of a local mental health authority, or			
2299	another mental health facility may admit for observation, diagnosis, care, and treatment an			
2300	adult who applies for voluntary admission and who has a mental illness or exhibits the			
2301	symptoms of a mental illness.			
2302	(2) No adult may be committed to a local mental health authority against that adult's			
2303	will except as provided in this chapter.			
2304	(3) An adult may be voluntarily admitted to a local mental health authority for			
2305	treatment at the Utah State Hospital as a condition of probation or stay of sentence only after	•		
2306	the requirements of Section 77-18-106 have been met.			
2307	Section 53. Section 26B-5-324, which is renumbered from Section 62A-15-626 is			
2308	renumbered and amended to read:			
2309	[ <del>62A-15-626</del> ]. <u>26B-5-324.</u> Release from commitment.			
2310	(1) (a) Subject to Subsection (1)(b), a local mental health authority or the mental hea	ılth		
2311	authority's designee shall release from commitment any individual who, in the opinion of the	<b>.</b>		
2312	local mental health authority or the mental health authority's designee, has recovered or no			
2313	longer meets the criteria specified in Section 62A-15-631.			
2314	(b) A local mental health authority's inability to locate a committed individual may r	ot		

2315 be the basis for the individual's release, unless the court orders the release of the individual 2316 after a hearing. 2317 (2) A local mental health authority or the mental health authority's designee may 2318 release from commitment any patient whose commitment is determined to be no longer 2319 advisable except as provided by Section 62A-15-705, but an effort shall be made to assure that 2320 any further supportive services required to meet the patient's needs upon release will be 2321 provided. 2322 (3) When a patient has been committed to a local mental health authority by judicial 2323 process, the local mental health authority shall follow the procedures described in Sections 2324 62A-15-636 and 62A-15-637. 2325 Section 54. Section 26B-5-325, which is renumbered from Section 62A-15-627 is 2326 renumbered and amended to read: 2327 [<del>62A-15-627</del>]. 26B-5-325. Release of voluntary adult -- Exceptions. 2328 (1) Except as provided in Subsection (2), a mental health facility shall immediately 2329 release an adult patient: 2330 (a) who is voluntarily admitted, as described in Section 62A-15-625, and who requests 2331 release, verbally or in writing; or 2332 (b) whose release is requested in writing by the patient's legal guardian, parent, spouse, 2333 or adult next of kin. 2334 (2) (a) An adult patient's release under Subsection (1) may be conditioned upon the 2335 agreement of the patient, if: 2336 (i) the request for release is made by an individual other than the patient; or 2337 (ii) the admitting local mental health authority, the designee of the local mental health 2338 authority, or the admitting mental health facility has cause to believe that release of the patient 2339 would be unsafe for the patient or others. 2340 (b) (i) An adult patient's release may be postponed for up to 48 hours, excluding 2341 weekends and holidays, if the admitting local mental health authority, the designee of the local 2342 mental health authority, or the admitting mental health facility causes involuntary commitment 2343 proceedings to be commenced with the [district] court within the specified time period.

authority, or the admitting mental health facility shall provide written notice of the

(ii) The admitting local mental health authority, the designee of the local mental health

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2346	postponement and the reasons for the postponement to the patient without undue delay.		
2347	(3) A judicial proceeding for involuntary commitment may not be commenced with		
2348	respect to a voluntary patient unless the patient requests release.		
2349	Section 55. Section 26B-5-326, which is renumbered from Section 62A-15-628 is		
2350	renumbered and amended to read:		
2351	[62A-15-628]. 26B-5-326. Involuntary commitment Procedures.		
2352	(1) An adult may not be involuntarily committed to the custody of a local mental health		
2353	authority except under the following provisions:		
2354	(a) emergency procedures for temporary commitment upon medical or designated		
2355	examiner certification, as provided in Subsection 62A-15-629(1)(a);		
2356	(b) emergency procedures for temporary commitment without endorsement of medical		
2357	or designated examiner certification, as provided in Subsection 62A-15-629(1)(b); or		
2358	(c) commitment on court order, as provided in Section 62A-15-631.		
2359	(2) A person under 18 years of age may be committed to the physical custody of a local		
2360	mental health authority only in accordance with the provisions of [Part 7, Commitment of		
2361	Persons Under Age 18 to Division of Substance Abuse and Mental Health] Part 4,		
2362	Commitment of Persons Under Age 18.		
2363	Section 56. Section 26B-5-327, which is renumbered from Section 62A-15-629 is		
2364	renumbered and amended to read:		
2365	[ <del>62A-15-629</del> ]. <u>26B-5-327.</u> Temporary commitment Requirements and		
2366	procedures Rights.		
2367	(1) An adult shall be temporarily, involuntarily committed to a local mental health		
2368	authority upon:		
2369	(a) a written application that:		
2370	(i) is completed by a responsible individual who has reason to know, stating a belief		
2371	that the adult, due to mental illness, is likely to pose substantial danger to self or others if not		
2372	restrained and stating the personal knowledge of the adult's condition or circumstances that		
2373	lead to the individual's belief; and		
2374	(ii) includes a certification by a licensed physician, licensed physician assistant,		
2375	licensed nurse practitioner, or designated examiner stating that the physician, physician		
2376	assistant, nurse practitioner, or designated examiner has examined the adult within a three-day		

2377	period immediately preceding the certification, and that the physician, physician assistant,		
2378	nurse practitioner, or designated examiner is of the opinion that, due to mental illness, the adu		
2379	poses a substantial danger to self or others; or		
2380	(b) a peace officer or a mental health officer:		
2381	(i) observing an adult's conduct that gives the peace officer or mental health officer		
2382	probable cause to believe that:		
2383	(A) the adult has a mental illness; and		
2384	(B) because of the adult's mental illness and conduct, the adult poses a substantial		
2385	danger to self or others; and		
2386	(ii) completing a temporary commitment application that:		
2387	(A) is on a form prescribed by the division;		
2388	(B) states the peace officer's or mental health officer's belief that the adult poses a		
2389	substantial danger to self or others;		
2390	(C) states the specific nature of the danger;		
2391	(D) provides a summary of the observations upon which the statement of danger is		
2392	based; and		
2393	(E) provides a statement of the facts that called the adult to the peace officer's or		
2394	mental health officer's attention.		
2395	(2) If at any time a patient committed under this section no longer meets the		
2396	commitment criteria described in Subsection (1), the local mental health authority or the local		
2397	mental health authority's designee shall document the change and release the patient.		
2398	(3) (a) A patient committed under this section may be held for a maximum of 24 hours		
2399	after commitment, excluding Saturdays, Sundays, and legal holidays, unless:		
2400	(i) as described in Section 62A-15-631, an application for involuntary commitment is		
2401	commenced, which may be accompanied by an order of detention described in Subsection		
2402	62A-15-631(4);		
2403	(ii) the patient makes a voluntary application for admission; or		
2404	(iii) before expiration of the 24 hour period, a licensed physician, licensed physician		
2405	assistant, licensed nurse practitioner, or designated examiner examines the patient and certifies		
2406	in writing that:		
2407	(A) the patient, due to mental illness, poses a substantial danger to self or others;		

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2408	(B) additional time is necessary for evaluation and treatment of the patient's mental		
2409	illness; and		
2410	(C) there is no appropriate less-restrictive alternative to commitment to evaluate and		
2411	treat the patient's mental illness.		
2412	(b) A patient described in Subsection (3)(a)(iii) may be held for a maximum of 48		
2413	hours after the 24 hour period described in Subsection (3)(a) expires, excluding Saturdays,		
2414	Sundays, and legal holidays.		
2415	(c) Subsection (3)(a)(iii) applies to an adult patient.		
2416	(4) Upon a written application described in Subsection (1)(a) or the observation and		
2417	belief described in Subsection (1)(b)(i), the adult shall be:		
2418	(a) taken into a peace officer's protective custody, by reasonable means, if necessary for		
2419	public safety; and		
2420	(b) transported for temporary commitment to a facility designated by the local mental		
2421	health authority, by means of:		
2422	(i) an ambulance, if the adult meets any of the criteria described in Section 26-8a-305;		
2423	(ii) an ambulance, if a peace officer is not necessary for public safety, and		
2424	transportation arrangements are made by a physician, physician assistant, nurse practitioner,		
2425	designated examiner, or mental health officer;		
2426	(iii) the city, town, or municipal law enforcement authority with jurisdiction over the		
2427	location where the adult is present, if the adult is not transported by ambulance;		
2428	(iv) the county sheriff, if the designated facility is outside of the jurisdiction of the law		
2429	enforcement authority described in Subsection (4)(b)(iii) and the adult is not transported by		
2430	ambulance; or		
2431	(v) nonemergency secured behavioral health transport as that term is defined in Section		
2432	26-8a-102.		
2433	(5) Notwithstanding Subsection (4):		
2434	(a) an individual shall be transported by ambulance to an appropriate medical facility		
2435	for treatment if the individual requires physical medical attention;		
2436	(b) if an officer has probable cause to believe, based on the officer's experience and		
2437	de-escalation training that taking an individual into protective custody or transporting an		
2438	individual for temporary commitment would increase the risk of substantial danger to the		

2439 individual or others, a peace officer may exercise discretion to not take the individual into 2440 custody or transport the individual, as permitted by policies and procedures established by the 2441 officer's law enforcement agency and any applicable federal or state statute, or case law; and 2442 (c) if an officer exercises discretion under Subsection (4)(b) to not take an individual 2443 into protective custody or transport an individual, the officer shall document in the officer's 2444 report the details and circumstances that led to the officer's decision. 2445 (6) (a) The local mental health authority shall inform an adult patient committed under 2446 this section of the reason for commitment. 2447 (b) An adult patient committed under this section has the right to: 2448 (i) within three hours after arrival at the local mental health authority, make a 2449 telephone call, at the expense of the local mental health authority, to an individual of the 2450 patient's choice; and 2451 (ii) see and communicate with an attorney. 2452 (7) (a) Title 63G, Chapter 7, Governmental Immunity Act of Utah, applies to this 2453 section. 2454 (b) This section does not create a special duty of care. 2455 Section 57. Section 26B-5-328, which is renumbered from Section 62A-15-630 is 2456 renumbered and amended to read: 2457 26B-5-328. Mental health commissioners. [<del>62A-15-630</del>]. 2458 The court may appoint a mental health commissioner to assist in conducting 2459 commitment proceedings in accordance with Section 78A-5-107. 2460 Section 58. Section 26B-5-329, which is renumbered from Section 62A-15-630.4 is 2461 renumbered and amended to read: 2462 26B-5-329. Assisted outpatient treatment services. [<del>62A-15-630.4</del>]. 2463 (1) The local mental health authority or [its] the local mental health authority's 2464 designee shall provide assisted outpatient treatment, which shall include: 2465 (a) case management; and 2466 (b) an individualized treatment plan, created with input from the proposed patient 2467 when possible. 2468 (2) A court order for assisted outpatient treatment does not create independent 2469 authority to forcibly medicate a patient.

2470 Section 59. Section 26B-5-330, which is renumbered from Section 62A-15-630.5 is 2471 renumbered and amended to read: 2472 [<del>62A-15-630.5</del>]. 26B-5-330. Assisted outpatient treatment proceedings. 2473 (1) A responsible individual who has credible knowledge of an adult's mental illness 2474 and the condition or circumstances that have led to the adult's need for assisted outpatient 2475 treatment may file, in the [district] court in the county where the proposed patient resides or is 2476 found, a written application that includes: 2477 (a) unless the court finds that the information is not reasonably available, the proposed 2478 patient's: 2479 (i) name; 2480 (ii) date of birth; and 2481 (iii) social security number; and 2482 (b) (i) a certificate of a licensed physician or a designated examiner stating that within 2483 the seven-day period immediately preceding the certification, the physician or designated 2484 examiner examined the proposed patient and is of the opinion that the proposed patient has a 2485 mental illness and should be involuntarily committed; or 2486 (ii) a written statement by the applicant that: 2487 (A) the proposed patient has been requested to, but has refused to, submit to an 2488 examination of mental condition by a licensed physician or designated examiner; 2489 (B) is sworn to under oath; and 2490 (C) states the facts upon which the application is based. 2491 (2) (a) Subject to Subsection (2)(b), before issuing a judicial order, the court may require the applicant to consult with the appropriate local mental health authority, and the court 2492 2493 may direct a mental health professional from that local mental health authority to interview the 2494 applicant and the proposed patient to determine the existing facts and report them to the court. 2495 (b) The consultation described in Subsection (2)(a): 2496 (i) may take place at or before the hearing; and 2497 (ii) is required if the local mental health authority appears at the hearing. 2498 (3) If the proposed patient refuses to submit to an interview described in Subsection 2499 (2)(a) or an examination described in Subsection (8), the court may issue an order, directed to a 2500 mental health officer or peace officer, to immediately place the proposed patient into the

custody of a local mental health authority or in a temporary emergency facility, as provided in Section 62A-15-634, to be detained for the purpose of examination.

- (4) Notice of commencement of proceedings for assisted outpatient treatment, setting forth the allegations of the application and any reported facts, together with a copy of any official order of detention, shall:
- (a) be provided by the court to a proposed patient before, or upon, placement into the custody of a local mental health authority or, with respect to any proposed patient presently in the custody of a local mental health authority;
  - (b) be maintained at the proposed patient's place of detention, if any;
- (c) be provided by the court as soon as practicable to the applicant, any legal guardian, any immediate adult family members, legal counsel for the parties involved, the local mental health authority or its designee, and any other person whom the proposed patient or the court shall designate; and
  - (d) advise that a hearing may be held within the time provided by law.
- 2515 (5) The [district] court may, in its discretion, transfer the case to any other [district]
  2516 court within this state, provided that the transfer will not be adverse to the interest of the
  2517 proposed patient.
  - (6) Within 24 hours, excluding Saturdays, Sundays, and legal holidays, of the issuance of a judicial order, or after commitment of a proposed patient to a local mental health authority or its designee under court order for detention in order to complete an examination, the court shall appoint two designated examiners:
  - (a) who did not sign the assisted outpatient treatment application nor the certification described in Subsection (1);
    - (b) one of whom is a licensed physician; and
- 2525 (c) one of whom may be designated by the proposed patient or the proposed patient's 2526 counsel, if that designated examiner is reasonably available.
- 2527 (7) The court shall schedule a hearing to be held within 10 calendar days of the day on which the designated examiners are appointed.
- 2529 (8) The designated examiners shall:

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- 2530 (a) conduct their examinations separately;
- 2531 (b) conduct the examinations at the home of the proposed patient, at a hospital or other

2532 medical facility, or at any other suitable place that is not likely to have a harmful effect on the 2533 proposed patient's health; 2534 (c) inform the proposed patient, if not represented by an attorney: 2535 (i) that the proposed patient does not have to say anything; 2536 (ii) of the nature and reasons for the examination; 2537 (iii) that the examination was ordered by the court; 2538 (iv) that any information volunteered could form part of the basis for the proposed 2539 patient to be ordered to receive assisted outpatient treatment; and 2540 (v) that findings resulting from the examination will be made available to the court; 2541 and 2542 (d) within 24 hours of examining the proposed patient, report to the court, orally or in 2543 writing, whether the proposed patient is mentally ill. If the designated examiner reports orally, 2544 the designated examiner shall immediately send a written report to the clerk of the court. 2545 (9) If a designated examiner is unable to complete an examination on the first attempt because the proposed patient refuses to submit to the examination, the court shall fix a 2546 2547 reasonable compensation to be paid to the examiner. 2548 (10) If the local mental health authority, its designee, or a medical examiner determines 2549 before the court hearing that the conditions justifying the findings leading to an assisted 2550 outpatient treatment hearing no longer exist, the local mental health authority, its designee, or 2551 the medical examiner shall immediately report that determination to the court. 2552 (11) The court may terminate the proceedings and dismiss the application at any time, 2553 including prior to the hearing, if the designated examiners or the local mental health authority 2554 or its designee informs the court that the proposed patient does not meet the criteria in 2555 Subsection (14). 2556 (12) Before the hearing, an opportunity to be represented by counsel shall be afforded 2557 to the proposed patient, and if neither the proposed patient nor others provide counsel, the court 2558 shall appoint counsel and allow counsel sufficient time to consult with the proposed patient 2559 before the hearing. In the case of an indigent proposed patient, the payment of reasonable 2560 attorney fees for counsel, as determined by the court, shall be made by the county in which the 2561 proposed patient resides or is found.

(13) (a) All persons to whom notice is required to be given shall be afforded an

opportunity to appear at the hearing, to testify, and to present and cross-examine witnesses. The court may, in its discretion, receive the testimony of any other individual. The court may allow a waiver of the proposed patient's right to appear for good cause, which cause shall be set forth in the record, or an informed waiver by the patient, which shall be included in the record.

- (b) The court is authorized to exclude all individuals not necessary for the conduct of the proceedings and may, upon motion of counsel, require the testimony of each examiner to be given out of the presence of any other examiners.
- (c) The hearing shall be conducted in as informal a manner as may be consistent with orderly procedure, and in a physical setting that is not likely to have a harmful effect on the mental health of the proposed patient.
- (d) The court shall consider all relevant historical and material information that is offered, subject to the rules of evidence, including reliable hearsay under Rule 1102, Utah Rules of Evidence.
- (e) (i) A local mental health authority or its designee, or the physician in charge of the proposed patient's care shall, at the time of the hearing, provide the court with the following information:
- 2579 (A) the detention order, if any;
- 2580 (B) admission notes, if any;
- 2581 (C) the diagnosis, if any;

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- 2582 (D) doctor's orders, if any;
- 2583 (E) progress notes, if any;
- 2584 (F) nursing notes, if any; and
- 2585 (G) medication records, if any.
- 2586 (ii) The information described in Subsection (13)(e)(i) shall also be provided to the proposed patient's counsel:
- 2588 (A) at the time of the hearing; and
- 2589 (B) at any time prior to the hearing, upon request.
- 2590 (14) The court shall order a proposed patient to assisted outpatient treatment if, upon 2591 completion of the hearing and consideration of the information presented, the court finds by 2592 clear and convincing evidence that:
  - (a) the proposed patient has a mental illness;

2594 (b) there is no appropriate less-restrictive alternative to a court order for assisted 2595 outpatient treatment; and 2596 (c) (i) the proposed patient lacks the ability to engage in a rational decision-making 2597 process regarding the acceptance of mental health treatment, as demonstrated by evidence of 2598 inability to weigh the possible risks of accepting or rejecting treatment; or 2599 (ii) the proposed patient needs assisted outpatient treatment in order to prevent relapse 2600 or deterioration that is likely to result in the proposed patient posing a substantial danger to self 2601 or others. 2602 (15) The court may order the applicant or a close relative of the patient to be the 2603 patient's personal representative, as described in 45 C.F.R. Sec. 164.502(g), for purposes of the 2604 patient's mental health treatment. 2605 (16) In the absence of the findings described in Subsection (14), the court, after the 2606 hearing, shall dismiss the proceedings. 2607 (17) (a) The assisted outpatient treatment order shall designate the period for which the 2608 patient shall be treated, which may not exceed 12 months without a review hearing. 2609 (b) At a review hearing, the court may extend the duration of an assisted outpatient 2610 treatment order by up to 12 months, if: 2611 (i) the court finds by clear and convincing evidence that the patient meets the 2612 conditions described in Subsection (14); or 2613 (ii) (A) the patient does not appear at the review hearing; 2614 (B) notice of the review hearing was provided to the patient's last known address by the 2615 applicant described in Subsection (1) or by a local mental health authority; and 2616 (C) the patient has appeared in court or signed an informed waiver within the previous 2617 18 months. 2618 (c) The court shall maintain a current list of all patients under its order of assisted 2619 outpatient treatment. 2620 (d) At least two weeks prior to the expiration of the designated period of any assisted 2621 outpatient treatment order still in effect, the court that entered the original order shall inform 2622 the appropriate local mental health authority or its designee.

(18) Costs of all proceedings under this section shall be paid by the county in which the

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proposed patient resides or is found.

2625	(19) A court may not hold an individual in contempt for failure to comply with an
2626	assisted outpatient treatment order.
2627	(20) As provided in Section 31A-22-651, a health insurance provider may not deny an
2628	insured the benefits of the insured's policy solely because the health care that the insured
2629	receives is provided under a court order for assisted outpatient treatment.
2630	Section 60. Section 26B-5-331, which is renumbered from Section 62A-15-631 is
2631	renumbered and amended to read:
2632	[62A-15-631]. <u>26B-5-331.</u> Involuntary commitment under court order
2633	Examination Hearing Power of court Findings required Costs.
2634	(1) A responsible individual who has credible knowledge of an adult's mental illness
2635	and the condition or circumstances that have led to the adult's need to be involuntarily
2636	committed may initiate an involuntary commitment court proceeding by filing, in the [district]
2637	court in the county where the proposed patient resides or is found, a written application that
2638	includes:
2639	(a) unless the court finds that the information is not reasonably available, the proposed
2640	patient's:
2641	(i) name;
2642	(ii) date of birth; and
2643	(iii) social security number;
2644	(b) (i) a certificate of a licensed physician or a designated examiner stating that within
2645	the seven-day period immediately preceding the certification, the physician or designated
2646	examiner examined the proposed patient and is of the opinion that the proposed patient has a
2647	mental illness and should be involuntarily committed; or
2648	(ii) a written statement by the applicant that:
2649	(A) the proposed patient has been requested to, but has refused to, submit to an
2650	examination of mental condition by a licensed physician or designated examiner;
2651	(B) is sworn to under oath; and
2652	(C) states the facts upon which the application is based; and
2653	(c) a statement whether the proposed patient has previously been under an assisted
2654	outpatient treatment order, if known by the applicant.
2655	(2) Before issuing a judicial order, the court:

(a) shall require the applicant to consult with the appropriate local mental health authority at or before the hearing; and

- (b) may direct a mental health professional from the local mental health authority to interview the applicant and the proposed patient to determine the existing facts and report the existing facts to the court.
- (3) The court may issue an order, directed to a mental health officer or peace officer, to immediately place a proposed patient in the custody of a local mental health authority or in a temporary emergency facility, as described in Section 62A-15-634, to be detained for the purpose of examination if:
- (a) the court finds from the application, any other statements under oath, or any reports from a mental health professional that there is a reasonable basis to believe that the proposed patient has a mental illness that poses a danger to self or others and requires involuntary commitment pending examination and hearing; or
- (b) the proposed patient refuses to submit to an interview with a mental health professional as directed by the court or to go to a treatment facility voluntarily.
- (4) (a) The court shall provide notice of commencement of proceedings for involuntary commitment, setting forth the allegations of the application and any reported facts, together with a copy of any official order of detention, to a proposed patient before, or upon, placement of the proposed patient in the custody of a local mental health authority or, with respect to any proposed patient presently in the custody of a local mental health authority whose status is being changed from voluntary to involuntary, upon the filing of an application for that purpose with the court.
  - (b) The place of detention shall maintain a copy of the order of detention.
- (5) (a) The court shall provide notice of commencement of proceedings for involuntary commitment as soon as practicable to the applicant, any legal guardian, any immediate adult family members, legal counsel for the parties involved, the local mental health authority or the local mental health authority's designee, and any other persons whom the proposed patient or the court designates.
- (b) Except as provided in Subsection (5)(c), the notice under Subsection (5)(a) shall advise the persons that a hearing may be held within the time provided by law.
  - (c) If the proposed patient refuses to permit release of information necessary for

provisions of notice under this subsection, the court shall determine the extent of notice.

- (6) Proceedings for commitment of an individual under 18 years old to a local mental health authority may be commenced in accordance with [Part 7, Commitment of Persons Under Age 18 to Division of Substance Abuse and Mental Health] Part 4, Commitment of Persons Under Age 18.
- (7) (a) The [district] court may, in the [district] court's discretion, transfer the case to any other [district] court within this state, if the transfer will not be adverse to the interest of the proposed patient.
  - (b) If a case is transferred under Subsection (7)(a), the parties to the case may be transferred and the local mental health authority may be substituted in accordance with Utah Rules of Civil Procedure, Rule 25.
  - (8) Within 24 hours, excluding Saturdays, Sundays, and legal holidays, of the issuance of a judicial order, or after commitment of a proposed patient to a local mental health authority or the local mental health authority's designee under court order for detention or examination, the court shall appoint two designated examiners:
- (a) who did not sign the civil commitment application nor the civil commitment certification under Subsection (1);
  - (b) one of whom is a licensed physician; and
- 2705 (c) one of whom may be designated by the proposed patient or the proposed patient's counsel, if that designated examiner is reasonably available.
  - (9) The court shall schedule a hearing to be held within 10 calendar days after the day on which the designated examiners are appointed.
- 2709 (10) (a) The designated examiners shall:
- 2710 (i) conduct the examinations separately;

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- 2711 (ii) conduct the examinations at the home of the proposed patient, at a hospital or other 2712 medical facility, or at any other suitable place, including through telehealth, that is not likely to 2713 have a harmful effect on the proposed patient's health;
- 2714 (iii) inform the proposed patient, if not represented by an attorney:
- 2715 (A) that the proposed patient does not have to say anything;
- 2716 (B) of the nature and reasons for the examination;
- (C) that the examination was ordered by the court;

2718 (D) that any information volunteered could form part of the basis for the proposed 2719 patient's involuntary commitment; 2720 (E) that findings resulting from the examination will be made available to the court; 2721 and 2722 (F) that the designated examiner may, under court order, obtain the proposed patient's 2723 mental health records; and 2724 (iv) within 24 hours of examining the proposed patient, report to the court, orally or in 2725 writing, whether the proposed patient is mentally ill, has agreed to voluntary commitment, as 2726 described in Section 62A-15-625, or has acceptable programs available to the proposed patient 2727 without court proceedings. 2728 (b) If a designated examiner reports orally under Subsection (10)(a), the designated 2729 examiner shall immediately send a written report to the clerk of the court. 2730 (11) If a designated examiner is unable to complete an examination on the first attempt 2731 because the proposed patient refuses to submit to the examination, the court shall fix a 2732 reasonable compensation to be paid to the examiner. 2733 (12) If the local mental health authority, the local mental health authority's designee, or 2734 a medical examiner determines before the court hearing that the conditions justifying the 2735 findings leading to a commitment hearing no longer exist, the local mental health authority, the 2736 local mental health authority's designee, or the medical examiner shall immediately report the 2737 determination to the court. 2738 (13) The court may terminate the proceedings and dismiss the application at any time, including before the hearing, if the designated examiners or the local mental health authority or 2739 2740 the local mental health authority's designee informs the court that the proposed patient: 2741 (a) does not meet the criteria in Subsection (16); 2742 (b) has agreed to voluntary commitment, as described in Section 62A-15-625; 2743 (c) has acceptable options for treatment programs that are available without court 2744 proceedings; or 2745 (d) meets the criteria for assisted outpatient treatment described in Section 2746 62A-15-630.5. (14) (a) Before the hearing, the court shall provide the proposed patient an opportunity 2747 2748 to be represented by counsel, and if neither the proposed patient nor others provide counsel, the

court shall appoint counsel and allow counsel sufficient time to consult with the proposed patient before the hearing.

- (b) In the case of an indigent proposed patient, the county in which the proposed patient resides or is found shall make payment of reasonable attorney fees for counsel, as determined by the court.
- (15) (a) (i) The court shall afford the proposed patient, the applicant, and any other person to whom notice is required to be given an opportunity to appear at the hearing, to testify, and to present and cross-examine witnesses.
  - (ii) The court may, in the court's discretion, receive the testimony of any other person.
- (iii) The court may allow a waiver of the proposed patient's right to appear for good cause, which cause shall be set forth in the record, or an informed waiver by the patient, which shall be included in the record.
- (b) The court is authorized to exclude any person not necessary for the conduct of the proceedings and may, upon motion of counsel, require the testimony of each designated examiner to be given out of the presence of any other designated examiners.
- (c) The court shall conduct the hearing in as informal a manner as may be consistent with orderly procedure, and in a physical setting that is not likely to have a harmful effect on the mental health of the proposed patient, while preserving the due process rights of the proposed patient.
- (d) The court shall consider any relevant historical and material information that is offered, subject to the rules of evidence, including reliable hearsay under Rule 1102, Utah Rules of Evidence.
- (e) (i) A local mental health authority or the local mental health authority's designee or the physician in charge of the proposed patient's care shall, at the time of the hearing, provide the court with the following information:
- 2774 (A) the detention order;
- 2775 (B) admission notes;
- (C) the diagnosis;

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- (D) any doctors' orders;
- 2778 (E) progress notes;
- 2779 (F) nursing notes;

2780 (G) medication records pertaining to the current commitment; and 2781 (H) whether the proposed patient has previously been civilly committed or under an 2782 order for assisted outpatient treatment. 2783 (ii) The information described in Subsection (15)(e)(i) shall also be supplied to the 2784 proposed patient's counsel at the time of the hearing, and at any time prior to the hearing upon 2785 request. 2786 (16) (a) The court shall order commitment of an adult proposed patient to a local 2787 mental health authority if, upon completion of the hearing and consideration of the information presented, the court finds by clear and convincing evidence that: 2788 2789 (i) the proposed patient has a mental illness; 2790 (ii) because of the proposed patient's mental illness the proposed patient poses a 2791 substantial danger to self or others; 2792 (iii) the proposed patient lacks the ability to engage in a rational decision-making 2793 process regarding the acceptance of mental treatment as demonstrated by evidence of inability 2794 to weigh the possible risks of accepting or rejecting treatment; 2795 (iv) there is no appropriate less-restrictive alternative to a court order of commitment; 2796 and 2797 (v) the local mental health authority can provide the proposed patient with treatment 2798 that is adequate and appropriate to the proposed patient's conditions and needs. 2799 (b) (i) If, at the hearing, the court determines that the proposed patient has a mental 2800 illness but does not meet the other criteria described in Subsection (16)(a), the court may 2801 consider whether the proposed patient meets the criteria for assisted outpatient treatment under 2802 Section 62A-15-630.5. 2803 (ii) The court may order the proposed patient to receive assisted outpatient treatment in 2804 accordance with Section 62A-15-630.5 if, at the hearing, the court finds the proposed patient 2805 meets the criteria for assisted outpatient treatment under Section 62A-15-630.5. 2806 (iii) If the court determines that neither the criteria for commitment under Subsection 2807 (16)(a) nor the criteria for assisted outpatient treatment under Section 62A-15-630.5 are met, the court shall dismiss the proceedings after the hearing. 2808 2809 (17) (a) (i) The order of commitment shall designate the period for which the patient

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shall be treated.

(ii) If the patient is not under an order of commitment at the time of the hearing, the patient's treatment period may not exceed six months without a review hearing.

- (iii) Upon a review hearing, to be commenced before the expiration of the previous order of commitment, an order for commitment may be for an indeterminate period, if the court finds by clear and convincing evidence that the criteria described in Subsection (16) will last for an indeterminate period.
- (b) (i) The court shall maintain a current list of all patients under the court's order of commitment and review the list to determine those patients who have been under an order of commitment for the court designated period.
- (ii) At least two weeks before the expiration of the designated period of any order of commitment still in effect, the court that entered the original order of commitment shall inform the appropriate local mental health authority or the local mental health authority's designee of the expiration.
- (iii) Upon receipt of the information described in Subsection (17)(b)(ii), the local mental health authority or the local mental health authority's designee shall immediately reexamine the reasons upon which the order of commitment was based.
- (iv) If, after reexamination under Subsection (17)(b)(iii), the local mental health authority or the local mental health authority's designee determines that the conditions justifying commitment no longer exist, the local mental health authority or the local mental health authority's designee shall discharge the patient from involuntary commitment and immediately report the discharge to the court.
- (v) If, after reexamination under Subsection (17)(b)(iii), the local mental health authority or the local mental health authority's designee determines that the conditions justifying commitment continue to exist, the court shall immediately appoint two designated examiners and proceed under Subsections (8) through (14).
- (c) (i) The local mental health authority or the local mental health authority's designee responsible for the care of a patient under an order of commitment for an indeterminate period shall, at six-month intervals, reexamine the reasons upon which the order of indeterminate commitment was based.
- (ii) If the local mental health authority or the local mental health authority's designee determines that the conditions justifying commitment no longer exist, the local mental health

authority or the local mental health authority's designee shall discharge the patient from the local mental health authority's or the local mental health authority designee's custody and immediately report the discharge to the court.

- (iii) If the local mental health authority or the local mental health authority's designee determines that the conditions justifying commitment continue to exist, the local mental health authority or the local mental health authority's designee shall send a written report of the findings to the court.
- (iv) A patient and the patient's counsel of record shall be notified in writing that the involuntary commitment will be continued under Subsection (17)(c)(iii), the reasons for the decision to continue, and that the patient has the right to a review hearing by making a request to the court.
- (v) Upon receiving a request under Subsection (17)(c)(iv), the court shall immediately appoint two designated examiners and proceed under Subsections (8) through (14).
- (18) (a) Any patient committed as a result of an original hearing or a patient's legally designated representative who is aggrieved by the findings, conclusions, and order of the court entered in the original hearing has the right to a new hearing upon a petition filed with the court within 30 days after the day on which the court order is entered.
- (b) The petition shall allege error or mistake in the findings, in which case the court shall appoint three impartial designated examiners previously unrelated to the case to conduct an additional examination of the patient.
- (c) Except as provided in Subsection (18)(b), the court shall, in all other respects, conduct the new hearing in the manner otherwise permitted.
- (19) The county in which the proposed patient resides or is found shall pay the costs of all proceedings under this section.
- Section 61. Section **26B-5-332**, which is renumbered from Section 62A-15-632 is renumbered and amended to read:
- [62A-15-632]. 26B-5-332. Circumstances under which conditions justifying initial involuntary commitment shall be considered to continue to exist.
  - (1) When an individual is involuntarily committed to the custody of a local mental health authority under Subsection 62A-15-631(16), the conditions justifying commitment under that Subsection shall be considered to continue to exist for purposes of continued

treatment under Subsection 62A-15-631(17) or conditional release under Section 62A-15-637 if the court finds that:

(a) the patient is still mentally ill;

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- 2876 (b) there is no appropriate less restrictive alternative to a court order of involuntary commitment; and
- 2878 (c) absent an order of involuntary commitment, the patient will likely pose a substantial danger to self or others.
  - (2) When an individual has been ordered to assisted outpatient treatment under Subsection 62A-15-630.5(14), the individual may be involuntarily committed to the custody of a local mental health authority under Subsection 62A-15-631(16) for purposes of continued treatment under Subsection 62A-15-631(17) or conditional release under Section 62A-15-637, if the court finds that:
    - (a) the patient is still mentally ill;
  - (b) there is no appropriate less-restrictive alternative to a court order of involuntary commitment; and
  - (c) based upon the patient's conduct and statements during the preceding six months, or the patient's failure to comply with treatment recommendations during the preceding six months, the court finds that absent an order of involuntary commitment, the patient is likely to pose a substantial danger to self or others.
  - (3) A patient whose treatment is continued or who is conditionally released under the terms of this section shall be maintained in the least restrictive environment available that can provide the patient with treatment that is adequate and appropriate.
- Section 62. Section **26B-5-333**, which is renumbered from Section 62A-15-633 is renumbered and amended to read:
- 2897 [62A-15-633]. 26B-5-333. Persons eligible for care or treatment by federal agency -- Continuing jurisdiction of state courts.
  - (1) If an individual committed pursuant to Section 62A-15-631 is eligible for care or treatment by any agency of the United States, the court, upon receipt of a certificate from a United States agency, showing that facilities are available and that the individual is eligible for care or treatment therein, may order the individual to be placed in the custody of that agency for care.

(2) When admitted to any facility or institution operated by a United States agency, within or without this state, the individual shall be subject to the rules and regulations of that agency.

- (3) The chief officer of any facility or institution operated by a United States agency and in which the individual is hospitalized, shall, with respect to that individual, be vested with the same powers as the superintendent or director of a mental health facility, regarding detention, custody, transfer, conditional release, or discharge of patients. Jurisdiction is retained in appropriate courts of this state at any time to inquire into the mental condition of an individual so hospitalized, and to determine the necessity for continuance of hospitalization, and every order of hospitalization issued pursuant to this section is so conditioned.
- Section 63. Section **26B-5-334**, which is renumbered from Section 62A-15-634 is renumbered and amended to read:

## [62A-15-634]. 26B-5-334. Detention pending placement in custody.

Pending commitment to a local mental health authority, a patient taken into custody or ordered to be committed pursuant to this part may be detained in the patient's home, a licensed foster home, or any other suitable facility under reasonable conditions prescribed by the local mental health authority. Except in an extreme emergency, the patient may not be detained in a nonmedical facility used for the detention of individuals charged with or convicted of criminal offenses. The local mental health authority shall take reasonable measures, including provision of medical care, as may be necessary to assure proper care of an individual temporarily detained pursuant to this section.

Section 64. Section **26B-5-335**, which is renumbered from Section 62A-15-635 is renumbered and amended to read:

## [<del>62A-15-635</del>]. 26B-5-335. Notice of commitment.

Whenever a patient has been temporarily, involuntarily committed to a local mental health authority under Section 62A-15-629 on the application of an individual other than the patient's legal guardian, spouse, or next of kin, the local mental health authority or a designee of the local mental health authority shall immediately notify the patient's legal guardian, spouse, or next of kin, if known.

Section 65. Section **26B-5-336**, which is renumbered from Section 62A-15-636 is renumbered and amended to read:

2935	[ <del>62A-15-636</del> ].	26B-5-336. Periodic review Discharge.
2936	Each local mental he	alth authority or its designee shall, as frequently as practicable,
2937	examine or cause to be exam	nined every person who has been committed to it. Whenever the
2938	local mental health authority	or its designee determines that the conditions justifying
2939	involuntary commitment no	longer exist, it shall discharge the patient. If the patient has been
2940	committed through judicial	proceedings, a report describing that determination shall be sent to
2941	the clerk of the court where	the proceedings were held.
2942	Section 66. Section	<b>26B-5-337</b> , which is renumbered from Section 62A-15-637 is
2943	renumbered and amended to	read:
2944	[ <del>62A-15-637</del> ].	<u>26B-5-337.</u> Release of patient to receive other treatment
2945	Placement in more restrict	ive environment Procedures.
2946	(1) A local mental h	ealth authority or a designee of a local mental health authority may
2947	conditionally release an imp	roved patient to less restrictive treatment when:
2948	(a) the authority spe	cifies the less restrictive treatment; and
2949	(b) the patient agree	s in writing to the less restrictive treatment.
2950	(2) (a) Whenever a l	ocal mental health authority or a designee of a local mental health
2951	authority determines that the	e conditions justifying commitment no longer exist, the local
2952	mental health authority or th	e designee shall discharge the patient.
2953	(b) If the discharged	patient has been committed through judicial proceedings, the local
2954	mental health authority or th	e designee shall prepare a report describing the determination and
2955	shall send the report to the c	lerk of the court where the proceedings were held.
2956	(3) (a) A local ment	al health authority or a designee of a local mental health authority
2957	is authorized to issue an order	er for the immediate placement of a current patient into a more
2958	restrictive environment, if:	
2959	(i) the local mental l	nealth authority or a designee of a local mental health authority has
2960	reason to believe that the par	tient's current environment is aggravating the patient's mental
2961	illness; or	
2962	(ii) the patient has fa	ailed to comply with the specified treatment plan to which the
2963	patient agreed in writing.	
2964	(b) An order for a m	ore restrictive environment shall:
2965	(i) state the reasons	for the order;

2966	(ii) authorize any peace officer to take the patient into physical custody and transport
2967	the patient to a facility designated by the local mental health authority;
2968	(iii) inform the patient of the right to a hearing, the right to appointed counsel, and the
2969	other procedures described in Subsection 62A-15-631(14); and
2970	(iv) prior to or upon admission to the more restrictive environment, or upon imposition
2971	of additional or different requirements as conditions for continued conditional release from
2972	inpatient care, copies of the order shall be delivered to:
2973	(A) the patient;
2974	(B) the person in whose care the patient is placed;
2975	(C) the patient's counsel of record; and
2976	(D) the court that entered the original order of commitment.
2977	(c) If the patient was in a less restrictive environment for more than 30 days and is
2978	aggrieved by the change to a more restrictive environment, the patient or the patient's
2979	representative may request a hearing within 30 days of the change. Upon receiving the request,
2980	the court shall immediately appoint two designated examiners and proceed pursuant to Section
2981	62A-15-631, with the exception of Subsection 62A-15-631(16), unless, by the time set for the
2982	hearing, the patient is returned to the less restrictive environment or the patient withdraws the
2983	request for a hearing, in writing.
2984	(d) The court shall:
2985	(i) make findings regarding whether the conditions described in Subsections (3)(a) and
2986	(b) were met and whether the patient is in the least restrictive environment that is appropriate
2987	for the patient's needs; and
2988	(ii) designate, by order, the environment for the patient's care and the period for which
2989	the patient shall be treated, which may not extend beyond expiration of the original order of
2990	commitment.
2991	(4) Nothing contained in this section prevents a local mental health authority or its
2992	designee, pursuant to Section 62A-15-636, from discharging a patient from commitment or
2993	from placing a patient in an environment that is less restrictive than that ordered by the court.
2994	Section 67. Section <b>26B-5-338</b> , which is renumbered from Section 62A-15-638 is
2995	renumbered and amended to read:
2996	[ <del>62A-15-638</del> ] 26B-5-338 Reexamination of court order for commitment

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(1) Any patient committed pursuant to Section 62A-15-631 is entitled to a reexamination of the order for commitment on the patient's own petition, or on that of the legal guardian, parent, spouse, relative, or friend, to the [district] court of the county in which the patient resides or is detained.

(2) Upon receipt of the petition, the court shall conduct or cause to be conducted by a mental health commissioner proceedings in accordance with Section 62A-15-631, except that those proceedings shall not be required to be conducted if the petition is filed sooner than six months after the issuance of the order of commitment or the filing of a previous petition under this section, provided that the court may hold a hearing within a shorter period of time if good cause appears. The costs of proceedings for such judicial determination shall be paid by the county in which the patient resided or was found prior to commitment, upon certification, by the clerk of the [district] court in the county where the proceedings are held, to the county legislative body that those proceedings were held and the costs incurred.

Section 68. Section **26B-5-339**, which is renumbered from Section 62A-15-639 is renumbered and amended to read:

## [62A-15-639]. 26B-5-339. Standards for care and treatment.

Every patient is entitled to humane care and treatment and to medical care and treatment in accordance with the prevailing standards accepted in medical practice, psychiatric nursing practice, social work practice, and the practice of clinical psychology.

Section 69. Section **26B-5-340**, which is renumbered from Section 62A-15-640 is renumbered and amended to read:

# [62A-15-640]. <u>26B-5-340.</u> Mechanical restraints and medication -- Clinical record.

- (1) Mechanical restraints may not be applied to a patient unless it is determined by the director or his designee to be required by the needs of the patient. Every use of a mechanical restraint and the reasons therefor shall be made a part of the patient's clinical record, under the signature of the director or his designee, and shall be reviewed regularly.
- (2) In no event shall medication be prescribed for a patient unless it is determined by a physician to be required by the patient's medical needs. Every use of a medication and the reasons therefor shall be made a part of the patient's clinical record.

3028 Section 70. Section 26B-5-341, which is renumbered from Section 62A-15-641 is 3029 renumbered and amended to read: 3030 [<del>62A-15-641</del>]. 26B-5-341. Restrictions and limitations -- Civil rights and 3031 privileges. 3032 (1) Subject to the general rules of the division, and except to the extent that the director 3033 or his designee determines that it is necessary for the welfare of the patient to impose 3034 restrictions, every patient is entitled to: 3035 (a) communicate, by sealed mail or otherwise, with persons, including official agencies, inside or outside the facility: 3036 3037 (b) receive visitors; and 3038 (c) exercise all civil rights, including the right to dispose of property, execute 3039 instruments, make purchases, enter contractual relationships, and vote, unless the patient has 3040 been adjudicated to be incompetent and has not been restored to legal capacity. 3041 (2) When any right of a patient is limited or denied, the nature, extent, and reason for 3042 that limitation or denial shall be entered in the patient's treatment record. Any continuing 3043 denial or limitation shall be reviewed every 30 days and shall also be entered in that treatment 3044 record. Notice of that continuing denial in excess of 30 days shall be sent to the division, the 3045 appropriate local mental health authority, the appropriate local substance abuse authority, or an 3046 approved treatment facility or program, whichever is most applicable to the patient. 3047 (3) Notwithstanding any limitations authorized under this section on the right of 3048 communication, each patient is entitled to communicate by sealed mail with the appropriate 3049 local mental health authority, the appropriate local substance abuse authority, an approved 3050 treatment facility or program, the division, the patient's attorney, and the court, if any, that 3051 ordered the patient's commitment or essential treatment. In no case may the patient be denied a 3052 visit with the legal counsel or clergy of the patient's choice. 3053 (4) Local mental health authorities, local substance abuse authorities, and approved 3054 treatment facilities or programs shall provide reasonable means and arrangements for 3055 informing involuntary patients of their right to release as provided in this chapter, and for 3056 assisting them in making and presenting requests for release.

(5) Mental health facilities, local substance abuse authorities, and approved treatment facilities or programs shall post a statement, created by the division, describing a patient's

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- 3059 rights under Utah law. 3060 (6) Notwithstanding Section 53B-17-303, an individual committed under this chapter 3061 has the right to determine the final disposition of that individual's body after death. 3062 Section 71. Section 26B-5-342, which is renumbered from Section 62A-15-642 is 3063 renumbered and amended to read: 3064 [<del>62A-15-642</del>]. **26B-5-342.** Habeas corpus. 3065 Any individual detained pursuant to this part is entitled to the writ of habeas corpus 3066 upon proper petition by himself or a friend, to the [district] court in the county in which he is 3067 detained. 3068 Section 72. Section 26B-5-343, which is renumbered from Section 62A-15-643 is 3069 renumbered and amended to read: 3070 [<del>62A-15-643</del>]. 26B-5-343. Confidentiality of information and records --3071 **Exceptions -- Penalty.** 3072 (1) All certificates, applications, records, and reports made for the purpose of this part, 3073 including those made on judicial proceedings for involuntary commitment, that directly or 3074 indirectly identify a patient or former patient or an individual whose commitment has been 3075 sought under this part, shall be kept confidential and may not be disclosed by any person except 3076 insofar as: 3077 (a) the individual identified or his legal guardian, if any, or, if a minor, his parent or legal guardian shall consent; 3078 (b) disclosure may be necessary to carry out the provisions of: 3079 3080 (i) this part; or 3081 (ii) Section 53-10-208.1; or 3082 (c) a court may direct, upon its determination that disclosure is necessary for the 3083 conduct of proceedings before it, and that failure to make the disclosure would be contrary to the public interest. 3084 3085 (2) A person who knowingly or intentionally discloses any information not authorized 3086 by this section is guilty of a class B misdemeanor. 3087 Section 73. Section 26B-5-344, which is renumbered from Section 62A-15-644 is 3088 renumbered and amended to read:
  - [62A-15-644]. 26B-5-344. Additional powers of director -- Reports and

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(1) In addition to specific authority granted by other provisions of this part, the director has authority to prescribe the form of applications, records, reports, and medical certificates provided for under this part, and the information required to be contained therein, and to adopt rules that are not inconsistent with the provisions of this part that the director finds to be reasonably necessary for the proper and efficient commitment of persons with a mental illness.

- (2) The division shall require reports relating to the admission, examination, diagnosis, release, or discharge of any patient and investigate complaints made by any patient or by any person on behalf of a patient.
- 3099 (3) A local mental health authority shall keep a record of the names and current status 3100 of all persons involuntarily committed to it under this chapter.
- Section 74. Section 26B-5-345, which is renumbered from Section 62A-15-645 is 3102 renumbered and amended to read:

#### 3103 [<del>62A-15-645</del>]. 26B-5-345. Retrospective effect of provisions.

Patients who were in a mental health facility on May 8, 1951, shall be deemed to have been admitted under the provisions of this part appropriate in each instance, and their care, custody, and rights shall be governed by this part.

Section 75. Section 26B-5-346, which is renumbered from Section 62A-15-646 is renumbered and amended to read:

### 26B-5-346. Commitment and care of criminally insane. [<del>62A-15-646</del>].

Nothing contained in this part may be construed to alter or change the method presently employed for the commitment and care of the criminally insane as provided in Title 77, Chapter 15, Inquiry into Sanity of Defendant.

Section 76. Section 26B-5-347, which is renumbered from Section 62A-15-647 is renumbered and amended to read:

### [<del>62A-15-647</del>]. 26B-5-347. Severability.

If any one or more provision, section, subsection, sentence, clause, phrase, or word of this part, or the application thereof to any person or circumstance, is found to be unconstitutional the same is hereby declared to be severable and the balance of this part shall remain effective notwithstanding that unconstitutionality. The Legislature hereby declares that it would have passed this part, and each provision, section, subsection, sentence, clause, phrase,

3121	or word thereof, irrespective of the fact that any one or more provision, section, subsection,		
3122	sentence, clause, phrase, or word be declared unconstitutional.		
3123	Section 77. Section 26B-5-348, which is renumbered from Section 62A-15-901 is		
3124	renumbered and amended to read:		
3125	[ <del>62A-15-901</del> ]. <u>26B-5-348.</u> Establishment.		
3126	The Utah Forensic Mental Health Facility is hereby established and shall be located on		
3127	state land on the campus of the Utah State Hospital in Provo, Utah County.		
3128	Section 78. Section 26B-5-349, which is renumbered from Section 62A-15-902 is		
3129	renumbered and amended to read:		
3130	[ <del>62A-15-902</del> ]. <u>26B-5-349.</u> Design and operation Security.		
3131	(1) The forensic mental health facility is a secure treatment facility.		
3132	(2) (a) The forensic mental health facility accommodates the following populations:		
3133	(i) prison inmates displaying mental illness, as defined in Section 62A-15-602,		
3134	necessitating treatment in a secure mental health facility;		
3135	(ii) criminally adjudicated persons found guilty with a mental illness or guilty with a		
3136	mental illness at the time of the offense undergoing evaluation for mental illness under Title		
3137	77, Chapter 16a, Commitment and Treatment of Persons with a Mental Illness;		
3138	(iii) criminally adjudicated persons undergoing evaluation for competency or found		
3139	guilty with a mental illness or guilty with a mental illness at the time of the offense under Title		
3140	77, Chapter 16a, Commitment and Treatment of Persons with a Mental Illness, who also have		
3141	an intellectual disability;		
3142	(iv) persons undergoing evaluation for competency or found by a court to be		
3143	incompetent to proceed in accordance with Title 77, Chapter 15, Inquiry into Sanity of		
3144	Defendant, or not guilty by reason of insanity under Title 77, Chapter 14, Defenses;		
3145	(v) persons who are civilly committed to the custody of a local mental health authority		
3146	in accordance with Title 62A, Chapter 15, Part 6, Utah State Hospital and Other Mental Health		
3147	Facilities, and who may not be properly supervised by the Utah State Hospital because of a lack		
3148	of necessary security, as determined by the superintendent or the superintendent's designee; and		
3149	(vi) persons ordered to commit themselves to the custody of the [Division of Substance		
3150	Abuse and Mental Health] division for treatment at the Utah State Hospital as a condition of		
3151	probation or stay of sentence pursuant to Title 77, Chapter 18, The Judgment.		

3152	(b) Placement of an offender in the forensic mental health facility under any category
3153	described in Subsection (2)(a)(ii), (iii), (iv), or (vi) shall be made on the basis of the offender's
3154	status as established by the court at the time of adjudication.
3155	(c) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the
3156	department shall make rules providing for the allocation of beds to the categories described in
3157	Subsection (2)(a).
3158	(3) The department shall:
3159	(a) own and operate the forensic mental health facility;
3160	(b) provide and supervise administrative and clinical staff; and
3161	(c) provide security staff who are trained as psychiatric technicians.
3162	(4) Pursuant to Subsection 62A-15-603(3) the executive director shall designate
3163	individuals to perform security functions for the state hospital.
3164	Section 79. Section 26B-5-350, which is renumbered from Section 62A-15-801 is
3165	renumbered and amended to read:
3166	[ <del>62A-15-801</del> ]. <u>26B-5-350.</u> Interstate compact on mental health Compact
3167	provisions.
3168	The Interstate Compact on Mental Health is hereby enacted and entered into with all
3169	other jurisdictions that legally join in the compact, which is, in form, substantially as follows:
3170	INTERSTATE COMPACT ON MENTAL HEALTH
3171	The contracting states solemnly agree that:
3172	Article I
3173	The proper and expeditious treatment of the mentally ill can be facilitated by
3174	cooperative action, to the benefit of the patients, their families, and society as a whole. Further
3175	the party states find that the necessity of and desirability of furnishing that care and treatment
3176	bears no primary relation to the residence or citizenship of the patient but that the controlling
3177	factors of community safety and humanitarianism require that facilities and services be made
3178	available for all who are in need of them. Consequently, it is the purpose of this compact and
3179	of the party states to provide the necessary legal and constitutional basis for commitment or
3180	other appropriate care and treatment of the mentally ill under a system that recognizes the
3181	paramount importance of patient welfare and to establish the responsibilities of the party states.
3182	The appropriate authority in this state for making determinations under this compact is

the director of the division or his designee.

3184 Article II

3185 As used in this compact:

(1) "After-care" means care, treatment, and services provided to a patient on convalescent status or conditional release.

- (2) "Institution" means any hospital, program, or facility maintained by a party state or political subdivision for the care and treatment of persons with a mental illness.
- (3) "Mental illness" means a psychiatric disorder as defined by the current Diagnostic and Statistical Manual of Mental Disorders, that substantially impairs a person's mental, emotional, behavioral, or related functioning to such an extent that he requires care and treatment for his own welfare, the welfare of others, or the community.
- (4) "Patient" means any person subject to or eligible, as determined by the laws of the sending state, for institutionalization or other care, treatment, or supervision pursuant to the provisions of this compact and constitutional due process requirements.
- (5) "Receiving state" means a party state to which a patient is transported pursuant to the provisions of the compact or to which it is contemplated that a patient may be sent.
- (6) "Sending state" means a party state from which a patient is transported pursuant to the provisions of the compact or from which it is contemplated that a patient may be sent.
- (7) "State" means any state, territory, or possession of the United States, the District of Columbia, and the Commonwealth of Puerto Rico.

3203 Article III

- (1) Whenever a person physically present in any party state is in need of institutionalization because of mental illness, he shall be eligible for care and treatment in an institution in that state, regardless of his residence, settlement, or citizenship qualifications.
- (2) Notwithstanding the provisions of Subsection (1) of this article, any patient may be transferred to an institution in another state whenever there are factors, based upon clinical determinations, indicating that the care and treatment of that patient would be facilitated or improved by that action. Any such institutionalization may be for the entire period of care and treatment or for any portion or portions thereof. The factors to be considered include the patient's full record with due regard for the location of the patient's family, the character of his illness and its probable duration, and other factors considered appropriate by authorities in the

party state and the director of the division, or his designee.

(3) No state is obliged to receive any patient pursuant to the provisions of Subsection(2) of this article unless the sending state has:

- (a) given advance notice of its intent to send the patient;
- (b) furnished all available medical and other pertinent records concerning the patient;
- (c) given the qualified medical or other appropriate clinical authorities of the receiving state an opportunity to examine the patient; and
  - (d) determined that the receiving state agrees to accept the patient.
- (4) In the event that the laws of the receiving state establish a system of priorities for the admission of patients, an interstate patient under this compact shall receive the same priority as a local patient and shall be taken in the same order and at the same time that he would be taken if he were a local patient.
- (5) Pursuant to this compact, the determination as to the suitable place of institutionalization for a patient may be reviewed at any time and further transfer of the patient may be made as is deemed to be in the best interest of the patient, as determined by appropriate authorities in the receiving and sending states.

3230 Article IV

- (1) Whenever, pursuant to the laws of the state in which a patient is physically present, it is determined that the patient should receive after-care or supervision, that care or supervision may be provided in the receiving state. If the medical or other appropriate clinical authorities who have responsibility for the care and treatment of the patient in the sending state believe that after-care in another state would be in the best interest of the patient and would not jeopardize the public safety, they shall request the appropriate authorities in the receiving state to investigate the desirability of providing the patient with after-care in the receiving state. That request for investigation shall be accompanied by complete information concerning the patient's intended place of residence and the identity of the person in whose charge the patient would be placed, the complete medical history of the patient, and other pertinent documents.
- (2) If the medical or other appropriate clinical authorities who have responsibility for the care and treatment of the patient in the sending state, and the appropriate authorities in the receiving state find that the best interest of the patient would be served, and if the public safety would not be jeopardized, the patient may receive after-care or supervision in the receiving

3245 state.

(3) In supervising, treating, or caring for a patient on after-care pursuant to the terms of this article, a receiving state shall employ the same standards of visitation, examination, care, and treatment as for similar local patients.

3249 Article V

Whenever a dangerous or potentially dangerous patient escapes from an institution in any party state, that state shall promptly notify all appropriate authorities both within and without the jurisdiction of the escape in a manner reasonably calculated to facilitate the speedy apprehension of the escapee. Immediately upon the apprehension and identification of that patient, he shall be detained in the state where found, pending disposition in accordance with the laws of that state.

3256 Article VI

Accredited officers of any party state, upon the establishment of their authority and the identity of the patient, shall be permitted to transport any patient being moved pursuant to this compact through any and all states party to this compact, without interference.

3260 Article VII

- (1) No person may be deemed a patient of more than one institution at any given time. Completion of transfer of any patient to an institution in a receiving state has the effect of making the person a patient of the institution in the receiving state.
- (2) The sending state shall pay all costs of and incidental to the transportation of any patient pursuant to this compact, but any two or more party states may, by making a specific agreement for that purpose, arrange for a different allocation of costs among themselves.
- (3) No provision of this compact may be construed to alter or affect any internal relationships among the departments, agencies, and officers of a party state, or between a party state and its subdivisions, as to the payment of costs or responsibilities.
- (4) Nothing in this compact may be construed to prevent any party state or any of its subdivisions from asserting any right against any person, agency, or other entity with regard to costs for which that party state or its subdivision may be responsible under this compact.
- (5) Nothing in this compact may be construed to invalidate any reciprocal agreement between a party state and a nonparty state relating to institutionalization, care, or treatment of the mentally ill, or any statutory authority under which those agreements are made.

3276 Article VIII

(1) Nothing in this compact may be construed to abridge, diminish, or in any way impair the rights, duties, and responsibilities of any patient's guardian on his own behalf or with respect to any patient for whom he serves, except that when the transfer of a patient to another jurisdiction makes advisable the appointment of a supplemental or substitute guardian, a court of competent jurisdiction in the receiving state may make supplemental or substitute appointments. In that case, the court that appointed the previous guardian shall, upon being advised of the new appointment and upon the satisfactory completion of accounting and other acts as the court may require, relieve the previous guardian of power and responsibility to whatever extent is appropriate in the circumstances.

However, in the case of any patient having settlement in the sending state, a court of competent jurisdiction in the sending state has the sole discretion to relieve a guardian appointed by it or to continue his power and responsibility, as it deems advisable. The court in the receiving state may, in its discretion, confirm or reappoint the person or persons previously serving as guardian in the sending state in lieu of making a supplemental or substitute appointment.

(2) The term "guardian" as used in Subsection (1) of this article includes any guardian, trustee, legal committee, conservator, or other person or agency however denominated, who is charged by law with power to act for the person or property of a patient.

3295 Article IX

- (1) No provision of this compact except Article V applies to any person institutionalized while under sentence in a penal or correctional institution, while subject to trial on a criminal charge, or whose institutionalization is due to the commission of an offense for which, in the absence of mental illness, he would be subject to incarceration in a penal or correctional institution.
- (2) To every extent possible, it shall be the policy of party states that no patient be placed or detained in any prison, jail, or lockup, but shall, with all expedition, be taken to a suitable institutional facility for mental illness.

3304 Article X

(1) Each party state shall appoint a "compact administrator" who, on behalf of his state, shall act as general coordinator of activities under the compact in his state and receive copies of

all reports, correspondence, and other documents relating to any patient processed under the compact by his state, either in the capacity of sending or receiving state. The compact administrator, or his designee, shall deal with all matters relating to the compact and patients processed under the compact. In this state the director of the division, or his designee shall act as the "compact administrator."

- (2) The compact administrators of the respective party states have power to promulgate reasonable rules and regulations as are necessary to carry out the terms and provisions of this compact. In this state, the division has authority to establish those rules in accordance with the Utah Administrative Rulemaking Act.
- (3) The compact administrator shall cooperate with all governmental departments, agencies, and officers in this state and its subdivisions in facilitating the proper administration of the compact and any supplementary agreement or agreements entered into by this state under the compact.
- (4) The compact administrator is hereby authorized and empowered to enter into supplementary agreements with appropriate officials of other states pursuant to Articles VII and XI of this compact. In the event that supplementary agreements require or contemplate the use of any institution or facility of this state or require or contemplate the provision of any service by this state, that agreement shall have no force unless approved by the director of the department or agency under whose jurisdiction the institution or facility is operated, or whose department or agency will be charged with the rendering of services.
- (5) The compact administrator may make or arrange for any payments necessary to discharge financial obligations imposed upon this state by the compact or by any supplementary agreement entered into under the compact.

3330 Article XI

Administrative authorities of any two or more party states may enter into supplementary agreements for the provision of any service or facility, or for the maintenance of any institution on a joint or cooperative basis whenever the states concerned find that those agreements will improve services, facilities, or institutional care and treatment of persons who are mentally ill. A supplementary agreement may not be construed to relieve a party state of any obligation that it otherwise would have under other provisions of this compact.

3337 Article XII

This compact has full force and effect in any state when it is enacted into law in that state. Thereafter, that state is a party to the compact with any and all states that have legally joined.

3341 Article XIII

A party state may withdraw from the compact by enacting a statute repealing the compact. Withdrawal takes effect one year after notice has been communicated officially and in writing to the compact administrators of all other party states. However, the withdrawal of a state does not change the status of any patient who has been sent to that state or sent out of that state pursuant to the compact.

3347 Article XIV

This compact shall be liberally construed so as to effectuate its purposes. The provisions of this compact are severable, and if any phrase, clause, sentence or provision is declared to be contrary to the constitution of the United States or the applicability to any government, agency, person, or circumstance is held invalid, the validity of the remainder of this compact and its applicability to any government, agency, person, or circumstance shall not be affected thereby. If this compact is held to be contrary to the constitution of any party state the compact shall remain in full force and effect as to the remaining states and in full force and effect as to the state affected as to all severable matters.

Section 80. Section **26B-5-351**, which is renumbered from Section 62A-15-802 is renumbered and amended to read:

#### [62A-15-802]. 26B-5-351. Requirement of conformity with this chapter.

All actions and proceedings taken under authority of this compact shall be in accordance with the procedures and constitutional requirements described in Part 6, Utah State Hospital and Other Mental Health Facilities.

Section 81. Section **26B-5-352**, which is renumbered from Section 62A-15-1002 is renumbered and amended to read:

## [62A-15-1002]. <u>26B-5-352.</u> Declaration for mental health treatment.

- (1) An adult who is not incapable may make a declaration of preferences or instructions regarding his mental health treatment. The declaration may include, but is not limited to, consent to or refusal of specified mental health treatment.
  - (2) A declaration for mental health treatment shall designate a capable adult to act as

attorney-in-fact to make decisions about mental health treatment for the declarant. An alternative attorney-in-fact may also be designated to act as attorney-in-fact if the original designee is unable or unwilling to act at any time. An attorney-in-fact who has accepted the appointment in writing may make decisions about mental health treatment on behalf of the declarant only when the declarant is incapable. The decisions shall be consistent with any instructions or desires the declarant has expressed in the declaration.

- (3) A declaration is effective only if it is signed by the declarant and two capable adult witnesses. The witnesses shall attest that the declarant is known to them, signed the declaration in their presence, appears to be of sound mind and is not under duress, fraud, or undue influence. Persons specified in Subsection 62A-15-1003(6) may not act as witnesses.
- (4) A declaration becomes operative when it is delivered to the declarant's physician or other mental health treatment provider and remains valid until it expires or is revoked by the declarant. The physician or provider is authorized to act in accordance with an operative declaration when the declarant has been found to be incapable. The physician or provider shall continue to obtain the declarant's informed consent to all mental health treatment decisions if the declarant is capable of providing informed consent or refusal.
- (5) (a) An attorney-in-fact does not have authority to make mental health treatment decisions unless the declarant is incapable.
- (b) An attorney-in-fact is not, solely as a result of acting in that capacity, personally liable for the cost of treatment provided to the declarant.
- (c) Except to the extent that a right is limited by a declaration or by any federal law, an attorney-in-fact has the same right as the declarant to receive information regarding the proposed mental health treatment and to receive, review, and consent to disclosure of medical records relating to that treatment. This right of access does not waive any evidentiary privilege.
- (d) In exercising authority under the declaration, the attorney-in-fact shall act consistently with the instructions and desires of the declarant, as expressed in the declaration. If the declarant's desires are unknown, the attorney-in-fact shall act in what he, in good faith, believes to be the best interest of the declarant.
- (e) An attorney-in-fact is not subject to criminal prosecution, civil liability, or professional disciplinary action for any action taken in good faith pursuant to a declaration for mental health treatment.

(6) (a) A declaration for mental health treatment remains effective for a period of three years or until revoked by the declarant. If a declaration for mental health treatment has been invoked and is in effect at the expiration of three years after its execution, the declaration remains effective until the declarant is no longer incapable.

- (b) The authority of a named attorney-in-fact and any alternative attorney-in-fact continues in effect as long as the declaration appointing the attorney-in-fact is in effect or until the attorney-in-fact has withdrawn.
- (7) A person may not be required to execute or to refrain from executing a declaration as a criterion for insurance, as a condition for receiving mental or physical health services, or as a condition of discharge from a facility.
- Section 82. Section **26B-5-353**, which is renumbered from Section 62A-15-1003 is renumbered and amended to read:

# [62A-15-1003]. <u>26B-5-353.</u> Physician and provider responsibilities --Provision of services contrary to declaration -- Revocation.

- (1) Upon being presented with a declaration, a physician shall make the declaration a part of the declarant's medical record. When acting under authority of a declaration, a physician shall comply with it to the fullest extent possible, consistent with reasonable medical practice, the availability of treatments requested, and applicable law. If the physician or other provider is unwilling at any time to comply with the declaration, the physician or provider shall promptly notify the declarant and the attorney-in-fact, and document the notification in the declarant's medical record.
- (2) A physician or provider may subject a declarant to intrusive treatment in a manner contrary to the declarant's wishes, as expressed in a declaration for mental health treatment if:
- (a) the declarant has been committed to the custody of a local mental health authority in accordance with Part 6, Utah State Hospital and Other Mental Health Facilities; or
  - (b) in cases of emergency endangering life or health.
- (3) A declaration does not limit any authority provided in Part 6, Utah State Hospital and Other Mental Health Facilities, to take a person into custody, or admit or retain a person in the custody of a local mental health authority.
- (4) A declaration may be revoked in whole or in part by the declarant at any time so long as the declarant is not incapable. That revocation is effective when the declarant

3431 communicates the revocation to the attending physician or other provider. The attending 3432 physician or other provider shall note the revocation as part of the declarant's medical record. 3433 (5) A physician who administers or does not administer mental health treatment 3434 according to and in good faith reliance upon the validity of a declaration is not subject to 3435 criminal prosecution, civil liability, or professional disciplinary action resulting from a 3436 subsequent finding that a declaration is invalid. 3437 (6) None of the following persons may serve as an attorney-in-fact or as witnesses to 3438 the signing of a declaration: 3439 (a) the declarant's attending physician or mental health treatment provider, or an 3440 employee of that physician or provider; 3441 (b) an employee of the division; or 3442 (c) an employee of a local mental health authority or any organization that contracts 3443 with a local mental health authority. 3444 (7) An attorney-in-fact may withdraw by giving notice to the declarant. If a declarant 3445 is incapable, the attorney-in-fact may withdraw by giving notice to the attending physician or 3446 provider. The attending physician shall note the withdrawal as part of the declarant's medical 3447 record. 3448 Section 83. Section 26B-5-354, which is renumbered from Section 62A-15-1004 is 3449 renumbered and amended to read: 3450 26B-5-354. Declaration for mental health treatment -- Form. [<del>62A-15-1004</del>]. 3451 A declaration for mental health treatment shall be in substantially the following form: 3452 DECLARATION FOR MENTAL HEALTH TREATMENT I, being an adult of sound mind, willfully and 3453 3454 voluntarily make this declaration for mental health treatment, to be followed if it is determined 3455 by a court or by two physicians that my ability to receive and evaluate information effectively 3456 or to communicate my decisions is impaired to such an extent that I lack the capacity to refuse 3457 or consent to mental health treatment. "Mental health treatment" means convulsive treatment, 3458 treatment with psychoactive medication, and admission to and retention in a mental health 3459 facility for a period up to 17 days. 3460 I understand that I may become incapable of giving or withholding informed consent 3461 for mental health treatment due to the symptoms of a diagnosed mental disorder. These

	PSYCHOACTIVE MEDICATIONS
	If I become incapable of giving or withholding informed consent for mental health
treatn	nent, my wishes regarding psychoactive medications are as follows:
	I consent to the administration of the following medications:
— in the	dosages:
	considered appropriate by my attending physician.
	approved by
	as I hereby direct:
	I do not consent to the administration of the following medications:
	CONVULSIVE TREATMENT
	If I become incapable of giving or withholding informed consent for mental health
treatn	nent, my wishes regarding convulsive treatment are as follows:
	I consent to the administration of convulsive treatment of the following type
	, the number of treatments to be
	determined by my attending physician.
	approved by
	as follows:
	I do not consent to the administration of convulsive treatment.
	My reasons for consenting to or refusing convulsive treatment are as follows;

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	ADMISSION TO AND RETENTION IN A MENTAL HEALTH FACILITY
	If I become incapable of giving or withholding informed consent for mental health
t	treatment, my wishes regarding admission to and retention in a mental health facility are as
f	follows:
_	I consent to being admitted to the following mental health facilities:
I	I may be retained in the facility for a period of time:
	determined by my attending physician.
	approved by
	no longer than
-	This directive cannot, by law, provide consent to retain me in a facility for more than 17 days.
	ADDITIONAL REFERENCES OR INSTRUCTIONS
_	
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	ATTORNEY-IN-FACT
	I hereby appoint:
	NAME
	ADDRESS
	TELEPHONE #
t	to act as my attorney-in-fact to make decisions regarding my mental health treatment if I
ł	become incapable of giving or withholding informed consent for that treatment.
	If the person named above refuses or is unable to act on my behalf, or if I revoke that
ľ	person's authority to act as my attorney-in-fact, I authorize the following person to act as my
8	alternative attorney-in-fact:
	NAME
	ADDRESS
	TELEPHONE #

My attorney-in-fact is authorized	
wishes I have expressed in this declarate	ion. If my wishes are not expressed, my attorney-in-fact
is to act in good faith according to what	he or she believes to be in my best interest.
(Signature of Declarant/Date)	
AFFIRM	ATION OF WITNESSES
We affirm that the declarant is p	personally known to us, that the declarant signed or
acknowledged the declarant's signature	on this declaration for mental health treatment in our
presence, that the declarant appears to b	be of sound mind and does not appear to be under
luress, fraud, or undue influence. Neitl	ner of us is the person appointed as attorney-in-fact by
his document, the attending physician,	an employee of the attending physician, an employee of
the Division of Substance Abuse and N	Mental Health within] the Department of Health and
Human Services, an employee of a loca	l mental health authority, or an employee of any
organization that contracts with a local	mental health authority.
	J
Witnessed By:	·
•	
•	
Signature of Witness/Date)	
(Signature of Witness/Date)  (Signature of Witness/Date)	(Printed Name of Witness)
(Signature of Witness/Date)  (Signature of Witness/Date)  ACCEPTANCE OF APP	(Printed Name of Witness)  (Printed Name of Witness)
(Signature of Witness/Date) (Signature of Witness/Date)  ACCEPTANCE OF APP  I accept this appointment and ag	(Printed Name of Witness)  (Printed Name of Witness)  (Printed Name of Witness)
(Signature of Witness/Date)  (Signature of Witness/Date)  ACCEPTANCE OF APP  I accept this appointment and agmental health treatment for the declarance	(Printed Name of Witness)  (Printed Name of Witness)  (Printed Name of Witness)  POINTMENT AS ATTORNEY-IN-FACT gree to serve as attorney-in-fact to make decisions about
(Signature of Witness/Date)  (Signature of Witness/Date)  ACCEPTANCE OF APP  I accept this appointment and agmental health treatment for the declarant with the desires of the declarant as expr	(Printed Name of Witness)  (Printed Name of Witness)  (Printed Name of Witness)  POINTMENT AS ATTORNEY-IN-FACT  gree to serve as attorney-in-fact to make decisions about at. I understand that I have a duty to act consistently
(Signature of Witness/Date)  (Signature of Witness/Date)  ACCEPTANCE OF APP  I accept this appointment and ag mental health treatment for the declaran with the desires of the declarant as expr	(Printed Name of Witness)  (Printed Name of Witness)  (Printed Name of Witness)  POINTMENT AS ATTORNEY-IN-FACT gree to serve as attorney-in-fact to make decisions about at. I understand that I have a duty to act consistently ressed in the declaration. I understand that this
(Signature of Witness/Date)  (Signature of Witness/Date)  ACCEPTANCE OF APP  I accept this appointment and ag mental health treatment for the declaran with the desires of the declarant as expr document gives me authority to make d declarant is incapable as determined by	(Printed Name of Witness)  (Printed Name of Witness)  (Printed Name of Witness)  (Pointment As Attorney-in-fact to make decisions about at. I understand that I have a duty to act consistently ressed in the declaration. I understand that this ecisions about mental health treatment only while the

(Signature of Attorney-in-fact/L	Jate)	(Printed name)
(Signature of Alternate Attorney	y-in-fact/Date)	(Printed name)
N	OTICE TO PERSO	N MAKING A
DECLARATI	ON FOR MENTAI	L HEALTH TREATMENT
This is an important lega	al document. It is a	declaration that allows, or disallows, mental
health treatment. Before signin	g this document, yo	ou should know that:
(1) this document allow	s you to make decis	sions in advance about three types of mental
health treatment: psychoactive i	nedication, convuls	sive therapy, and short-term (up to 17 days)
admission to a mental health fac	cility;	
(2) the instructions that	you include in this	declaration will be followed only if a court
or two physicians believe that y	ou are incapable of	otherwise making treatment decisions.
Otherwise, you will be consider	ed capable to give o	or withhold consent for treatment;
(3) you may also appoin	ıt a person as your a	attorney-in-fact to make these treatment
decisions for you if you become	incapable. The per	rson you appoint has a duty to act
consistently with your desires a	s stated in this docu	ment or, if not stated, to make decisions in
accordance with what that perso	on believes, in good	faith, to be in your best interest. For the
appointment to be effective, the	person you appoint	t must accept the appointment in writing.
The person also has the right to	withdraw from acti	ing as your attorney-in-fact at any time;
(4) this document will o	ontinue in effect for	or a period of three years unless you become
incapable of participating in me	ntal health treatmer	nt decisions. If this occurs, the directive will
continue in effect until you are	no longer incapable	
(5) you have the right to	revoke this docum	nent in whole or in part, or the appointment
of an attorney-in-fact, at any tin	ne you have not been	n determined to be incapable. YOU MAY
NOT REVOKE THE DECLAR	ATION OR APPO	INTMENT WHEN YOU ARE
CONSIDERED INCAPABLE	BY A COURT OR	TWO PHYSICIANS. A revocation is
effective when it is communicate	ted to your attending	g physician or other provider; and
(6) if there is anything i	n this document tha	at you do not understand, you should ask an
attorney to explain it to you. Th	nis declaration is no	t valid unless it is signed by two qualified
witnesses who are personally kr	nown to you and wh	no are present when you sign or

3586	acknowledge your signature.
3587	Section 84. Section 26B-5-401, which is renumbered from Section 62A-15-701 is
3588	renumbered and amended to read:
3589	Part 4. Commitment of Persons Under Age 18
3590	[ <del>62A-15-701</del> ]. <u>26B-5-401.</u> Definitions.
3591	[As] In addition to the definitions in Section 26B-5-301, as used in this part:
3592	(1) "Child" means a person under 18 years of age.
3593	(2) "Commit" and "commitment" mean the transfer of physical custody in accordance
3594	with the requirements of this part.
3595	(3) "Legal custody" means:
3596	(a) the right to determine where and with whom the child shall live;
3597	(b) the right to participate in all treatment decisions and to consent or withhold consent
3598	for treatment in which a constitutionally protected liberty or privacy interest may be affected,
3599	including antipsychotic medication, electroshock therapy, and psychosurgery; and
3600	(c) the right to authorize surgery or other extraordinary medical care.
3601	(4) "Physical custody" means:
3602	(a) placement of a child in any residential or inpatient setting;
3603	(b) the right to physical custody of a child;
3604	(c) the right and duty to protect the child; and
3605	(d) the duty to provide, or insure that the child is provided with, adequate food,
3606	clothing, shelter, and ordinary medical care.
3607	(5) "Residential" means any out-of-home placement made by a local mental health
3608	authority, but does not include out-of-home respite care.
3609	(6) "Respite care" means temporary, periodic relief provided to parents or guardians
3610	from the daily care of children with serious emotional disorders for the limited time periods
3611	designated by the division.
3612	Section 85. Section 26B-5-402, which is renumbered from Section 62A-15-702 is
3613	renumbered and amended to read:
3614	[62A-15-702]. Zeatment and commitment of minors in the
3615	public mental health system.
3616	A child is entitled to due process proceedings, in accordance with the requirements of

3617	this part, whenever the child:
3618	(1) may receive or receives services through the public mental health system and is
3619	placed, by a local mental health authority, in a physical setting where his liberty interests are
3620	restricted, including residential and inpatient placements; or
3621	(2) receives treatment in which a constitutionally protected privacy or liberty interest
3622	may be affected, including the administration of antipsychotic medication, electroshock
3623	therapy, and psychosurgery.
3624	Section 86. Section 26B-5-403, which is renumbered from Section 62A-15-703 is
3625	renumbered and amended to read:
3626	[62A-15-703]. 26B-5-403. Residential and inpatient settings Commitment
3627	proceeding Child in physical custody of local mental health authority.
3628	(1) A child may receive services from a local mental health authority in an inpatient or
3629	residential setting only after a commitment proceeding, for the purpose of transferring physical
3630	custody, has been conducted in accordance with the requirements of this section.
3631	(2) That commitment proceeding shall be initiated by a petition for commitment, and
3632	shall be a careful, diagnostic inquiry, conducted by a neutral and detached fact finder, pursuant
3633	to the procedures and requirements of this section. If the findings described in Subsection (4)
3634	exist, the proceeding shall result in the transfer of physical custody to the appropriate local
3635	mental health authority, and the child may be placed in an inpatient or residential setting.
3636	(3) The neutral and detached fact finder who conducts the inquiry:
3637	(a) shall be a designated examiner, as defined in Section 62A-15-602; and
3638	(b) may not profit, financially or otherwise, from the commitment or physical
3639	placement of the child in that setting.
3640	(4) Upon determination by a fact finder that the following circumstances clearly exist,
3641	the fact finder may order that the child be committed to the physical custody of a local mental
3642	health authority:
3643	(a) the child has a mental illness, as defined in Section 62A-15-602;
3644	(b) the child demonstrates a reasonable fear of the risk of substantial danger to self or
3645	others;
3646	(c) the child will benefit from care and treatment by the local mental health authority;
3647	and

3648	(d) there is no appropriate less-restrictive alternative.
3649	(5) (a) The commitment proceeding before the neutral and detached fact finder shall be
3650	conducted in as informal manner as possible and in a physical setting that is not likely to have a
3651	harmful effect on the child.
3652	(b) The child, the child's parent or legal guardian, the petitioner, and a representative of
3653	the appropriate local mental health authority:
3654	(i) shall receive informal notice of the date and time of the proceeding; and
3655	(ii) may appear and address the petition for commitment.
3656	(c) The neutral and detached fact finder may, in the fact finder's discretion, receive the
3657	testimony of any other person.
3658	(d) The fact finder may allow a child to waive the child's right to be present at the
3659	commitment proceeding, for good cause shown. If that right is waived, the purpose of the
3660	waiver shall be made a matter of record at the proceeding.
3661	(e) At the time of the commitment proceeding, the appropriate local mental health
3662	authority, its designee, or the psychiatrist who has been in charge of the child's care prior to the
3663	commitment proceeding, shall provide the neutral and detached fact finder with the following
3664	information, as it relates to the period of current admission:
3665	(i) the petition for commitment;
3666	(ii) the admission notes;
3667	(iii) the child's diagnosis;
3668	(iv) physicians' orders;
3669	(v) progress notes;
3670	(vi) nursing notes; and
3671	(vii) medication records.
3672	(f) The information described in Subsection (5)(e) shall also be provided to the child's
3673	parent or legal guardian upon written request.
3674	(g) (i) The neutral and detached fact finder's decision of commitment shall state the
3675	duration of the commitment. Any commitment to the physical custody of a local mental health
3676	authority may not exceed 180 days. Prior to expiration of the commitment, and if further
3677	commitment is sought, a hearing shall be conducted in the same manner as the initial

commitment proceeding, in accordance with the requirements of this section.

3678

(ii) At the conclusion of the hearing and subsequently in writing, when a decision for commitment is made, the neutral and detached fact finder shall inform the child and the child's parent or legal guardian of that decision and of the reasons for ordering commitment.

- (iii) The neutral and detached fact finder shall state in writing the basis of the decision, with specific reference to each of the criteria described in Subsection (4), as a matter of record.
- (6) A child may be temporarily committed for a maximum of 72 hours, excluding Saturdays, Sundays, and legal holidays, to the physical custody of a local mental health authority in accordance with the procedures described in Section 62A-15-629 and upon satisfaction of the risk factors described in Subsection (4). A child who is temporarily committed shall be released at the expiration of the 72 hours unless the procedures and findings required by this section for the commitment of a child are satisfied.
- (7) A local mental health authority shall have physical custody of each child committed to it under this section. The parent or legal guardian of a child committed to the physical custody of a local mental health authority under this section, retains legal custody of the child, unless legal custody has been otherwise modified by a court of competent jurisdiction. In cases when the Division of Child and Family Services or the Division of Juvenile Justice Services has legal custody of a child, that division shall retain legal custody for purposes of this part.
- (8) The cost of caring for and maintaining a child in the physical custody of a local mental health authority shall be assessed to and paid by the child's parents, according to their ability to pay. For purposes of this section, the Division of Child and Family Services or the Division of Juvenile Justice Services shall be financially responsible, in addition to the child's parents, if the child is in the legal custody of either of those divisions at the time the child is committed to the physical custody of a local mental health authority under this section, unless Medicaid regulation or contract provisions specify otherwise. The Office of Recovery Services shall assist those divisions in collecting the costs assessed pursuant to this section.
- (9) Whenever application is made for commitment of a minor to a local mental health authority under any provision of this section by a person other than the child's parent or guardian, the local mental health authority or its designee shall notify the child's parent or guardian. The parents shall be provided sufficient time to prepare and appear at any scheduled proceeding.
  - (10) (a) Each child committed pursuant to this section is entitled to an appeal within 30

days after any order for commitment. The appeal may be brought on the child's own petition or on petition of the child's parent or legal guardian, to the juvenile court in the district where the child resides or is currently physically located. With regard to a child in the custody of the Division of Child and Family Services or the Division of Juvenile Justice Services, the attorney general's office shall handle the appeal, otherwise the appropriate county attorney's office is responsible for appeals brought pursuant to this Subsection (10)(a).

- (b) Upon receipt of the petition for appeal, the court shall appoint a designated examiner previously unrelated to the case, to conduct an examination of the child in accordance with the criteria described in Subsection (4), and file a written report with the court. The court shall then conduct an appeal hearing to determine whether the findings described in Subsection (4) exist by clear and convincing evidence.
- (c) Prior to the time of the appeal hearing, the appropriate local mental health authority, its designee, or the mental health professional who has been in charge of the child's care prior to commitment, shall provide the court and the designated examiner for the appeal hearing with the following information, as it relates to the period of current admission:
  - (i) the original petition for commitment;
- 3726 (ii) admission notes;
- 3727 (iii) diagnosis;

- 3728 (iv) physicians' orders;
- (v) progress notes;
- 3730 (vi) nursing notes; and
- 3731 (vii) medication records.
  - (d) Both the neutral and detached fact finder and the designated examiner appointed for the appeal hearing shall be provided with an opportunity to review the most current information described in Subsection (10)(c) prior to the appeal hearing.
  - (e) The child, the child's parent or legal guardian, the person who submitted the original petition for commitment, and a representative of the appropriate local mental health authority shall be notified by the court of the date and time of the appeal hearing. Those persons shall be afforded an opportunity to appear at the hearing. In reaching its decision, the court shall review the record and findings of the neutral and detached fact finder, the report of the designated examiner appointed pursuant to Subsection (10)(b), and may, in its discretion,

allow or require the testimony of the neutral and detached fact finder, the designated examiner, the child, the child's parent or legal guardian, the person who brought the initial petition for commitment, or any other person whose testimony the court deems relevant. The court may allow the child to waive the right to appear at the appeal hearing, for good cause shown. If that waiver is granted, the purpose shall be made a part of the court's record.

- (11) Each local mental health authority has an affirmative duty to conduct periodic evaluations of the mental health and treatment progress of every child committed to its physical custody under this section, and to release any child who has sufficiently improved so that the criteria justifying commitment no longer exist.
- (12) (a) A local mental health authority or its designee, in conjunction with the child's current treating mental health professional may release an improved child to a less restrictive environment, as they determine appropriate. Whenever the local mental health authority or its designee, and the child's current treating mental health professional, determine that the conditions justifying commitment no longer exist, the child shall be discharged and released to the child's parent or legal guardian. With regard to a child who is in the physical custody of the State Hospital, the treating psychiatrist or clinical director of the State Hospital shall be the child's current treating mental health professional.
- (b) A local mental health authority or its designee, in conjunction with the child's current treating mental health professional, is authorized to issue a written order for the immediate placement of a child not previously released from an order of commitment into a more restrictive environment, if the local authority or its designee and the child's current treating mental health professional has reason to believe that the less restrictive environment in which the child has been placed is exacerbating the child's mental illness, or increasing the risk of harm to self or others.
- (c) The written order described in Subsection (12)(b) shall include the reasons for placement in a more restrictive environment and shall authorize any peace officer to take the child into physical custody and transport the child to a facility designated by the appropriate local mental health authority in conjunction with the child's current treating mental health professional. Prior to admission to the more restrictive environment, copies of the order shall be personally delivered to the child, the child's parent or legal guardian, the administrator of the more restrictive environment, or the administrator's designee, and the child's former treatment

3772 provider or facility.

(d) If the child has been in a less restrictive environment for more than 30 days and is aggrieved by the change to a more restrictive environment, the child or the child's representative may request a review within 30 days of the change, by a neutral and detached fact finder as described in Subsection (3). The fact finder shall determine whether:

- (i) the less restrictive environment in which the child has been placed is exacerbating the child's mental illness or increasing the risk of harm to self or others; or
- (ii) the less restrictive environment in which the child has been placed is not exacerbating the child's mental illness or increasing the risk of harm to self or others, in which case the fact finder shall designate that the child remain in the less restrictive environment.
- (e) Nothing in this section prevents a local mental health authority or its designee, in conjunction with the child's current mental health professional, from discharging a child from commitment or from placing a child in an environment that is less restrictive than that designated by the neutral and detached fact finder.
- (13) Each local mental health authority or its designee, in conjunction with the child's current treating mental health professional shall discharge any child who, in the opinion of that local authority, or its designee, and the child's current treating mental health professional, no longer meets the criteria specified in Subsection (4), except as provided by Section 62A-15-705. The local authority and the mental health professional shall assure that any further supportive services required to meet the child's needs upon release will be provided.
- (14) Even though a child has been committed to the physical custody of a local mental health authority under this section, the child is still entitled to additional due process proceedings, in accordance with Section 62A-15-704, before any treatment that may affect a constitutionally protected liberty or privacy interest is administered. Those treatments include, but are not limited to, antipsychotic medication, electroshock therapy, and psychosurgery.
- Section 87. Section **26B-5-404**, which is renumbered from Section 62A-15-704 is renumbered and amended to read:

### [62A-15-704]. <u>26B-5-404.</u> Invasive treatment -- Due process proceedings.

(1) For purposes of this section, "invasive treatment" means treatment in which a constitutionally protected liberty or privacy interest may be affected, including antipsychotic medication, electroshock therapy, and psychosurgery.

3803	(2) The requirements of this section apply to all children receiving services or
3804	treatment from a local mental health authority, its designee, or its provider regardless of
3805	whether a local mental health authority has physical custody of the child or the child is
3806	receiving outpatient treatment from the local authority, its designee, or provider.
3807	(3) (a) The division shall promulgate rules, in accordance with Title 63G, Chapter 3,
3808	Utah Administrative Rulemaking Act, establishing due process procedures for children prior to
3809	any invasive treatment as follows:
3810	(i) with regard to antipsychotic medications, if either the parent or child disagrees with
3811	that treatment, a due process proceeding shall be held in compliance with the procedures
3812	established under this Subsection (3);
3813	(ii) with regard to psychosurgery and electroshock therapy, a due process proceeding
3814	shall be conducted pursuant to the procedures established under this Subsection (3), regardless
3815	of whether the parent or child agree or disagree with the treatment; and
3816	(iii) other possible invasive treatments may be conducted unless either the parent or
3817	child disagrees with the treatment, in which case a due process proceeding shall be conducted
3818	pursuant to the procedures established under this Subsection (3).
3819	(b) In promulgating the rules required by Subsection (3)(a), the division shall consider
3820	the advisability of utilizing an administrative law judge, court proceedings, a neutral and
3821	detached fact finder, and other methods of providing due process for the purposes of this
3822	section. The division shall also establish the criteria and basis for determining when invasive
3823	treatment should be administered.
3824	Section 88. Section 26B-5-405, which is renumbered from Section 62A-15-705 is
3825	renumbered and amended to read:
3826	[62A-15-705]. 26B-5-405. Commitment proceedings in juvenile court
3827	Criteria Custody.
3828	(1) (a) Subject to Subsection (1)(b), a commitment proceeding for a child may be
3829	commenced by filing a written application with the juvenile court of the county in which the
3830	child resides or is found, in accordance with the procedures described in Section 62A-15-631.
3831	(b) A commitment proceeding under this section may be commenced only after a
3832	commitment proceeding under Section 62A-15-703 has concluded without the child being
3833	committed.

3834	(2) The juvenile court shall order commitment to the physical custody of a local mental
3835	health authority if, upon completion of the hearing and consideration of the record, the juvenile
3836	court finds by clear and convincing evidence that:
3837	(a) the child has a mental illness, as defined in Section 62A-15-602;
3838	(b) the child demonstrates a risk of harm to the child or others;
3839	(c) the child is experiencing significant impairment in the child's ability to perform
3840	socially;
3841	(d) the child will benefit from the proposed care and treatment; and
3842	(e) there is no appropriate less restrictive alternative.
3843	(3) The juvenile court may not commit a child under Subsection (1) directly to the
3844	Utah State Hospital.
3845	(4) The local mental health authority has an affirmative duty to:
3846	(a) conduct periodic reviews of children committed to the local mental health
3847	authority's custody in accordance with this section; and
3848	(b) release any child who has sufficiently improved so that the local mental health
3849	authority, or the local mental authority's designee, determines that commitment is no longer
3850	appropriate.
3851	(5) If a child is committed to the custody of a local mental health authority, or the local
3852	mental health authority's designee, by the juvenile court, the local mental health authority, or
3853	the local mental health authority's designee, shall give the juvenile court written notice of the
3854	intention to release the child not fewer than five days before the day on which the child is
3855	released.
3856	Section 89. Section 26B-5-406, which is renumbered from Section 62A-15-706 is
3857	renumbered and amended to read:
3858	[ <del>62A-15-706</del> ]. <u>26B-5-406.</u> Parent advocate.
3859	The division shall establish the position of a parent advocate to assist parents of
3860	children with a mental illness who are subject to the procedures required by this part.
3861	Section 90. Section 26B-5-407, which is renumbered from Section 62A-15-707 is
3862	renumbered and amended to read:
3863	[62A-15-707]. 26B-5-407. Confidentiality of information and records
3864	Exceptions Penalty.

3865	(1) Notwithstanding the provisions of Title 63G, Chapter 2, Government Records
3866	Access and Management Act, all certificates, applications, records, and reports made for the
3867	purpose of this part that directly or indirectly identify a patient or former patient or an
3868	individual whose commitment has been sought under this part, shall be kept confidential and
3869	may not be disclosed by any person except as follows:
3870	(a) the individual identified consents after reaching 18 years of age;
3871	(b) the child's parent or legal guardian consents;
3872	(c) disclosure is necessary to carry out any of the provisions of this part; or
3873	(d) a court may direct, upon its determination that disclosure is necessary for the
3874	conduct of proceedings before it, and that failure to make the disclosure would be contrary to
3875	the public interest.
3876	(2) A person who violates any provision of this section is guilty of a class B
3877	misdemeanor.
3878	Section 91. Section 26B-5-408, which is renumbered from Section 62A-15-708 is
3879	renumbered and amended to read:
3880	[ <del>62A-15-708</del> ]. <u>26B-5-408.</u> Mechanical restraints Clinical record.
3881	Mechanical restraints may not be applied to a child unless it is determined, by the local
3882	mental health authority or its designee in conjunction with the child's current treating mental
3883	health professional, that they are required by the needs of that child. Every use of a mechanical
3884	restraint and the reasons for that use shall be made a part of the child's clinical record, under the
3885	signature of the local mental health authority, its designee, and the child's current treating
3886	mental health professional.
3887	Section 92. Section 26B-5-409, which is renumbered from Section 62A-15-709 is
3888	renumbered and amended to read:
3889	[ <del>62A-15-709</del> ]. <u>26B-5-409.</u> Habeas corpus.
3890	Any child committed in accordance with Section 62A-15-703 is entitled to a writ of
3891	habeas corpus upon proper petition by himself or next of friend to the [district] court in the
3892	district in which he is detained.
3893	Section 93. Section 26B-5-410, which is renumbered from Section 62A-15-710 is
3894	renumbered and amended to read:
3895	[ <del>62A-15-710</del> ]. <u>26B-5-410.</u> Restrictions and limitations Civil rights and

3896 privileges.

(1) Subject to the specific rules of the division, and except to the extent that the local mental health authority or its designee, in conjunction with the child's current treating mental health professional, determines that it is necessary for the welfare of the person to impose restrictions, every child committed to the physical custody of a local mental health authority under Section 62A-15-703 is entitled to:

- (a) communicate, by sealed mail or otherwise, with persons, including official agencies, inside or outside of the facility;
  - (b) receive visitors; and
  - (c) exercise his civil rights.
- (2) When any right of a child is limited or denied, the nature, extent, and reason for that limitation or denial shall be entered in the child's treatment record. Any continuing denial or limitation shall be reviewed every 30 days and shall also be entered in that treatment record. Notice of that continuing denial in excess of 30 days shall be sent to the division.
- (3) Notwithstanding any limitations authorized under this section on the right of communication, each child committed to the physical custody of a local mental health authority is entitled to communicate by sealed mail with his attorney, the local mental health authority, its designee, his current treating mental health professional, and the court, if commitment was court ordered. In no case may the child be denied a visit with the legal counsel or clergy of his choice.
- (4) Each local mental health authority shall provide appropriate and reasonable means and arrangements for informing children and their parents or legal guardians of their rights as provided in this part, and for assisting them in making and presenting requests for release.
- (5) All local mental health facilities shall post a statement, promulgated by the division, describing patient's rights under Utah law.
- Section 94. Section **26B-5-411**, which is renumbered from Section 62A-15-711 is renumbered and amended to read:

## 3923 [<del>62A-15-711</del>]. <u>26B-5-411.</u> Standards for care and treatment.

Every child is entitled to humane care and treatment and to medical care and treatment in accordance with the prevailing standards accepted in medical practice, psychiatric nursing practice, social work practice, and the practice of clinical psychology.

3927	Section 95. Section <b>26B-5-412</b> , which is renumbered from Section 62A-15-712 is
3928	renumbered and amended to read:
3929	[62A-15-712]. 26B-5-412. Responsibilities of the division.
3930	(1) The division shall ensure that the requirements of this part are met and applied
3931	uniformly by local mental health authorities across the state.
3932	(2) Because the division must, under Section 62A-15-103, contract with, review,
3933	approve, and oversee local mental health authority plans, and withhold funds from local mental
3934	health authorities and public and private providers for contract noncompliance or misuse of
3935	public funds, the division shall:
3936	(a) require each local mental health authority to submit its plan to the division by May
3937	1 of each year; and
3938	(b) conduct an annual program audit and review of each local mental health authority
3939	in the state, and its contract provider.
3940	(3) The annual audit and review described in Subsection (2)(b) shall, in addition to
3941	items determined by the division to be necessary and appropriate, include a review and
3942	determination regarding whether or not:
3943	(a) public funds allocated to local mental health authorities are consistent with services
3944	rendered and outcomes reported by it or its contract provider; and
3945	(b) each local mental health authority is exercising sufficient oversight and control over
3946	public funds allocated for mental health programs and services.
3947	(4) The Legislature may refuse to appropriate funds to the division if the division fails
3948	to comply with the procedures and requirements of this section.
3949	Section 96. Section 26B-5-413, which is renumbered from Section 62A-15-713 is
3950	renumbered and amended to read:
3951	[62A-15-713]. 26B-5-413. Contracts with local mental health authorities
3952	Provisions.
3953	When the division contracts with a local mental health authority to provide mental
3954	health programs and services in accordance with the provisions of this chapter and Title 17,
3955	Chapter 43, Part 3, Local Mental Health Authorities, it shall ensure that those contracts include
3956	at least the following provisions:
3957	(1) that an independent auditor shall conduct any audit of the local mental health

3958	authority or its contract provider's programs or services, pursuant to the provisions of Title 51,
3959	Chapter 2a, Accounting Reports from Political Subdivisions, Interlocal Organizations, and
3960	Other Local Entities Act;
3961	(2) in addition to the requirements described in Title 51, Chapter 2a, Accounting
3962	Reports from Political Subdivisions, Interlocal Organizations, and Other Local Entities Act, the
3963	division:
3964	(a) shall prescribe guidelines and procedures, in accordance with those formulated by
3965	the state auditor pursuant to Section 67-3-1, for auditing the compensation and expenses of
3966	officers, directors, and specified employees of the private contract provider, to assure the state
3967	that no personal benefit is gained from travel or other expenses; and
3968	(b) may prescribe specific items to be addressed by that audit, depending upon the
3969	particular needs or concerns relating to the local mental health authority or contract provider at
3970	issue;
3971	(3) the local mental health authority or its contract provider shall invite and include all
3972	funding partners in its auditor's pre- and exit conferences;
3973	(4) each member of the local mental health authority shall annually certify that he has
3974	received and reviewed the independent audit and has participated in a formal interview with the
3975	provider's executive officers;
3976	(5) requested information and outcome data will be provided to the division in the
3977	manner and within the timelines defined by the division;
3978	(6) all audit reports by state or county persons or entities concerning the local mental
3979	health authority or its contract provider shall be provided to the executive director of the
3980	department, the local mental health authority, and members of the contract provider's governing
3981	board; and
3982	(7) the local mental health authority or its contract provider will offer and provide
3983	mental health services to residents who are indigent and who meet state criteria for serious and
3984	persistent mental illness or severe emotional disturbance.
3985	Section 97. Section 26B-5-414, which is renumbered from Section 62A-1-108.5 is
3986	renumbered and amended to read:
3987	[62A-1-108.5]. 26B-5-414. Mental illness and intellectual disability
3988	examinations Responsibilities of the department.

3989	(1) In accomplishing the department's duties to conduct a competency evaluation under
3990	Title 77, Utah Code of Criminal Procedure, and a juvenile competency evaluation under
3991	Section 80-6-402, the department shall proceed as outlined in this section and within
3992	appropriations authorized by the Legislature.
3993	(2) When the department is ordered by a court to conduct a competency evaluation, the
3994	department shall designate a forensic evaluator, selected under Subsection (4), to evaluate the
3995	defendant in the defendant's current custody or status.
3996	(3) When the department is ordered by the juvenile court to conduct a juvenile
3997	competency evaluation under Section 80-6-402, the department shall:
3998	(a) designate an examiner selected pursuant to Subsection (4) to evaluate the minor;
3999	and
4000	(b) upon a finding of good cause and order of the court, designate a second examiner to
4001	evaluate the minor.
4002	(4) The department shall establish criteria, in consultation with the Commission on
4003	Criminal and Juvenile Justice, and shall contract with persons to conduct competency
4004	evaluations and juvenile competency evaluations under Subsections (2) and (3)(b). In making
4005	this selection, the department shall follow the provisions of Title 63G, Chapter 6a, Utah
4006	Procurement Code.
4007	(5) Nothing in this section prohibits the department, at the request of defense counsel
4008	or a prosecuting attorney in a criminal proceeding under Title 77, Utah Code of Criminal
4009	Procedure, and for good cause shown, from proposing a person who has not been previously
4010	selected under Subsection (4) to contract with the department to conduct the evaluation. In
4011	selecting that person, the criteria of the department established under Subsection (4) and the
4012	provisions of Title 63G, Chapter 6a, Utah Procurement Code, shall be met.
4013	Section 98. Section 26B-5-501, which is renumbered from Section 62A-15-1202 is
4014	renumbered and amended to read:
4015	Part 5. Essential Treatment and Intervention
4016	[62A-15-1202]. 26B-5-501. Definitions.
4017	As used in this part:
4018	(1) "Emergency, life saving treatment" means treatment that is:
4019	(a) provided at a licensed health care facility or licensed human services program;

4020	(b) provided by a licensed health care professional;
4021	(c) necessary to save the life of the patient; and
4022	(d) required due to the patient's:
4023	(i) use of an illegal substance; or
4024	(ii) excessive use or misuse of a prescribed medication.
4025	(2) "Essential treatment examiner" means:
4026	(a) a licensed physician, preferably a psychiatrist, who is designated by the division as
4027	specifically qualified by training or experience in the diagnosis of substance use disorder; or
4028	(b) a licensed mental health professional designated by the division as specially
4029	qualified by training and who has at least five years' continual experience in the treatment of
4030	substance use disorder.
4031	(3) "Relative" means an adult who is a spouse, parent, stepparent, grandparent, child,
4032	or sibling of an individual.
4033	(4) "Serious harm" means the individual, due to substance use disorder, is at serious
4034	risk of:
4035	(a) drug overdose;
4036	(b) suicide;
4037	(c) serious bodily self-injury;
4038	(d) serious bodily injury because the individual is incapable of providing the basic
4039	necessities of life, including food, clothing, or shelter; or
4040	(e) causing or attempting to cause serious bodily injury to another individual.
4041	(5) "Substance use disorder" means the same as that term is defined in the current
4042	edition of the Diagnostic and Statistical Manual of Mental Disorders published by the
4043	American Psychiatric Association.
4044	Section 99. Section 26B-5-502, which is renumbered from Section 62A-15-1201 is
4045	renumbered and amended to read:
4046	[62A-15-1201]. 26B-5-502. Statement of legislative intent.
4047	To address the serious public health crisis of substance use disorder related deaths and
4048	life-threatening opioid addiction, and to allow and enable caring relatives to seek essential
4049	treatment and intervention, as may be necessary, on behalf of a sufferer of a substance use
4050	disorder, the Legislature enacts the Essential Treatment and Intervention Act.

4051	Section 100. Section <b>26B-5-503</b> , which is renumbered from Section 62A-15-1203 is
4052	renumbered and amended to read:
4053	[62A-15-1203]. <u>26B-5-503.</u> Petition for essential treatment Contents
4054	Commitment to pay.
4055	(1) A relative seeking essential treatment and intervention for a sufferer of a substance
4056	use disorder may file a petition with the [district] court of the county in which the sufferer of
4057	the substance use disorder resides or is found.
4058	(2) The petition shall include:
4059	(a) the respondent's:
4060	(i) legal name;
4061	(ii) date of birth, if known;
4062	(iii) social security number, if known; and
4063	(iv) residence and current location, if known;
4064	(b) the petitioner's relationship to the respondent;
4065	(c) the name and residence of the respondent's legal guardian, if any and if known;
4066	(d) a statement that the respondent:
4067	(i) is suffering from a substance use disorder; and
4068	(ii) if not treated for the substance use disorder presents a serious harm to self or
4069	others;
4070	(e) the factual basis for the statement described in Subsection (2)(d); and
4071	(f) at least one specified local substance abuse authority or approved treatment facility
4072	or program where the respondent may receive essential treatment.
4073	(3) Any petition filed under this section:
4074	(a) may be accompanied by proof of health insurance to provide for the respondent's
4075	essential treatment;
4076	(b) shall be accompanied by a binding commitment to pay, signed by the petitioner or
4077	another individual, obligating the petitioner or other individual to pay all treatment costs
4078	beyond those covered by the respondent's health insurance policy for court-ordered essential
4079	treatment for the respondent; and
4080	(c) may be accompanied by documentation of emergency, life saving treatment
4081	provided to the respondent.

4082	(4) Nothing in this section alters the contractual relationship between a health insurer
4083	and an insured individual.
4084	Section 101. Section 26B-5-504, which is renumbered from Section 62A-15-1204 is
4085	renumbered and amended to read:
4086	[62A-15-1204]. <u>26B-5-504.</u> Criteria for essential treatment and intervention.
4087	A [district] court shall order an individual to undergo essential treatment for a substance
4088	use disorder when the [district] court determines by clear and convincing evidence that the
4089	individual:
4090	(1) suffers from a substance use disorder;
4091	(2) can reasonably benefit from the essential treatment;
4092	(3) is unlikely to substantially benefit from a less-restrictive alternative treatment; and
4093	(4) presents a serious harm to self or others.
4094	Section 102. Section 26B-5-505, which is renumbered from Section 62A-15-1205 is
4095	renumbered and amended to read:
4096	[62A-15-1205]. 26B-5-505. Proceeding for essential treatment Duties of
4097	court Disposition.
4098	(1) A [district] court shall review the assertions contained in the verified petition
4099	described in Section 62A-15-1203.
4100	(2) If the court determines that the assertions, if true, are sufficient to order the
4101	respondent to undergo essential treatment, the court shall:
4102	(a) set an expedited date for a time-sensitive hearing to determine whether the court
4103	should order the respondent to undergo essential treatment for a substance use disorder;
4104	(b) provide notice of:
4105	(i) the contents of the petition, including all assertions made;
4106	(ii) a copy of any order for detention or examination;
4107	(iii) the date of the hearing;
4108	(iv) the purpose of the hearing;
4109	(v) the right of the respondent to be represented by legal counsel; and
4110	(vi) the right of the respondent to request a preliminary hearing before submitting to an
4111	order for examination;
4112	(c) provide notice to:

4113	(1) the respondent;
4114	(ii) the respondent's guardian, if any; and
4115	(iii) the petitioner; and
4116	(d) subject to the right described in Subsection (2)(b)(vi), order the respondent to be
4117	examined before the hearing date:
4118	(i) by two essential treatment examiners; or
4119	(ii) by one essential treatment examiner, if documentation before the court
4120	demonstrates that the respondent received emergency, life saving treatment:
4121	(A) within 30 days before the day on which the petition for essential treatment and
4122	intervention was filed; or
4123	(B) during the pendency of the petition for essential treatment and intervention.
4124	(3) An essential treatment examiner shall examine the respondent to determine:
4125	(a) whether the respondent meets each of the criteria described in Section
4126	62A-15-1204;
4127	(b) the severity of the respondent's substance use disorder, if any;
4128	(c) what forms of treatment would substantially benefit the respondent, if the examiner
4129	determines that the respondent has a substance use disorder; and
4130	(d) the appropriate duration for essential treatment, if essential treatment is
4131	recommended.
4132	(4) An essential treatment examiner shall certify the examiner's findings to the court
4133	within 24 hours after completion of the examination.
4134	(5) The court may, based upon the findings of an essential treatment examiner,
4135	terminate the proceedings and dismiss the petition.
4136	(6) The parties may, at any time, make a binding stipulation to an essential treatment
4137	plan and submit that plan to the court for court order.
4138	(7) At the hearing, the petitioner and the respondent may testify and may
4139	cross-examine witnesses.
4140	(8) If, upon completion of the hearing, the court finds that the criteria in Section
4141	62A-15-1204 are met, the court shall order essential treatment for an initial period that:
4142	(a) does not exceed 360 days, subject to periodic review as provided in Section
4143	62A-15-1206; and

4144	(b) (i) is recommended by an essential treatment examiner; or
4145	(ii) is otherwise agreed to at the hearing.
4146	(9) The court shall designate the facility for the essential treatment, as:
4147	(a) described in the petition;
4148	(b) recommended by an essential treatment examiner; or
4149	(c) agreed to at the hearing.
4150	(10) The court shall issue an order that includes the court's findings and the reasons for
4151	the court's determination.
4152	(11) The court may order the petitioner to be the respondent's personal representative,
4153	as described in 45 C.F.R. Sec. 164.502(g), for purposes of the respondent's essential treatment.
4154	Section 103. Section 26B-5-506, which is renumbered from Section 62A-15-1205.5 is
4155	renumbered and amended to read:
4156	[62A-15-1205.5]. 26B-5-506. Failure to comply with court order.
4157	(1) The provisions of this section apply after a respondent has been afforded full due
4158	process rights, as provided in this Essential Treatment and Intervention Act, including notice,
4159	an opportunity to respond and appear at a hearing, and, as applicable, the court's finding that
4160	the evidence meets the clear and convincing standard, as described in Section 62A-15-1204, for
4161	a court to order essential treatment and intervention.
4162	(2) When a respondent fails to comply with a court order issued under Subsection
4163	62A-15-1205(2)(d) or (10), the court may:
4164	(a) find the respondent in contempt under Subsection 78B-6-301(5); and
4165	(b) issue a warrant of commitment under Section 78B-6-312.
4166	(3) When a peace officer executes a warrant issued under this section, the officer shall
4167	take the respondent into protective custody and transport the respondent to the location
4168	specified by the court.
4169	(4) Notwithstanding Subsection (3), if a peace officer determines through the peace
4170	officer's experience and training that taking the respondent into protective custody or
4171	transporting the respondent would increase the risk of substantial danger to the respondent or
4172	others, a peace officer may exercise discretion to not take the respondent into custody or
4173	transport the respondent, as permitted by policies and procedures established by the peace
4174	officer's law enforcement agency and any applicable federal or state statute, or case law.

4175	Section 104. Section <b>26B-5-507</b> , which is renumbered from Section 62A-15-1206 is
4176	renumbered and amended to read:
4177	[ <del>62A-15-1206</del> ]. <u>26B-5-507.</u> Periodic review Discharge.
4178	A local substance abuse authority or an approved treatment facility or program that
4179	provides essential treatment shall:
4180	(1) at least every 90 days after the day on which a patient is admitted, unless a court
4181	orders otherwise, examine or cause to be examined a patient who has been ordered to receive
4182	essential treatment;
4183	(2) notify the patient and the patient's personal representative or guardian, if any, of the
4184	substance and results of the examination;
4185	(3) discharge an essential treatment patient if the examination determines that the
4186	conditions justifying essential treatment and intervention no longer exist; and
4187	(4) after discharging an essential treatment patient, send a report describing the reasons
4188	for discharge to the clerk of the court where the proceeding for essential treatment was held and
4189	to the patient's personal representative or guardian, if any.
4190	Section 105. Section 26B-5-508, which is renumbered from Section 62A-15-1207 is
4191	renumbered and amended to read:
4192	[62A-15-1207]. 26B-5-508. Seventy-two-hour emergency treatment pending
4193	a final court order.
4194	(1) A court may order a respondent to be hospitalized for up to 72 hours if:
4195	(a) an essential treatment examiner has examined the respondent and certified that the
4196	respondent meets the criteria described in Section 62A-15-1204; and
4197	(b) the court finds by clear and convincing evidence that the respondent presents an
4198	imminent threat of serious harm to self or others as a result of a substance use disorder.
4199	(2) An individual who is admitted to a hospital under this section shall be released
4200	from the hospital within 72 hours after admittance, unless a treating physician or essential
4201	treatment examiner determines that the individual continues to pose an imminent threat of
4202	serious harm to self or others.
4203	(3) If a treating physician or essential treatment examiner makes the determination
4204	described in Subsection (2), the individual may be detained for as long as the threat of serious
4205	harm remains imminent, but not more than 10 days after the day on which the individual was

4206	hospitalized, unless a court orders otherwise.
4207	(4) A treating physician or an essential treatment examiner shall, as frequently as
4208	practicable, examine an individual hospitalized under this section and release the individual if
4209	it is determined that a threat of imminent serious harm no longer exists.
4210	Section 106. Section 26B-5-509, which is renumbered from Section 62A-15-1207.5 is
4211	renumbered and amended to read:
4212	[62A-15-1207.5]. 26B-5-509. Emergency, life saving treatment Temporary
4213	personal representative.
4214	(1) When an individual receives emergency, life saving treatment:
4215	(a) a licensed health care professional, at the health care facility where the emergency,
4216	life saving treatment is provided, may ask the individual who, if anyone, may be contacted and
4217	informed regarding the individual's treatment;
4218	(b) a treating physician may hold the individual in the health care facility for up to 48
4219	hours, if the treating physician determines that the individual poses a serious harm to self or
4220	others; and
4221	(c) a relative of the individual may petition a court to be designated as the individual's
4222	personal representative, described in 45 C.F.R. Sec. 164.502(g), for the limited purposes of the
4223	individual's medical and mental health care related to a substance use disorder.
4224	(2) The petition described in Subsection (1)(c) shall include:
4225	(a) the respondent's:
4226	(i) legal name;
4227	(ii) date of birth, if known;
4228	(iii) social security number, if known; and
4229	(iv) residence and current location, if known;
4230	(b) the petitioner's relationship to the respondent;
4231	(c) the name and residence of the respondent's legal guardian, if any and if known;
4232	(d) a statement that the respondent:
4233	(i) is suffering from a substance use disorder; and
4234	(ii) has received, within the last 72 hours, emergency, life saving treatment;
4235	(e) the factual basis for the statement described in Subsection (2)(d); and
4236	(f) the name of any other individual, if any, who may be designated as the respondent's

4237	personal representative.
4238	(3) A court shall grant a petition for designation as a personal representative, ex parte,
4239	if it appears from the petition for designation as a court-designated personal representative that:
4240	(a) the respondent is suffering from a substance use disorder;
4241	(b) the respondent received emergency, life saving treatment within 10 days before the
4242	day on which the petition for designation as a personal representative is filed;
4243	(c) the petitioner is a relative of the respondent; and
4244	(d) no other individual is otherwise designated as the respondent's personal
4245	representative.
4246	(4) When a court grants, ex parte, a petition for designation as a personal
4247	representative, the court:
4248	(a) shall provide notice to the respondent;
4249	(b) shall order the petitioner to be the respondent's personal representative for 10 days
4250	after the day on which the court designates the petitioner as the respondent's personal
4251	representative; and
4252	(c) may extend the duration of the order:
4253	(i) for good cause shown, after the respondent has been notified and given a proper and
4254	sufficient opportunity to respond; or
4255	(ii) if the respondent consents to an extension.
4256	Section 107. Section 26B-5-510, which is renumbered from Section 62A-15-1208 is
4257	renumbered and amended to read:
4258	[ <del>62A-15-1208</del> ]. <u>26B-5-510.</u> Confidentiality.
4259	(1) The purpose of [Part 12, Essential Treatment and Intervention Act,] this part is to
4260	provide a process for essential treatment and intervention to save lives, preserve families, and
4261	reduce substance use disorder, including opioid addiction.
4262	(2) An essential treatment petition and any other document filed in connection with the
4263	petition for essential treatment is confidential and protected.
4264	(3) A hearing on an essential treatment petition is closed to the public, and only the
4265	following individuals and their legal counsel may be admitted to the hearing:
4266	(a) parties to the petition;
4267	(b) the essential treatment examiners who completed the court-ordered examination

4268	under Subsection 62A-15-1205(3);
4269	(c) individuals who have been asked to give testimony; and
4270	(d) individuals to whom notice of the hearing is required to be given under Subsection
4271	62A-15-1205(2)(c).
4272	(4) Testimony, medical evaluations, the petition, and other documents directly related
4273	to the adjudication of the petition and presented to the court in the interest of the respondent
4274	may not be construed or applied as an admission of guilt to a criminal offense.
4275	(5) A court may, if applicable, enforce a previously existing warrant for a respondent or
4276	a warrant for a charge that is unrelated to the essential treatment petition filed under this part.
4277	Section 108. Section 26B-5-511, which is renumbered from Section 62A-15-1209 is
4278	renumbered and amended to read:
4279	[62A-15-1209]. 26B-5-511. Essential treatment for substance use disorder
4280	Rights of patient.
4281	All applicable rights guaranteed to a patient by Sections 62A-15-641 and 62A-15-642
4282	shall be guaranteed to an individual who is ordered to undergo essential treatment for a
4283	substance use disorder.
4284	Section 109. Section 26B-5-601, which is renumbered from Section 62A-17-102 is
4285	renumbered and amended to read:
4286	Part 6. Mental Health Intervention and Treatment Programs
4287	[62A-17-102]. <u>26B-5-601</u> . Definitions.
4288	As used in this [chapter] part:
4289	(1) "211" means the abbreviated dialing code assigned by the Federal Communications
4290	Commission for consumer access to community information and referral services.
4291	(2) "ACT team personnel" means a licensed psychiatrist or mental health therapist, or
4292	another individual, as determined by the division, who is part of an ACT team.
4293	[(2)] (3) "Approved 211 service provider" means a public or nonprofit agency or
4294	organization designated by the department to provide 211 services.
4295	(4) "Assertive community treatment team" or "ACT team" means a mobile team of
4296	medical and mental health professionals that provides assertive community outreach treatment
4297	and, based on the individual circumstances of each case, coordinates with other medical
4298	providers and appropriate community resources.

4299	(5) (a) "Assertive community treatment" means mental health services and on-site
4300	intervention that a person renders to an individual with a mental illness.
4301	(b) "Assertive community treatment" includes the provision of assessment and
4302	treatment plans, rehabilitation, support services, and referrals to other community resources.
4303	(6) "Mental health therapist" means the same as that term is defined in Section
4304	<u>58-60-102.</u>
4305	(7) "Mental illness" means the same as that term is defined in Section 62A-15-602.
4306	(8) "Psychiatrist" means the same as that term is defined in Section 62A-15-1601.
4307	[(3)] (9) (a) "Utah 211" means an information and referral system that:
4308	(i) maintains a database of:
4309	(A) providers of health and human services; and
4310	(B) volunteer opportunities and coordinators throughout the state;
4311	(ii) assists individuals, families, and communities at no cost in identifying,
4312	understanding, and accessing the providers of health and human services; and
4313	(iii) works collaboratively with state agencies, local governments, community-based
4314	organizations, not-for-profit organizations, organizations active in disaster relief, and
4315	faith-based organizations.
4316	(b) "Utah 211" does not mean service provided by 911 and first responders.
4317	Section 110. Section 26B-5-602, which is renumbered from Section 62A-17-103 is
4318	renumbered and amended to read:
4319	[ <del>62A-17-103</del> ]. <u>26B-5-602.</u> Designated approved 211 service provider
4320	Department responsibilities.
4321	(1) The department shall designate an approved 211 service provider to provide
4322	information to Utah citizens about health and human services available in the citizen's
4323	community.
4324	(2) Only a service provider approved by the department may provide 211 telephone
4325	services in this state.
4326	(3) The department shall approve a 211 service provider after considering the
4327	following:
4328	(a) the ability of the proposed 211 service provider to meet the national 211 standards
4329	recommended by the Alliance of Information and Referral Systems;

4330	(b) the financial stability of the proposed 211 service provider;
4331	(c) the community support for the proposed 211 service provider;
4332	(d) the relationship between the proposed 211 service provider and other information
4333	and referral services; and
4334	(e) other criteria as the department considers appropriate.
4335	(4) The department shall coordinate with the approved 211 service provider and other
4336	state and local agencies to ensure the joint development and maintenance of a statewide
4337	information database for use by the approved 211 service provider.
4338	Section 111. Section 26B-5-603, which is renumbered from Section 62A-17-104 is
4339	renumbered and amended to read:
4340	[ <del>62A-17-104</del> ]. <u>26B-5-603.</u> Utah 211 created Responsibilities.
4341	(1) The designated 211 service provider described in Section 62A-17-102 shall be
4342	known as Utah 211.
4343	(2) Utah 211 shall, as appropriations allow:
4344	(a) by 2014:
4345	(i) provide the services described in this Subsection (2) 24 hours a day, seven days a
4346	week;
4347	(ii) abide by the key standards for 211 programs, as specified in the Standards for
4348	Professional Information and Referral Requirements for Alliance of Information Systems
4349	Accreditation and Operating 211 systems; and
4350	(iii) be a point of entry for disaster-related information and referral;
4351	(b) track types of calls received and referrals made;
4352	(c) develop, coordinate, and implement a statewide information and referral system
4353	that integrates existing community-based structures with state and local agencies;
4354	(d) provide information relating to:
4355	(i) health and human services; and
4356	(ii) volunteer opportunities;
4357	(e) create an online, searchable database to provide information to the public about the
4358	health and human services provided by public or private entities throughout the state, and
4359	ensure that:
4360	(i) the material on the searchable database is indexed:

4361	(A) geographically to inform an individual about the health and human services
4362	provided in the area where the individual lives; and
4363	(B) by type of service provided; and
4364	(ii) the searchable database contains links to the Internet sites of any local provider of
4365	health and human services, if possible, and include:
4366	(A) the name, address, and phone number of organizations providing health and human
4367	services in a county; and
4368	(B) a description of the type of services provided;
4369	(f) be responsible, in collaboration with state agencies, for raising community
4370	awareness about available health and human services; and
4371	(g) host meetings on a quarterly basis until calendar year 2014, and on a biannual basis
4372	beginning in 2014, to seek input and guidance from state agencies, local governments,
4373	community-based organizations, not-for-profit organizations, and faith-based organizations.
4374	Section 112. Section 26B-5-604, which is renumbered from Section 62A-17-105 is
4375	renumbered and amended to read:
4376	[62A-17-105]. <u>26B-5-604.</u> Other state agencies and local governments.
4377	(1) A state agency or local government institution that provides health and human
4378	services, or a public or private entity receiving state-appropriated funds to provide health and
4379	human services, shall provide Utah 211 with information, in a form determined by Utah 211,
4380	about the services the agency or entity provides for inclusion in the statewide information and
4381	referral system.
4382	(2) A state agency or local government institution that provides health and human
4383	services may not establish a new public telephone line or hotline, other than an emergency first
4384	responder hotline, to provide information or referrals unless the agency or institution first:
4385	(a) consults with Utah 211 about using the existing 211 to provide access to the
4386	information or referrals; and
4387	(b) assesses whether a new line or the existing 211 program would be more cost
4388	effective.
4389	(3) Nothing in this section prohibits a state agency or local government institution from
4390	starting a public telephone line or hotline in an emergency situation.
4391	(4) State agencies, local governments, community-based organizations, not-for-profit

4392	organizations, faith-based organizations, and businesses that engage in providing human
4393	services may contract with Utah 211 to provide specialized projects, including:
4394	(a) public health campaigns;
4395	(b) seasonal community services; and
4396	(c) expanded point of entry services.
4397	Section 113. Section 26B-5-605, which is renumbered from Section 62A-17-106 is
4398	renumbered and amended to read:
4399	[ <del>62A-17-106</del> ]. <u>26B-5-605.</u> Immunity from liability.
4400	(1) Except as provided in Subsection (2), Utah 211, its employees, directors, officers,
4401	and information specialists are not liable to any person in a civil action for injury or loss as a
4402	result of an act or omission of Utah 211, its employees, directors, officers, or information
4403	specialists, in connection with:
4404	(a) developing, adopting, implementing, maintaining, or operating the Utah 211
4405	system;
4406	(b) making Utah 211 available for use by the public; or
4407	(c) providing 211 services.
4408	(2) Utah 211, its employees, directors, officers, and information specialists shall be
4409	liable to any person in a civil action for an injury or loss resulting from willful or wanton
4410	misconduct.
4411	Section 114. Section 26B-5-606, which is renumbered from Section 62A-15-1802 is
4412	renumbered and amended to read:
4413	[62A-15-1802]. <u>26B-5-606.</u> Division duties ACT team license creation.
4414	(1) To promote the availability of assertive community treatment, the division shall
4415	make rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act,
4416	that create a certificate for ACT team personnel and ACT teams, that includes:
4417	(a) the standards the division establishes under Subsection (2); and
4418	(b) guidelines for:
4419	(i) required training and experience of ACT team personnel; and
4420	(ii) the coordination of assertive community treatment and other community resources.
4421	(2) (a) The division shall:
1/122	(i) in accordance with Title 63G. Chanter 3. Utah Administrative Rulemaking Act

4423	make rules that establish standards that an applicant is required to meet to qualify for the
4424	certifications described in Subsection (1); and
4425	(ii) create a statewide ACT team plan that:
4426	(A) identifies statewide assertive community treatment needs, objectives, and
4427	priorities; and
4428	(B) identifies the equipment, facilities, personnel training, and other resources
4429	necessary to provide assertive community treatment.
4430	(b) The division may delegate the ACT team plan requirement described in Subsection
4431	(2)(a)(ii) to a contractor with whom the division contracts to provide assertive community
4432	outreach treatment.
4433	Section 115. Section 26B-5-607, which is renumbered from Section 62A-15-1803 is
4434	renumbered and amended to read:
4435	[ <del>62A-15-1803</del> ]. <u>26B-5-607.</u> Grants for development of an ACT team.
4436	(1) The division shall award grants for the development of one ACT team to provide
4437	assertive community treatment to individuals in the state.
4438	(2) The division shall prioritize the award of a grant described in Subsection (1) to
4439	entities, based on:
4440	(a) the number of individuals the proposed ACT team will serve; and
4441	(b) the percentage of matching funds the entity will provide to develop the proposed
4442	ACT team.
4443	(3) An entity does not need to have resources already in place to be awarded a grant
4444	described in Subsection (1).
4445	(4) The division shall make rules, in accordance with Title 63G, Chapter 3, Utah
4446	Administrative Rulemaking Act, for the application and award of the grants described in
4447	Subsection (1).
4448	Section 116. Section 26B-5-608, which is renumbered from Section 62A-15-1804 is
4449	renumbered and amended to read:
4450	[62A-15-1804]. 26B-5-608. Housing assistance program for individuals
4451	discharged from the Utah State Hospital and receiving assertive community treatment.
4452	(1) (a) The division shall, within funds appropriated by the Legislature for this purpose
4453	implement and manage the operation of a housing assistance program in consultation with the

4454	Utah State Hospital, established in Section 62A-15-601, and one or more housing authorities,
4455	associations of governments, or nonprofit entities.
4456	(b) The housing assistance program shall provide the housing assistance described in
4457	Subsection (1)(c) to individuals:
4458	(i) who are discharged from the Utah State Hospital; and
4459	(ii) who the division determines would benefit from assertive community treatment.
4460	(c) The housing assistance provided under the housing assistance program may
4461	include:
4462	(i) subsidizing rent payments for housing;
4463	(ii) subsidizing the provision of temporary or transitional housing; or
4464	(iii) providing money for one-time housing barrier assistance, including rental housing
4465	application fees, utility hookup fees, or rental housing security deposits.
4466	(2) The division shall make rules, in accordance with Title 63G, Chapter 3, Utah
4467	Administrative Rulemaking Act, to establish procedures for the operation of the housing
4468	assistance program described in Subsection (1).
4469	(3) The division shall report to the Health and Human Services Interim Committee
4470	each year before November 30 regarding:
4471	(a) the entities the division consulted with under Subsection (1)(a);
4472	(b) the number of individuals who are benefitting from the housing assistance program
4473	described in Subsection (1);
4474	(c) the type of housing assistance provided under the housing assistance program
4475	described in Subsection (1);
4476	(d) the average monthly dollar amount provided to individuals under the housing
4477	assistance program described in Subsection (1); and
4478	(e) recommendations regarding improvements or changes to the housing assistance
4479	program described in Subsection (1).
4480	Section 117. Section 26B-5-609, which is renumbered from Section 62A-15-1402 is
4481	renumbered and amended to read:
4482	[62A-15-1402]. <u>26B-5-609.</u> Department and division duties MCOT license
4483	creation.
4484	(1) As used in this section:

4485	(a) "Commission" means the Behavioral Health Crisis Response Commission created
4486	<u>in Section 63C-18-202.</u>
4487	(b) "Emergency medical service personnel" means the same as that term is defined in
4488	Section 26-8a-102.
4489	(c) "Emergency medical services" means the same as that term is defined in Section
4490	<u>26-8a-102.</u>
4491	(d) "MCOT certification" means the certification created in this part for MCOT
4492	personnel and mental health crisis outreach services.
4493	(e) "MCOT personnel" means a licensed mental health therapist or other mental health
4494	professional, as determined by the division, who is a part of a mobile crisis outreach team.
4495	(f) "Mental health crisis" means a mental health condition that manifests itself by
4496	symptoms of sufficient severity that a prudent layperson who possesses an average knowledge
4497	of mental health issues could reasonably expect the absence of immediate attention or
4498	intervention to result in:
4499	(i) serious jeopardy to the individual's health or well-being; or
4500	(ii) a danger to others.
4501	(g) (i) "Mental health crisis services" means mental health services and on-site
4502	intervention that a person renders to an individual suffering from a mental health crisis.
4503	(ii) "Mental health crisis services" includes the provision of safety and care plans,
4504	stabilization services offered for a minimum of 60 days, and referrals to other community
4505	resources.
4506	(h) "Mental health therapist" means the same as that term is defined in Section
4507	<u>58-60-102.</u>
4508	(i) "Mobile crisis outreach team" or "MCOT" means a mobile team of medical and
4509	mental health professionals that provides mental health crisis services and, based on the
4510	individual circumstances of each case, coordinates with local law enforcement, emergency
4511	medical service personnel, and other appropriate state or local resources.
4512	[(1)] (2) To promote the availability of comprehensive mental health crisis services
4513	throughout the state, the division shall make rules, in accordance with Title 63G, Chapter 3,
4514	Utah Administrative Rulemaking Act, that create a certificate for MCOT personnel and
4515	MCOTs, including:

4516	(a) the standards the division establishes under Subsection $[(2)]$ (3); and
4517	(b) guidelines for:
4518	(i) credit for training and experience; and
4519	(ii) the coordination of:
4520	(A) emergency medical services and mental health crisis services;
4521	(B) law enforcement, emergency medical service personnel, and mobile crisis outreach
4522	teams; and
4523	(C) temporary commitment in accordance with Section 62A-15-629.
1524	[(2)] (3) (a) With recommendations from the commission, the division shall:
1525	(i) in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act,
4526	make rules that establish standards that an applicant is required to meet to qualify for the
1527	MCOT certification described in Subsection (1); and
4528	(ii) create a statewide MCOT plan that:
1529	(A) identifies statewide mental health crisis services needs, objectives, and priorities;
4530	and
4531	(B) identifies the equipment, facilities, personnel training, and other resources
4532	necessary to provide mental health crisis services.
4533	(b) The division may delegate the MCOT plan requirement described in Subsection
1534	(2)(a)(ii) to a contractor with which the division contracts to provide mental health crisis
4535	services.
4536	Section 118. Section 26B-5-610, which is renumbered from Section 62A-15-1302 is
4537	renumbered and amended to read:
4538	[62A-15-1302]. 26B-5-610. Contracts for statewide mental health crisis line
1539	and statewide warm line Crisis worker and certified peer support specialist
4540	qualification or certification Operational standards.
4541	(1) As used in this section:
1542	(a) "Certified peer support specialist" means an individual who:
4543	(i) meets the standards of qualification or certification that the division sets, in
1544	accordance with Subsection (3); and
4545	(ii) staffs the statewide warm line under the supervision of at least one mental health
1546	therapist.

4547	(b) "Commission" means the Behavioral Health Crisis Response Commission created
4548	<u>in Section 63C-18-202.</u>
4549	(c) "Crisis worker" means an individual who:
4550	(i) meets the standards of qualification or certification that the division sets, in
4551	accordance with Subsection (3); and
4552	(ii) staffs the statewide mental health crisis line, the statewide warm line, or a local
4553	mental health crisis line under the supervision of at least one mental health therapist.
4554	(d) "Local mental health crisis line" means a phone number or other response system
4555	that is:
4556	(i) accessible within a particular geographic area of the state; and
4557	(ii) intended to allow an individual to contact and interact with a qualified mental or
4558	behavioral health professional.
4559	(e) "Mental health crisis" means the same as that term is defined in Section
4560	<u>62A-15-1401.</u>
4561	(f) "Mental health therapist" means the same as that term is defined in Section
4562	<u>58-60-102.</u>
4563	(g) "Statewide mental health crisis line" means a statewide phone number or other
4564	response system that allows an individual to contact and interact with a qualified mental or
4565	behavioral health professional 24 hours per day, 365 days per year.
4566	(h) "Statewide warm line" means a statewide phone number or other response system
4567	that allows an individual to contact and interact with a qualified mental or behavioral health
4568	professional or a certified peer support specialist.
4569	[(1)] (2) (a) The division shall enter into a new contract or modify an existing contract
4570	to manage and operate, in accordance with this part, the statewide mental health crisis line and
4571	the statewide warm line.
4572	(b) Through the contracts described in Subsection $[(1)(a)]$ (2)(a) and in consultation
4573	with the commission, the division shall set standards of care and practice for:
4574	(i) the mental health therapists and crisis workers who staff the statewide mental health
4575	crisis line; and
4576	(ii) the mental health therapists, crisis workers, and certified peer support specialists
4577	who staff the statewide warm line.

4578	$\left[\frac{(2)}{(3)}\right]$ (a) The division shall establish training and minimum standards for the
4579	qualification or certification of:
4580	(i) crisis workers who staff the statewide mental health crisis line, the statewide warm
4581	line, and local mental health crisis lines; and
4582	(ii) certified peer support specialists who staff the statewide warm line.
4583	(b) The division may make rules, in accordance with Title 63G, Chapter 3, Utah
4584	Administrative Rulemaking Act, necessary to establish the training and minimum standards
4585	described in Subsection (2)(a).
4586	Section 119. Section 26B-5-611, which is renumbered from Section 62A-15-1101 is
4587	renumbered and amended to read:
4588	[62A-15-1101]. 26B-5-611. Suicide prevention Reporting requirements.
4589	(1) As used in this section:
4590	(a) "Advisory Council" means the Utah Substance Use and Mental Health Advisory
4591	Council created in Section 63M-7-301.
4592	(b) "Bureau" means the Bureau of Criminal Identification created in Section 53-10-201
4593	within the Department of Public Safety.
4594	(c) "Coalition" means the Statewide Suicide Prevention Coalition created under
4595	Subsection (3).
4596	(d) "Coordinator" means the state suicide prevention coordinator appointed under
4597	Subsection (2).
4598	(e) "Fund" means the Governor's Suicide Prevention Fund created in Section
4599	<u>26A-1-3XX.</u>
4600	(f) "Intervention" means an effort to prevent a person from attempting suicide.
4601	(g) "Legal intervention" means an incident in which an individual is shot by another
4602	individual who has legal authority to use deadly force.
4603	(h) "Postvention" means intervention after a suicide attempt or a suicide death to
4604	reduce risk and promote healing.
4605	(i) "Shooter" means an individual who uses a gun in an act that results in the death of
4606	the actor or another individual, whether the act was a suicide, homicide, legal intervention, act
4607	of self-defense, or accident.
4608	[(1)] (2) The division shall appoint a state suicide prevention coordinator to administer

4609	a state suicide prevention program composed of suicide prevention, intervention, and
4610	postvention programs, services, and efforts.
4611	$\left[\frac{(2)}{(3)}\right]$ The coordinator shall:
4612	(a) establish a Statewide Suicide Prevention Coalition with membership from public
4613	and private organizations and Utah citizens; and
4614	(b) appoint a chair and co-chair from among the membership of the coalition to lead
4615	the coalition.
4616	[(3)] (4) The state suicide prevention program may include the following components:
4617	(a) delivery of resources, tools, and training to community-based coalitions;
4618	(b) evidence-based suicide risk assessment tools and training;
4619	(c) town hall meetings for building community-based suicide prevention strategies;
4620	(d) suicide prevention gatekeeper training;
4621	(e) training to identify warning signs and to manage an at-risk individual's crisis;
4622	(f) evidence-based intervention training;
4623	(g) intervention skills training;
4624	(h) postvention training; or
4625	(i) a public education campaign to improve public awareness about warning signs of
4626	suicide and suicide prevention resources.
4627	[(4)] (5) The coordinator shall coordinate with the following to gather statistics, among
4628	other duties:
4629	(a) local mental health and substance abuse authorities;
4630	(b) the State Board of Education, including the public education suicide prevention
4631	coordinator described in Section 53G-9-702;
4632	(c) the Department of Health;
4633	(d) health care providers, including emergency rooms;
4634	(e) federal agencies, including the Federal Bureau of Investigation;
4635	(f) other unbiased sources; and
4636	(g) other public health suicide prevention efforts.
4637	[(5)] (6) The coordinator shall provide a written report to the Health and Human
4638	Services Interim Committee, at or before the October meeting every year, on:
4639	(a) implementation of the state suicide prevention program, as described in Subsections

4640	$[\frac{(1) \text{ and } (3)}{(2) \text{ and } (4)};$
4641	(b) data measuring the effectiveness of each component of the state suicide prevention
4642	program;
4643	(c) funds appropriated for each component of the state suicide prevention program; and
4644	(d) five-year trends of suicides in Utah, including subgroups of youths and adults and
4645	other subgroups identified by the state suicide prevention coordinator.
4646	[(6)] (7) The coordinator shall, in consultation with the bureau, implement and manage
4647	the operation of the firearm safety program described in Subsection 62A-15-103(3).
4648	[ <del>(7)</del> ] (8) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking
4649	Act, the division shall make rules:
4650	(a) governing the implementation of the state suicide prevention program, consistent
4651	with this section; and
4652	(b) in conjunction with the bureau, defining the criteria for employers to apply for
4653	grants under the Suicide Prevention Education Program described in Section 62A-15-103.1,
4654	which shall include:
4655	(i) attendance at the suicide prevention education course described in Subsection
4656	62A-15-103(3); and
4657	(ii) distribution of the firearm safety brochures or packets created in Subsection
4658	62A-15-103(3), but does not require the distribution of a cable-style gun lock with a firearm if
4659	the firearm already has a trigger lock or comparable safety mechanism.
4660	[(8)] (9) As funding by the Legislature allows, the coordinator shall award grants, not
4661	to exceed a total of \$100,000 per fiscal year, to suicide prevention programs that focus on the
4662	needs of children who have been served by the Division of Juvenile Justice Services.
4663	[9] (10) The coordinator and the coalition shall submit to the advisory council, no
4664	later than October 1 each year, a written report detailing the previous fiscal year's activities to
4665	fund, implement, and evaluate suicide prevention activities described in this section.
4666	Section 120. Section 26B-5-612, which is renumbered from Section 26-1-43 is
4667	renumbered and amended to read:
4668	[ <del>26-1-43</del> ]. <u>26B-5-612.</u> Integrated behavioral health care grant program.
4669	(1) As used in this section:
4670	(a) "Integrated behavioral health care services" means coordinated physical and

- behavioral health care services for one patient.
- 4672 (b) "Local mental health authority" means a local mental health authority described in Section 17-43-301.
  - (c) "Project" means a project described in Subsection (2).
- 4675 (2) Before July 1 of each year, the department shall issue a request for proposals in 4676 accordance with this section to award a grant to a local mental health authority for development 4677 or expansion of a project to provide effective delivery of integrated behavioral health care 4678 services.
  - (3) To be considered for a grant award under Subsection (2), a local mental health authority shall submit an application to the department that:
  - (a) explains the benefits of integrated behavioral health care services to a patient who is receiving mental health or substance use disorder treatment;
  - (b) describes the local mental health authority's operational plan for delivery of integrated behavioral health care services under the proposed project and any data or evidence-based practices supporting the likely success of the operational plan;
- 4686 (c) includes:

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- 4687 (i) the number of patients to be served by the local mental health authority's proposed 4688 project; and
  - (ii) the cost of the local mental health authority's proposed project; and
- (d) provides details regarding:
- 4691 (i) any plan to use funding sources in addition to the grant award under this section for 4692 the local mental health authority's proposed project;
  - (ii) any existing or planned contracts or partnerships between the local mental health authority and other individuals or entities to develop or implement the local mental health authority's proposed project; and
- 4696 (iii) the sustainability and reliability of the local mental health authority's proposed 4697 project.
- 4698 (4) In evaluating a local mental health authority's application under Subsection (3) to determine the grant award under Subsection (2), the department shall consider:
- 4700 (a) how the local mental health authority's proposed project will ensure effective 4701 provision of integrated behavioral health care services;

4702	(b) the cost of the local mental health authority's proposed project;
4703	(c) the extent to which any existing or planned contracts or partnerships or additional
4704	funding sources described in the local mental health authority's application are likely to benefit
4705	the proposed project; and
4706	(d) the sustainability and reliability of the local mental health authority's proposed
4707	project.
4708	(5) Before July 1, 2025, the department shall report to the Health and Human Services
4709	Interim Committee regarding:
4710	(a) any knowledge gained or obstacles encountered in providing integrated behavioral
4711	health care services under each project;
4712	(b) data gathered in relation to each project; and
4713	(c) recommendations for expanding a project statewide.
4714	Section 121. Section 26B-6-101 is amended to read:
4715	CHAPTER 6. LONG TERM SERVICES AND SUPPORTS, AGING, AND
4716	DISABILITIES
4717	Part 1. Aging and Adult Services
4718	26B-6-101. Chapter definitions.
4719	As used in this chapter:
4720	(1) "Adult" or "high risk adult" means a person 18 years of age or older who
4721	experiences a condition:
4722	(a) that places the person at a high risk of being unable to care for himself:
4723	(i) as determined by assessment; and
4724	(ii) due to the onset of a physical or cognitive impairment or frailty; and
4725	(b) for which the person is not eligible to receive services under:
4726	(i) Chapter 5, Services for People with Disabilities; or
4727	(ii) Chapter 15, Substance Abuse and Mental Health Act.
4728	(2) "Aging" and "aged" means a person 60 years of age or older.
4729	(3) "Area agency" means an area agency that provides services to the aged, high risk
4730	adults, or both within a planning and service area.
4731	(4) "Area agency on aging" means a public or private nonprofit agency or office
4732	designated by the division to:

4733	(a) operate within a planning and service area of the state; and
4734	(b) develop and implement a broad range of services for the aged in the area described
4735	in Subsection (4)(a).
4736	(5) "Area agency on high risk adults" means a public or private nonprofit agency or
4737	office designated by the division to:
4738	(a) operate within a planning and service area of the state; and
4739	(b) develop and implement services for high risk adults in the area described in
4740	Subsection (5)(a).
4741	(6) "Board" means the Board of Aging and Adult Services.
4742	(7) "Director" means the director of the division.
4743	(8) "Division" means the Division of Aging and Adult Services within the department.
4744	(9) "Personal care attendant" means a person who:
4745	(a) is selected by:
4746	(i) an aged person;
4747	(ii) an agent of an aged person;
4748	(iii) a high risk adult; or
4749	(iv) an agent of a high risk adult; and
4750	(b) provides personal services to the:
4751	(i) aged person described in Subsection (9)(a)(i); or
4752	(ii) high risk adult described in Subsection (9)(a)(iii).
4753	(10) "Personal services" means nonmedical care and support, including assisting a
4754	person with:
4755	(a) meal preparation;
4756	(b) eating;
4757	(c) bathing;
4758	(d) dressing;
4759	(e) personal hygiene; or
4760	(f) daily living activities.
4761	(11) "Planning and service area" means a geographical area of the state designated by
4762	the division for purposes of planning, development, delivery, and overall administration of
4763	services for the aged or high risk adults.

4764	(12) (a) "Public funds" means state or federal funds that are disbursed by:
4765	(i) the Department of Health;
4766	(ii) the division;
4767	(iii) an area agency; or
4768	(iv) an area agency on aging.
4769	(b) "Public funds" includes:
4770	(i) Medicaid funds; and
4771	(ii) Medicaid waiver funds.
4772	Section 122. Section 26B-6-102, which is renumbered from Section 62A-3-102 is
4773	renumbered and amended to read:
4774	[ <del>62A-3-102</del> ]. <u>26B-6-102.</u> Division created.
4775	There is created a Division of Aging and Adult Services within the department, under
4776	the administration and general supervision of the executive director.
4777	Section 123. Section 26B-6-103, which is renumbered from Section 62A-3-103 is
4778	renumbered and amended to read:
4779	[ <del>62A-3-103</del> ]. <u>26B-6-103.</u> Director of division Appointment
4780	Qualifications.
4781	(1) The director of the division shall be appointed by the executive director with the
4782	concurrence of the board.
4783	(2) The director shall have a bachelor's degree from an accredited university or college
4784	be experienced in administration, and be knowledgeable in matters concerning the aging and
4785	adult populations.
4786	(3) The director is the administrative head of the division.
4787	Section 124. Section 26B-6-104, which is renumbered from Section 62A-3-104 is
4788	renumbered and amended to read:
4789	$[\frac{62A-3-104}{2}]$ . 26B-6-104. Authority of division.
4790	(1) The division is the sole state agency, as defined by the Older Americans Act of
4791	1965, 42 U.S.C. 3001 et seq., to:
4792	(a) serve as an effective and visible advocate for the aging and adult population of this
4793	state;
4794	(b) develop and administer a state plan under the policy direction of the board; and

4795	(c) take primary responsibility for state activities relating to provisions of the Older
4796	Americans Act of 1965, as amended.
4797	(2) (a) The division has authority to designate:
4798	(i) planning and service areas for the state; and
4799	(ii) an area agency on aging within each planning and service area to design and
4800	implement a comprehensive and coordinated system of services and programs for the aged
4801	within appropriations from the Legislature.
4802	(b) Designation as an area agency on aging may be withdrawn:
4803	(i) upon request of the area agency on aging; or
4804	(ii) upon noncompliance with the provisions of the:
4805	(A) Older Americans Act of 1965, 42 U.S.C. 3001 et seq.;
4806	(B) federal regulations enacted under the Older Americans Act of 1965, 42 U.S.C.
4807	3001 et seq.;
4808	(C) provisions of this chapter; or
4809	(D) rules, policies, or procedures established by the division.
4810	(3) (a) The division has the authority to designate:
4811	(i) planning and service areas for the state; and
4812	(ii) subject to Subsection (3)(b), an area agency on high risk adults within each
4813	planning and service area to design and implement a comprehensive and coordinated system of
4814	case management and programs for high risk adults within appropriations from the Legislature.
4815	(b) For purposes of Subsection (3)(a)(ii), before October 1, 1998, the division shall
4816	designate as the area agency on high risk adults in a planning and service area:
4817	(i) the area agency on aging that operates within the same geographic area if that
4818	agency requests, before July 1, 1998, to expand that agency's current contract with the division
4819	to include the responsibility of:
4820	(A) being the area agency on high risk adults; or
4821	(B) operating the area agency on high risk adults:
4822	(I) through joint cooperation with one or more existing area agencies on aging; and
4823	(II) without reducing geographical coverage in any service area; or
4824	(ii) a public or private nonprofit agency or office if the area agency on aging that
4825	operates within the same geographic area has not made a request in accordance with Subsection

4826	(3)(b)(i).
4827	(c) (i) Area agencies on high risk adults shall be in operation before July 1, 1999.
4828	(ii) The division's efforts to establish area agencies on high risk adults shall start with
4829	counties with a population of more than 150,000 people.
4830	(d) Designation as an area agency on high risk adults may be withdrawn:
4831	(i) upon request by the area agency; or
4832	(ii) upon noncompliance with:
4833	(A) state law;
4834	(B) federal law; or
4835	(C) rules, policies, or procedures established by the division.
4836	(4) (a) The division may, by following the procedures and requirements of Title 63J,
4837	Chapter 5, Federal Funds Procedures Act:
4838	(i) seek federal grants, loans, or participation in federal programs; and
4839	(ii) receive and distribute state and federal funds for the division's programs and
4840	services to the aging and adult populations of the state.
4841	(b) The division may not disburse public funds to a personal care attendant as payment
4842	for personal services rendered to an aged person or high risk adult, except as provided in
4843	Section 62A-3-104.3.
4844	(5) The division has authority to establish, either directly or by contract, programs of
4845	advocacy, monitoring, evaluation, technical assistance, and public education to enhance the
4846	quality of life for aging and adult citizens of the state.
4847	(6) In accordance with the rules of the division and Title 63G, Chapter 6a, Utah
4848	Procurement Code, the division may contract with:
4849	(a) the governing body of an area agency to provide a comprehensive program of
4850	services; or
4851	(b) public and private entities for special services.
4852	(7) The division has authority to provide for collection, compilation, and dissemination
4853	of information, statistics, and reports relating to issues facing aging and adult citizens.
4854	(8) The division has authority to prepare and submit reports regarding the operation
4855	and administration of the division to the department, the Legislature, and the governor, as
4856	requested.

4857	(9) The division shall:
4858	(a) implement and enforce policies established by the board governing all aspects of
4859	the division's programs for aging and adult persons in the state;
4860	(b) in order to ensure compliance with all applicable state and federal statutes, policies,
4861	and procedures, monitor and evaluate programs provided by or under contract with:
4862	(i) the division;
4863	(ii) area agencies; and
4864	(iii) an entity that receives funds from an area agency;
4865	(c) examine expenditures of public funds;
4866	(d) withhold funds from programs based on contract noncompliance;
4867	(e) review and approve plans of area agencies in order to ensure:
4868	(i) compliance with division policies; and
4869	(ii) a statewide comprehensive program;
4870	(f) in order to further programs for aging and adult persons and prevent duplication of
4871	services, promote and establish cooperative relationships with:
4872	(i) state and federal agencies;
4873	(ii) social and health agencies;
4874	(iii) education and research organizations; and
4875	(iv) other related groups;
4876	(g) advocate for the aging and adult populations;
4877	(h) promote and conduct research on the problems and needs of aging and adult
4878	persons;
4879	(i) submit recommendations for changes in policies, programs, and funding to the:
4880	(i) governor; and
4881	(ii) Legislature; and
4882	(j) (i) accept contributions to and administer the funds contained in the "Out and
4883	About" Homebound Transportation Assistance Fund created in Section 62A-3-110; and
4884	(ii) make rules in accordance with Title 63G, Chapter 3, Utah Administrative
4885	Rulemaking Act, to facilitate the administration of the "Out and About" Homebound
4886	Transportation Assistance Fund in accordance with Section 62A-3-110.
4887	Section 125. Section 26B-6-105, which is renumbered from Section 62A-3-104.1 is

4888	renumbered and amended to read:	
4889	[ <del>62A-3-104.1</del> ]. <u>26B-6-105.</u> Powers and duties of area agencies	
4890	Registration as a limited purpose entity.	
4891	(1) An area agency that provides services to an aged person, or a high risk adult shall	
4892	within the area agency's respective jurisdiction:	
4893	(a) advocate by monitoring, evaluating, and providing input on all policies, programs,	
4894	hearings, and levies that affect a person described in this Subsection (1);	
4895	(b) design and implement a comprehensive and coordinated system of services within a	
4896	designated planning and service area;	
4897	(c) conduct periodic reviews and evaluations of needs and services;	
4898	(d) prepare and submit to the division plans for funding and service delivery for	
4899	services within the designated planning and service area;	
4900	(e) establish, either directly or by contract, programs licensed under Chapter 2,	
4901	Licensure of Programs and Facilities;	
4902	(f) (i) appoint an area director;	
4903	(ii) prescribe the area director's duties; and	
4904	(iii) provide adequate and qualified staff to carry out the area plan described in	
4905	Subsection (1)(d);	
4906	(g) establish rules not contrary to policies of the board and rules of the division,	
4907	regulating local services and facilities;	
4908	(h) operate other services and programs funded by sources other than those	
4909	administered by the division;	
4910	(i) establish mechanisms to provide direct citizen input, including an area agency	
4911	advisory council with a majority of members who are eligible for services from the area	
4912	agency;	
4913	(j) establish fee schedules; and	
4914	(k) comply with the requirements and procedures of:	
4915	(i) Title 11, Chapter 13, Interlocal Cooperation Act; and	
4916	(ii) Title 51, Chapter 2a, Accounting Reports from Political Subdivisions, Interlocal	
4917	Organizations, and Other Local Entities Act.	
4918	(2) Before disbursing any public funds, an area agency shall require that all entities	

4919	receiving any public funds agree in writing that:
4920	(a) the division may examine the entity's program and financial records; and
4921	(b) the auditor of the local area agency may examine and audit the entity's program and
4922	financial records, if requested by the local area agency.
4923	(3) An area agency on aging may not disburse public funds to a personal care attendant
4924	as payment for personal services rendered to an aged person or high risk adult, except as
4925	provided in Section 62A-3-104.3.
4926	(4) (a) For the purpose of providing services pursuant to this part, a local area agency
4927	may receive:
4928	(i) property;
4929	(ii) grants;
4930	(iii) gifts;
4931	(iv) supplies;
4932	(v) materials;
4933	(vi) any benefit derived from the items described in Subsections (4)(a)(i) through (v);
4934	and
4935	(vii) contributions.
4936	(b) If a gift is conditioned upon the gift's use for a specified service or program, the gift
4937	shall be used for the specific service or program.
4938	(5) (a) Area agencies shall award all public funds in compliance with:
4939	(i) the requirements of Title 63G, Chapter 6a, Utah Procurement Code; or
4940	(ii) a county procurement ordinance that requires procurement procedures similar to
4941	those described in Subsection (5)(a)(i).
4942	(b) (i) If all initial bids on a project are rejected, the area agency shall publish a new
4943	invitation to bid.
4944	(ii) If no satisfactory bid is received by the area agency described in Subsection
4945	(5)(b)(i), when the bids received from the second invitation are opened the area agency may
4946	execute a contract without requiring competitive bidding.
4947	(c) (i) An area agency need not comply with the procurement provisions of this section
4948	when it disburses public funds to another governmental entity.
4949	(ii) For purposes of this Subsection (5)(c), "governmental entity" means any political

4950	subdivision or institution of higher education of the state.		
4951	(d) (i) Contracts awarded by an area agency shall be for a:		
4952	(A) fixed amount; and		
4953	(B) limited period.		
4954	(ii) The contracts described in Subsection (5)(d)(i) may be modified due to changes in		
4955	available funding for the same contract purpose without competition.		
4956	(6) Local area agencies shall comply with:		
4957	(a) applicable state and federal:		
4958	(i) statutes;		
4959	(ii) policies; and		
4960	(iii) audit requirements; and		
4961	(b) directives resulting from an audit described in Subsection (6)(a)(iii).		
4962	(7) (a) Each area agency shall register and maintain the area agency's registration as a		
4963	limited purpose entity, in accordance with Section 67-1a-15.		
4964	(b) An area agency that fails to comply with Subsection (7)(a) or Section 67-1a-15 is		
4965	subject to enforcement by the state auditor, in accordance with Section 67-3-1.		
4966	Section 126. Section 26B-6-106, which is renumbered from Section 62A-3-104.2 is		
4967	renumbered and amended to read:		
4968	[62A-3-104.2]. 26B-6-106. Contracts for services.		
4969	When an area agency has established a plan to provide services authorized by this		
4970	chapter, and those services meet standards fixed by rules of the board, the area agency may		
4971	enter into a contract with the division for services to be furnished by that area agency for an		
4972	agreed compensation to be paid by the division.		
4973	Section 127. Section 26B-6-107, which is renumbered from Section 62A-3-104.3 is		
4974	renumbered and amended to read:		
4975	[62A-3-104.3]. 26B-6-107. Disbursal of public funds Background check of		
4976	a personal care attendant.		
4977	(1) [For purposes of] As used in this section, "office" means [the same as that term is		
4978	defined in Section 62A-2-101] Office of Licensing and Background Checks within the		
4979	department.		
4980	(2) Public funds may not be disbursed to a personal care attendant as payment for		

4981 personal services rendered to an aged person or high risk adult unless the office approves the 4982 personal care attendant to have direct access and provide services to children or vulnerable 4983 adults pursuant to Section 62A-2-120. 4984 (3) For purposes of Subsection (2), the office shall conduct a background check of a 4985 personal care attendant: 4986 (a) who desires to receive public funds as payment for the personal services described 4987 in Subsection (2); and 4988 (b) using the same procedures established for a background check of an applicant for a 4989 license under Section 62A-2-120. 4990 Section 128. Section **26B-6-108**, which is renumbered from Section 62A-3-105 is 4991 renumbered and amended to read: 4992 26B-6-108. Matching requirements for state and federal [<del>62A-3-105</del>]. 4993 Older American funds. 4994 (1) Except as provided in Subsection (2), a local area agency on aging that receives 4995 state or federal Older Americans Act Supportive Services, Older Americans Act Congregate 4996 Meals, or Older Americans Act Home Delivered Meals related funds from the division to 4997 provide programs and services under this chapter shall match those funds in an amount at least 4998 equal to: 4999 (a) 15% of service dollars; and 5000 (b) 25% of administrative dollars. 5001 (2) A local area agency on aging is not required to match cash-in-lieu funds related to 5002 the Home Delivered Meals program or congregate meals. 5003 (3) A local area agency on aging may include services, property, or other in-kind 5004 contributions to meet the administrative dollars match but may only use cash to meet the 5005 service dollars match. 5006 Section 129. Section **26B-6-109**, which is renumbered from Section 62A-3-106 is 5007 renumbered and amended to read: 5008 [<del>62A-3-106</del>]. 26B-6-109. Eligibility criteria. 5009 Eligibility for services provided by the division directly or through contractual 5010 arrangements shall be determined by criteria established by the division and approved by the 5011 board.

Section 130. Section 26B-6-110, which is renumbered from Section 62A-3-106.5 is

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5013	renumbered and amended to read:		
5014	[62A-3-106.5]. 26B-6-110. Agency responsible to investigate and provide		
5015	services.		
5016	(1) [For purposes of] As used in this section, "responsible agency" means the agency		
5017	responsible to investigate or provide services in a particular case under the rules established		
5018	under Subsection (2)(a).		
5019	(2) In order to avoid duplication in responding to a report of alleged abuse, neglect, or		
5020	exploitation of a vulnerable adult who resides in a long-term care facility, the division shall		
5021	make rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act,		
5022	that establish procedures to:		
5023	(a) determine whether Adult Protective Services or the Long-Term Care Ombudsman		
5024	Program will be responsible to investigate or provide services in a particular case; and		
5025	(b) determine whether, and under what circumstances, the agency described in		
5026	Subsection (2)(a) that is not the responsible agency will provide assistance to the responsible		
5027	agency in a particular case.		
5028	(3) Notwithstanding Subsection (2), or the rules made pursuant to Subsection (2),		
5029	Adult Protective Services shall be the agency within the division that is responsible for		
5030	receiving all reports of alleged abuse, neglect, or exploitation of a vulnerable adult as provided		
5031	in Section 62A-3-305.		
5032	Section 131. Section 26B-6-111, which is renumbered from Section 62A-3-107 is		
5033	renumbered and amended to read:		
5034	[62A-3-107]. 26B-6-111. Requirements for establishing division policy.		
5035	(1) The board is the program policymaking body for the division and for programs		
5036	funded with state and federal money under Sections 62A-3-104.1 and 62A-3-104.2. In		
5037	establishing policy and reviewing existing policy, the board shall seek input from local area		
5038	agencies, consumers, providers, advocates, division staff, and other interested parties as		
5039	determined by the board.		
5040	(2) The board shall establish, by rule, procedures for developing its policies which		
5041	ensure that local area agencies are given opportunity to comment and provide input on any new		
5042	policy of the board and on any proposed changes in the board's existing policy. The board		

shall also provide a mechanism for review of its existing policy and for consideration of policy changes that are proposed by those local area agencies.

- (3) A member may not receive compensation or benefits for the member's service, but, at the executive director's discretion, may receive per diem and travel expenses in accordance with:
- 5048 (a) Section 63A-3-106;

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- 5049 (b) Section 63A-3-107; and
- 5050 (c) rules made by the Division of Finance pursuant to Sections 63A-3-106 and 5051 63A-3-107.
- Section 132. Section **26B-6-112**, which is renumbered from Section 62A-3-107.5 is renumbered and amended to read:

## 5054 [62A-3-107.5]. 26B-6-112. Allocation of funds to acquire facilities.

- (1) (a) The board may make grants to local area agencies on aging to acquire facilities to provide community-based services for aged persons. Grants under this section shall be made solely from appropriations made to the division for implementation of this section.
- (b) Acquisition of a facility may include acquisition of real property, construction of a new facility, acquisition of an existing facility, or alteration, renovation, or improvement of an existing facility.
- (c) The local area agency may allocate grants received under this section to a local nonprofit or governmental agency that owns or operates a facility to provide community-based services for aged persons.
- (2) A local area agency on aging or the local nonprofit or governmental agency that owns or operates the facility and receives grant money from the area agency shall provide a matching contribution of at least 25% of the grant funds it receives under this section. A matching contribution may include funds, services, property, or other in-kind contributions.
  - (3) In making grants under this section, the board may consider:
- 5069 (a) the extent and availability of public and private funding to operate programs in the facility to be acquired and to provide for maintenance of that facility;
- 5071 (b) the need for community-based services in the geographical area served by the area served on aging;
- 5073 (c) the availability of private and local funds to assist in acquisition, alteration,

5074 renovation, or improvement of the facility; and 5075 (d) the extent and level of support for acquisition of the facility from local government 5076 officials, private citizens, interest groups, and others. 5077 (4) Grants to local area agencies on aging and any local nonprofit or governmental 5078 agency that owns or operates a facility and receives grant money from the area agency under 5079 this section are subject to the oversight and control by the division described in Subsection 5080 62A-3-104(8). 5081 (5) It is the intent of the Legislature that the grants made under this section serve the 5082 statewide purpose of providing support for senior citizens throughout the state, and that the 5083 grants shall be made to serve as effectively as possible the facilities in greatest need of 5084 assistance. 5085 Section 133. Section 26B-6-113, which is renumbered from Section 62A-3-108 is 5086 renumbered and amended to read: 5087 [<del>62A-3-108</del>]. 26B-6-113. Allocation of funds to local area agencies --5088 Formulas. 5089 (1) (a) The board shall establish by rule formulas for allocating funds to local area 5090 agencies through contracts to provide programs and services in accordance with this part based 5091 on need. 5092 (b) Determination of need shall be based on the number of eligible persons located in 5093 the local area which the division is authorized to serve, unless federal regulations require 5094 otherwise or the board establishes, by valid and accepted data, that other defined factors are 5095 relevant and reliable indicators of need. 5096 (c) Formulas established by the board shall include a differential to compensate for 5097 additional costs of providing services in rural areas. 5098 (2) Formulas established under Subsection (1) shall be in effect on or before July 1, 5099 1998, and apply to all state and federal funds appropriated by the Legislature to the division for 5100 local area agencies, but does not apply to: 5101 (a) funds that local area agencies receive from sources other than the division; 5102 (b) funds that local area agencies receive from the division to operate a specific 5103 program within its jurisdiction which is available to all residents of the state;

(c) funds that a local area agency receives from the division to meet a need that exists

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5105	only within that local area; and	
5106	(d) funds that a loca	al area agency receives from the division for research projects.
5107	Section 134. Section	n <b>26B-6-114</b> , which is renumbered from Section 62A-3-109 is
5108	renumbered and amended to	read:
5109	[ <del>62A-3-109</del> ].	26B-6-114. Adjudicative proceedings.
5110	Adjudicative procee	dings held by, or relating to, the division or the board shall comply
5111	with the procedures and req	uirements of Title 63G, Chapter 4, Administrative Procedures Act.
5112	Section 135. Section	n 26B-6-201, which is renumbered from Section 62A-3-301 is
5113	renumbered and amended to	read:
5114	Part 2. Abu	se, Neglect, or Exploitation of a Vulnerable Adult
5115	[ <del>62A-3-301</del> ].	<b>26B-6-201.</b> Definitions.
5116	As used in this part:	
5117	(1) "Abandonment"	means any knowing or intentional action or failure to act,
5118	including desertion, by a pe	rson acting as a caretaker for a vulnerable adult that leaves the
5119	vulnerable adult without the	e means or ability to obtain necessary food, clothing, shelter, or
5120	medical or other health care	
5121	(2) "Abuse" means:	
5122	(a) knowingly or in	entionally:
5123	(i) attempting to car	use harm;
5124	(ii) causing harm; o	r
5125	(iii) placing another	in fear of harm;
5126	(b) unreasonable or	inappropriate use of physical restraint, medication, or isolation that
5127	causes or is likely to cause l	narm to a vulnerable adult;
5128	(c) emotional or psy	vchological abuse;
5129	(d) a sexual offense	as described in Title 76, Chapter 5, Offenses Against the
5130	Individual; or	
5131	(e) deprivation of li	fe sustaining treatment, or medical or mental health treatment,
5132	except:	
5133	(i) as provided in Ta	itle 75, Chapter 2a, Advance Health Care Directive Act; or
5134	(ii) when informed	consent, as defined in Section 76-5-111, has been obtained.
5135	(3) "Adult" means a	in individual who is 18 years old or older.

5136 (4) "Adult protection case file" means a record, stored in any format, contained in a case file maintained by Adult Protective Services.

- (5) "Adult Protective Services" means the unit within the division responsible to investigate abuse, neglect, and exploitation of vulnerable adults and provide appropriate protective services.
- (6) "Capacity to consent" means the ability of an individual to understand and communicate regarding the nature and consequences of decisions relating to the individual, and relating to the individual's property and lifestyle, including a decision to accept or refuse services.
- (7) "Caretaker" means a person or public institution that is entrusted with or assumes the responsibility to provide a vulnerable adult with care, food, shelter, clothing, supervision, medical or other health care, resource management, or other necessities for pecuniary gain, by contract, or as a result of friendship, or who is otherwise in a position of trust and confidence with a vulnerable adult, including a relative, a household member, an attorney-in-fact, a neighbor, a person who is employed or who provides volunteer work, a court-appointed or voluntary guardian, or a person who contracts or is under court order to provide care.
  - (8) "Counsel" means an attorney licensed to practice law in this state.
- 5153 (9) "Database" means the statewide database maintained by the division under Section 5154 62A-3-311.1.
  - (10) (a) "Dependent adult" means an individual 18 years old or older, who has a physical or mental impairment that restricts the individual's ability to carry out normal activities or to protect the individual's rights.
  - (b) "Dependent adult" includes an individual who has physical or developmental disabilities or whose physical or mental capacity has substantially diminished because of age.
    - (11) "Elder abuse" means abuse, neglect, or exploitation of an elder adult.
- 5161 (12) "Elder adult" means an individual 65 years old or older.
- 5162 (13) "Emergency" means a circumstance in which a vulnerable adult is at an immediate 5163 risk of death, serious physical injury, or serious physical, emotional, or financial harm.
  - (14) "Emergency protective services" means measures taken by Adult Protective Services under time-limited, court-ordered authority for the purpose of remediating an emergency.

5167 (15) (a) "Emotional or psychological abuse" means knowing or intentional verbal or 5168 nonverbal conduct directed at a vulnerable adult that results in the vulnerable adult suffering 5169 mental anguish, emotional distress, fear, humiliation, degradation, agitation, or confusion. 5170 (b) "Emotional or psychological abuse" includes intimidating, threatening, isolating, 5171 coercing, or harassing. 5172 (c) "Emotional or psychological abuse" does not include verbal or non-verbal conduct 5173 by a vulnerable adult who lacks the capacity to intentionally or knowingly: 5174 (i) engage in the conduct; or 5175 (ii) cause mental anguish, emotional distress, fear, humiliation, degradation, agitation, 5176 or confusion. 5177 (16) "Exploitation" means an offense described in Section 76-5-111.3, 76-5-111.4, or 5178 76-5b-202. 5179 (17) "Harm" means pain, mental anguish, emotional distress, hurt, physical or 5180 psychological damage, physical injury, serious physical injury, suffering, or distress inflicted 5181 knowingly or intentionally. 5182 (18) "Inconclusive" means a finding by the division that there is not a reasonable basis 5183 to conclude that abuse, neglect, or exploitation occurred. 5184 (19) "Intimidation" means communication through verbal or nonverbal conduct which 5185 threatens deprivation of money, food, clothing, medicine, shelter, social interaction, 5186 supervision, health care, or companionship, or which threatens isolation or abuse. 5187 (20) (a) "Isolation" means knowingly or intentionally preventing a vulnerable adult 5188 from having contact with another person, unless the restriction of personal rights is authorized 5189 by court order, by: 5190 (i) preventing the vulnerable adult from communicating, visiting, interacting, or 5191 initiating interaction with others, including receiving or inviting visitors, mail, or telephone 5192 calls, contrary to the expressed wishes of the vulnerable adult, or communicating to a visitor 5193 that the vulnerable adult is not present or does not want to meet with or talk to the visitor, 5194 knowing that communication to be false; 5195 (ii) physically restraining the vulnerable adult in order to prevent the vulnerable adult 5196 from meeting with a visitor; or

(iii) making false or misleading statements to the vulnerable adult in order to induce

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5198 the vulnerable adult to refuse to receive communication from visitors or other family members. 5199 (b) "Isolation" does not include an act: 5200 (i) intended in good faith to protect the physical or mental welfare of the vulnerable 5201 adult: or 5202 (ii) performed pursuant to the treatment plan or instructions of a physician or other 5203 professional advisor of the vulnerable adult. 5204 (21) "Lacks capacity to consent" is as defined in Section 76-5-111.4. 5205 (22) (a) "Neglect" means: 5206 (i) (A) failure of a caretaker to provide necessary care, including nutrition, clothing, 5207 shelter, supervision, personal care, or dental, medical, or other health care for a vulnerable 5208 adult, unless the vulnerable adult is able to provide or obtain the necessary care without 5209 assistance; or 5210 (B) failure of a caretaker to provide protection from health and safety hazards or 5211 maltreatment: 5212 (ii) failure of a caretaker to provide care to a vulnerable adult in a timely manner and 5213 with the degree of care that a reasonable person in a like position would exercise; 5214 (iii) a pattern of conduct by a caretaker, without the vulnerable adult's informed 5215 consent, resulting in deprivation of food, water, medication, health care, shelter, cooling, 5216 heating, or other services necessary to maintain the vulnerable adult's well being; 5217 (iv) knowing or intentional failure by a caretaker to carry out a prescribed treatment plan that causes or is likely to cause harm to the vulnerable adult; 5218 5219 (v) self-neglect by the vulnerable adult; or 5220 (vi) abandonment by a caretaker. 5221 (b) "Neglect" does not include conduct, or failure to take action, that is permitted or 5222 excused under Title 75, Chapter 2a, Advance Health Care Directive Act. 5223 (23) "Physical injury" includes the damage and conditions described in Section 5224 76-5-111. 5225 (24) "Protected person" means a vulnerable adult for whom the court has ordered 5226 protective services. (25) "Protective services" means services to protect a vulnerable adult from abuse. 5227 5228 neglect, or exploitation.

5229	(26) "Self-neglect" means the failure of a vulnerable adult to provide or obtain food,	
5230	water, medication, health care, shelter, cooling, heating, safety, or other services necessary to	
5231	maintain the vulnerable adult's well being when that failure is the result of the adult's mental or	
5232	physical impairment. Choice of lifestyle or living arrangements may not, by themselves, be	
5233	evidence of self-neglect.	
5234	(27) "Serious physical injury" is as defined in Section 76-5-111.	
5235	(28) "Supported" means a finding by the division that there is a reasonable basis to	
5236	conclude that abuse, neglect, or exploitation occurred.	
5237	(29) "Undue influence" occurs when a person:	
5238	(a) uses influence to take advantage of a vulnerable adult's mental or physical	
5239	impairment; or	
5240	(b) uses the person's role, relationship, or power:	
5241	(i) to exploit, or knowingly assist or cause another to exploit, the trust, dependency, or	
5242	fear of a vulnerable adult; or	
5243	(ii) to gain control deceptively over the decision making of the vulnerable adult.	
5244	(30) "Vulnerable adult" means an elder adult, or a dependent adult who has a mental or	
5245	physical impairment which substantially affects that person's ability to:	
5246	(a) provide personal protection;	
5247	(b) provide necessities such as food, shelter, clothing, or mental or other health care;	
5248	(c) obtain services necessary for health, safety, or welfare;	
5249	(d) carry out the activities of daily living;	
5250	(e) manage the adult's own financial resources; or	
5251	(f) comprehend the nature and consequences of remaining in a situation of abuse,	
5252	neglect, or exploitation.	
5253	(31) "Without merit" means a finding that abuse, neglect, or exploitation did not occur.	
5254	Section 136. Section 26B-6-202, which is renumbered from Section 62A-3-302 is	
5255	renumbered and amended to read:	
5256	[62A-3-302]. <u>26B-6-202.</u> Purpose of Adult Protective Services Program.	
5257	Subject to the rules made by the division under Section 62A-3-106.5, Adult Protective	
5258	Services:	
5259	(1) shall investigate or cause to be investigated reports of alleged abuse, neglect, or	

5260	exploitation of vulnerable adults;
5261	(2) shall, where appropriate, provide short-term, limited protective services with the
5262	permission of the affected vulnerable adult or the guardian or conservator of the vulnerable
5263	adult;
5264	(3) shall, subject to Section 62A-3-320, provide emergency protective services; and
5265	(4) may make rules, in accordance with Title 63G, Chapter 3, Utah Administrative
5266	Rulemaking Act, and develop procedures and policies relating to:
5267	(a) reporting and investigating incidents of abuse, neglect, or exploitation; and
5268	(b) providing protective services to the extent that funds are appropriated by the
5269	Legislature for this purpose.
5270	Section 137. Section 26B-6-203, which is renumbered from Section 62A-3-303 is
5271	renumbered and amended to read:
5272	[ <del>62A-3-303</del> ]. <u>26B-6-203.</u> Powers and duties of Adult Protective Services.
5273	In addition to all other powers and duties that Adult Protective Services is given under
5274	this part, Adult Protective Services:
5275	(1) shall maintain an intake system for receiving and screening reports;
5276	(2) shall investigate referrals that meet the intake criteria;
5277	(3) shall conduct assessments of vulnerability and functional capacity as it relates to an
5278	allegation of abuse, neglect, or exploitation of an adult who is the subject of a report;
5279	(4) shall perform assessments based on protective needs and risks for a vulnerable
5280	adult who is the subject of a report;
5281	(5) may address any protective needs by making recommendations to and coordinating
5282	with the vulnerable adult or by making referrals to community resources;
5283	(6) may provide short-term, limited services to a vulnerable adult when family or
5284	community resources are not available to provide for the protective needs of the vulnerable
5285	adult;
5286	(7) shall have access to facilities licensed by, or contracted with, the department or the
5287	Department of Health for the purpose of conducting investigations;
5288	(8) shall be given access to, or provided with, written statements, documents, exhibits,
5289	and other items related to an investigation, including private, controlled, or protected medical
5290	or financial records of a vulnerable adult who is the subject of an investigation if:

5291	(a) for a vulnerable adult who has the capacity to consent, the vulnerable adult signs a
5292	release of information; or
5293	(b) for a vulnerable adult who lacks capacity to consent, an administrative subpoena is
5294	issued by Adult Protective Services;
5295	(9) may initiate proceedings in a court of competent jurisdiction to seek relief
5296	necessary to carry out the provisions of this chapter;
5297	(10) shall, subject to Section 62A-3-320, provide emergency protective services;
5298	(11) may require all persons, including family members of a vulnerable adult and any
5299	caretaker, to cooperate with Adult Protective Services in carrying out its duties under this
5300	chapter, including the provision of statements, documents, exhibits, and other items that assist
5301	Adult Protective Services in conducting investigations and providing protective services;
5302	(12) may require all officials, agencies, departments, and political subdivisions of the
5303	state to assist and cooperate within their jurisdictional power with the court, the division, and
5304	Adult Protective Services in furthering the purposes of this chapter;
5305	(13) may conduct studies and compile data regarding abuse, neglect, and exploitation;
5306	and
5307	(14) may issue reports and recommendations.
5308	Section 138. Section 26B-6-204, which is renumbered from Section 62A-3-304 is
5309	renumbered and amended to read:
5310	[ <del>62A-3-304</del> ]. <u>26B-6-204.</u> Cooperation by caretaker.
5311	A caretaker, facility, or other institution shall, regardless of the confidentiality standards
5312	of the caretaker, facility, or institution:
5313	(1) report abuse, neglect, or exploitation of a vulnerable adult in accordance with this
5314	chapter;
5315	(2) cooperate with any Adult Protective Services investigation;
5316	(3) provide Adult Protective Services with access to records or documents relating to
5317	the vulnerable adult who is the subject of an investigation; or
5318	(4) provide evidence in any judicial or administrative proceeding relating to a
5319	vulnerable adult who is the subject of an investigation.
5320	Section 139. Section 26B-6-205, which is renumbered from Section 62A-3-305 is
5321	renumbered and amended to read:

5322	[ <del>62A-3-305</del> ]. <u>26B-6-205.</u> Reporting requirements Investigation
5323	Exceptions Immunity Penalties Nonmedical healing.
5324	(1) Except as provided in Subsection (4), if an individual has reason to believe that a
5325	vulnerable adult is, or has been, the subject of abuse, neglect, or exploitation, the individual
5326	shall immediately report the suspected abuse, neglect, or exploitation to Adult Protective
5327	Services or to the nearest peace officer or law enforcement agency.
5328	(2) (a) If a peace officer or a law enforcement agency receives a report under
5329	Subsection (1), the peace officer or the law enforcement agency shall immediately notify Adult
5330	Protective Services.
5331	(b) Adult Protective Services and the peace officer or the law enforcement agency shall
5332	coordinate, as appropriate, efforts to investigate the report under Subsection (1) and to provide
5333	protection to the vulnerable adult.
5334	(3) When a report under Subsection (1), or a subsequent investigation by Adult
5335	Protective Services, indicates that a criminal offense may have occurred against a vulnerable
5336	adult:
5337	(a) Adult Protective Services shall notify the nearest local law enforcement agency
5338	regarding the potential offense; and
5339	(b) the law enforcement agency shall initiate an investigation in cooperation with Adult
5340	Protective Services.
5341	(4) Subject to Subsection (5), the reporting requirement described in Subsection (1)
5342	does not apply to:
5343	(a) a member of the clergy, with regard to any confession made to the member of the
5344	clergy while functioning in the ministerial capacity of the member of the clergy and without the
5345	consent of the individual making the confession, if:
5346	(i) the perpetrator made the confession directly to the member of the clergy; and
5347	(ii) the member of the clergy is, under canon law or church doctrine or practice, bound
5348	to maintain the confidentiality of that confession; or
5349	(b) an attorney, or an individual employed by the attorney, if knowledge of the
5350	suspected abuse, neglect, or exploitation of a vulnerable adult arises from the representation of
5351	a client, unless the attorney is permitted to reveal the suspected abuse, neglect, or exploitation
5352	of the vulnerable adult to prevent reasonably certain death or substantial bodily harm in

accordance with Utah Rules of Professional Conduct, Rule 1.6.

(5) (a) When a member of the clergy receives information about abuse, neglect, or exploitation of a vulnerable adult from any source other than confession of the perpetrator, the member of the clergy is required to report that information even though the member of the clergy may have also received information about abuse, neglect, or exploitation from the confession of the perpetrator.

- (b) Exemption of the reporting requirement for an individual described in Subsection (4) does not exempt the individual from any other efforts required by law to prevent further abuse, neglect, or exploitation of a vulnerable adult by the perpetrator.
- (6) (a) As used in this Subsection (6), "physician" means an individual licensed to practice as a physician or osteopath in this state under Title 58, Chapter 67, Utah Medical Practice Act, or Title 58, Chapter 68, Utah Osteopathic Medical Practice Act.
  - (b) The physician-patient privilege does not:
- (i) excuse a physician from reporting suspected abuse, neglect, or exploitation of a vulnerable adult under Subsection (1); or
- (ii) constitute grounds for excluding evidence regarding a vulnerable adult's injuries, or the cause of the vulnerable adult's injuries, in any judicial or administrative proceeding resulting from a report under Subsection (1).
- (7) (a) An individual who in good faith makes a report under Subsection (1), or who otherwise notifies Adult Protective Services or a peace officer or law enforcement agency, is immune from civil and criminal liability in connection with the report or notification.
- (b) A covered provider or covered contractor, as defined in Section 26-21-201, that knowingly fails to report suspected abuse, neglect, or exploitation of a vulnerable adult to Adult Protective Services, or to the nearest peace officer or law enforcement agency, under Subsection (1), is subject to a private right of action and liability for the abuse, neglect, or exploitation of a vulnerable adult that is committed by the individual who was not reported to Adult Protective Services or to the nearest peace officer or law enforcement agency.
- (c) This Subsection (7) does not provide immunity with respect to acts or omissions of a governmental employee except as provided in Title 63G, Chapter 7, Governmental Immunity Act of Utah.
  - (8) If Adult Protective Services has substantial grounds to believe that an individual

has knowingly failed to report suspected abuse, neglect, or exploitation of a vulnerable adult in accordance with this section, Adult Protective Services shall file a complaint with:

- (a) the Division of Professional Licensing if the individual is a health care provider, as defined in Section 80-2-603, or a mental health therapist, as defined in Section 58-60-102;
- (b) the appropriate law enforcement agency if the individual is a law enforcement officer, as defined in Section 53-13-103; and
- (c) the State Board of Education if the individual is an educator, as defined in Section 53E-6-102.
- (9) (a) An individual is guilty of a class B misdemeanor if the individual willfully fails to report suspected abuse, neglect, or exploitation of a vulnerable adult to Adult Protective Services, or to the nearest peace officer or law enforcement agency under Subsection (1).
- (b) If an individual is convicted under Subsection (9)(a), the court may order the individual, in addition to any other sentence the court imposes, to:
  - (i) complete community service hours; or

- (ii) complete a program on preventing abuse, neglect, and exploitation of vulnerable adults.
  - (c) In determining whether it would be appropriate to charge an individual with a violation of Subsection (9)(a), the prosecuting attorney shall take into account whether a reasonable individual would not have reported suspected abuse, neglect, or exploitation of a vulnerable adult because reporting would have placed the individual in immediate danger of death or serious bodily injury.
  - (d) Notwithstanding any contrary provision of law, a prosecuting attorney may not use an individual's violation of Subsection (9)(a) as the basis for charging the individual with another offense.
  - (e) A prosecution for failure to report under Subsection (9)(a) shall be commenced within two years after the day on which the individual had knowledge of the suspected abuse, neglect, or exploitation and willfully failed to report.
  - (10) Under circumstances not amounting to a violation of Section 76-8-508, an individual is guilty of a class B misdemeanor if the individual threatens, intimidates, or attempts to intimidate a vulnerable adult who is the subject of a report under Subsection (1), the individual who made the report under Subsection (1), a witness, or any other person

5415	cooperating with an investigation conducted in accordance with this chapter.	
5416	(11) An adult is not considered abused, neglected, or a vulnerable adult for the reason	
5417	that the adult has chosen to rely solely upon religious, nonmedical forms of healing in lieu of	
5418	medical care.	
5419	Section 140. Section 26B-6-206, which is renumbered from Section 62A-3-307 is	
5420	renumbered and amended to read:	
5421	[62A-3-307]. <u>26B-6-206.</u> Photographing, video, and audio taping.	
5422	Law enforcement or Adult Protective Services investigators may collect evidence	
5423	regarding alleged abuse, neglect, or exploitation of a vulnerable adult by taking, or causing to	
5424	be taken, photographs, video tape recordings, or audio or video tape accounts of a vulnerable	
5425	adult, if the vulnerable adult:	
5426	(1) consents to the taking of the photographs, video tape recordings, or audio or video	
5427	tape accounts; or	
5428	(2) lacks the capacity to give the consent described in Subsection (1).	
5429	Section 141. Section 26B-6-207, which is renumbered from Section 62A-3-308 is	
5430	renumbered and amended to read:	
5431	[62A-3-308]. 26B-6-207. Peace officer's authority to transport	
5432	Notification.	
5433	(1) A peace officer may remove and transport, or cause to have transported, a	
5434	vulnerable adult to an appropriate medical or shelter facility, if:	
5435	(a) the officer has probable cause to believe that:	
5436	(i) by reason of abuse, neglect, or exploitation there exist exigent circumstances; and	
5437	(ii) the vulnerable adult will suffer serious physical injury or death if not immediately	
5438	placed in a safe environment;	
5439	(b) the vulnerable adult refuses to consent or lacks capacity to consent; and	
5440	(c) there is not time to notify interested parties or to apply for a warrant or other court	
5441	order.	
5442	(2) A peace officer described in Subsection (1) shall, within four hours after a	
5443	vulnerable adult is transported to an appropriate medical or shelter facility:	
5444	(a) notify Adult Protective Services intake; and	
5445	(b) request that Adult Protective Services or the division file a petition with the court	

5446	for an emergency protective order.	
5447	Section 142. Section 26B-6-208, which is renumbered from Section 62A-3-309 is	
5448	renumbered and amended to read:	
5449	[ <del>62A-3-309</del> ]. <u>26B-6-208.</u> Enforcement by division Duty of county or	•
5450	district attorney.	
5451	(1) It is the duty of the county or district attorney, as appropriate under Sections	
5452	17-18a-202 and 17-18a-203, to:	
5453	(a) assist and represent the division;	
5454	(b) initiate legal proceedings to protect vulnerable adults; and	
5455	(c) take appropriate action to prosecute the alleged offenders.	
5456	(2) If the county or district attorney fails to act upon the request of the division to	
5457	provide legal assistance within five business days after the day on which the request is made	de:
5458	(a) the division may request the attorney general to act; and	
5459	(b) the attorney general may, in the attorney general's discretion, assume the	
5460	responsibilities and carry the action forward in place of the county or district attorney.	
5461	Section 143. Section 26B-6-209, which is renumbered from Section 62A-3-311 is	
5462	renumbered and amended to read:	
5463	[ <del>62A-3-311</del> ]. <u>26B-6-209.</u> Requests for records.	
5464	(1) Requests for records maintained by Adult Protective Services shall be made in	
5465	writing to Adult Protective Services.	
5466	(2) Classification and disclosure of records shall be made in accordance with Title	
5467	63G, Chapter 2, Government Records Access and Management Act.	
5468	Section 144. Section 26B-6-210, which is renumbered from Section 62A-3-311.1	is
5469	renumbered and amended to read:	
5470	[62A-3-311.1]. 26B-6-210. Statewide database Restricted use and account	ess
5471	(1) The division shall maintain a database for reports of vulnerable adult abuse,	
5472	neglect, or exploitation made pursuant to this part.	
5473	(2) The database shall include:	
5474	(a) the names and identifying data of the alleged abused, neglected, or exploited	
5475	vulnerable adult and the alleged perpetrator;	
5476	(b) information regarding whether or not the allegation of abuse, neglect, or	

5477	exploitation was found to be:
5478	(i) supported;
5479	(ii) inconclusive;
5480	(iii) without merit; or
5481	(iv) for reports for which the finding is made before May 5, 2008:
5482	(A) substantiated; or
5483	(B) unsubstantiated; and
5484	(c) any other information that may be helpful in furthering the purposes of this part, as
5485	determined by the division.
5486	(3) Information obtained from the database may be used only:
5487	(a) for statistical summaries compiled by the department that do not include names or
5488	other identifying data;
5489	(b) where identification of an individual as a perpetrator may be relevant in a
5490	determination regarding whether to grant or deny a license, privilege, or approval made by:
5491	(i) the department;
5492	(ii) the Division of Professional Licensing;
5493	(iii) the Bureau of Licensing, within the Department of Health;
5494	(iv) the Bureau of Emergency Medical Services and Preparedness, within the
5495	Department of Health, or a designee of the Bureau of Emergency Medical Services and
5496	Preparedness;
5497	(v) any government agency specifically authorized by statute to access or use the
5498	information in the database; or
5499	(vi) an agency of another state that performs a similar function to an agency described
5500	in Subsections (3)(b)(i) through (iv); or
5501	(c) as otherwise specifically provided by law.
5502	Section 145. Section 26B-6-211, which is renumbered from Section 62A-3-311.5 is
5503	renumbered and amended to read:
5504	[62A-3-311.5]. 26B-6-211. Notice of supported finding Procedure for
5505	challenging finding Limitations.
5506	(1) (a) Except as provided in Subsection (1)(b), within 15 days after the day on which
5507	the division makes a supported finding that a person committed abuse, neglect, or exploitation

5508	of a vulnerable adult, the division shall serve the person with a notice of agency action, in
5509	accordance with Subsections (2) and (3).
5510	(b) The division may serve the notice described in Subsection (1)(a) within a
5511	reasonable time after the 15 day period described in Subsection (1)(a) if:
5512	(i) the delay is necessary in order to:
5513	(A) avoid impeding an ongoing criminal investigation or proceeding; or
5514	(B) protect the safety of a person; and
5515	(ii) the notice is provided before the supported finding is used as a basis to deny the
5516	person a license or otherwise adversely impact the person.
5517	(2) The division shall cause the notice described in Subsection (1)(a) to be served by
5518	personal service or certified mail.
5519	(3) The notice described in Subsection (1)(a) shall:
5520	(a) indicate that the division has conducted an investigation regarding alleged abuse,
5521	neglect, or exploitation of a vulnerable adult by the alleged perpetrator;
5522	(b) indicate that, as a result of the investigation described in Subsection (3)(a), the
5523	division made a supported finding that the alleged perpetrator committed abuse, neglect, or
5524	exploitation of a vulnerable adult;
5525	(c) include a summary of the facts that are the basis for the supported finding;
5526	(d) indicate that the supported finding may result in disqualifying the person from:
5527	(i) being licensed, certified, approved, or employed by a government agency;
5528	(ii) being employed by a service provider, person, or other entity that contracts with, or
5529	is licensed by, a government agency; or
5530	(iii) qualifying as a volunteer for an entity described in Subsection (3)(d)(i) or (ii);
5531	(e) indicate that, as a result of the supported finding, the alleged perpetrator's
5532	identifying information is listed in the database;
5533	(f) indicate that the alleged perpetrator may request a copy of the report of the alleged
5534	abuse, neglect, or exploitation; and
5535	(g) inform the alleged perpetrator of:
5536	(i) the right described in Subsection (4)(a); and
5537	(ii) the consequences of failing to exercise the right described in Subsection (4)(a) in a
5538	timely manner.

5539 (4) (a) The alleged perpetrator has the right, within 30 days after the day on which the 5540 notice described in Subsection (1)(a) is served, to challenge the supported finding by filing a 5541 request for an informal adjudicative proceeding, under Title 63G, Chapter 4, Administrative 5542 Procedures Act. 5543 (b) If the alleged perpetrator fails to file a request for an informal adjudicative 5544 proceeding within the time described in Subsection (4)(a), the supported finding will become 5545 final and will not be subject to challenge or appeal. 5546 (5) At the hearing described in Subsection (4)(a), the division has the burden of 5547 proving, by a preponderance of the evidence, that the alleged perpetrator committed abuse, 5548 neglect, or exploitation of a vulnerable adult. 5549 (6) Notwithstanding any provision of this section, an alleged perpetrator described in 5550 this section may not challenge a supported finding if a court of competent jurisdiction entered a 5551 finding in a proceeding to which the alleged perpetrator was a party, that the alleged perpetrator 5552 committed the abuse, neglect, or exploitation of a vulnerable adult, upon which the supported 5553 finding is based. 5554 (7) A person who was listed in the database as a perpetrator before May 5, 2008, and 5555 who did not have an opportunity to challenge the division's finding that resulted in the listing. 5556 may at any time: 5557 (a) request that the division reconsider the division's finding; or 5558 (b) request an informal adjudicative proceeding, under Title 63G, Chapter 4, 5559 Administrative Procedures Act, to challenge the finding. 5560 Section 146. Section 26B-6-212, which is renumbered from Section 62A-3-312 is 5561 renumbered and amended to read: 5562 [<del>62A-3-312</del>]. 26B-6-212. Access to information in database. 5563 The database and the adult protection case file: 5564 (1) shall be made available to law enforcement agencies, the attorney general's office, 5565 city attorneys, the Division of Professional Licensing, and county or district attorney's offices; 5566 (2) shall be released as required under Subsection 63G-2-202(4)(c); and 5567 (3) may be made available, at the discretion of the division, to: 5568 (a) subjects of a report as follows: 5569 (i) a vulnerable adult named in a report as a victim of abuse, neglect, or exploitation, or

5570	that adult's attorney or legal guardian; and
5571	(ii) a person identified in a report as having abused, neglected, or exploited a
5572	vulnerable adult, or that person's attorney; and
5573	(b) persons involved in an evaluation or assessment of the vulnerable adult as follows:
5574	(i) an employee or contractor of the department who is responsible for the evaluation or
5575	assessment of an adult protection case file;
5576	(ii) a multidisciplinary team approved by the division to assist Adult Protective
5577	Services in the evaluation, assessment, and disposition of a vulnerable adult case;
5578	(iii) an authorized person or agency providing services to, or responsible for, the care,
5579	treatment, assessment, or supervision of a vulnerable adult named in the report as a victim,
5580	when in the opinion of the division, that information will assist in the protection of, or provide
5581	other benefits to, the victim;
5582	(iv) a licensing authority for a facility, program, or person providing care to a victim
5583	named in a report; and
5584	(v) legally authorized protection and advocacy agencies when they represent a victim
5585	or have been requested by the division to assist on a case, including:
5586	(A) the Office of Public Guardian, created in Section 62A-14-103; and
5587	(B) the Long-Term Care Ombudsman Program, created in Section 62A-3-203.
5588	Section 147. Section 26B-6-213, which is renumbered from Section 62A-3-314 is
5589	renumbered and amended to read:
5590	[62A-3-314]. <u>26B-6-213.</u> Private right of action Estate asset Attorney
5591	fees.
5592	(1) A vulnerable adult who suffers harm or financial loss as a result of exploitation has
5593	a private right of action against the perpetrator.
5594	(2) Upon the death of a vulnerable adult, any cause of action under this section shall
5595	constitute an asset of the estate of the vulnerable adult.
5596	(3) If the plaintiff prevails in an action brought under this section, the court may order
5597	that the defendant pay the costs and reasonable attorney fees of the plaintiff.
5598	(4) If the defendant prevails in an action brought under this section, the court may
5599	order that the plaintiff pay the costs and reasonable attorney fees of the defendant, if the court
5600	finds that the action was frivolous, unreasonable, or taken in bad faith.

5601	Section 148. Section <b>26B-6-214</b> , which is renumbered from Section 62A-3-315 is
5602	renumbered and amended to read:
5603	[62A-3-315]. <u>26B-6-214.</u> Protective services voluntary unless court
5604	ordered.
5605	(1) Vulnerable adults who receive protective services under this part shall do so
5606	knowingly or voluntarily or upon district court order.
5607	(2) Protective services may be provided without a court order for a vulnerable adult
5608	who has the capacity to consent and who requests or knowingly or voluntarily consents to those
5609	services. Protective services may also be provided for a vulnerable adult whose guardian or
5610	conservator with authority to consent does consent to those services. When short-term, limited
5611	protective services are provided, the division and the recipient, or the recipient's guardian or
5612	conservator, shall execute a written agreement setting forth the purposes and limitations of the
5613	services to be provided. If consent is subsequently withdrawn by the recipient, the recipient's
5614	guardian or conservator, or the court, services, including any investigation, shall cease.
5615	(3) A court may order emergency protective services to be provided to a vulnerable
5616	adult who does not consent or who lacks capacity to consent to protective services in
5617	accordance with Section 62A-3-320.
5618	Section 149. Section 26B-6-215, which is renumbered from Section 62A-3-316 is
5619	renumbered and amended to read:
5620	[62A-3-316]. 26B-6-215. Costs incurred in providing of protective
5621	services.
5622	Costs incurred in providing protective services are the responsibility of the vulnerable
5623	adult when:
5624	(1) the vulnerable adult is financially able to pay for those services, according to rates
5625	established by the division, and that payment is provided for as part of the written agreement
5626	for services described in Section 62A-3-315;
5627	(2) the vulnerable adult to be protected is eligible for those services from another
5628	governmental agency; or
5629	(3) the court appoints a guardian or conservator and orders that the costs be paid from
5630	the vulnerable adult's estate.
5631	Section 150. Section 26B-6-216, which is renumbered from Section 62A-3-317 is

5632	renumbered and amended to read:
5633	[62A-3-317]. <u>26B-6-216.</u> Venue for protective services proceedings.
5634	Venue for all proceedings related to protective services and emergency protective
5635	services under this [chapter] part is in the county where the vulnerable adult resides or is
5636	present.
5637	Section 151. Section 26B-6-217, which is renumbered from Section 62A-3-320 is
5638	renumbered and amended to read:
5639	[62A-3-320]. <u>26B-6-217.</u> Emergency protective services Forcible entry.
5640	(1) Adult Protective Services shall, immediately upon court order, provide emergency
5641	protective services to a court-designated vulnerable adult.
5642	(2) A court may, without notice, order emergency protective services immediately upon
5643	receipt of a petition for emergency protective services when a court finds that:
5644	(a) the subject of the petition is a vulnerable adult;
5645	(b) (i) the vulnerable adult does not have a court-appointed guardian or conservator; or
5646	(ii) the guardian or conservator is not effectively performing the guardian's or
5647	conservator's duties;
5648	(c) an emergency exists; and
5649	(d) the welfare, safety, or best interests of the vulnerable adult requires emergency
5650	protective services.
5651	(3) An emergency protective services order shall specifically designate the services that
5652	are approved and the facts that support the provision of those services.
5653	(4) Services authorized in an emergency protective services order may include
5654	hospitalization, nursing, custodial care, or a change in residence.
5655	(5) An emergency protective services order expires five business days after the day on
5656	which the court issues the order unless an appropriate party petitions for temporary
5657	guardianship pursuant to Section 75-5-310 or the division files a new petition for an emergency
5658	services order.
5659	(6) If a petition for guardianship or an additional emergency protective services petition
5660	is filed within five business days after the day on which the court issues the original emergency
5661	protective services order, a court may extend the duration of the original order an additional 15
5662	business days after the day on which the subsequent petition is filed to allow for a court hearing

5663	on the petition.
5664	(7) To implement an emergency protective services order, a court may authorize
5665	forcible entry by a peace officer into the premises where the vulnerable adult may be found.
5666	Section 152. Section 26B-6-218, which is renumbered from Section 62A-3-321 is
5667	renumbered and amended to read:
5668	[62A-3-321]. <u>26B-6-218.</u> Petition for injunctive relief when caretaker
5669	refuses to allow protective services.
5670	(1) When a vulnerable adult is in need of protective services and the caretaker refuses
5671	to allow the provision of those services, the division may petition the court for injunctive relief
5672	prohibiting the caretaker from interfering with the provision of protective services.
5673	(2) The division's petition under Subsection (1) shall allege facts sufficient to show that
5674	the vulnerable adult is in need of protective services, that the vulnerable adult either consents
5675	or lacks capacity to consent to those services, and that the caretaker refuses to allow the
5676	provision of those services.
5677	(3) The court may, on appropriate findings and conclusions in accordance with Rule
5678	65A, Utah Rules of Civil Procedure, issue an order enjoining the caretaker from interfering
5679	with the provision of protective services.
5680	(4) The petition under Subsection (1) may be joined with a petition under Section
5681	62A-3-320.
5682	Section 153. Section 26B-6-219, which is renumbered from Section 62A-3-322 is
5683	renumbered and amended to read:
5684	[62A-3-322]. <u>26B-6-219.</u> Medical cannabis use by a vulnerable adult or
5685	guardian.
5686	A peace officer or an employee or agent of the division may not solicit or provide, and a
5687	court may not order, emergency services for a vulnerable adult based solely on:
5688	(1) the vulnerable adult's possession or use of cannabis in accordance with Title 26,
5689	Chapter 61a, Utah Medical Cannabis Act; or
5690	(2) the guardian of the vulnerable adult assisting with the use of or possessing cannabis
5691	in accordance with Title 26, Chapter 61a, Utah Medical Cannabis Act.
5692	Section 154. Section 26B-6-301, which is renumbered from Section 62A-14-102 is

5693

renumbered and amended to read:

5694	CHAPTER CHAPTER 20. UTAH INNOVATION LAB ACT
5695	Part 3. Office of Public Guardian
5696	[ <del>62A-14-102</del> ]. <u>26B-6-301.</u> Definitions.
5697	As used in this [chapter] part:
5698	(1) "Conservator" is as defined in Section 75-1-201.
5699	(2) "Court" is as defined in Section 75-1-201.
5700	(3) "Estate" is as defined in Section 75-1-201.
5701	(4) "Guardian" is as defined in Section 75-1-201.
5702	(5) "Incapacitated" means a person who has been determined by a court, pursuant to
5703	Section 75-5-303, to be incapacitated, as defined in Section 75-1-201, after the office has
5704	determined that the person is 18 years of age or older and suffers from a mental or physical
5705	impairment as part of the prepetition assessment in Section 62A-14-107.
5706	(6) "Office" means the Office of Public Guardian.
5707	(7) "Property" is as defined in Section 75-1-201.
5708	(8) "Ward" means an incapacitated person for whom the office has been appointed as
5709	guardian or conservator.
5710	Section 155. Section 26B-6-302, which is renumbered from Section 62A-14-103 is
5711	renumbered and amended to read:
5712	[ <del>62A-14-103</del> ]. <u>26B-6-302.</u> Office of Public Guardian Creation.
5713	(1) There is created within the department the Office of Public Guardian which has the
5714	powers and duties provided in this [chapter] part.
5715	(2) The office is under the administrative and general supervision of the executive
5716	director.
5717	Section 156. Section 26B-6-303, which is renumbered from Section 62A-14-104 is
5718	renumbered and amended to read:
5719	[ <del>62A-14-104</del> ]. <u>26B-6-303.</u> Director of the office Appointment
5720	Qualifications.
5721	(1) The director of the office shall be appointed by the executive director.
5722	(2) The director shall have a bachelor's degree from an accredited university or college,
5723	be experienced in administration, and be knowledgeable in matters concerning guardianship
5724	and conservatorship.

5725	(3) The director is the administrative head of the office.	
5726	Section 157. Section 26B-6-304, which is renumbered from Section 62A-14-105	is
5727	renumbered and amended to read:	
5728	[62A-14-105]. 26B-6-304. Powers and duties of the office.	
5729	(1) The office shall:	
5730	(a) develop and operate a statewide program to:	
5731	(i) educate the public about the role and function of guardians and conservators;	
5732	(ii) educate guardians and conservators on:	
5733	(A) the duties of a guardian and a conservator; and	
5734	(B) standards set by the National Guardianship Association for guardians and	
5735	conservators; and	
5736	(iii) serve as a guardian, conservator, or both for a ward upon appointment by a co	ourt
5737	when no other person is able and willing to do so and the office petitioned for or agreed in	l
5738	advance to the appointment;	
5739	(b) possess and exercise all the powers and duties specifically given to the office	у
5740	virtue of being appointed as guardian or conservator of a ward, including the power to acc	ess a
5741	ward's records;	
5742	(c) review and monitor the personal and, if appropriate, financial status of each w	ard
5743	for whom the office has been appointed to serve as guardian or conservator;	
5744	(d) train and monitor each employee and volunteer, and monitor each contract pro	vider
5745	to whom the office has delegated a responsibility for a ward;	
5746	(e) retain all court-delegated powers and duties for a ward;	
5747	(f) report on the personal and financial status of a ward as required by a court in	
5748	accordance with Title 75, Chapter 5, Protection of Persons Under Disability and Their	
5749	Property;	
5750	(g) handle a ward's funds in accordance with the department's trust account system	1;
5751	(h) request that the department's audit plan, established pursuant to Section 63I-5-	401,
5752	include the requirement of an annual audit of all funds and property held by the office on	oehalf
5753	of wards;	
5754	(i) maintain accurate records concerning each ward, the ward's property, and office	e
5755	services provided to the ward;	

5756	(j) make reasonable and continuous efforts to find a family member, friend, or other
5757	person to serve as a ward's guardian or conservator;
5758	(k) after termination as guardian or conservator, distribute a ward's property in
5759	accordance with Title 75, Chapter 5, Protection of Persons Under Disability and Their
5760	Property; and
5761	(l) submit recommendations for changes in state law and funding to the governor and
5762	the Legislature and report to the governor and Legislature, upon request.
5763	(2) The office may:
5764	(a) petition a court pursuant to Title 75, Chapter 5, Protection of Persons Under
5765	Disability and Their Property, to be appointed an incapacitated person's guardian, conservator,
5766	or both after conducting a prepetition assessment under Section 62A-14-107;
5767	(b) develop and operate a statewide program to recruit, train, supervise, and monitor
5768	volunteers to assist the office in providing guardian and conservator services;
5769	(c) delegate one or more responsibilities for a ward to an employee, volunteer, or
5770	contract provider, except as provided in Subsection 62A-14-107(1);
5771	(d) solicit and receive private donations to provide guardian and conservator services
5772	under this [chapter] part; and
5773	(e) adopt rules, in accordance with Title 63G, Chapter 3, Utah Administrative
5774	Rulemaking Act, to:
5775	(i) effectuate policy; and
5776	(ii) carry out the office's role as guardian and conservator of wards as provided in this
5777	chapter.
5778	Section 158. Section 26B-6-305, which is renumbered from Section 62A-14-107 is
5779	renumbered and amended to read:
5780	[62A-14-107]. 26B-6-305. Prepetition assessment and plan.
5781	(1) Before the office may file a petition in court to be appointed guardian or
5782	conservator of a person, the office shall:
5783	(a) conduct a face-to-face needs assessment, by someone other than a volunteer, to
5784	determine whether the person suffers from a mental or physical impairment that renders the
5785	person substantially incapable of:
5786	(i) caring for his personal safety;

5787	(ii) managing his financial affairs; or
5788	(iii) attending to and providing for such necessities as food, shelter, clothing, and
5789	medical care, to the extent that physical injury or illness may result;
5790	(b) assess the financial resources of the person based on information supplied to the
5791	office at the time of assessment;
5792	(c) inquire and, if appropriate, search to determine whether any other person may be
5793	willing and able to serve as the person's guardian or conservator; and
5794	(d) determine the form of guardianship or conservatorship to request of a court, if any,
5795	giving preference to the least intensive form of guardianship or conservatorship, consistent
5796	with the best interests of the person.
5797	(2) The office shall prepare an individualized guardianship or conservator plan for each
5798	ward within 60 days of appointment.
5799	Section 159. Section 26B-6-306, which is renumbered from Section 62A-14-108 is
5800	renumbered and amended to read:
5801	[ <del>62A-14-108</del> ]. <u>26B-6-306.</u> Office volunteers.
5802	(1) A person who desires to be an office volunteer shall:
5803	(a) possess demonstrated personal characteristics of honesty, integrity, compassion,
5804	and concern for incapacitated persons; and
5805	(b) upon request, submit information for a background check pursuant to Section
5806	26B-1-211.
5807	(2) An office volunteer may not receive compensation or benefits, but may be
5808	reimbursed by the office for expenses actually and reasonably incurred, consistent with Title
5809	67, Chapter 20, Volunteer Government Workers Act.
5810	(3) An office volunteer is immune from civil liability pursuant to Title 63G, Chapter 8,
5811	Immunity for Persons Performing Voluntary Services Act.
5812	Section 160. Section 26B-6-307, which is renumbered from Section 62A-14-109 is
5813	renumbered and amended to read:
5814	[62A-14-109]. 26B-6-307. Contract for services.
5815	(1) In accordance with Title 63G, Chapter 6a, Utah Procurement Code, the office may
5816	contract with one or more providers to perform guardian and conservator duties.
5817	(2) The office shall review and monitor the services provided by a contract provider to

5818	a ward for whom the office has been appointed guardian or conservator.
5819	Section 161. Section 26B-6-308, which is renumbered from Section 62A-14-110 is
5820	renumbered and amended to read:
5821	[62A-14-110]. 26B-6-308. Court, legal, and other costs.
5822	(1) The office may not be appointed as the guardian or conservator of a person unless
5823	the office petitioned for or agreed in advance to the appointment.
5824	(2) Except as provided in Subsection (4), the court shall order the ward or the ward's
5825	estate to pay for the cost of services rendered under this chapter, including court costs and
5826	reasonable attorneys' fees.
5827	(3) If the office recovers attorneys' fees under Subsection (2), the office shall transmit
5828	those fees to the attorneys who represented the ward or the office in connection with the ward's
5829	case.
5830	(4) If a ward is indigent, the office shall provide guardian and conservator services free
5831	of charge and shall make reasonable efforts to secure pro bono legal services for the ward.
5832	(5) Under no circumstances may court costs or attorneys' fees be assessed to the office.
5833	Section 162. Section 26B-6-309, which is renumbered from Section 62A-14-111 is
5834	renumbered and amended to read:
5835	[62A-14-111]. 26B-6-309. Duty of the county attorney or district attorney.
5836	(1) The attorney general shall advise the office on legal matters and represent the office
5837	in legal proceedings.
5838	(2) Upon the request of the attorney general, a county attorney may represent the office
5839	in connection with the filing of a petition for appointment as guardian or conservator of an
5840	incapacitated person and with routine, subsequent appearances.
5841	Section 163. Section 26B-6-401, which is renumbered from Section 62A-5-101 is
5842	renumbered and amended to read:
5843	Part 4. Division of Services for People with Disabilities
5844	[62A-5-101]. 26B-6-401. Definitions.
5845	As used in this [chapter] part:
5846	(1) "Approved provider" means a person approved by the division to provide
5847	home-based services.
5848	(2) "Board" means the Utah State Developmental Center Board created under Section

5849	62A-5-202.5.
5850	(3) (a) "Brain injury" means an acquired injury to the brain that is neurological in
5851	nature, including a cerebral vascular accident.
5852	(b) "Brain injury" does not include a deteriorating disease.
5853	(4) "Designated intellectual disability professional" means:
5854	(a) a psychologist licensed under Title 58, Chapter 61, Psychologist Licensing Act,
5855	who:
5856	(i) (A) has at least one year of specialized training in working with persons with an
5857	intellectual disability; or
5858	(B) has at least one year of clinical experience with persons with an intellectual
5859	disability; and
5860	(ii) is designated by the division as specially qualified, by training and experience, in
5861	the treatment of an intellectual disability; or
5862	(b) a clinical social worker, certified social worker, marriage and family therapist, or
5863	professional counselor, licensed under Title 58, Chapter 60, Mental Health Professional
5864	Practice Act, who:
5865	(i) has at least two years of clinical experience with persons with an intellectual
5866	disability; and
5867	(ii) is designated by the division as specially qualified, by training and experience, in
5868	the treatment of an intellectual disability.
5869	(5) "Deteriorating disease" includes:
5870	(a) multiple sclerosis;
5871	(b) muscular dystrophy;
5872	(c) Huntington's chorea;
5873	(d) Alzheimer's disease;
5874	(e) ataxia; or
5875	(f) cancer.
5876	(6) "Developmental center" means the Utah State Developmental Center, established in
5877	accordance with Part 2, Utah State Developmental Center.
5878	(7) "Director" means the director of the Division of Services for People with
5879	Disabilities.

5880	(8) "Direct service worker" means a person who provides services to a person with a
5881	disability:
5882	(a) when the services are rendered in:
5883	(i) the physical presence of the person with a disability; or
5884	(ii) a location where the person rendering the services has access to the physical
5885	presence of the person with a disability; and
5886	(b) (i) under a contract with the division;
5887	(ii) under a grant agreement with the division; or
5888	(iii) as an employee of the division.
5889	(9) (a) "Disability" means a severe, chronic disability that:
5890	(i) is attributable to:
5891	(A) an intellectual disability;
5892	(B) a condition that qualifies a person as a person with a related condition, as defined
5893	in 42 C.F.R. 435.1010;
5894	(C) a physical disability; or
5895	(D) a brain injury;
5896	(ii) is likely to continue indefinitely;
5897	(iii) (A) for a condition described in Subsection (9)(a)(i)(A), (B), or (C), results in a
5898	substantial functional limitation in three or more of the following areas of major life activity:
5899	(I) self-care;
5900	(II) receptive and expressive language;
5901	(III) learning;
5902	(IV) mobility;
5903	(V) self-direction;
5904	(VI) capacity for independent living; or
5905	(VII) economic self-sufficiency; or
5906	(B) for a condition described in Subsection (9)(a)(i)(D), results in a substantial
5907	limitation in three or more of the following areas:
5908	(I) memory or cognition;
5909	(II) activities of daily life;
5910	(III) judgment and self-protection;

5911	(IV) control of emotions;
5912	(V) communication;
5913	(VI) physical health; or
5914	(VII) employment; and
5915	(iv) requires a combination or sequence of special interdisciplinary or generic care,
5916	treatment, or other services that:
5917	(A) may continue throughout life; and
5918	(B) must be individually planned and coordinated.
5919	(b) "Disability" does not include a condition due solely to:
5920	(i) mental illness;
5921	(ii) personality disorder;
5922	(iii) deafness or being hard of hearing;
5923	(iv) visual impairment;
5924	(v) learning disability;
5925	(vi) behavior disorder;
5926	(vii) substance abuse; or
5927	(viii) the aging process.
5928	(10) "Division" means the Division of Services for People with Disabilities.
5929	(11) "Eligible to receive division services" or "eligibility" means qualification, based
5930	on criteria established by the division, to receive services that are administered by the division.
5931	(12) "Endorsed program" means a facility or program that:
5932	(a) is operated:
5933	(i) by the division; or
5934	(ii) under contract with the division; or
5935	(b) provides services to a person committed to the division under Part 3, Admission to
5936	an Intermediate Care Facility for People with an Intellectual Disability.
5937	(13) "Licensed physician" means:
5938	(a) an individual licensed to practice medicine under:
5939	(i) Title 58, Chapter 67, Utah Medical Practice Act; or
5940	(ii) Title 58, Chapter 68, Utah Osteopathic Medical Practice Act; or
5941	(b) a medical officer of the United States Government while in this state in the

5942	performance of official duties.
5943	(14) "Limited support services" means services that are administered by the division to
5944	individuals with a disability:
5945	(a) under a waiver authorized under 42 U.S.C. Sec. 1396n(c) by the Centers for
5946	Medicare and Medicaid Services that permits the division to limit services to an individual who
5947	is eligible to receive division services; and
5948	(b) through a program that:
5949	(i) was not operated by the division on or before January 1, 2020; and
5950	(ii) (A) limits the kinds of services that an individual may receive; or
5951	(B) sets a maximum total dollar amount for program services provided to each
5952	individual.
5953	(15) "Physical disability" means a medically determinable physical impairment that has
5954	resulted in the functional loss of two or more of a person's limbs.
5955	(16) "Public funds" means state or federal funds that are disbursed by the division.
5956	(17) "Resident" means an individual under observation, care, or treatment in an
5957	intermediate care facility for people with an intellectual disability.
5958	(18) "Sustainability fund" means the Utah State Developmental Center Long-Term
5959	Sustainability Fund created in Section 62A-5-206.7.
5960	Section 164. Section 26B-6-402, which is renumbered from Section 62A-5-102 is
5961	renumbered and amended to read:
5962	[62A-5-102]. <u>26B-6-402.</u> Division of Services for People with Disabilities
5963	Creation Authority Direction Provision of services.
5964	(1) There is created within the department the Division of Services for People with
5965	Disabilities, under the administrative direction of the executive director of the department.
5966	(2) In accordance with this [chapter] part, the division has the responsibility to plan and
5967	deliver an appropriate array of services and supports to persons with disabilities and their
5968	families in this state.
5969	(3) Within appropriations from the Legislature, the division shall provide services to
5970	any individual with a disability who is eligible to receive division services.
5971	(4) (a) Except as provided in Subsection (4)(c), any new appropriations designated to
5972	serve eligible individuals waiting for services from the division shall be allocated, as

5973	determined by the division by rule based on the:
5974	(i) severity of the disability;
5975	(ii) urgency of the need for services;
5976	(iii) ability of a parent or guardian to provide the individual with appropriate care and
5977	supervision; and
5978	(iv) length of time during which the individual has not received services from the
5979	division.
5980	(b) Funds from Subsection (4)(a) that are not spent by the division at the end of the
5981	fiscal year may be used as set forth in Subsection (7).
5982	(c) Subsections (4)(a) and (b) do not apply to any new appropriations designated to
5983	provide limited support services.
5984	(5) The division:
5985	(a) has the functions, powers, duties, rights, and responsibilities described in Section
5986	62A-5-103; and
5987	(b) is authorized to work in cooperation with other state, governmental, and private
5988	agencies to carry out the responsibilities described in Subsection (5)(a).
5989	(6) Within appropriations authorized by the Legislature, and to the extent allowed
5990	under Title XIX of the Social Security Act, the division shall ensure that the services and
5991	support that the division provides to an individual with a disability:
5992	(a) are provided in the least restrictive and most enabling environment;
5993	(b) ensure opportunities to access employment; and
5994	(c) enable reasonable personal choice in selecting services and support that:
5995	(i) best meet individual needs; and
5996	(ii) promote:
5997	(A) independence;
5998	(B) productivity; and
5999	(C) integration in community life.
6000	(7) (a) Appropriations to the division are nonlapsing.
6001	(b) After an individual stops receiving services under this section, the division shall use
6002	the funds that paid for the individual's services to provide services under this section to another
6003	eligible individual in an intermediate care facility transitioning to division services, if the funds

6004 were allocated under a program established under Section 26-18-3 to transition individuals 6005 with intellectual disabilities from an intermediate care facility. 6006 (c) Except as provided in Subsection (7)(b), if an individual receiving services under 6007 Subsection (4)(a) ceases to receive those services, the division shall use the funds that were 6008 allocated to that individual to provide services to another eligible individual waiting for 6009 services as described in Subsection (4)(a). 6010 (d) Funds unexpended by the division at the end of the fiscal year may be used only for 6011 one-time expenditures unless otherwise authorized by the Legislature. (e) A one-time expenditure under this section: 6012 6013 (i) is not an entitlement; 6014 (ii) may be withdrawn at any time; and (iii) may provide short-term, limited services, including: 6015 6016 (A) respite care; 6017 (B) service brokering; 6018 (C) family skill building and preservation classes; 6019 (D) after school group services; and 6020 (E) other professional services. 6021 Section 165. Section 26B-6-403, which is renumbered from Section 62A-5-103 is 6022 renumbered and amended to read: 6023 [<del>62A-5-103</del>]. 26B-6-403. Responsibility and authority of division. 6024 (1) For purposes of this section "administer" means to: 6025 (a) plan; 6026 (b) develop; 6027 (c) manage; 6028 (d) monitor; and 6029 (e) conduct certification reviews. 6030 (2) The division has the authority and responsibility to: 6031 (a) administer an array of services and supports for persons with disabilities and their 6032 families throughout the state; 6033 (b) make rules in accordance with Title 63G, Chapter 3, Utah Administrative 6034 Rulemaking Act, that establish eligibility criteria for the services and supports described in

6035	Subsection (2)(a);
6036	(c) consistent with Section 62A-5-206, supervise the programs and facilities of the
6037	Developmental Center;
6038	(d) in order to enhance the quality of life for a person with a disability, establish either
6039	directly, or by contract with private, nonprofit organizations, programs of:
6040	(i) outreach;
6041	(ii) information and referral;
6042	(iii) prevention;
6043	(iv) technical assistance; and
6044	(v) public awareness;
6045	(e) supervise the programs and facilities operated by, or under contract with, the
6046	division;
6047	(f) cooperate with other state, governmental, and private agencies that provide services
6048	to a person with a disability;
6049	(g) subject to Subsection (3), ensure that a person with a disability is not deprived of
6050	that person's constitutionally protected rights without due process procedures designed to
6051	minimize the risk of error when a person with a disability is admitted to an intermediate care
6052	facility for people with an intellectual disability, including:
6053	(i) the developmental center; and
6054	(ii) facilities within the community;
6055	(h) determine whether to approve providers;
6056	(i) monitor and sanction approved providers, as specified in the providers' contract;
6057	(j) subject to Section 62A-5-103.5, receive and disburse public funds;
6058	(k) review financial actions of a provider who is a representative payee appointed by
6059	the Social Security Administration;
6060	(l) establish standards and rules for the administration and operation of programs
6061	conducted by, or under contract with, the division;
6062	(m) approve and monitor division programs to insure compliance with the board's rules
6063	and standards;
6064	(n) establish standards and rules necessary to fulfill the division's responsibilities under
6065	Part 2. Utah State Developmental Center, and Part 3. Admission to an Intermediate Care

6066	Facility for People with an Intellectual Disability, with regard to an intermediate care facility
6067	for people with an intellectual disability;
6068	(o) assess and collect equitable fees for a person who receives services provided under
6069	this chapter;
6070	(p) maintain records of, and account for, the funds described in Subsection (2)(o);
6071	(q) establish and apply rules to determine whether to approve, deny, or defer the
6072	division's services to a person who is:
6073	(i) applying to receive the services; or
6074	(ii) currently receiving the services;
6075	(r) in accordance with state law, establish rules:
6076	(i) relating to an intermediate care facility for people with an intellectual disability that
6077	is an endorsed program; and
6078	(ii) governing the admission, transfer, and discharge of a person with a disability;
6079	(s) manage funds for a person residing in a facility operated by the division:
6080	(i) upon request of a parent or guardian of the person; or
6081	(ii) under administrative or court order; and
6082	(t) fulfill the responsibilities described in Chapter 5a, Coordinating Council for Persons
6083	with Disabilities.
6084	(3) The due process procedures described in Subsection (2)(g):
6085	(a) shall include initial and periodic reviews to determine the constitutional
6086	appropriateness of the placement; and
6087	(b) with regard to facilities in the community, do not require commitment to the
6088	division.
6089	Section 166. Section 26B-6-404, which is renumbered from Section 62A-5-104 is
6090	renumbered and amended to read:
6091	[ <del>62A-5-104</del> ]. <u>26B-6-404.</u> Director Qualifications Responsibilities.
6092	(1) The director of the division shall be appointed by the executive director.
6093	(2) The director shall have a bachelor's degree from an accredited university or college,
6094	be experienced in administration, and be knowledgeable in developmental disabilities,
6095	intellectual disabilities, and other disabilities.

(3) The director is the administrative head of the division.

6096

6097	(4) The director shall appoint the superintendent of the developmental center and the
6098	necessary and appropriate administrators for other facilities operated by the division with the
6099	concurrence of the executive director.
6100	Section 167. Section 26B-6-405, which is renumbered from Section 62A-5-105 is
6101	renumbered and amended to read:
6102	[ <del>62A-5-105</del> ]. <u>26B-6-405.</u> Division responsibilities Policy mediation.
6103	(1) The division shall establish its rules in accordance with:
6104	(a) the policy of the Legislature as set forth by this chapter; and
6105	(b) Title 63G, Chapter 3, Utah Administrative Rulemaking Act.
6106	(2) The division shall:
6107	(a) establish program policy for the division, the developmental center, and programs
6108	and facilities operated by or under contract with the division;
6109	(b) establish rules for the assessment and collection of fees for programs within the
6110	division;
6111	(c) no later than July 1, 2003, establish a graduated fee schedule based on ability to pay
6112	and implement the schedule with respect to service recipients and their families where not
6113	otherwise prohibited by federal law or regulation or not otherwise provided for in Section
6114	62A-5-109;
6115	(d) establish procedures to ensure that private citizens, consumers, private contract
6116	providers, allied state and local agencies, and others are provided with an opportunity to
6117	comment and provide input regarding any new policy or proposed revision to an existing
6118	policy;
6119	(e) provide a mechanism for systematic and regular review of existing policy and for
6120	consideration of policy changes proposed by the persons and agencies described under
6121	Subsection (2)(d);
6122	(f) establish and periodically review the criteria used to determine who may receive
6123	services from the division and how the delivery of those services is prioritized within available
6124	funding;
6125	(g) review implementation and compliance by the division with policies established by
6126	the board to ensure that the policies established by the Legislature in this chapter are carried
6127	out; and

6128	(h) annually report to the executive director.
6129	(3) The executive director shall mediate any differences which arise between the
6130	policies of the division and those of any other policy board or division in the department.
6131	Section 168. Section 26B-6-406, which is renumbered from Section 62A-5-106 is
6132	renumbered and amended to read:
6133	[62A-5-106]. <u>26B-6-406.</u> Powers of other state agencies Severability.
6134	Nothing in this part shall be construed to supersede or limit the authority granted by lav
6135	to any other state agency. If any provision of this part, or the application of any provision to
6136	the person or circumstance, is held invalid, the remainder of this part shall not be affected.
6137	Section 169. Section 26B-6-407, which is renumbered from Section 62A-5-103.1 is
6138	renumbered and amended to read:
6139	[62A-5-103.1]. 26B-6-407. Program for provision of supported employment
6140	services.
6141	(1) There is established a program for the provision of supported employment services
6142	to be administered by the division.
6143	(2) The division shall make rules, in accordance with Title 63G, Chapter 3, Utah
6144	Administrative Rulemaking Act, as necessary for the implementation and administration of the
6145	program described in this section.
6146	(3) In accordance with Subsection (4), within funds appropriated by the Legislature for
6147	the program described in this section, the division shall provide supported employment
6148	services to a person with a disability who:
6149	(a) is eligible to receive services from the division;
6150	(b) has applied for, and is waiting to, receive services from the division;
6151	(c) is not receiving other ongoing services from the division;
6152	(d) is not able to receive sufficient supported employment services from other sources;
6153	(e) the division determines would substantially benefit from the provision of supported
6154	employment services; and
6155	(f) does not require the provision of other ongoing services from the division in order
6156	to substantially benefit from the provision of supported employment services.
6157	(4) (a) The division shall provide supported employment services under this section
6158	outside of the prioritization criteria established by the division for the receipt of other services

6159	from the division.
6160	(b) The division shall establish criteria to determine the priority, between persons
6161	eligible for services under this section, for receiving services under this section.
6162	(5) It is the intent of the Legislature that the services provided under the program
6163	described in this section:
6164	(a) shall be provided separately from the Medicaid program described in Title XIX of
6165	the Social Security Act;
6166	(b) may not be supported with Medicaid funds;
6167	(c) may not be provided as part of a Medicaid waiver;
6168	(d) do not constitute an entitlement of any kind; and
6169	(e) may be withdrawn from a person at any time.
6170	(6) The division shall report to the Health and Human Services Interim Committee in
6171	even calendar years regarding the success and progress of employment services offered under
6172	this section.
6173	Section 170. Section 26B-6-408, which is renumbered from Section 62A-5-103.2 is
6174	renumbered and amended to read:
6175	[62A-5-103.2]. 26B-6-408. Pilot Program for the Provision of Family
6176	Preservation Services.
6177	(1) There is established a pilot program for the provision of family preservation
6178	services to a person with a disability and that person's family, beginning on July 1, 2007, and
6179	ending on July 1, 2009.
6180	(2) The family preservation services described in Subsection (1) may include:
6181	(a) family skill building classes;
6182	(b) respite hours for class attendance; or
6183	(c) professional intervention.
6184	(3) The division shall make rules, in accordance with Title 63G, Chapter 3, Utah
6185	Administrative Rulemaking Act, as necessary for the implementation and administration of this
6186	section.
6187	(4) In accordance with Subsection (5), within funds appropriated by the Legislature for
6188	the pilot program described in this section, the division shall provide family preservation
6189	services to a person with a disability, and that person's family, if that person:

6190	(a) is eligible to receive services from the division;
6191	(b) has applied for, and is willing to receive, services from the division;
6192	(c) is not receiving other ongoing services from the division;
6193	(d) is not able to receive sufficient family preservation services from other sources;
6194	(e) is determined by the division to be a person who would substantially benefit from
6195	the provision of family preservation services; and
6196	(f) does not require the provision of other ongoing services from the division in order
6197	to substantially benefit from the provision of family preservation services.
6198	(5) (a) The division shall provide family preservation services under this section
6199	outside of the prioritization criteria established by the division for the receipt of other services
6200	from the division.
6201	(b) The division shall establish criteria to determine the priority, between persons
6202	eligible for services under this section, for receiving services under this section.
6203	(6) It is the intent of the Legislature that the services provided under the pilot program
6204	described in this section:
6205	(a) shall be provided separately from the Medicaid program described in Title XIX of
6206	the Social Security Act;
6207	(b) may not be supported with Medicaid funds;
6208	(c) may not be provided as part of a Medicaid waiver;
6209	(d) do not constitute an entitlement of any kind; and
6210	(e) may be withdrawn from a person at any time.
6211	Section 171. Section 26B-6-409, which is renumbered from Section 62A-5-103.3 is
6212	renumbered and amended to read:
6213	[62A-5-103.3]. <u>26B-6-409.</u> Employment first emphasis on the provision of
6214	services.
6215	(1) When providing services to a person with a disability under this chapter, the
6216	division shall, within funds appropriated by the Legislature and in accordance with the
6217	requirements of federal and state law, give priority to providing services that assist the person
6218	in obtaining and retaining meaningful and gainful employment that enables the person to:
6219	(a) purchase goods and services;
6220	(b) establish self-sufficiency; and

6221	(c) exercise economic control of the person's life.
6222	(2) The division shall develop a written plan to implement the policy described in
6223	Subsection (1) that includes:
6224	(a) assessing the strengths and needs of a person with a disability;
6225	(b) customizing strength-based approaches to obtaining employment;
6226	(c) expecting, encouraging, providing, and rewarding:
6227	(i) integrated employment in the workplace at competitive wages and benefits; and
6228	(ii) self-employment;
6229	(d) developing partnerships with potential employers;
6230	(e) maximizing appropriate employment training opportunities;
6231	(f) coordinating services with other government agencies and community resources;
6232	(g) to the extent possible, eliminating practices and policies that interfere with the
6233	policy described in Subsection (1); and
6234	(h) arranging sub-minimum wage work or volunteer work when employment at market
6235	rates cannot be obtained.
6236	(3) The division shall, on an annual basis:
6237	(a) set goals to implement the policy described in Subsection (1) and the plan described
6238	in Subsection (2);
6239	(b) determine whether the goals for the previous year have been met; and
6240	(c) modify the plan described in Subsection (2) as needed.
6241	Section 172. Section 26B-6-410, which is renumbered from Section 62A-5-103.5 is
6242	renumbered and amended to read:
6243	[62A-5-103.5]. 26B-6-410. Disbursal of public funds Background check of
6244	a direct service worker.
6245	(1) For purposes of this section, "office" means the same as that term is defined in
6246	Section 62A-2-101.
6247	(2) Public funds may not be disbursed to pay a direct service worker for personal
6248	services rendered to a person unless the office approves the direct service worker to have direct
6249	access and provide services to a child or a vulnerable adult pursuant to Section 62A-2-120.
6250	(3) For purposes of Subsection (2), the office shall conduct a background check of a
6251	direct service worker:

6252 (a) before public funds are disbursed to pay the direct service worker for the personal 6253 services described in Subsection (2); and 6254 (b) using the same procedures established for a background check of an applicant for a 6255 license under Section 62A-2-120. 6256 (4) A child who is in the legal custody of the department or any of the department's 6257 divisions may not be placed with a direct service worker unless, before the child is placed with 6258 the direct service worker, the direct service worker passes a background check, pursuant to the 6259 requirements of Subsection 62A-2-120(14). 6260 (5) If a public transit district, as described in Title 17B, Chapter 2a, Part 8, Public 6261 Transit District Act, contracts with the division to provide services: 6262 (a) the provisions of this section are not applicable to a direct service worker employed by the public transit district; and 6263 6264 (b) the division may not reimburse the public transit district for services provided unless a direct service worker hired or transferred internally after July 1, 2013, by the public 6265 6266 transit district to drive a paratransit route: 6267 (i) is approved by the office to have direct access to children and vulnerable adults in 6268 accordance with Section 62A-2-120; and 6269 (ii) is subject to a background check established in a statute or rule governing a public 6270 transit district or other public transit district policy. 6271 Section 173. Section 26B-6-411, which is renumbered from Section 62A-5-109 is 6272 renumbered and amended to read: 6273 26B-6-411. Parent liable for cost and support of minor --[<del>62A-5-109</del>]. 6274 Guardian liable for costs. 6275 (1) Parents of a person who receives services or support from the division, who are 6276 financially responsible, are liable for the cost of the actual care and maintenance of that person 6277 and for the support of the child in accordance with Title 78B, Chapter 12, Utah Child Support 6278 Act, and Title 62A, Chapter 11, Recovery Services, until the person reaches 18 years of age. 6279 (2) A guardian of a person who receives services or support from the division is liable 6280 for the cost of actual care and maintenance of that person, regardless of his age, where funds 6281 are available in the guardianship estate established on his behalf for that purpose. However, if

the person who receives services is a beneficiary of a trust created in accordance with Section

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62A-5-110, or if the guardianship estate meets the requirements of a trust described in that section, the trust income prior to distribution to the beneficiary, and the trust principal are not subject to payment for services or support for that person.

- (3) If, at the time a person who receives services or support from the division is discharged from a facility or program owned or operated by or under contract with the division, or after the death and burial of a resident of the developmental center, there remains in the custody of the division or the superintendent any money paid by a parent or guardian for the support or maintenance of that person, it shall be repaid upon demand.
- Section 174. Section **26B-6-412**, which is renumbered from Section 62A-5-110 is renumbered and amended to read:
- [62A-5-110]. 26B-6-412. Discretionary trust for an individual with a disability -- Impact on state services.
  - (1) For purposes of this section:

- (a) "Discretionary trust for an individual with a disability" means a trust:
- (i) that is established for the benefit of an individual who, at the time the trust is created, is under age 65 and has a disability, as defined in 42 U.S.C. Sec. 1382c;
  - (ii) under which the trustee has discretionary power to determine distributions;
  - (iii) under which the individual may not control or demand payments unless an abuse of the trustee's duties or discretion is shown;
  - (iv) that contains the assets of the individual and is established for the benefit of the individual by the individual, a court, or a parent, grandparent, or legal guardian of the individual;
  - (v) that is irrevocable, except that the trust document may provide that the trust be terminated if the individual no longer has a disability, as defined in 42 U.S.C. Sec. 1382c;
- 6307 (vi) that is invalid as to any portion funded by property that is or may be subject to a 6308 lien by the state; and
  - (vii) that provides that, upon the death of the individual, the state will receive all amounts remaining in the trust, up to an amount equal to the total medical assistance paid on behalf of the individual.
    - (b) "Medical assistance" means the same as that term is defined in Section 26-18-2.
- 6313 (2) A state agency providing services or support to an individual with a disability may:

6314	(a) waive application of Subsection (1)(a)(v) with respect to that individual if the state
6315	agency determines that application of the criteria would place an undue hardship upon that
6316	individual; and
6317	(b) define, by rule, what constitutes "undue hardship" for purposes of this section.
6318	(3) A discretionary trust for an individual with a disability is not liable for
6319	reimbursement or payment to the state or any state agency, for financial aid or services
6320	provided to that individual except:
6321	(a) to the extent that the trust property has been distributed directly to or is otherwise
6322	under the control of the beneficiary with a disability; or
6323	(b) as provided in Subsection (1)(a)(vi).
6324	(4) Property, goods, and services that are purchased or owned by a discretionary trust
6325	for an individual with a disability and that are used or consumed by a beneficiary with a
6326	disability shall not be considered trust property that is distributed to or under the control of the
6327	beneficiary.
6328	(5) The benefits that an individual with a disability is otherwise legally entitled to may
6329	not be reduced, impaired, or diminished in any way because of contribution to a discretionary
6330	trust for that individual.
6331	(6) All state agencies shall disregard a discretionary trust for an individual with a
6332	disability as a resource when determining eligibility for services or support except as, and only
6333	to the extent that it is otherwise prohibited by federal law.
6334	(7) This section applies to all discretionary trusts that meet the requirements contained
6335	in Subsection (1) created before, on, or after July 1, 1994.
6336	Section 175. Section 26B-6-413, which is renumbered from Section 62A-5-402 is
6337	renumbered and amended to read:
6338	[62A-5-402]. <u>26B-6-413.</u> Scope of home based services Principles
6339	Services for individuals younger than 11 years old.
6340	(1) The purpose of this section is to provide support to families in their role as primary
6341	caregivers for family members with disabilities.
6342	[(1)] (2) (a) To enable a person with a disability and the person's family to select
6343	services and supports that best suit their needs and preferences, the division shall, within
6344	appropriations from the Legislature, provide services and supports under this part by giving

6345	direct financial assistance to the parent or guardian of a person with a disability who resides at
6346	home.
6347	(b) The dollar value of direct financial assistance is determined by the division based
6348	on:
6349	(i) appropriations from the Legislature; and
6350	(ii) the needs of the person with a disability.
6351	(c) In determining whether to provide direct financial assistance to the family, the
6352	division shall consider:
6353	(i) the family's preference; and
6354	(ii) the availability of approved providers in the area where the family resides.
6355	(d) If the division provides direct financial assistance, the division:
6356	(i) shall require the family to account for the use of that financial assistance; and
6357	(ii) shall tell the person with a disability or the person's parent or guardian how long the
6358	direct financial assistance is intended to provide services and supports before additional direct
6359	financial assistance is issued.
6360	(e) Except for eligibility determination services directly connected to the provision of
6361	direct financial assistance, service coordination is not provided under this part by the division
6362	unless the person with a disability or the person's parent or guardian uses the direct financial
6363	assistance to purchase such services.
6364	[(2)] (3) The following principles shall be used as the basis for supporting families who
6365	care for family members with disabilities:
6366	(a) all children, regardless of disability, should reside in a family-like environment;
6367	(b) families should receive the support they need to care for their children at home;
6368	(c) services should:
6369	(i) focus on the person with a disability;
6370	(ii) take into consideration the family of the person described in Subsection (2)(c)(i);
6371	(iii) be sensitive to the unique needs, preferences, and strengths of individual families;
6372	and
6373	(iv) complement and reinforce existing sources of help and support that are available to
6374	each family.
6375	(4) Except as provided in Subsection (5), after June 30, 1996, the division may not

6376	provide residential services to persons with disabilities who are under 11 years of age.
6377	(5) The prohibition of Subsection (4) does not include residential services that are
6378	provided:
6379	(a) for persons in the custody of the Division of Child and Family Services;
6380	(b) under a plan for home-based services, including respite and temporary residential
6381	care or services provided by a professional parent under contract with the division; or
6382	(c) after a written finding by the director that out-of-home residential placement is the
6383	most appropriate way to meet the needs of the person with disabilities and his family.
6384	Section 176. Section 26B-6-501 is enacted to read:
6385	Part 5. Utah State Developmental Center
6386	<b>26B-6-501.</b> Definitions.
6387	The definitions in Section 26-B-6-401 apply to this part.
6388	Section 177. Section 26B-6-502, which is renumbered from Section 62A-5-201 is
6389	renumbered and amended to read:
6390	[62A-5-201]. <u>26B-6-502.</u> Utah State Developmental Center.
6391	(1) The intermediate care facility for people with an intellectual disability located in
6392	American Fork City, Utah County, shall be known as the "Utah State Developmental Center."
6393	(2) Within appropriations authorized by the Legislature, the role and function of the
6394	developmental center is to:
6395	(a) provide care, services, and treatment to persons described in Subsection (3); and
6396	(b) provide the following services and support to persons with disabilities who do not
6397	reside at the developmental center:
6398	(i) psychiatric testing;
6399	(ii) specialized medical treatment and evaluation;
6400	(iii) specialized dental treatment and evaluation;
6401	(iv) family and client special intervention;
6402	(v) crisis management;
6403	(vi) occupational, physical, speech, and audiology services; and
6404	(vii) professional services, such as education, evaluation, and consultation, for families
6405	public organizations, providers of community and family support services, and courts.
6406	(3) Except as provided in Subsection (6), within appropriations authorized by the

6407 Legislature, and notwithstanding the provisions of Part 3, Admission to an Intermediate Care 6408 Facility for People with an Intellectual Disability, only the following persons may be residents 6409 of, be admitted to, or receive care, services, or treatment at the developmental center: 6410 (a) persons with an intellectual disability: 6411 (b) persons who receive services and supports under Subsection (2)(b); and 6412 (c) persons who require at least one of the following services from the developmental 6413 center: 6414 (i) continuous medical care; 6415 (ii) intervention for conduct that is dangerous to self or others; or 6416 (iii) temporary residential assessment and evaluation. 6417 (4) (a) Except as provided in Subsection (6), the division shall, in the division's 6418 discretion: 6419 (i) place residents from the developmental center into appropriate less restrictive 6420 placements; and 6421 (ii) determine each year the number to be placed based upon the individual assessed 6422 needs of the residents. 6423 (b) The division shall confer with parents and guardians to ensure the most appropriate 6424 placement for each resident. 6425 (5) Except as provided in Subsection (7), within appropriations authorized by the 6426 Legislature, and notwithstanding the provisions of Subsection (3) and Part 3, Admission to an 6427 Intermediate Care Facility for People with an Intellectual Disability, a person who is under 18 6428 years of age may be a resident of, admitted to, or receive care, services, or treatment at the 6429 developmental center only if the director certifies in writing that the developmental center is 6430 the most appropriate placement for that person. 6431 (6) (a) If the division determines, pursuant to Utah's Community Supports Waiver for 6432 Individuals with Intellectual Disabilities and Other Related Conditions, that a person who 6433 otherwise qualifies for placement in an intermediate care facility for people with an intellectual 6434 disability should receive services in a home or community-based setting, the division shall: 6435 (i) if the person does not have a legal representative or legal guardian: 6436 (A) inform the person of any feasible alternatives under the waiver; and 6437 (B) give the person the choice of being placed in an intermediate care facility for

6438 people with an intellectual disability or receiving services in a home or community-based 6439 setting; or 6440 (ii) if the person has a legal representative or legal guardian: 6441 (A) inform the legal representative or legal guardian of any feasible alternatives under 6442 the waiver; and 6443 (B) give the legal representative or legal guardian the choice of having the person 6444 placed in an intermediate care facility for people with an intellectual disability or receiving 6445 services in a home or community-based setting. 6446 (b) If a person chooses, under Subsection (6)(a)(i), to be placed in an intermediate care 6447 facility for people with an intellectual disability instead of receiving services in a home or 6448 community-based setting, the division shall: 6449 (i) ask the person whether the person prefers to be placed in the developmental center 6450 rather than a private intermediate care facility for people with an intellectual disability; and 6451 (ii) if the person expresses a preference to be placed in the developmental center: 6452 (A) place the person in the developmental center if the cost of placing the person in the 6453 developmental center is equal to, or less than, the cost of placing the person in a private 6454 intermediate care facility for people with an intellectual disability; or 6455 (B) (I) strongly consider the person's preference to be placed in the developmental 6456 center if the cost of placing the person in the developmental center exceeds the cost of placing 6457 the person in a private intermediate care facility for people with an intellectual disability; and 6458 (II) place the person in the developmental center or a private intermediate care facility 6459 for people with an intellectual disability. 6460 (c) If a legal representative or legal guardian chooses, under Subsection (6)(a)(ii), to 6461 have the person placed in an intermediate care facility for people with an intellectual disability 6462 instead of receiving services in a home or community-based setting, the division shall: 6463 (i) ask the legal representative or legal guardian whether the legal representative or 6464 legal guardian prefers to have the person placed in the developmental center rather than a 6465 private intermediate care facility for people with an intellectual disability; and

person placed in the developmental center:

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(A) place the person in the developmental center if the cost of placing the person in the

(ii) if the legal representative or legal guardian expresses a preference to have the

6469	developmental center is equal to, or less than, the cost of placing the person in a private
6470	intermediate care facility for people with an intellectual disability; or
6471	(B) (I) strongly consider the legal representative's or legal guardian's preference for the
6472	person's placement if the cost of placing the person in the developmental center exceeds the
6473	cost of placing the person in a private intermediate care facility for people with an intellectual
6474	disability; and
6475	(II) place the person in the developmental center or a private intermediate care facility
6476	for people with an intellectual disability.
6477	(7) The certification described in Subsection (5) is not required for a person who
6478	receives services and support under Subsection (2)(b).
6479	Section 178. Section 26B-6-503, which is renumbered from Section 62A-5-202 is
6480	renumbered and amended to read:
6481	[ <del>62A-5-202</del> ]. <u>26B-6-503.</u> Developmental center within division.
6482	The programs and facilities of the developmental center are within the division, and
6483	under the policy direction of the division.
6484	Section 179. Section 26B-6-504, which is renumbered from Section 62A-5-203 is
6485	renumbered and amended to read:
6486	[62A-5-203]. <u>26B-6-504.</u> Operation, maintenance, and repair of
6487	developmental center buildings and grounds.
6488	(1) The division shall operate, maintain, and repair the buildings, grounds, and physical
6489	properties of the developmental center. However, the roads and driveways on the grounds of
6490	the developmental center shall be maintained by the Department of Transportation.
6491	(2) The division has authority to make improvements to the buildings, grounds, and
6492	physical properties of the developmental center, as it deems necessary for the care and safety of
6493	the residents.
6494	Section 180. Section 26B-6-505, which is renumbered from Section 62A-5-205 is
6495	renumbered and amended to read:
6496	[62A-5-205]. 26B-6-505. State Board of Education Education of
6497	children at developmental center.
6498	(1) The State Board of Education is responsible for the education of school-aged
6499	children at the developmental center.

6500	(2) In order to fulfill its responsibility under Subsection (1), the State Board of
6501	Education shall, where feasible, contract with local school districts or other appropriate
6502	agencies to provide educational and related administrative services.
6503	(3) Medical, residential, and other services that are not the responsibility of the State
6504	Board of Education or other state agencies are the responsibility of the division.
6505	Section 181. Section 26B-6-506, which is renumbered from Section 62A-5-206 is
6506	renumbered and amended to read:
6507	[ <del>62A-5-206</del> ]. <u>26B-6-506.</u> Powers and duties of division.
6508	The powers and duties of the division, with respect to the developmental center are as
6509	follows:
6510	(1) to establish rules, not inconsistent with law, for the government of the
6511	developmental center;
6512	(2) to establish rules governing the admission and discharge of persons with an
6513	intellectual disability in accordance with state law;
6514	(3) to employ necessary medical and other professional personnel to assist in
6515	establishing rules relating to the developmental center and to the treatment and training of
6516	persons with an intellectual disability at the center;
6517	(4) to transfer a person who has been committed to the developmental center under
6518	Part 3, Admission to an Intermediate Care Facility for People with an Intellectual Disability, to
6519	any other facility or program operated by or under contract with the division, after careful
6520	evaluation of the treatment needs of that person, if the facilities or programs available meet the
6521	needs indicated, and if transfer would be in the best interest of that person. A person
6522	transferred shall remain under the jurisdiction of the division;
6523	(5) the developmental center may receive a person who meets the requirements of
6524	Subsection 62A-5-201(3) from any other facility or program operated by or under contract with
6525	the division, after careful evaluation of the treatment needs of that person, if the facility or
6526	programs of the developmental center meet those needs, and if transfer would be in the best
6527	interest of that person. A person so received by the developmental center remains under the
6528	jurisdiction of the division;
6529	(6) to manage funds for a person residing in the developmental center, upon request by
6530	that person's parent or guardian, or upon administrative or court order;

6531	(7) to charge and collect a fair and equitable fee from developmental center residents,
6532	parents who have the ability to pay, or guardians where funds for that purpose are available;
6533	and
6534	(8) supervision and administration of security responsibilities for the developmental
6535	center is vested in the division. The executive director may designate, as special function
6536	officers, individuals to perform special security functions for the developmental center that
6537	require peace officer authority. Those special function officers may not become or be
6538	designated as members of the Public Safety Retirement System.
6539	Section 182. Section 26B-6-507, which is renumbered from Section 62A-5-206.6 is
6540	renumbered and amended to read:
6541	[62A-5-206.6]. <u>26B-6-507.</u> Utah State Developmental Center land and water
6542	rights.
6543	(1) As used in this section, "long-term lease" means:
6544	(a) a lease with a term of five years or more; or
6545	(b) a lease with a term of less than five years that may be unilaterally renewed by the
6546	lessee.
6547	(2) (a) Notwithstanding Section 65A-4-1, any sale, long-term lease, or other disposition
6548	of real property, water rights, or water shares associated with the developmental center shall be
6549	conducted as provided in this Subsection (2).
6550	(b) The board shall:
6551	(i) approve the sale, long-term lease, or other disposition of real property, water rights,
6552	or water shares associated with the developmental center;
6553	(ii) secure the approval of the Legislature before offering the real property, water
6554	rights, or water shares for sale, long-term lease, or other disposition; and
6555	(iii) if the Legislature's approval is secured, as described in Subsection (2)(b)(ii), direct
6556	the Division of Facilities Construction and Management to convey, lease, or dispose of the real
6557	property, water rights, or water shares associated with the developmental center according to
6558	the board's determination.
6559	Section 183. Section 26B-6-508, which is renumbered from Section 62A-5-207 is
6560	renumbered and amended to read:
6561	[ <del>62A-5-207</del> ]. <u>26B-6-508.</u> Superintendent Qualifications.

6562	The superintendent of the developmental center, appointed in accordance with
6563	Subsection 62A-5-104(4), shall have a bachelor's degree from an accredited university or
6564	college, be experienced in administration, and be knowledgeable in developmental disabilities
6565	and intellectual disability.
6566	Section 184. Section 26B-6-509, which is renumbered from Section 62A-5-208 is
6567	renumbered and amended to read:
6568	[62A-5-208]. 26B-6-509. Powers and duties of superintendent.
6569	The chief administrative officer of the developmental center is the superintendent, and
6570	has the following powers and duties:
6571	(1) to manage the developmental center and administer the division's rules governing
6572	the developmental center;
6573	(2) to hire, control, and remove all employees, and to fix their compensation according
6574	to state law; and
6575	(3) with the approval of the division, to make any expenditures necessary in the
6576	performance of his duties.
6577	Section 185. Section 26B-6-510, which is renumbered from Section 62A-5-211 is
6578	renumbered and amended to read:
6579	[62A-5-211]. <u>26B-6-510.</u> Dental services reporting.
6580	The superintendent of the developmental center shall provide to the Health and Human
6581	Services Interim Committee an annual report that contains:
6582	(1) a statewide assessment of resources that provide dental services for individuals
6583	with intellectual disabilities;
6584	(2) an accounting of the funds appropriated to provide specialized dental treatment and
6585	evaluation under Subsection 62A-5-201(2)(b)(iii), including the number of individuals served
6586	and the services provided; and
6587	(3) the progress toward the establishment of a financially independent dental clinic
6588	that:
6589	(a) has a full-time dentist who has specialized training to treat an individual with an
6590	intellectual disability; and
6591	(b) has the facility, equipment, and staff necessary to legally and safely perform dental
6592	procedures and examinations and to administer general anesthesia.

6593	Section 186. Section <b>26B-6-601</b> is enacted to read:
6594	Part 6. Admission to an Intermediate Care Facility for People with an Intellectual
6595	Disability
6596	<b>26B-6-601.</b> Definitions.
6597	The definitions in Section 26B-6-401 apply to this part.
6598	Section 187. Section 26B-6-602, which is renumbered from Section 62A-5-302 is
6599	renumbered and amended to read:
6600	[62A-5-302]. <u>26B-6-602</u> . Division responsibility.
6601	The division is responsible:
6602	(1) for the supervision, care, and treatment of persons with an intellectual disability in
6603	this state who are committed to the division's jurisdiction under the provisions of this part; and
6604	(2) to evaluate and determine the most appropriate, least restrictive setting for an
6605	individual with an intellectual disability.
6606	Section 188. Section 26B-6-603, which is renumbered from Section 62A-5-305 is
6607	renumbered and amended to read:
6608	[62A-5-305]. <u>26B-6-603.</u> Residency requirements Transportation of
6609	person to another state.
6610	(1) A person with an intellectual disability who has a parent or guardian residing in this
6611	state may be admitted to an intermediate care facility for people with an intellectual disability
6612	in accordance with the provisions of this part.
6613	(2) If a person with an intellectual disability enters Utah from another state, the
6614	division may have that person transported to the home of a relative or friend located outside of
6615	this state, or to an appropriate facility in the state where the person with the intellectual
6616	disability is domiciled.
6617	(3) This section does not prevent a person with an intellectual disability who is
6618	temporarily located in this state from being temporarily admitted or committed to an
6619	intermediate care facility for people with an intellectual disability in this state.
6620	Section 189. Section 26B-6-604, which is renumbered from Section 62A-5-308 is
6621	renumbered and amended to read:
6622	[62A-5-308]. <u>26B-6-604.</u> Commitment Individual who is under 18 years
6623	old.

6624	(1) The director of the division, or the director's designee, may commit an individual
6625	under 18 years old who has an intellectual disability or symptoms of an intellectual disability,
6626	to the division for observation, diagnosis, care, and treatment if that commitment is based on:
6627	(a) an emergency commitment in accordance with Section 62A-5-311; or
6628	(b) involuntary commitment in accordance with Section 62A-5-312.
6629	(2) A proceeding for involuntary commitment under Subsection (1)(a) may be
6630	commenced by filing a written petition with the juvenile court under Section 62A-5-312.
6631	(3) (a) A juvenile court has jurisdiction over the proceeding under Subsection (2) as
6632	described in Subsection 78A-6-103(2)(f).
6633	(b) A juvenile court shall proceed with the written petition in the same manner and
6634	with the same authority as the district court.
6635	(4) If an individual who is under 18 years old is committed to the custody of the Utah
6636	State Developmental Center by the juvenile court, the director or the director's designee shall
6637	give the juvenile court written notice of the intention to release the individual not fewer than
6638	five days before the day on which the individual is released.
6639	Section 190. Section 26B-6-605, which is renumbered from Section 62A-5-309 is
6640	renumbered and amended to read:
6641	[62A-5-309]. 26B-6-605. Commitment Individual who is 18 years old or
6642	older.
6643	(1) The director, or the director's designee may commit to the division an individual 18
6644	years old or older who has an intellectual disability, for observation, diagnosis, care, and
6645	treatment if that commitment is based on:
6646	(a) involuntary commitment in accordance with Section 62A-5-312; or
6647	(b) temporary emergency commitment in accordance with Section 62A-5-311.
6648	(2) If an individual who is 18 years old or older is committed to the custody of the Utah
6649	State Developmental Center by the juvenile court, the director or the director's designee shall
6650	give the juvenile court written notice of the intention to release the individual not fewer than
6651	five days before the day on which the individual is released.
6652	Section 191. Section 26B-6-606, which is renumbered from Section 62A-5-310 is
6653	renumbered and amended to read:
6654	[ <del>62A-5-310</del> ]. <u>26B-6-606.</u> Involuntary commitment.

6655	An individual may not be involuntarily committed to an intermediate care facility for
6656	people with an intellectual disability except in accordance with Sections 62A-5-311 and
6657	62A-5-312.
6658	Section 192. Section 26B-6-607, which is renumbered from Section 62A-5-311 is
6659	renumbered and amended to read:
6660	[62A-5-311]. 26B-6-607. Temporary emergency commitment
6661	Observation and evaluation.
6662	(1) The director of the division or his designee may temporarily commit an individual
6663	to the division and therefore, as a matter of course, to an intermediate care facility for people
6664	with an intellectual disability for observation and evaluation upon:
6665	(a) written application by a responsible person who has reason to know that the
6666	individual is in need of commitment, stating:
6667	(i) a belief that the individual has an intellectual disability and is likely to cause serious
6668	injury to self or others if not immediately committed;
6669	(ii) personal knowledge of the individual's condition; and
6670	(iii) the circumstances supporting that belief; or
6671	(b) certification by a licensed physician or designated intellectual disability
6672	professional stating that the physician or designated intellectual disability professional:
6673	(i) has examined the individual within a three-day period immediately preceding the
6674	certification; and
6675	(ii) is of the opinion that the individual has an intellectual disability, and that because
6676	of the individual's intellectual disability is likely to injure self or others if not immediately
6677	committed.
6678	(2) If the individual in need of commitment is not placed in the custody of the director
6679	or the director's designee by the person submitting the application, the director's or the
6680	director's designee may certify, either in writing or orally that the individual is in need of
6681	immediate commitment to prevent injury to self or others.
6682	(3) Upon receipt of the application required by Subsection (1)(a) and the certifications
6683	required by Subsections (1)(b) and (2), a peace officer may take the individual named in the
6684	application and certificates into custody, and may transport the individual to a designated
6685	intermediate care facility for people with an intellectual disability.

(4) (a) An individual committed under this section may be held for a maximum of 24 hours, excluding Saturdays, Sundays, and legal holidays. At the expiration of that time, the individual shall be released unless proceedings for involuntary commitment have been commenced under Section 62A-5-312.

- (b) After proceedings for involuntary commitment have been commenced the individual shall be released unless an order of detention is issued in accordance with Section 62A-5-312.
- (5) If an individual is committed to the division under this section on the application of any person other than the individual's legal guardian, spouse, parent, or next of kin, the director or his designee shall immediately give notice of the commitment to the individual's legal guardian, spouse, parent, or next of kin, if known.
- Section 193. Section **26B-6-608**, which is renumbered from Section 62A-5-312 is renumbered and amended to read:
- 6699 [<del>62A-5-312</del>]. <u>26B-6-608.</u> Involuntary commitment -- Procedures --
- 6700 Necessary findings

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- 6701 -- Periodic review.
  - (1) Any responsible person who has reason to know that an individual is in need of commitment, who has a belief that the individual has an intellectual disability, and who has personal knowledge of the conditions and circumstances supporting that belief, may commence proceedings for involuntary commitment by filing a written petition with the district court, or if the subject of the petition is less than 18 years of age with the juvenile court, of the county in which the individual to be committed is physically located at the time the petition is filed. The application shall be accompanied by:
  - (a) a certificate of a licensed physician or a designated intellectual disability professional, stating that within a seven-day period immediately preceding the certification, the physician or designated intellectual disability professional examined the individual and believes that the individual has an intellectual disability and is in need of involuntary commitment; or
- (b) a written statement by the petitioner that:
- 6715 (i) states that the individual was requested to, but refused to, submit to an examination 6716 for an intellectual disability by a licensed physician or designated intellectual disability

professional, and that the individual refuses to voluntarily go to the division or an intermediate care facility for people with an intellectual disability recommended by the division for treatment;

(ii) is under oath; and

- (iii) sets forth the facts on which the statement is based.
- (2) Before issuing a detention order, the court may require the petitioner to consult with personnel at the division or at an intermediate care facility for people with an intellectual disability and may direct a designated intellectual disability professional to interview the petitioner and the individual to be committed, to determine the existing facts, and to report them to the court.
- (3) The court may issue a detention order and may direct a peace officer to immediately take the individual to an intermediate care facility for people with an intellectual disability to be detained for purposes of an examination if the court finds from the petition, from other statements under oath, or from reports of physicians or designated intellectual disability professionals that there is a reasonable basis to believe that the individual to be committed:
  - (a) poses an immediate danger of physical injury to self or others;
  - (b) requires involuntary commitment pending examination and hearing;
- (c) the individual was requested but refused to submit to an examination by a licensed physician or designated intellectual disability professional; or
- (d) the individual refused to voluntarily go to the division or to an intermediate care facility for people with an intellectual disability recommended by the division.
- (4) (a) If the court issues a detention order based on an application that did not include a certification by a designated intellectual disability professional or physician in accordance with Subsection (1)(a), the director or his designee shall within 24 hours after issuance of the detention order, excluding Saturdays, Sundays, and legal holidays, examine the individual, report the results of the examination to the court and inform the court:
- (i) whether the director or his designee believes that the individual has an intellectual disability; and
- 6745 (ii) whether appropriate treatment programs are available and will be used by the 6746 individual without court proceedings.
  - (b) If the report of the director or his designee is based on an oral report of the

examiner, the examiner shall immediately send the results of the examination in writing to the clerk of the court.

- (5) Immediately after an individual is involuntarily committed under a detention order or under Section 62A-5-311, the director or his designee shall inform the individual, orally and in writing, of his right to communicate with an attorney. If an individual desires to communicate with an attorney, the director or his designee shall take immediate steps to assist the individual in contacting and communicating with an attorney.
- (6) (a) Immediately after commencement of proceedings for involuntary commitment, the court shall give notice of commencement of the proceedings to:
  - (i) the individual to be committed;
- 6758 (ii) the applicant;

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- 6759 (iii) any legal guardian of the individual;
- 6760 (iv) adult members of the individual's immediate family;
- (v) legal counsel of the individual to be committed, if any;
- 6762 (vi) the division; and
- 6763 (vii) any other person to whom the individual requests, or the court designates, notice to be given.
- (b) If an individual cannot or refuses to disclose the identity of persons to be notified, the extent of notice shall be determined by the court.
- 6767 (7) That notice shall:
- (a) set forth the allegations of the petition and all supporting facts;
- (b) be accompanied by a copy of any detention order issued under Subsection (3); and
- 6770 (c) state that a hearing will be held within the time provided by law, and give the time 6771 and place for that hearing.
- 6772 (8) The court may transfer the case and the custody of the individual to be committed to any other district court within the state, if:
- 6774 (a) there are no appropriate facilities for persons with an intellectual disability within 6775 the judicial district; and
- 6776 (b) the transfer will not be adverse to the interests of the individual.
- 6777 (9) (a) Within 24 hours, excluding Saturdays, Sundays, and legal holidays, after any order or commitment under a detention order, the court shall appoint two designated

intellectual disability professionals to examine the individual. If requested by the individual's counsel, the court shall appoint a reasonably available, qualified person designated by counsel to be one of the examining designated intellectual disability professionals. The examinations shall be conducted:

(i) separately;

- (ii) at the home of the individual to be committed, a hospital, an intermediate care facility for people with an intellectual disability, or any other suitable place not likely to have a harmful effect on the individual; and
  - (iii) within a reasonable period of time after appointment of the examiners by the court.
- (b) The court shall set a time for a hearing to be held within 10 court days of the appointment of the examiners. However, the court may immediately terminate the proceedings and dismiss the application if, prior to the hearing date, the examiners, the director, or his designee informs the court that:
  - (i) the individual does not have an intellectual disability; or
- (ii) treatment programs are available and will be used by the individual without court proceedings.
- (10) (a) Each individual has the right to be represented by counsel at the commitment hearing and in all preliminary proceedings. If neither the individual nor others provide counsel, the court shall appoint counsel and allow sufficient time for counsel to consult with the individual prior to any hearing.
- (b) If the individual is indigent, the county in which the individual was physically located when taken into custody shall pay reasonable attorney fees as determined by the court.
- (11) The division or a designated intellectual disability professional in charge of the individual's care shall provide all documented information on the individual to be committed and to the court at the time of the hearing. The individual's attorney shall have access to all documented information on the individual at the time of and prior to the hearing.
- (12) (a) The court shall provide an opportunity to the individual, the petitioner, and all other persons to whom notice is required to be given to appear at the hearing, to testify, and to present and cross-examine witnesses.
  - (b) The court may, in its discretion:
- (i) receive the testimony of any other person;

6810 (ii) allow a waiver of the right to appear only for good cause shown; 6811 (iii) exclude from the hearing all persons not necessary to conduct the proceedings; and 6812 (iv) upon motion of counsel, require the testimony of each examiner to be given out of 6813 the presence of any other examiner. 6814 (c) The hearing shall be conducted in as informal a manner as may be consistent with 6815 orderly procedure, and in a physical setting that is not likely to have a harmful effect on the 6816 individual. The Utah Rules of Evidence apply, and the hearing shall be a matter of court 6817 record. A verbatim record of the proceedings shall be maintained. 6818 (13) The court may order commitment if, upon completion of the hearing and 6819 consideration of the record, it finds by clear and convincing evidence that all of the following 6820 conditions are met: 6821 (a) the individual to be committed has an intellectual disability; 6822 (b) because of the individual's intellectual disability one or more of the following 6823 conditions exist: 6824 (i) the individual poses an immediate danger of physical injury to self or others; 6825 (ii) the individual lacks the capacity to provide the basic necessities of life, such as 6826 food, clothing, or shelter; or 6827 (iii) the individual is in immediate need of habilitation, rehabilitation, care, or 6828 treatment to minimize the effects of the condition which poses a threat of serious physical or 6829 psychological injury to the individual, and the individual lacks the capacity to engage in a 6830 rational decision-making process concerning the need for habilitation, rehabilitation, care, or 6831 treatment, as evidenced by an inability to weigh the possible costs and benefits of the care or 6832 treatment and the alternatives to it: 6833 (c) there is no appropriate, less restrictive alternative reasonably available; and 6834 (d) the division or the intermediate care facility for people with an intellectual 6835 disability recommended by the division in which the individual is to be committed can provide 6836 the individual with treatment, care, habilitation, or rehabilitation that is adequate and 6837 appropriate to the individual's condition and needs. 6838 (14) In the absence of any of the required findings by the court, described in Subsection 6839 (13), the court shall dismiss the proceedings.

(15) (a) The order of commitment shall designate the period for which the individual

will be committed. An initial commitment may not exceed six months. Before the end of the initial commitment period, the administrator of the intermediate care facility for people with an intellectual disability shall commence a review hearing on behalf of the individual.

(b) At the conclusion of the review hearing, the court may issue an order of commitment for up to a one-year period.

- (16) An individual committed under this part has the right to a rehearing, upon filing a petition with the court within 30 days after entry of the court's order. If the petition for rehearing alleges error or mistake in the court's findings, the court shall appoint one impartial licensed physician and two impartial designated intellectual disability professionals who have not previously been involved in the case to examine the individual. The rehearing shall, in all other respects, be conducted in accordance with this part.
- (17) (a) The court shall maintain a current list of all individuals under its orders of commitment. That list shall be reviewed in order to determine those patients who have been under an order of commitment for the designated period.
- (b) At least two weeks prior to the expiration of the designated period of any commitment order still in effect, the court that entered the original order shall inform the director of the division of the impending expiration of the designated commitment period.
  - (c) The staff of the division shall immediately:
- (i) reexamine the reasons upon which the order of commitment was based and report the results of the examination to the court;
- (ii) discharge the resident from involuntary commitment if the conditions justifying commitment no longer exist; and
  - (iii) immediately inform the court of any discharge.
- (d) If the director of the division reports to the court that the conditions justifying commitment no longer exist, and the administrator of the intermediate care facility for people with an intellectual disability does not discharge the individual at the end of the designated period, the court shall order the immediate discharge of the individual, unless involuntary commitment proceedings are again commenced in accordance with this section.
- (e) If the director of the division, or the director's designee reports to the court that the conditions designated in Subsection (13) still exist, the court may extend the commitment order for up to one year. At the end of any extension, the individual must be reexamined in

accordance with this section, or discharged.

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- 6873 (18) When a resident is discharged under this subsection, the division shall provide any further support services available and required to meet the resident's needs.
- Section 194. Section **26B-6-609**, which is renumbered from Section 62A-5-313 is renumbered and amended to read:

#### 6877 [<del>62A-5-313</del>]. <u>26B-6-609.</u> Transfer -- Procedures.

- (1) The director of the division, or the director's designee, may place an involuntarily committed resident in appropriate care or treatment outside the intermediate care facility for people with an intellectual disability. During that placement, the order of commitment shall remain in effect, until the resident is discharged or the order is terminated.
- (2) If the resident, or the resident's parent or guardian, objects to a proposed placement under this section, the resident may appeal the decision to the executive director or the executive director's designee. Those appeals shall be conducted in accordance with the procedures and requirements of Title 63G, Chapter 4, Administrative Procedures Act. If an objection is made, the proposed placement may not take effect until the committee holds that hearing and the executive director makes a final decision on the placement.
- Section 195. Section **26B-6-610**, which is renumbered from Section 62A-5-315 is renumbered and amended to read:

#### 6890 [<del>62A-5-315</del>]. <u>26B-6-610.</u> Petition for reexamination.

- (1) A resident committed under Section 62A-5-312, or his parent, spouse, legal guardian, relative, or attorney, may file a petition for reexamination with the district court of the county in which the resident is domiciled or detained.
- 6894 (2) Upon receipt of that petition, the court shall conduct proceedings under Section 6895 62A-5-312.
- Section 196. Section **26B-6-611**, which is renumbered from Section 62A-5-316 is renumbered and amended to read:

### [<del>62A-5-316</del>]. <u>26B-6-611.</u> Temporary detention.

- 6899 (1) Pending removal to an intermediate care facility for people with an intellectual disability, an individual taken into custody or ordered to be committed under this part may be detained in the individual's home, or in some other suitable facility.
- 6902 (2) The individual shall not, however, be detained in a nonmedical facility used for

detention of individuals charged with or convicted of penal offenses, except in a situation of extreme emergency.

(3) The division shall take reasonable measures, as may be necessary, to assure proper care of an individual temporarily detained under this part.

Section 197. Section **26B-6-612**, which is renumbered from Section 62A-5-317 is renumbered and amended to read:

#### [<del>62A-5-317</del>]. 26B-6-612. Authority to transfer resident.

- (1) The administrator of an intermediate care facility for people with an intellectual disability, or the administrator's designee, may transfer or authorize the transfer of a resident to another intermediate care facility for people with an intellectual disability if, before the transfer, the administrator conducts a careful evaluation of the resident and the resident's treatment needs, and determines that a transfer would be in the best interest of that resident. If a resident is transferred, the administrator shall give immediate notice of the transfer to the resident's spouse, guardian, parent, or advocate or, if none of those persons are known, to the resident's nearest known relative.
- (2) If a resident, or the resident's parent or guardian, objects to a proposed transfer under this section, the administrator shall conduct a hearing on the objection before a committee composed of persons selected by the administrator. That committee shall hear all evidence and make a recommendation to the administrator concerning the proposed transfer. The transfer may not take effect until the committee holds that hearing and the administrator renders a final decision on the proposed transfer.
- Section 198. Section **26B-6-613**, which is renumbered from Section 62A-5-318 is renumbered and amended to read:

# 6926 [<del>62A-5-318</del>]. <u>26B-6-613.</u> Involuntary treatment with medication --

- (1) If, after commitment, a resident elects to refuse treatment with medication, the director, the administrator of the intermediate care facility for people with an intellectual disability, or a designee, shall submit documentation regarding the resident's proposed treatment to a committee composed of:
- (a) a licensed physician experienced in treating persons with an intellectual disability, who is not directly involved in the resident's treatment or diagnosis, and who is not biased

6934 toward any one facility; 6935 (b) a psychologist who is a designated intellectual disability professional who is not 6936 directly involved in the resident's treatment or diagnosis; and 6937 (c) another designated intellectual disability professional of the facility for persons with 6938 an intellectual disability, or a designee. 6939 (2) Based upon the court's finding, under Subsection 62A-5-312(13), that the resident 6940 lacks the ability to engage in a rational decision-making process regarding the need for 6941 habilitation, rehabilitation, care, or treatment, as demonstrated by evidence of inability to weigh 6942 the possible costs and benefits of treatment, the committee may authorize involuntary treatment 6943 with medication if it determines that: 6944 (a) the proposed treatment is in the medical best interest of the resident, taking into 6945 account the possible side effects as well as the potential benefits of the medication; and 6946 (b) the proposed treatment is in accordance with prevailing standards of accepted 6947 medical practice. 6948 (3) In making the determination described in Subsection (2), the committee shall 6949 consider the resident's general history and present condition, the specific need for medication 6950 and its possible side effects, and any previous reaction to the same or comparable medication. 6951 (4) Any authorization of involuntary treatment under this section shall be periodically 6952 reviewed in accordance with rules promulgated by the division. 6953 Section 199. Section **26B-6-701**, which is renumbered from Section 62A-5-501 is 6954 renumbered and amended to read: 6955 Part 7. Disability Ombudsman 6956 [<del>62A-5-501</del>]. 26B-6-701. Definitions. 6957 [As] In addition to the definitions in Section 26B-6-401, as used in this part: 6958 (1) "Complainant" means a person who initiates a complaint. 6959 (2) "Complaint" means a complaint initiated with the ombudsman identifying a person 6960 who has violated the rights and privileges of an individual with a disability. 6961 (3) "Ombudsman" means the ombudsman appointed in Section 62A-5-502. 6962 (4) "Rights and privileges of an individual with a disability" means the rights and 6963 privileges of an individual with a disability described in Subsections 62A-5b-103(1) through 6964 **(3)**.

6965	Section 200. Section <b>26B-6-702</b> , which is renumbered from Section 62A-5-502 is
6966	renumbered and amended to read:
6967	[ <del>62A-5-502</del> ]. <u>26B-6-702.</u> Disability ombudsman Purpose Appointment
6968	Qualifications Staff.
6969	(1) There is created within the division the position of disability ombudsman for the
6970	purpose of promoting, advocating, and ensuring the rights and privileges of an individual with
6971	a disability are upheld.
6972	(2) The director shall appoint an ombudsman who has:
6973	(a) recognized executive and administrative capacity; and
6974	(b) experience in laws and policies regarding individuals with a disability.
6975	(3) The ombudsman may hire staff as necessary to carry out the duties of the
6976	ombudsman under this part.
6977	Section 201. Section 26B-6-703, which is renumbered from Section 62A-5-503 is
6978	renumbered and amended to read:
6979	[62A-5-503]. 26B-6-703. Powers and duties of ombudsman.
6980	The ombudsman shall:
6981	(1) develop and maintain expertise in laws and policies governing the rights and
6982	privileges of an individual with a disability;
6983	(2) provide training and information to private citizens, civic groups, governmental
6984	entities, and other interested parties across the state regarding:
6985	(a) the role and duties of the ombudsman;
6986	(b) the rights and privileges of an individual with a disability; and
6987	(c) services available in the state to an individual with a disability;
6988	(3) develop a website to provide the information described in Subsection (2) in a form
6989	that is easily accessible;
6990	(4) receive, process, and investigate complaints in accordance with this part;
6991	(5) review periodically the procedures of state entities that serve individuals with a
6992	disability;
6993	(6) cooperate and coordinate with governmental entities and other organizations in the
6994	community in exercising the duties under this section, including the long-term care
6995	ombudsman program, created in Section 62A-3-203, and the child protection ombudsman,

6996 appointed under Section 62A-4a-208, when there is overlap between the responsibilities of the 6997 ombudsman and the long-term care ombudsman program or the child protection ombudsman; 6998 (7) as appropriate, make recommendations to the division regarding rules to be made in 6999 accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, that the 7000 ombudsman considers necessary to carry out the ombudsman's duties under this part; 7001 (8) submit annually, by July 1, to the Health and Human Services Interim Committee, a 7002 report describing: 7003 (a) the work of the ombudsman; and 7004 (b) any recommendations for statutory changes to improve the effectiveness of the 7005 ombudsman in performing the duties under this section; and 7006 (9) perform other duties required by law. Section 202. Section 26B-6-704, which is renumbered from Section 62A-5-504 is 7007 7008 renumbered and amended to read: 7009 [62A-5-504]. 26B-6-704. Investigation of complaints -- Procedures --7010 Rulemaking. 7011 (1) Except as provided in Subsection (3), the ombudsman shall, upon receipt of a 7012 complaint, investigate the complaint. 7013 (2) An ombudsman's investigation of a complaint may include: 7014 (a) a referral to a governmental entity or other services; 7015 (b) the collection of facts, information, or documentation; 7016 (c) holding an investigatory hearing; or 7017 (d) an inspection of the premises of the person named in the complaint. 7018 (3) (a) The ombudsman may decline to investigate a complaint. 7019 (b) If the ombudsman declines to investigate a complaint, the ombudsman shall notify 7020 the complainant and the division of the declination. 7021 (4) The division shall make rules, in accordance with Title 63G, Chapter 3, Utah 7022 Administrative Rulemaking Act, that govern the ombudsman's process for: 7023 (a) receiving and processing complaints; and 7024 (b) conducting an investigation in accordance with this section. 7025 Section 203. Section 26B-6-705, which is renumbered from Section 62A-5-505 is 7026 renumbered and amended to read:

7027	[62A-5-505]. 26B-6-705. Confidentiality of materials relating to
7028	complaints or investigations Rulemaking.
7029	(1) The division shall establish procedures by rule made in accordance with Title 63G,
7030	Chapter 3, Utah Administrative Rulemaking Act, to ensure that a record maintained by the
7031	ombudsman is disclosed only at the discretion of and under the authority of the ombudsman.
7032	(2) The identity of a complainant or a party named in the complaint may not be
7033	disclosed by the ombudsman unless:
7034	(a) the complainant or a legal representative of the complainant consents to the
7035	disclosure;
7036	(b) disclosure is ordered by a court of competent jurisdiction; or
7037	(c) the disclosure is approved by the ombudsman and is made, as part of an
7038	investigation involving the complainant, to an agency or entity in the community that:
7039	(i) has statutory responsibility for the complainant, over the action alleged in the
7040	complaint, or another party named in the complaint;
7041	(ii) is able to assist the ombudsman to achieve resolution of the complaint; or
7042	(iii) is able to provide expertise that would benefit the complainant.
7043	(3) Neither the ombudsman nor the ombudsman's designee may be required to testify in
7044	court with respect to confidential matters, except as the court finds necessary to enforce this
7045	part.
7046	Section 204. Section 26B-6-801, which is renumbered from Section 62A-5b-102 is
7047	renumbered and amended to read:
7048	Part 8. Rights and Privileges of Minors and Individuals with a Disability
7049	[62A-5b-102]. <u>26B-6-801.</u> Definitions.
7050	As used in this [chapter] part:
7051	(1) "Disability" has the same meaning as defined in 42 U.S.C. 12102 of the Americans
7052	With Disabilities Act of 1990, as may be amended in the future, and 28 C.F.R. 36.104 of the
7053	Code of Federal Regulations, as may be amended in the future.
7054	(2) "Informed consent" means consent that is voluntary and based on an understanding
7055	by the person to be sterilized of the nature and consequences of sterilization, the reasonably
7056	foreseeable risks and benefits of sterilization, and the available alternative methods of
7057	contraception.

7058	(3) "Institutionalized" means residing in the Utah State Developmental Center, the
7059	Utah State Hospital, a residential facility for persons with a disability as defined in Sections
7060	10-9a-103 and 17-27a-103, a group home for persons with a disability, a nursing home, or a
7061	foster care home or facility.
7062	[(2)] (3) (a) "Service animal" includes any dog that:
7063	(i) is trained, or is in training, to do work or perform tasks for the benefit of an
7064	individual with a disability, including a physical, sensory, psychiatric, intellectual, or other
7065	mental disability; and
7066	(ii) performs work or tasks, or is in training to perform work or tasks, that are directly
7067	related to the individual's disability, including:
7068	(A) assisting an individual who is blind or has low vision with navigation or other
7069	tasks;
7070	(B) alerting an individual who is deaf or hard of hearing to the presence of people or
7071	sounds;
7072	(C) providing non-violent protection or rescue work;
7073	(D) pulling a wheelchair;
7074	(E) assisting an individual during a seizure;
7075	(F) alerting an individual to the presence of an allergen;
7076	(G) retrieving an item for the individual;
7077	(H) providing physical support and assistance with balance and stability; or
7078	(I) helping an individual with a psychiatric or neurological disability by preventing or
7079	interrupting impulsive or destructive behaviors.
7080	(b) "Service animal" does not include:
7081	(i) an animal other than a dog, whether wild or domestic, trained or untrained; or
7082	(ii) an animal used solely to provide:
7083	(A) a crime deterrent;
7084	(B) emotional support;
7085	(C) well-being;
7086	(D) comfort; or
7087	(E) companionship.
7088	(4) "Sterilization" means any medical procedure, treatment, or operation rendering an

7089	individual permanently incapable of procreation.
7090	[3) "Support animal" means an animal, other than a service animal, that qualifies
7091	as a reasonable accommodation under federal law for an individual with a disability.
7092	Section 205. Section 26B-6-802, which is renumbered from Section 62A-5b-103 is
7093	renumbered and amended to read:
7094	[62A-5b-103]. 26B-6-802. Rights and privileges of an individual with a
7095	disability.
7096	(1) An individual with a disability has the same rights and privileges in the use of
7097	highways, streets, sidewalks, walkways, public buildings, public facilities, and other public
7098	areas as an individual who is not an individual with a disability.
7099	(2) An individual with a disability has equal rights to accommodations, advantages,
7100	and facilities offered by common carriers, including air carriers, railroad carriers, motor buses,
7101	motor vehicles, water carriers, and all other modes of public conveyance in this state.
7102	(3) An individual with a disability has equal rights to accommodations, advantages,
7103	and facilities offered by hotels, motels, lodges, and all other places of public accommodation in
7104	this state, and to places of amusement or resort to which the public is invited.
7105	(4) (a) An individual with a disability has equal rights and access to public and private
7106	housing accommodations offered for rent, lease, or other compensation in this state.
7107	(b) This chapter does not require a person renting, leasing, or selling private housing or
7108	real property to modify the housing or property in order to accommodate an individual with a
7109	disability or to provide a higher degree of care for that individual than for someone who is not
7110	an individual with a disability.
7111	(c) A person renting, leasing, or selling private housing or real property to an
7112	individual with a disability shall comply with the provisions of Section 62A-5b-104.
7113	Section 206. Section 26B-6-803, which is renumbered from Section 62A-5b-104 is
7114	renumbered and amended to read:
7115	[62A-5b-104]. 26B-6-803. Right to be accompanied by service animal or
7116	support animal Security deposits Discrimination Liability.
7117	(1) (a) An individual with a disability has the right to be accompanied by a service
7118	animal, unless the service animal is a danger or nuisance to others as interpreted under the

7119 Americans with Disabilities Act of 1990, 42 U.S.C. Sec. 12102:

7150	Misrepresentation of rights under this chapter.
7149	[62A-5b-106]. 26B-6-805. Interference with rights provided in this chapter
7148	renumbered and amended to read:
7147	Section 208. Section 26B-6-805, which is renumbered from Section 62A-5b-106 is
7146	particular disability prevents the performance of the work involved.
7145	conditions as an individual who is not an individual with a disability, unless it is shown that the
7144	other employment supported in whole or in part by public funds on the same terms and
7143	service, the service of the political subdivisions of the state, in the public schools, and in all
7142	It is the policy of this state that an individual with a disability is employed in the state
7141	disability.
7140	[62A-5b-105]. 26B-6-804. Policy of state to employ individuals with a
7139	renumbered and amended to read:
7138	Section 207. Section 26B-6-804, which is renumbered from Section 62A-5b-105 is
7137	service animal or a support animal from a place described in Section 62A-5b-103.
7136	(4) Nothing in this section prohibits the exclusion, as permitted under federal law, of a
7135	(2) causes or inflicts to the premises of a place specified in Section 62A-5b-103.
7134	individual's accompanying service animal, support animal, or animal described in Subsection
7133	(3) An individual described in Subsection (1) or (2) is liable for any loss or damage the
7132	(b) without additional charge for the animal.
7131	(a) in any of the places specified in Section 62A-5b-103; and
7130	canine, as defined in Section 53-16-102:
7129	accompanied by an animal that is in training to become a service animal or a police service
7128	(2) An individual who is not an individual with a disability has the right to be
7127	support animal.
7126	(ii) may recover a reasonable cost to repair damage caused by a service animal or a
7125	charging an extra fee or deposit for a service animal or a support animal; and
7124	basis of the individual's possession of a service animal or a support animal, including by
7123	(i) may not, in any manner, discriminate against an individual with a disability on the
7122	(b) An owner or lessor of private housing accommodations:
7121	(ii) without additional charge for the service animal.
7120	(i) in any of the places specified in Section 62A-5b-103; and

7151 (1) Any individual, or agent of any individual, who denies or interferes with the rights 7152 provided in this chapter is guilty of a class C misdemeanor.

(2) An individual is guilty of a class C misdemeanor if:

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- 7154 (a) the individual intentionally and knowingly falsely represents to another person that 7155 an animal is a service animal or a support animal;
  - (b) the individual knowingly and intentionally misrepresents a material fact to a health care provider for the purpose of obtaining documentation from the health care provider necessary to designate an animal as a service animal or a support animal; or
  - (c) the individual, except for an individual with a disability, uses an animal to gain treatment or benefits only provided for an individual with a disability.
  - (3) This section does not affect the enforceability of any criminal law, including Subsection 76-6-501(2).
- (4) An agent of a protection and advocacy agency, acting in the agent's professional capacity and in compliance with 29 U.S.C. Sec. 794e et seq., 42 U.S.C. Sec. 15041 et seq., and 42 U.S.C. Sec. 1801 et seq., is not criminally liable under Subsection (2).
- Section 209. Section **26B-6-806**, which is renumbered from Section 62A-6-102 is renumbered and amended to read:

## 7168 [62A-6-102]. 26B-6-806. Sterilization of persons 18 years of age or older.

- (1) It is lawful for a physician to sterilize a person who is 18 years of age or older and who has the capacity to give informed consent.
- (2) It is unlawful for a physician to sterilize a person who is 18 years of age or older and who is institutionalized, unless:
- (a) the physician, through careful examination and counseling, ensures that the person is capable of giving informed consent and that no undue influence or coercion to consent has been placed on that person by nature of the fact that he is institutionalized; or
- (b) the person is not capable of giving informed consent, a petition has been filed in accordance with Section 62A-6-107, and an order authorizing the sterilization has been entered by a court of competent jurisdiction.
- (3) It is unlawful for a physician to sterilize a person who is 18 years of age or older and who is not capable of giving informed consent unless a petition has been filed in accordance with Section 62A-6-107 and an order authorizing sterilization has been entered by a

7182	court of competent jurisdiction.
7183	Section 210. Section 26B-6-807, which is renumbered from Section 62A-6-103 is
7184	renumbered and amended to read:
7185	[62A-6-103]. <u>26B-6-807.</u> Sterilization of persons under 18 years of age.
7186	It is unlawful for a physician to sterilize a person who is under 18 years of age unless:
7187	(1) the person is married or otherwise emancipated and the physician, through careful
7188	examination and counseling, ensures that the person is capable of giving informed consent. If
7189	that person is institutionalized, the physician shall also ensure that no undue influence or
7190	coercion to consent has been placed on the person by nature of the fact that he is
7191	institutionalized; or
7192	(2) a petition has been filed in accordance with Section 62A-6-107, and an order
7193	authorizing sterilization has been entered by a court of competent jurisdiction.
7194	Section 211. Section 26B-6-808, which is renumbered from Section 62A-6-104 is
7195	renumbered and amended to read:
7196	[ <del>62A-6-104</del> ]. <u>26B-6-808.</u> Emergency Medical necessity.
7197	If an emergency situation exists that prevents compliance with Section 62A-6-102 or
7198	62A-6-103 because of medical necessity, if delay in performing the sterilization could result in
7199	serious physical injury or death to the person, the attending physician shall certify, in writing,
7200	the specific medical reasons that necessitated suspension of those requirements. That certified
7201	statement shall become a permanent part of the sterilized person's medical record.
7202	Section 212. Section 26B-6-809, which is renumbered from Section 62A-6-105 is
7203	renumbered and amended to read:
7204	[62A-6-105]. <u>26B-6-809.</u> Persons who may give informed consent.
7205	For purposes of this [chapter] part, the following persons may give informed consent to
7206	sterilization:
7207	(1) a person who is the subject of sterilization, if [he] the person is capable of giving
7208	informed consent; and
7209	(2) a person appointed by the court to give informed consent on behalf of a subject of
7210	sterilization who is incapable of giving informed consent.
7211	Section 213. Section 26B-6-810, which is renumbered from Section 62A-6-106 is

7212	renumbered and amended	to read:
7213	[ <del>62A-6-106</del> ].	26B-6-810. Declaration of capacity to give informed consent
7214	Hearing.	
7215	(1) A person who	desires sterilization but whose capacity to give informed consent is
7216	questioned by any intereste	ed party may file a petition for declaration of capacity to give
7217	informed consent.	
7218	(2) If, after hearing	g all the relevant evidence, the court finds by a preponderance of the
7219	evidence that the person is	capable of giving informed consent, the court shall enter an order
7220	declaring that the person ha	as the capacity to give informed consent.
7221	Section 214. Section	on <b>26B-6-811</b> , which is renumbered from Section 62A-6-107 is
7222	renumbered and amended	to read:
7223	[ <del>62A-6-107</del> ].	26B-6-811. Petition for order authorizing sterilization.
7224	(1) A petition for a	in order authorizing sterilization may be filed by a person who
7225	desires sterilization, or by	[his] the person's parent, spouse, guardian, custodian, or other
7226	interested party.	
7227	(2) The court shall	adjudicate the petition for sterilization in accordance with Section
7228	62A-6-108.	
7229	Section 215. Section	on <b>26B-6-812</b> , which is renumbered from Section 62A-6-108 is
7230	renumbered and amended	to read:
7231	[ <del>62A-6-108</del> ].	<b>26B-6-812.</b> Factors to be considered by court Evaluations
7232	Interview Findings o	f fact.
7233	(1) If the court find	ds that the subject of sterilization is not capable of giving informed
7234	consent, the court shall cor	nsider, but not by way of limitation, the following factors concerning
7235	that person:	
7236	(a) the nature and o	degree of his mental impairment, and the likelihood that the
7237	condition is permanent;	
7238	(b) the level of his	understanding regarding the concepts of reproduction and
7239	contraception, and whether	his ability to understand those concepts is likely to improve;
7240	(c) his capability for	or procreation or reproduction[. It is], with a rebuttable presumption
7241	that the ability to procreate	and reproduce exists in a person of normal physical development;
7242	(d) the potentially	injurious physical and psychological effects from sterilization,

7243 pregnancy, childbirth, and parenthood;

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- (e) the alternative methods of birth control presently available including, but not limited to, drugs, intrauterine devices, education and training, and the feasibility of one or more of those methods as an alternative to sterilization;
- 7247 (f) the likelihood that he will engage in sexual activity or could be sexually abused or 7248 exploited;
  - (g) the method of sterilization that is medically advisable, and least intrusive and destructive of his rights to bodily and psychological integrity;
    - (h) the advisability of postponing sterilization until a later date; and
- 7252 (i) the likelihood that he could adequately care and provide for a child.
  - (2) (a) The court may require that independent medical, psychological, and social evaluations of the subject of sterilization be made prior to ruling on a petition for sterilization.
  - (b) The court may appoint experts to perform those examinations and evaluations and may require the petitioner, to the extent of the petitioner's ability, to bear the costs incurred.
  - (3) (a) The court shall interview the subject of sterilization to determine his understanding of and desire for sterilization.
  - (b) The expressed preference of the person shall be made a part of the record, and shall be considered by the court in rendering its decision.
  - (c) The court is not bound by the expressed preference of the subject of sterilization; however, if the person expresses a preference not to be sterilized, the court shall deny the petition unless the petitioner proves beyond a reasonable doubt that the person will suffer serious physical or psychological injury if the petition is denied.
  - (4) (a) When adjudicating a petition for sterilization the court shall determine, on the basis of all the evidence, what decision regarding sterilization would have been made by the subject of sterilization, if he were capable of giving informed consent to sterilization.
  - (b) The decision regarding sterilization shall be in the best interest of the person to be sterilized.
- 7270 (5) If the court grants a petition for sterilization, it shall make appropriate findings of fact in support of its order.
- Section 216. Section **26B-6-813**, which is renumbered from Section 62A-6-109 is renumbered and amended to read:

7274	[ <del>62A-6-109</del> ]. <u>26B-6-813.</u> Advanced hearing.
7275	On motion by the person seeking sterilization or by any other party to the proceeding,
7276	the court may advance hearing on the petition.
7277	Section 217. Section 26B-6-814, which is renumbered from Section 62A-6-110 is
7278	renumbered and amended to read:
7279	[ <del>62A-6-110</del> ]. <u>26B-6-814.</u> Notice of hearing Service.
7280	(1) A copy of the petition and notice of the hearing shall be served personally on the
7281	person to be sterilized not less than 20 days before the hearing date.
7282	(2) The notice shall state the date, time, and place of the hearing, and shall specifically
7283	state that the hearing is to adjudicate either a petition for declaration of capacity to give
7284	informed consent to sterilization or a petition for sterilization.
7285	(3) Notice shall be served on that person's parents, spouse, guardian, or custodian and
7286	on his attorney by the clerk of the court, by certified mail, not less than 10 days before the
7287	hearing date.
7288	Section 218. Section 26B-6-815, which is renumbered from Section 62A-6-111 is
7289	renumbered and amended to read:
7290	[ <del>62A-6-111</del> ]. <u>26B-6-815.</u> Guardian ad litem Procedural rights.
7291	(1) The court shall appoint an attorney to act as guardian ad litem to defend the rights
7292	and interests of the person to be sterilized.
7293	(2) The person to be sterilized is entitled to appear and testify at the hearing, to
7294	examine and cross examine witnesses, and to compel the attendance of witnesses.
7295	(3) (a) The person who is the subject of a sterilization proceeding may, on motion to
7296	the court and for good cause shown, waive the right to be present at the hearing.
7297	(b) If the court grants that motion, the person shall be represented by a guardian ad
7298	litem at the hearing.
7299	Section 219. Section 26B-6-816, which is renumbered from Section 62A-6-112 is
7300	renumbered and amended to read:
7301	[ <del>62A-6-112</del> ]. <u>26B-6-816.</u> Jury Rules of evidence Transcript Burder
7302	of proof.
7303	(1) The petitioner is entitled to request a jury to hear the petition.

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(2) The rules of evidence apply in any hearing on a petition for sterilization.

7305	(3) A transcript shall be made of the hearing and shall be made a permanent part of the
7306	record.
7307	[(2)] (4) The burden of producing evidence and the burden of proof shall be upon the
7308	petitioner to prove by clear and convincing evidence that the petition for or order authorizing
7309	sterilization should be granted.
7310	Section 220. Section 26B-6-817, which is renumbered from Section 62A-6-113 is
7311	renumbered and amended to read:
7312	[ <del>62A-6-113</del> ]. <u>26B-6-817.</u> Appeal to Supreme Court Stay.
7313	(1) Any party to a proceeding under this chapter may file a notice of appeal from any
7314	adverse decision with the Supreme Court in accordance with Rule 73, Utah Rules of Civil
7315	Procedure.
7316	(2) The pendency of an appeal in the Supreme Court shall stay the proceedings until
7317	the appeal is finally determined.
7318	Section 221. Section 26B-6-818, which is renumbered from Section 62A-6-114 is
7319	renumbered and amended to read:
7320	[62A-6-114]. <u>26B-6-818.</u> Treatment for therapeutic reasons unaffected.
7321	Nothing in this chapter shall be construed to prevent the medical or surgical treatment,
7322	for sound therapeutic reasons, of any person by a physician or surgeon licensed by this state,
7323	which treatment may incidentally involve destruction of reproductive functions.
7324	Section 222. Section 26B-6-819, which is renumbered from Section 62A-6-115 is
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7326	renumbered and amended to read:
1320	[62A-6-115]. 26B-6-819. Immunity.
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	[ <del>62A-6-115</del> ]. <u>26B-6-819.</u> Immunity.
7327	[62A-6-115]. 26B-6-819. Immunity.  (1) A physician, assistant, or any other person acting pursuant to an order authorizing
7327 7328	[62A-6-115]. 26B-6-819. Immunity.  (1) A physician, assistant, or any other person acting pursuant to an order authorizing sterilization, as provided in this [chapter] part, is not civilly or criminally liable for
7327 7328 7329	[62A-6-115]. 26B-6-819. Immunity.  (1) A physician, assistant, or any other person acting pursuant to an order authorizing sterilization, as provided in this [chapter] part, is not civilly or criminally liable for participation in or assistance to sterilization.
7327 7328 7329 7330	[62A-6-115]. 26B-6-819. Immunity.  (1) A physician, assistant, or any other person acting pursuant to an order authorizing sterilization, as provided in this [chapter] part, is not civilly or criminally liable for participation in or assistance to sterilization.  (2) This section does not apply to negligent acts committed in the performance of
7327 7328 7329 7330 7331	[62A-6-115]. 26B-6-819. Immunity.  (1) A physician, assistant, or any other person acting pursuant to an order authorizing sterilization, as provided in this [chapter] part, is not civilly or criminally liable for participation in or assistance to sterilization.  (2) This section does not apply to negligent acts committed in the performance of sterilization.

7335	Except as authorized by this [ehapter] part, any person who intentionally performs,
7336	encourages, assists in, or otherwise promotes the performance of a sterilization procedure for
7337	the purpose of destroying the power to procreate the human species, with knowledge that the
7338	provisions of this [chapter] part have not been met, is guilty of a third degree felony.
7339	Section 224. Section 26B-7-101 is amended to read:
7340	26B-7-101. Definitions.
7341	[Reserved] As used in this part:
7342	(1) "Down syndrome" means a genetic condition associated with an extra chromosome
7343	21, in whole or in part, or an effective trisomy for chromosome 21.
7344	(2) "Maternal and child health services" means:
7345	(a) the provision of educational, preventative, diagnostic, and treatment services,
7346	including medical care, hospitalization, and other institutional care and aftercare, appliances,
7347	and facilitating services directed toward reducing infant mortality and improving the health of
7348	mothers and children provided, however, that nothing in this Subsection (2) shall be construed
7349	to allow any agency of the state to interfere with the rights of the parent of an unmarried minor
7350	in decisions about the providing of health information or services;
7351	(b) the development, strengthening, and improvement of standards and techniques
7352	relating to the services and care;
7353	(c) the training of personnel engaged in the provision, development, strengthening, or
7354	improvement of the services and care; and
7355	(d) necessary administrative services connected with Subsections (2)(a), (b), and (c).
7356	(3) "Minor" means a person under the age of 18.
7357	(4) "Services to children with disabilities" means:
7358	(a) the early location of children with a disability, provided that any program of
7359	prenatal diagnosis for the purpose of detecting the possible disease or disabilities of an unborn
7360	child will not be used for screening, but rather will be utilized only when there are medical or
7361	genetic indications that warrant diagnosis;
7362	(b) the provision for children described in Subsection (4)(a), of preventive, diagnosis,
7363	and treatment services, including medical care, hospitalization, and other institutional care and
7364	aftercare, appliances, and facilitating services directed toward the diagnosis of the condition of
7365	those children or toward the restoration of the children to maximum physical and mental

7366	health;
7367	(c) the development, strengthening, and improvement of standards and techniques
7368	relating to services and care described in this Subsection (4);
7369	(d) the training of personnel engaged in the provision, development, strengthening, or
7370	improvement of services and care described in this Subsection (4); and
7371	(e) necessary administrative services connected with Subsections (4)(a), (b), and (c).
7372	Section 225. Section 26B-7-102, which is renumbered from Section 26-10-3 is
7373	renumbered and amended to read:
7374	$[\frac{26-10-3}{2}]$ . 26B-7-102. Director of family health services programs.
7375	The executive director may appoint a director of family health services programs who
7376	shall be a board certified pediatrician or obstetrician with at least two years experience in
7377	public health programs.
7378	Section 226. Section 26B-7-103, which is renumbered from Section 26-10-4 is
7379	renumbered and amended to read:
7380	[ <del>26-10-4</del> ]. <u>26B-7-103.</u> State plan for maternal and child health services.
7381	The department shall prepare and submit a state plan for maternal and child health
7382	services as required by Title II of the Public Health Services Act. The plan shall be the official
7383	state plan for the state and shall be used as the basis for administration of Title V programs
7384	within the state.
7385	Section 227. Section 26B-7-104, which is renumbered from Section 26-10-5.5 is
7386	renumbered and amended to read:
7387	[ <del>26-10-5.5</del> ]. <u>26B-7-104.</u> Child literacy Distribution of information kits.
7388	(1) The Legislature recognizes that effective child literacy programs can have a
7389	dramatic long-term impact on each child's ability to:
7390	(a) succeed in school;
7391	(b) successfully compete in a global society; and
7392	(c) become a productive, responsible citizen.
7393	(2) (a) To help further this end, the department may make available to parents of
7394	new-born infants, as a resource, an information kit regarding child development, the
7395	development of emerging literacy skills, and activities which promote and enhance emerging
7396	literacy skills, including reading aloud to the child on a regular basis.

7397	(b) The department shall seek private funding to help support this program.
7398	(3) (a) The department may seek assistance from the State Board of Education and
7399	local hospitals in making the information kit available to parents on a voluntary basis.
7400	(b) The department may also seek assistance from private entities in making the kits
7401	available to parents.
7402	Section 228. Section 26B-7-105, which is renumbered from Section 26-10-10 is
7403	renumbered and amended to read:
7404	[ <del>26-10-10</del> ]. <u>26B-7-105.</u> Cytomegalovirus (CMV) public education and testing.
7405	(1) As used in this section "CMV" means cytomegalovirus.
7406	(2) The department shall establish and conduct a public education program to inform
7407	pregnant women and women who may become pregnant regarding:
7408	(a) the incidence of CMV;
7409	(b) the transmission of CMV to pregnant women and women who may become
7410	pregnant;
7411	(c) birth defects caused by congenital CMV;
7412	(d) methods of diagnosing congenital CMV; and
7413	(e) available preventative measures.
7414	(3) The department shall provide the information described in Subsection (2) to:
7415	(a) child care programs licensed under Title 26, Chapter 39, Utah Child Care Licensing
7416	Act, and their employees;
7417	(b) a person described in Subsection 26-39-403(1)(a)(iii) and Subsections
7418	26-39-403(2)(a), (b), (c), (e), and (f);
7419	(c) a person serving as a school nurse under Section 53G-9-204;
7420	(d) a person offering health education in a school district;
7421	(e) health care providers offering care to pregnant women and infants; and
7422	(f) religious, ecclesiastical, or denominational organizations offering children's
7423	programs as a part of worship services.
7424	(4) If a newborn infant fails the newborn hearing screening test(s) under Subsection
7425	26-10-6(1), a medical practitioner shall:
7426	(a) test the newborn infant for CMV before the newborn is 21 days of age, unless a
7427	parent of the newborn infant objects; and

7428	(b) provide to the parents of the newborn infant information regarding:
7429	(i) birth defects caused by congenital CMV; and
7430	(ii) available methods of treatment.
7431	(5) The department shall provide to the family and the medical practitioner, if known,
7432	information regarding the testing requirements under Subsection (4) when providing results
7433	indicating that an infant has failed the newborn hearing screening test(s) under Subsection
7434	26-10-6(1).
7435	(6) The department may make rules in accordance with Title 63G, Chapter 3, Utah
7436	Administrative Rulemaking Act, as necessary to administer the provisions of this section.
7437	Section 229. Section 26B-7-106, which is renumbered from Section 26-10-14 is
7438	renumbered and amended to read:
7439	[ <del>26-10-14</del> ]. <u>26B-7-106.</u> Down syndrome diagnosis Information and support.
7440	(1) The department shall provide contact information for state and national Down
7441	syndrome organizations that are nonprofit and that provide information and support services
7442	for parents, including first-call programs and information hotlines specific to Down syndrome
7443	resource centers or clearinghouses, and other education and support programs for Down
7444	syndrome.
7445	(2) The department shall:
7446	(a) post the information described in Subsection (1) on the department's website; and
7447	(b) create an informational support sheet with the information described in Subsection
7448	(1) and the web address described in Subsection (2)(a).
7449	(3) A Down syndrome organization may request that the department include the
7450	organization's informational material and contact information on the website. The department
7451	may add the information to the website, if the information meets the description under
7452	Subsection (1).
7453	(4) Upon request, the department shall provide a health care facility or health care
7454	provider a copy of the informational support sheet described in Subsection (2)(b) to give to a
7455	pregnant woman after the result of a prenatal screening or diagnostic test indicates the unborn
7456	child has or may have Down syndrome.
7457	Section 230. Section 26B-7-107, which is renumbered from Section 26-10-15 is
7458	renumbered and amended to read:

7459	$[\frac{26-10-15}{2}]$ . Lead exposure public education and testing.
7460	(1) The department shall establish a child blood lead epidemiology and surveillance
7461	program to:
7462	(a) encourage pediatric health care providers to include a lead test in accordance with
7463	the department's recommendations under Subsection (2); and
7464	(b) conduct a public education program to inform parents of children who are two
7465	years old or younger regarding:
7466	(i) the effects of lead exposure in children;
7467	(ii) the availability of free screening and testing for lead exposure; and
7468	(iii) other available preventative measures.
7469	(2) The department may recommend consideration of screening and testing during the
7470	first year or second year well child clinical visit.
7471	(3) (a) The department shall provide the information described in Subsection (1) to
7472	organizations that regularly provide care or services for children who are 5 years old or
7473	younger.
7474	(b) The department may work with the following organizations to share the
7475	information described in Subsection (1):
7476	(i) a child care program licensed under Title 26, Chapter 39, Utah Child Care Licensing
7477	Act, and the employees of the child care program;
7478	(ii) a health care facility licensed under Title 26, Chapter 21, Health Care Facility
7479	Licensing and Inspection Act;
7480	(iii) a person providing child care under a program that is described in Subsection
7481	26-39-403(2);
7482	(iv) an individual offering health education in a school district, including a school
7483	nurse under Section 53G-9-204;
7484	(v) a health care provider offering care to pregnant women and infants;
7485	(vi) a religious, ecclesiastical, or denominational organization offering children's
7486	programs as a part of worship services;
7487	(vii) an organization that advocates for public education, testing, and screening of
7488	children for lead exposure;
7489	(viii) a local health department as defined in Section 26A-1-102; and

7490	(ix) any other person that the department believes would advance public education
7491	regarding the effects of lead exposure on children.
7492	(4) The department shall seek grant funding to fund the program created in this section.
7493	Section 231. Section 26B-7-108, which is renumbered from Section 26-1-23.5 is
7494	renumbered and amended to read:
7495	[ <del>26-1-23.5</del> ]. <u>26B-7-108.</u> Rules for sale of drugs, cosmetics, and medical devices.
7496	The department shall establish and enforce rules for the sale or distribution of human
7497	drugs, cosmetics, and medical devices. The rules adopted under this section shall be no more
7498	stringent than those established by federal law.
7499	Section 232. Section 26B-7-109, which is renumbered from Section 26-1-26 is
7500	renumbered and amended to read:
7501	[ <del>26-1-26</del> ]. <u>26B-7-109.</u> Director of community health nursing appointed by
7502	executive director.
7503	[There shall be within the department] The executive director shall appoint a director of
7504	community health nursing [appointed by the executive director] who shall develop, implement,
7505	monitor, and evaluate community health nursing standards and services and participate in the
7506	formulation of policies for administration of health services.
7507	Section 233. Section 26B-7-110, which is renumbered from Section 26-1-36 is
7508	renumbered and amended to read:
7509	[ <del>26-1-36</del> ]. <u>26B-7-110.</u> Duty to establish program to reduce deaths and other
7510	harm from prescription opiates used for chronic noncancer pain.
7511	(1) As used in this section, "opiate" means any drug or other substance having an
7512	addiction-forming or addiction-sustaining liability similar to morphine or being capable of
7513	conversion into a drug having addiction-forming or addiction-sustaining liability.
7514	(2) In addition to the duties listed in Section 26-1-30, the department shall develop and
7515	implement a two-year program in coordination with the Division of Professional Licensing, the
7516	Utah Labor Commission, and the Utah attorney general, to:
7517	(a) investigate the causes of and risk factors for death and nonfatal complications of
7518	prescription opiate use and misuse in Utah for chronic pain by utilizing the Utah Controlled
7519	Substance Database created in Section 58-37f-201;
7520	(b) study the risks, warning signs, and solutions to the risks associated with

7521 prescription opiate medications for chronic pain, including risks and prevention of misuse and 7522 diversion of those medications; 7523 (c) provide education to health care providers, patients, insurers, and the general public 7524 on the appropriate management of chronic pain, including the effective use of medical 7525 treatment and quality care guidelines that are scientifically based and peer reviewed; and 7526 (d) educate the public regarding: 7527 (i) the purpose of the Controlled Substance Database established in Section 7528 58-37f-201; and 7529 (ii) the requirement that a person's name and prescription information be recorded on 7530 the database when the person fills a prescription for a schedule II, III, IV, or V controlled 7531 substance. 7532 Section 234. Section 26B-7-111, which is renumbered from Section 26-1-38 is 7533 renumbered and amended to read: 7534  $[\frac{26-1-38}{2}]$ . 26B-7-111. Local health emergency assistance program. 7535 (1) As used in this section: 7536 (a) "Local health department" means the same as that term is defined in Section 7537 26A-1-102. 7538 (b) "Local health emergency" means an unusual event or series of events causing or 7539 resulting in a substantial risk or substantial potential risk to the health of a significant portion 7540 of the population within the boundary of a local health department, as determined by the local 7541 health department. 7542 (c) "Program" means the local health emergency assistance program that the 7543 department is required to establish under this section. 7544 (d) "Program fund" means money that the Legislature appropriates to the department 7545 for use in the program and other money otherwise made available for use in the program. 7546 (2) The department shall establish, to the extent of funds appropriated by the 7547 Legislature or otherwise made available to the program fund, a local health emergency 7548 assistance program. 7549 (3) Under the program, the department shall: 7550 (a) provide a method for a local health department to seek reimbursement from the

program fund for local health department expenses incurred in responding to a local health

7552 emergency;

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- 7553 (b) require matching funds from any local health department seeking reimbursement from the program fund;
- 7555 (c) establish a method for apportioning money in the program fund to multiple local
  7556 health departments when the total amount of concurrent requests for reimbursement by
  7557 multiple local health departments exceeds the balance in the program fund; and
  - (d) establish by rule other provisions that the department considers necessary or advisable to implement the program.
- 7560 (4) (a) (i) Subject to Subsection (4)(a)(ii), the department shall use money in the 7561 program fund exclusively for purposes of the program.
  - (ii) The department may use money in the program fund to cover its costs of administering the program.
- 7564 (b) Money that the Legislature appropriates to the program fund is nonlapsing in accordance with Section 63J-1-602.1.
- 7566 (c) Any interest earned on money in the program fund shall be deposited to the General Fund.
- 7568 Section 235. Section **26B-7-112**, which is renumbered from Section 26-1-42 is renumbered and amended to read:

#### $\frac{26-1-42}{2}$ . <u>26B-7-112.</u> Health care grant requests and funding.

- (1) Any time the United States Department of Health and Human Services accepts grant applications, the department shall apply for a grant under Title X of the Public Health Service Act, 42 U.S.C. Sec. 300 et seq.
- (2) (a) As part of the application described in Subsection (1), the department shall request that the United States Department of Health and Human Services waive the requirement of the department to comply with requirements found in 42 C.F.R. Sec. 59.5(a)(4) pertaining to providing certain services to a minor without parental consent.
- (b) If the department's application described in Subsection (1) is denied, and at such time the United States Department of Health and Human Services creates a waiver application process, the department shall apply for a waiver from compliance with the requirements found in 42 C.F.R. Sec. 59.5(a)(4) pertaining to providing certain services to a minor without parental consent in order to be eligible for a grant under Title X of the Public Health Service Act, 42

7583 U.S.C. Sec. 300 et seq.

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- 7584 (3) If the department receives a grant under Subsection (1), the department shall prioritize disbursement of grant funds in the prioritization order described in Subsection (4).
- 7586 (4) (a) (i) When disbursing grant funds, the department shall give first priority to nonpublic entities that provide family planning services as well as other comprehensive services to enable women to give birth and parent or place for adoption.
- 7589 (ii) The department shall give preference to entities described in Subsection (4)(a)(i) 7590 that:
- 7591 (A) expand availability of prenatal and postnatal care in low-income and under-served areas of the state;
  - (B) provide support for a woman to carry a baby to term;
  - (C) emphasize the health and viability of the fetus; and
  - (D) provide education and maternity support.
  - (iii) If the department receives applications from qualifying nonpublic entities as described in Subsection (4)(a), the department shall disburse all of the grant funds to qualifying nonpublic entities described in Subsection (4)(a).
  - (b) If grant funds are not exhausted under Subsection (4)(a), or if no entity qualifies for grant funding under the criteria described in Subsection (4)(a), the department shall give second priority for grant funds to nonpublic entities that provide:
  - (i) family planning services; and
  - (ii) required primary health services as described in 42 U.S.C. Sec. 254b(b)(1)(A).
- (c) If grant funds are not exhausted under Subsections (4)(a) and (b), or if no entity qualifies for grant funding under the criteria described in Subsection (4)(a) or (b), the department shall give third priority for grant funds to public entities that provide family planning services, including state, county, or local community health clinics, and community action organizations.
  - (d) If grant funds are not exhausted under Subsections (4)(a), (b), and (c), or if no entity qualifies for grant funding under the criteria described in Subsection (4)(a), (b), or (c), the department shall give fourth priority for grant funds to nonpublic entities that provide family planning services but do not provide required primary health services as described in 42 U.S.C. Sec. 254b(b)(1)(A).

7614	Section 236. Section <b>26B-7-113</b> , which is renumbered from Section 26-7-1 is
7615	renumbered and amended to read:
7616	$[\frac{26-7-1}{2}]$ . Identification of major risk factors by department
7617	Education of public Establishment of programs.
7618	The department shall identify the major risk factors contributing to injury, sickness,
7619	death, and disability within the state and where it determines that a need exists, educate the
7620	public regarding these risk factors, and the department may establish programs to reduce or
7621	eliminate these factors except that such programs may not be established if adequate programs
7622	exist in the private sector.
7623	Section 237. Section 26B-7-114, which is renumbered from Section 26-7-2 is
7624	renumbered and amended to read:
7625	[ <del>26-7-2</del> ]. <u>26B-7-114.</u> Office of Health Disparities Reduction Duties.
7626	(1) As used in this section:
7627	(a) "Multicultural or minority health issue" means a health issue, including a mental
7628	and oral health issue, of particular interest to cultural, ethnic, racial, or other subpopulations,
7629	including:
7630	(i) disparities in:
7631	(A) disease incidence, prevalence, morbidity, mortality, treatment, and treatment
7632	response; and
7633	(B) access to care; and
7634	(ii) cultural competency in the delivery of health care.
7635	(b) "Office" means the Office of Health Disparities Reduction created in this section.
7636	(2) There is created within the department the Office of Health Disparities Reduction.
7637	(3) The office shall:
7638	(a) promote and coordinate the research, data production, dissemination, education,
7639	and health promotion activities of the following that relate to a multicultural or minority health
7640	issue:
7641	(i) the department;
7642	(ii) local health departments;
7643	(iii) local mental health authorities;
7644	(iv) public schools:

7645	(v) community-based organizations; and
7646	(vi) other organizations within the state;
7647	(b) assist in the development and implementation of one or more programs to address a
7648	multicultural or minority health issue;
7649	(c) promote the dissemination and use of information on a multicultural or minority
7650	health issue by minority populations, health care providers, and others;
7651	(d) seek federal funding and other resources to accomplish the office's mission;
7652	(e) provide technical assistance to organizations within the state seeking funding to
7653	study or address a multicultural or minority health issue;
7654	(f) develop and increase the capacity of the office to:
7655	(i) ensure the delivery of qualified timely culturally appropriate translation services
7656	across department programs; and
7657	(ii) provide, when appropriate, linguistically competent translation and communication
7658	services for limited English proficiency individuals;
7659	(g) provide staff assistance to any advisory committee created by the department to
7660	study a multicultural or minority health issue; and
7661	(h) annually report to the Legislature on its activities and accomplishments.
7662	Section 238. Section 26B-7-115, which is renumbered from Section 26-7-4 is
7663	renumbered and amended to read:
7664	[ <del>26-7-4</del> ]. <u>26B-7-115.</u> Utah Registry of Autism and Developmental Disabilities.
7665	(1) As used in this section, "URADD" means the Utah Registry of Autism and
7666	Developmental Disabilities.
7667	(2) The department may enter into an agreement with:
7668	(a) the University of Utah or another person for the operation of URADD; and
7669	(b) a person to conduct a public education campaign to:
7670	(i) improve public awareness of the early warning signs of autism spectrum disorders
7671	and developmental disabilities; and
7672	(ii) promote the early identification of autism spectrum disorders and developmental
7673	disabilities.
7674	(3) URADD shall consist of a database that collects information on people in the state
7675	who have an autism spectrum disorder or a developmental disability.

7676	(4) The purpose of URADD is to assist health care providers to:
7677	(a) determine the risk factors and causes of autism spectrum disorders and
7678	developmental disabilities;
7679	(b) plan for and develop resources, therapies, methods of diagnoses, and other services
7680	for people with an autism spectrum disorder or a developmental disability;
7681	(c) facilitate measuring and tracking of treatment outcomes;
7682	(d) gather statistics relating to autism spectrum disorders and developmental
7683	disabilities; and
7684	(e) improve coordination and cooperation between agencies and other programs that
7685	provide services to people with an autism spectrum disorder or a developmental disability.
7686	Section 239. Section 26B-7-116, which is renumbered from Section 26-7-7 is
7687	renumbered and amended to read:
7688	[ <del>26-7-7</del> ]. <u>26B-7-116.</u> Radon awareness campaign.
7689	The department shall, in consultation with the Division of Waste Management and
7690	Radiation Control, develop a statewide electronic awareness campaign to educate the public
7691	regarding:
7692	(1) the existence and prevalence of radon gas in buildings and structures;
7693	(2) the health risks associated with radon gas;
7694	(3) options for radon gas testing; and
7695	(4) options for radon gas remediation.
7696	Section 240. Section 26B-7-117, which is renumbered from Section 26-7-8 is
7697	renumbered and amended to read:
7698	$[\frac{26-7-8}{2}]$ . Syringe exchange and education.
7699	(1) The following may operate a syringe exchange program in the state to prevent the
7700	transmission of disease and reduce morbidity and mortality among individuals who inject
7701	drugs, and those individuals' contacts:
7702	(a) a government entity, including:
7703	(i) the department;
7704	(ii) a local health department[, as defined in Section 26A-1-102;]
7705	(iii) the Division of [Substance Abuse and Mental Health within the Department of
7706	Human Services Integrated Healthcare within the department; or

7707	(iv) a local substance abuse authority, as defined in Section 62A-15-102;
7708	(b) a nongovernment entity, including:
7709	(i) a nonprofit organization; or
7710	(ii) a for-profit organization; or
7711	(c) any other entity that complies with Subsections (2) and (4).
7712	(2) An entity operating a syringe exchange program in the state shall:
7713	(a) facilitate the exchange of an individual's used syringe for one or more new syringes
7714	in sealed sterile packages;
7715	(b) ensure that a recipient of a new syringe is given verbal and written instruction on:
7716	(i) methods for preventing the transmission of blood-borne diseases, including hepatitis
7717	C and human immunodeficiency virus; and
7718	(ii) options for obtaining:
7719	(A) services for the treatment of a substance use disorder;
7720	(B) testing for a blood-borne disease; and
7721	(C) an opiate antagonist under Chapter 55, Opiate Overdose Response Act; and
7722	(c) report annually to the department the following information about the program's
7723	activities:
7724	(i) the number of individuals who have exchanged syringes;
7725	(ii) the number of used syringes exchanged for new syringes; and
7726	(iii) the number of new syringes provided in exchange for used syringes.
7727	(3) No later than October 1, 2017, and every two years thereafter, the department shall
7728	report to the Legislature's Health and Human Services Interim Committee on:
7729	(a) the activities and outcomes of syringe programs operating in the state, including:
7730	(i) the number of individuals who have exchanged syringes;
7731	(ii) the number of used syringes exchanged for new syringes;
7732	(iii) the number of new syringes provided in exchange for used syringes;
7733	(iv) the impact of the programs on blood-borne infection rates; and
7734	(v) the impact of the programs on the number of individuals receiving treatment for a
7735	substance use disorder;
7736	(b) the potential for additional reductions in the number of syringes contaminated with
7737	blood-borne disease if the programs receive additional funding;

7738	(c) the potential for additional reductions in state and local government spending if the
7739	programs receive additional funding;
7740	(d) whether the programs promote illicit use of drugs; and
7741	(e) whether the programs should be continued, continued with modifications, or
7742	terminated.
7743	(4) The department shall make rules, in accordance with Title 63G, Chapter 3, Utah
7744	Administrative Rulemaking Act, specifying how and when an entity operating a syringe
7745	exchange program shall make the report required by Subsection (2)(c).
7746	Section 241. Section 26B-7-118, which is renumbered from Section 26-7-9 is
7747	renumbered and amended to read:
7748	[ <del>26-7-9</del> ]. <u>26B-7-118.</u> Online public health education module.
7749	(1) As used in this section:
7750	(a) "Health care provider" means the same as that term is defined in Section
7751	78B-3-403.
7752	(b) "Nonimmune" means that a child or an individual:
7753	(i) has not received each vaccine required in Section 53G-9-305 and has not developed
7754	a natural immunity through previous illness to a vaccine-preventable disease, as documented
7755	by a health care provider;
7756	(ii) cannot receive each vaccine required in Section 53G-9-305; or
7757	(iii) is otherwise known to not be immune to a vaccine-preventable disease.
7758	(c) "Vaccine-preventable disease" means an infectious disease that can be prevented by
7759	a vaccination required in Section 53G-9-305.
7760	(2) The department shall develop an online education module regarding
7761	vaccine-preventable diseases:
7762	(a) to assist a parent of a nonimmune child to:
7763	(i) recognize the symptoms of vaccine-preventable diseases;
7764	(ii) respond in the case of an outbreak of a vaccine-preventable disease;
7765	(iii) protect children who contract a vaccine-preventable disease; and
7766	(iv) prevent the spread of vaccine-preventable diseases;
7767	(b) that contains only the following:
7768	(i) information about vaccine-preventable diseases necessary to achieve the goals

7769 stated in Subsection (2)(a), including the best practices to prevent the spread of 7770 vaccine-preventable diseases; 7771 (ii) recommendations to reduce the likelihood of a nonimmune individual contracting 7772 or transmitting a vaccine-preventable disease; and 7773 (iii) information about additional available resources related to vaccine-preventable 7774 diseases and the availability of low-cost vaccines; 7775 (c) that includes interactive questions or activities; and 7776 (d) that is expected to take an average user 20 minutes or less to complete, based on 7777 user testing. 7778 (3) In developing the online education module described in Subsection (2), the 7779 department shall consult with individuals interested in vaccination or vaccine-preventable 7780 diseases, including: 7781 (a) representatives from organizations of health care professionals; and 7782 (b) parents of nonimmune children. 7783 (4) The department shall make the online education module described in Subsection 7784 (2) publicly available to parents through: 7785 (a) a link on the department's website; 7786 (b) county health departments, as that term is defined in Section 26A-1-102; 7787 (c) local health departments, as that term is defined in Section 26A-1-102; 7788 (d) local education agencies, as that term is defined in Section 53E-1-102; and 7789 (e) other public health programs or organizations. 7790 Section 242. Section 26B-7-119, which is renumbered from Section 26-7-11 is 7791 renumbered and amended to read: 7792  $[\frac{26-7-11}{2}]$ . 26B-7-119. Hepatitis C Outreach Pilot Program. 7793 (1) As used in this section, "Hepatitis C outreach organization" means a private 7794 nonprofit organization that: 7795 (a) has an established relationship with individuals who are at risk of acquiring acute 7796 Hepatitis C; 7797 (b) helps individuals who need Hepatitis C treatment, but who do not qualify for

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payment of the treatment by the Medicaid program or another health insurer, to obtain

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treatment;

7800	(c) has the infrastructure necessary for conducting Hepatitis C assessment, testing, and
7801	diagnosis, including clinical staff with the training and ability to provide:
7802	(i) specimen collection for Hepatitis C testing;
7803	(ii) clinical assessments;
7804	(iii) consultation regarding blood-borne diseases; and
7805	(iv) case management services for patient support during Hepatitis C treatment; or
7806	(d) has a partnership with a health care facility that can provide clinical follow-up and
7807	medical treatment following Hepatitis C rapid antibody testing and confirmatory testing.
7808	(2) There is created within the department the Hepatitis C Outreach Pilot Program.
7809	(3) Before September 1, 2020, the department shall, as funding permits, make grants to
7810	Hepatitis C outreach organizations in accordance with criteria established by the department
7811	under Subsection (4).
7812	(4) Before July 1, 2020, the department shall make rules, in accordance with Title 63G,
7813	Chapter 3, Utah Administrative Rulemaking Act, to:
7814	(a) create application requirements for a grant from the program;
7815	(b) establish criteria for determining:
7816	(i) whether a grant is awarded, including criteria that ensure grants are awarded to areas
7817	of the state, including rural areas, that would benefit most from the grant; and
7818	(ii) the amount of a grant; and
7819	(c) specify reporting requirements for the recipient of a grant under this section.
7820	(5) Before October 1, 2021, and before October 1 every year thereafter, the department
7821	shall submit a report to the Health and Human Services Interim Committee and the Social
7822	Services Appropriations Subcommittee on the outcomes of the Hepatitis C Outreach Pilot
7823	Program.
7824	Section 243. Section 26B-7-201, which is renumbered from Section 26-6-2 is
7825	renumbered and amended to read:
7826	Part 2. Detection of Communicable Diseases and Public Health Emergencies
7827	$[\frac{26-6-2}{2}]$ . <u>26B-7-201.</u> Definitions.
7828	As used in this [chapter] part:
7829	(1) "Ambulatory surgical center" [is as] means the same as that term is defined in
7830	Section [ <del>26-21-2</del> ] <u>26B-2-201</u> .

(2) "Carrier" means an infected individual or animal who harbors a specific infectious agent in the absence of discernible clinical disease and serves as a potential source of infection for man. The carrier state may occur in an individual with an infection that is inapparent throughout its course, commonly known as healthy or asymptomatic carrier, or during the incubation period, convalescence, and postconvalescence of an individual with a clinically recognizable disease, commonly known as incubatory carrier or convalescent carrier. Under either circumstance the carrier state may be of short duration, as a temporary or transient carrier, or long duration, as a chronic carrier.

- (3) "Communicable disease" means illness due to a specific infectious agent or its toxic products which arises through transmission of that agent or its products from a reservoir to a susceptible host, either directly, as from an infected individual or animal, or indirectly, through an intermediate plant or animal host, vector, or the inanimate environment.
- (4) "Communicable period" means the time or times during which an infectious agent may be transferred directly or indirectly from an infected individual to another individual, from an infected animal to man, or from an infected man to an animal, including arthropods.
- (5) "Contact" means an individual or animal having had association with an infected individual, animal, or contaminated environment so as to have had an opportunity to acquire the infection.
  - (6) "End stage renal disease facility" is as defined in Section [26-21-2] 26B-2-201.
- (7) (a) "Epidemic" means the occurrence or outbreak in a community or region of cases of an illness clearly in excess of normal expectancy and derived from a common or propagated source.
- (b) The number of cases indicating an epidemic will vary according to the infectious agent, size, and type of population exposed, previous experience or lack of exposure to the disease, and time and place of occurrence.
- 7856 (c) Epidemicity is considered to be relative to usual frequency of the disease in the same area, among the specified population, at the same season of the year.
  - (8) "General acute hospital" is as defined in Section [<del>26-21-2</del>] <u>26B-2-201</u>.
- 7859 (9) "Incubation period" means the time interval between exposure to an infectious agent and appearance of the first sign or symptom of the disease in question.
  - (10) "Infected individual" means an individual who harbors an infectious agent and

who has manifest disease or inapparent infection. An infected individual is one from whom the infectious agent can be naturally acquired.

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- (11) "Infection" means the entry and development or multiplication of an infectious agent in the body of man or animals. Infection is not synonymous with infectious disease; the result may be inapparent or manifest. The presence of living infectious agents on exterior surfaces of the body, or upon articles of apparel or soiled articles, is not infection, but contamination of such surfaces and articles.
- 7869 (12) "Infectious agent" means an organism such as a virus, rickettsia, bacteria, fungus, 7870 protozoan, or helminth that is capable of producing infection or infectious disease.
- 7871 (13) "Infectious disease" means a disease of man or animals resulting from an 7872 infection.
  - (14) "Isolation" means the separation, for the period of communicability, of infected individuals or animals from others, in such places and under such conditions as to prevent the direct or indirect conveyance of the infectious agent from those infected to those who are susceptible or who may spread the agent to others.
- 7877 (15) "Order of constraint" means the same as that term is defined in Section 7878 [<del>26-23b-102</del>] <u>26B-7-301</u>.
  - (16) "Quarantine" means the restriction of the activities of well individuals or animals who have been exposed to a communicable disease during its period of communicability to prevent disease transmission.
  - (17) "School" means a public, private, or parochial nursery school, licensed or unlicensed day care center, child care facility, family care home, headstart program, kindergarten, elementary, or secondary school through grade 12.
  - (18) "Sexually transmitted disease" means those diseases transmitted through sexual intercourse or any other sexual contact.
- 7887 (19) "Specialty hospital" is as defined in Section [26-21-2] 26B-2-201.
- Section 244. Section **26B-7-202**, which is renumbered from Section 26-6-3 is renumbered and amended to read:
- 7890 [26-6-3]. 26B-7-202. Authority to investigate and control epidemic infections 7891 and communicable disease.
- 7892 (1) Subject to Subsection (3) and the restrictions in this title, the department has

2023FL-0917/009 11-15-22 DRAFT 7893 authority to investigate and control the causes of epidemic infections and communicable 7894 disease, and shall provide for the detection, reporting, prevention, and control of communicable 7895 diseases and epidemic infections or any other health hazard which may affect the public health. 7896 (2) (a) As part of the requirements of Subsection (1), the department shall distribute to 7897 the public and to health care professionals: 7898 (i) medically accurate information about sexually transmitted diseases that may cause 7899 infertility and sterility if left untreated, including descriptions of: 7900 (A) the probable side effects resulting from an untreated sexually transmitted disease, 7901 including infertility and sterility; 7902 (B) medically accepted treatment for sexually transmitted diseases; 7903 (C) the medical risks commonly associated with the medical treatment of sexually 7904 transmitted diseases; and 7905 (D) suggested screening by a private physician or physician assistant; and 7906 (ii) information about: 7907 (A) public services and agencies available to assist individuals with obtaining 7908 treatment for the sexually transmitted disease; 7909 (B) medical assistance benefits that may be available to the individual with the 7910 sexually transmitted disease; and 7911 (C) abstinence before marriage and fidelity after marriage being the surest prevention

- 7912 of sexually transmitted disease.
  - (b) The information required by Subsection (2)(a):

- 7914 (i) shall be distributed by the department and by local health departments free of 7915 charge;
- 7916 (ii) shall be relevant to the geographic location in which the information is distributed 7917 by:
- 7918 (A) listing addresses and telephone numbers for public clinics and agencies providing 7919 services in the geographic area in which the information is distributed; and
- 7920 (B) providing the information in English as well as other languages that may be 7921 appropriate for the geographic area.
- 7922 (c) (i) Except as provided in Subsection (2)(c)(ii), the department shall develop written 7923 material that includes the information required by this Subsection (2).

7924 (ii) In addition to the written materials required by Subsection (2)(c)(i), the department 7925 may distribute the information required by this Subsection (2) by any other methods the 7926 department determines is appropriate to educate the public, excluding public schools, including 7927 websites, toll free telephone numbers, and the media. 7928 (iii) If the information required by Subsection (2)(b)(ii)(A) is not included in the 7929 written pamphlet developed by the department, the written material shall include either a 7930 website, or a 24-hour toll free telephone number that the public may use to obtain that 7931 information. 7932 (3) (a) The Legislature may at any time terminate by joint resolution an order of 7933 constraint issued by the department as described in this section in response to a declared public 7934 health emergency. 7935 (b) A county governing body may at any time terminate by majority vote an order of 7936 constraint issued by the relevant local health department as described in this section in response 7937 to a declared public health emergency. 7938 Section 245. Section 26B-7-203, which is renumbered from Section 26-6-3.5 is 7939 renumbered and amended to read: 7940 26B-7-203. Reporting AIDS and HIV infection -- Anonymous  $[\frac{26-6-3.5}{1}]$ . 7941 testing. 7942 (1) Because of the nature and consequences of Acquired Immunodeficiency Syndrome 7943 and Human Immunodeficiency Virus infection, the department shall: 7944 (a) require reporting of those conditions; and 7945 (b) utilize contact tracing and other methods for "partner" identification and 7946 notification. The department shall, by rule, define individuals who are considered "partners" for 7947 purposes of this section. 7948 (2) (a) The requirements of Subsection (1) do not apply to seroprevalence and other 7949 epidemiological studies conducted by the department. 7950 (b) The requirements of Subsection (1) do not apply to, and anonymity shall be 7951 provided in, research studies conducted by universities or hospitals, under the authority of 7952 institutional review boards if those studies are funded in whole or in part by research grants and 7953 if anonymity is required in order to obtain the research grant or to carry out the research.

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(3) For all purposes of this [chapter] part, Acquired Immunodeficiency Syndrome and

Human Immunodeficiency Virus infection are considered communicable and infectious diseases.

- 7957 (4) The department may establish or allow one site or agency within the state to 7958 provide anonymous testing.
- 7959 (a) The site or agency that provides anonymous testing shall maintain accurate records regarding:
- 7961 (i) the number of HIV positive individuals that it is able to contact or inform of their 7962 condition;
  - (ii) the number of HIV positive individuals who receive extensive counseling;
- 7964 (iii) how many HIV positive individuals provide verifiable information for partner notification; and

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- (iv) how many cases in which partner notification is carried through.
- 7967 (b) If the information maintained under Subsection (4)(a) indicates anonymous testing 7968 is not resulting in partner notification, the department shall phase out the anonymous testing 7969 program allowed by this Subsection (4).
- Section 246. Section **26B-7-204**, which is renumbered from Section 26-6-4 is renumbered and amended to read:
- 7972 [<del>26-6-4</del>]. <u>26B-7-204.</u> Involuntary examination, treatment, isolation, and quarantine.
  - (1) The following individuals or groups of individuals are subject to examination, treatment, quarantine, or isolation under a department order of restriction:
    - (a) an individual who is infected or suspected to be infected with a communicable disease that poses a threat to the public health and who does not take action as required by the department or the local health department to prevent spread of the disease;
  - (b) an individual who is contaminated or suspected to be contaminated with an infectious agent that poses a threat to the public health and that could be spread to others if remedial action is not taken;
- 7982 (c) an individual who is in a condition or suspected condition which, if exposed to
  7983 others, poses a threat to public health, or is in a condition which if treatment is not completed
  7984 will pose a threat to public health; and
  - (d) an individual who is contaminated or suspected to be contaminated with a chemical

7986	or biological agent that poses a threat to the public health and that could be spread to others if
7987	remedial action is not taken.
7988	(2) If an individual refuses to take action as required by the department or the local
7989	health department to prevent the spread of a communicable disease, infectious agent, or
7990	contamination, the department or the local health department may order involuntary
7991	examination, treatment, quarantine, or isolation of the individual and may petition the [district]
7992	court to order involuntary examination, treatment, quarantine, or isolation in accordance with
7993	[Title 26, Chapter 6b, Communicable Diseases -] Part 4 Treatment, Isolation, and Quarantine
7994	Procedures for Communicable Diseases.
7995	Section 247. Section 26B-7-205, which is renumbered from Section 26-6-5 is
7996	renumbered and amended to read:
7997	[ <del>26-6-5</del> ]. <u>26B-7-205.</u> Willful introduction of communicable disease a
7998	misdemeanor.
7999	Any person who willfully or knowingly introduces any communicable or infectious
8000	disease into any county, municipality, or community is guilty of a class A misdemeanor, except
8001	as provided in Section 76-10-1309.
8002	Section 248. Section 26B-7-206, which is renumbered from Section 26-6-6 is
8003	renumbered and amended to read:
8004	[ <del>26-6-6</del> ]. <u>26B-7-206.</u> Duty to report individual suspected of having
8005	communicable disease.
8006	The following shall report to the department or the local health department regarding
8007	any individual suffering from or suspected of having a disease that is communicable, as
8008	required by department rule:
8009	(1) health care providers as defined in Section 78B-3-403;
8010	(2) facilities licensed under [Title 26, Chapter 21,] Chapter 2, Part 2, Health Care
8011	Facility Licensing and Inspection [Act];
8012	(3) health care facilities operated by the federal government;
8013	(4) mental health facilities;
8014	(5) care facilities licensed by the [Department of Human Services] department;
8015	(6) nursing homes and other care facilities;
8016	(7) dispensaries, clinics, or laboratories that diagnose, test, or otherwise care for

801/	individuals who are suffering from a disease suspected of being communicable;
8018	(8) individuals who have knowledge of others who have a communicable disease;
8019	(9) individuals in charge of schools having responsibility for any individuals who have
8020	a disease suspected of being communicable; and
8021	(10) child care programs, as defined in Section 26-39-102.
8022	Section 249. Section 26B-7-207, which is renumbered from Section 26-6-7 is
8023	renumbered and amended to read:
8024	[ <del>26-6-7</del> ]. <u>26B-7-207.</u> Designation of communicable diseases by department
8025	Establishment of rules for detection, reporting, investigation, prevention, and control.
8026	The department may designate those diseases which are communicable, of concern to
8027	the public health, and reportable; and establish rules for the detection, reporting, investigation,
8028	prevention, and control of communicable diseases, epidemic infections, and other health
8029	hazards that affect the public health.
8030	Section 250. Section 26B-7-208, which is renumbered from Section 26-6-8 is
8031	renumbered and amended to read:
8032	[ <del>26-6-8</del> ]. <u>26B-7-208.</u> Tuberculosis Duty of department to investigate,
8033	control, and monitor.
8034	(1) The department shall conduct or oversee the investigation, control, and monitoring
8035	of suspected or confirmed tuberculosis infection and disease within the state. Local health
8036	departments shall investigate, control, and monitor suspected or confirmed tuberculosis
8037	infection and disease within their respective jurisdictions.
8038	(2) A health care provider who treats an individual with suspected or confirmed
8039	tuberculosis shall treat the individual according to guidelines established by the department.
8040	Section 251. Section 26B-7-209, which is renumbered from Section 26-6-9 is
8041	renumbered and amended to read:
8042	[ <del>26-6-9</del> ]. <u>26B-7-209.</u> Tuberculosis Testing of high risk individuals.
8043	Individuals at high risk for tuberculosis shall be tested as required by department rule[-
8044	The department rule], which:
8045	(1) shall establish criteria to identify individuals who are at high risk for tuberculosis;
8046	and
8047	(2) may establish who is responsible for the costs of the testing.

8048	Section 252. Section 26B-7-210, which is renumbered from Section 26-6-11 is
8049	renumbered and amended to read:
8050	[ <del>26-6-11</del> ]. <u>26B-7-210.</u> Rabies or other animal disease Investigation and
8051	order of quarantine.
8052	(1) As used in this section, "quarantine" means strict confinement upon the private
8053	premises of the owners, under restraint by leash, closed cage or paddock of all animals
8054	specified by the order.
8055	(2) (a) Whenever rabies or any other animal disease dangerous to the health of human
8056	beings is reported, the department shall investigate to determine whether such disease exists,
8057	and the probable area of the state in which man or beast is thereby endangered.
8058	(b) If the department finds that such disease exists, a quarantine may be declared
8059	against all animals designated in the quarantine order and within the area specified in the order.
8060	(c) If the quarantine is for the purpose of preventing the spread of rabies or
8061	hydrophobia, the order shall contain a warning to the owners of dogs within the quarantined
8062	area to confine or muzzle all dogs to prevent biting.
8063	(d) Any dog not muzzled found running at large in a quarantined area or any dog
8064	known to have been removed from or escaped from such area, may be killed by any person
8065	without liability therefor.
8066	(3) Following the order of quarantine the department shall make a thorough
8067	investigation as to the extent of the disease, the probable number of persons and beasts
8068	exposed, and the area involved.
8069	(4) During the period any quarantine order is in force all peace officers may kill or
8070	capture and hold for further action by the department all animals in a quarantined area not held
8071	in restraint on private premises.
8072	Section 253. Section 26B-7-211, which is renumbered from Section 26-6-15 is
8073	renumbered and amended to read:
8074	[ <del>26-6-15</del> ]. <u>26B-7-211.</u> Rabies or other animal disease Possession of animal in
8075	violation of part a misdemeanor.
8076	Any person in possession of any animal being held in violation of this [chapter] part is
8077	guilty of a class C misdemeanor.
8078	Section 254. Section 26B-7-212, which is renumbered from Section 26-6-16 is

8079 renumbered and amended to read:

8080 [26-6-16]. 26B-7-212. Venereal diseases declared dangerous to public health.

Syphilis, gonorrhea, lymphogranuloma inguinale (venereum) and chancroid are hereby declared to be contagious, infectious, communicable and dangerous to the public health.

Section 255. Section **26B-7-213**, which is renumbered from Section 26-6-17 is renumbered and amended to read:

## [<del>26-6-17</del>]. <u>26B-7-213.</u> Venereal disease -- Examinations by authorities -- Treatment of infected persons.

State, county, and municipal health officers within their respective jurisdictions may make examinations of persons reasonably suspected of being infected with venereal disease. Persons infected with venereal disease shall be required to report for treatment to either a reputable physician or physician assistant and continue treatment until cured or to submit to treatment provided at public expense until cured.

Section 256. Section 26B-7-214, which is renumbered from Section 26-6-18 is renumbered and amended to read:

## [<del>26-6-18</del>]. <u>26B-7-214.</u> Venereal disease -- Consent of minor to treatment.

- (1) A consent to medical care or services by a hospital or public clinic or the performance of medical care or services by a licensed physician or physician assistant executed by a minor who is or professes to be afflicted with a sexually transmitted disease, shall have the same legal effect upon the minor and the same legal obligations with regard to the giving of consent as a consent given by a person of full legal age and capacity, the infancy of the minor and any contrary provision of law notwithstanding.
- (2) The consent of the minor is not subject to later disaffirmance by reason of minority at the time it was given and the consent of no other person or persons shall be necessary to authorize hospital or clinical care or services to be provided to the minor by a licensed physician or physician assistant.
- (3) The provisions of this section shall apply also to minors who profess to be in need of hospital or clinical care and services or medical care or services provided by a physician or physician assistant for suspected sexually transmitted disease, regardless of whether such professed suspicions are subsequently substantiated on a medical basis.
  - Section 257. Section 26B-7-215, which is renumbered from Section 26-6-19 is

8110	renumbered and amended to read:
8111	[ <del>26-6-19</del> ]. <u>26B-7-215.</u> Venereal disease Examination and treatment of
8112	persons in prison or jail.
8113	(1) (a) All persons confined in any state, county, or city prison or jail shall be
8114	examined, and if infected, treated for venereal diseases by the health authorities.
8115	(b) The prison authorities of every state, county, or city prison or jail shall make
8116	available to the health authorities such portion of the prison or jail as may be necessary for a
8117	clinic or hospital wherein all persons suffering with venereal disease at the time of the
8118	expiration of their terms of imprisonment, shall be isolated and treated at public expense until
8119	cured.
8120	(2) (a) The department may require persons suffering with venereal disease at the time
8121	of the expiration of their terms of imprisonment to report for treatment to a licensed physician
8122	or physician assistant or submit to treatment provided at public expense in lieu of isolation.
8123	(b) Nothing in this section shall interfere with the service of any sentence imposed by a
8124	court as a punishment for the commission of crime.
8125	Section 258. Section 26B-7-216, which is renumbered from Section 26-6-20 is
8126	renumbered and amended to read:
8127	[ <del>26-6-20</del> ]. <u>26B-7-216.</u> Serological testing of pregnant or recently delivered
8128	women.
8129	(1) As used in this part, a "standard serological test" means a test for syphilis approved
8130	by the department and made at an approved laboratory.
8131	[(1)] (2) (a) Every licensed physician and surgeon attending a pregnant or recently
8132	delivered woman for conditions relating to her pregnancy shall take or cause to be taken a
8133	sample of blood of the woman at the time of first examination or within 10 days thereafter.
8134	(b) The blood sample shall be submitted to an approved laboratory for a standard
8135	serological test for syphilis.
8136	(c) The provisions of this section do not apply to any female who objects thereto on the
8137	grounds that she is a bona fide member of a specified, well recognized religious organization
8138	whose teachings are contrary to the tests.
8139	[(2)] (3) (a) Every other person attending a pregnant or recently delivered woman, who
8140	is not permitted by law to take blood samples, shall within 10 days from the time of first

8141 attendance cause a sample of blood to be taken by a licensed physician or physician assistant. 8142 (b) The blood sample shall be submitted to an approved laboratory for a standard 8143 serological test for syphilis. 8144 [(3)] (4) (a) An approved laboratory is a laboratory approved by the department 8145 according to its rules governing the approval of laboratories for the purpose of this title. 8146 (b) In submitting the sample to the laboratory the physician or physician assistant shall 8147 designate whether it is a prenatal test or a test following recent delivery. 8148 [(4) For the purpose of this chapter, a "standard serological test" means a test for 8149 syphilis approved by the department and made at an approved laboratory. 8150 (5) The laboratory shall transmit a detailed report of the standard serological test, 8151 showing the result thereof to the physician or physician assistant. 8152 Section 259. Section 26B-7-217, which is renumbered from Section 26-6-27 is 8153 renumbered and amended to read: 8154 26B-7-217. Information regarding communicable or reportable  $[\frac{26-6-27}{2}]$ . 8155 diseases confidentiality -- Exceptions. 8156 (1) (a) Information collected [pursuant to this chapter] under this part in the possession 8157 of the department or local health departments relating to an individual who has or is suspected 8158 of having a disease designated by the department as a communicable or reportable disease 8159 under this [chapter] shall be held by the department and local health departments as strictly 8160 confidential. 8161 (b) The department and local health departments may not release or make public that 8162 information upon subpoena, search warrant, discovery proceedings, or otherwise, except as 8163 provided by this section. 8164 (2) The information described in Subsection (1) may be released by the department or 8165 local health departments only in accordance with the requirements of this [chapter] part and as 8166 follows: 8167 (a) specific medical or epidemiological information may be released with the written 8168 consent of the individual identified in that information or, if that individual is deceased, his 8169 next-of-kin; 8170 (b) specific medical or epidemiological information may be released to medical personnel or peace officers in a medical emergency, as determined by the department in 8171

accordance with guidelines it has established, only to the extent necessary to protect the health or life of the individual identified in the information, or of the attending medical personnel or law enforcement or public safety officers;

- (c) specific medical or epidemiological information may be released to authorized personnel within the department, local health departments, public health authorities, official health agencies in other states, the United States Public Health Service, the Centers for Disease Control and Prevention, or when necessary to continue patient services or to undertake public health efforts to interrupt the transmission of disease;
- (d) if the individual identified in the information is under the age of 18, the information may be released to the Division of Child and Family Services within the [Department of Human Services] department in accordance with Section 80-2-602[. If], and if that information is required in a court proceeding involving child abuse or sexual abuse under Title 76, Chapter 5, Offenses Against the Individual, the information shall be disclosed in camera and sealed by the court upon conclusion of the proceedings;
- (e) specific medical or epidemiological information may be released to authorized personnel in the department or in local health departments, and to the courts, to carry out the provisions of this title, and rules adopted by the department in accordance with this title;
- (f) specific medical or epidemiological information may be released to blood banks, organ and tissue banks, and similar institutions for the purpose of identifying individuals with communicable diseases. The department may, by rule, designate the diseases about which information may be disclosed under this subsection, and may choose to release the name of an infected individual to those organizations without disclosing the specific disease;
- (g) specific medical or epidemiological information may be released in such a way that no individual is identifiable;
- (h) specific medical or epidemiological information may be released to a "health care provider" as defined in Section 78B-3-403, health care personnel, and public health personnel who have a legitimate need to have access to the information in order to assist the patient, or to protect the health of others closely associated with the patient;
- (i) specific medical or epidemiological information regarding a health care provider, as defined in Section 78B-3-403, may be released to the department, the appropriate local health department, and the Division of Professional Licensing within the Department of Commerce, if

8203	the identified health care provider is endangering the safety or life of any individual by his
8204	continued practice of health care;
8205	(j) specific medical or epidemiological information may be released in accordance with
8206	Section 26-6-31 if an individual is not identifiable; and
8207	(k) specific medical or epidemiological information may be released to a state agency
8208	as defined in Section 67-27-102, to perform the analysis described in Subsection [ <del>26-6-32</del> ]
8209	26B-7-222(4) if the state agency agrees to act in accordance with the requirements in this
8210	[ <del>chapter</del> ] <u>part</u> .
8211	(3) The provisions of Subsection (2)(h) do not create a duty to warn third parties, but is
8212	intended only to aid health care providers in their treatment and containment of infectious
8213	disease.
8214	Section 260. Section 26B-7-218, which is renumbered from Section 26-6-28 is
8215	renumbered and amended to read:
8216	[ <del>26-6-28</del> ]. <u>26B-7-218.</u> Protection from examination in legal proceedings
8217	Exceptions.
8218	(1) Except as provided in Subsection (2), an officer or employee of the department or
8219	of a local health department may not be examined in a legal proceeding of any kind or
8220	character as to the existence or content of information retained pursuant to this [chapter] part or
8221	obtained as a result of an investigation conducted [pursuant] part to this chapter, without the
8222	written consent of the individual who is identified in the information or, if that individual is
8223	deceased, the consent of his next-of-kin.
8224	(2) This section does not restrict testimony and evidence provided by an employee or
8225	officer of the department or a local health department about:
8226	(a) persons who are under restrictive actions taken by the department in accordance
8227	with Subsection [ <del>26-6-27</del> ] <u>26B-7-317(</u> 2)(e); or
8228	(b) individuals or groups of individuals subject to examination, treatment, isolation,
8229	and quarantine actions under [Chapter 6b, Communicable Diseases -] Part 4, Treatment,
8230	Isolation, and Quarantine Procedures for Communicable Diseases.
8231	Section 261. Section 26B-7-219, which is renumbered from Section 26-6-29 is
8232	renumbered and amended to read:
8233	[ <del>26-6-29</del> ]. 26B-7-219. Violation Penalty.

8234	(1) Any individual or entity entitled to receive confidential information from the
8235	[Department of Health] department or a local health department under this [chapter] part, other
8236	than the individual identified in that information, who violates this [chapter] part by releasing
8237	or making public confidential information, or by otherwise breaching the confidentiality
8238	requirements of this [chapter] part, is guilty of a class B misdemeanor.
8239	(2) This [chapter] part does not apply to any individual or entity that holds or receives
8240	information relating to an individual who has or is suspected of having a disease designated by
8241	the department as a communicable or reportable disease under this [chapter] part, if that
8242	individual or entity has obtained the information from a source other than the department or a
8243	local health department.
8244	Section 262. Section 26B-7-220, which is renumbered from Section 26-6-30 is
8245	renumbered and amended to read:
8246	[ <del>26-6-30</del> ]. <u>26B-7-220.</u> Exclusions from confidentiality requirements.
8247	(1) The provisions of this [chapter] part do not apply to:
8248	(a) information that relates to an individual who is in the custody of the Department of
8249	Corrections, a county jail, or the Division of Juvenile Justice Services within the [Department
8250	of Human Services] department;
8251	(b) information that relates to an individual who has been in the custody of the
8252	Department of Corrections, a county jail, or the Division of Juvenile Justice Services within the
8253	[Department of Human Services] department, if liability of either of those departments, a
8254	county, or a division, or of an employee of a department, division, or county, is alleged by that
8255	individual in a lawsuit concerning transmission of an infectious or communicable disease; or
8256	(c) any information relating to an individual who willfully or maliciously or with
8257	reckless disregard for the welfare of others transmits a communicable or infectious disease.
8258	(2) Nothing in this [chapter] part limits the right of the individual identified in the
8259	information described in Subsection [ <del>26-6-27</del> ] <u>26B-7-217(1)</u> to disclose that information.
8260	Section 263. Section 26B-7-221, which is renumbered from Section 26-6-31 is
8261	renumbered and amended to read:
8262	[ <del>26-6-31</del> ]. <u>26B-7-221.</u> Public reporting of health care associated infections.
8263	(1) (a) An ambulatory surgical facility, a general acute hospital, a specialty hospital, an
8264	end stage renal disease facility, and other facilities as required by rules of the Center for

8265	Medicare and Medicaid Services shall give the department access to the facility's data on the
8266	incidence and rate of health care associated infections that the facility submits to the National
8267	Healthcare Safety Network in the [Center] United State Centers for Disease Control and
8268	Prevention pursuant to the Center for Medicare and Medicaid Services rules for infection
8269	reporting.
8270	(b) Access to data under this Subsection (1) may include data sharing through the
8271	National Healthcare Safety Network.
8272	(2) (a) The department shall, beginning May 1, 2013, use the data submitted by the
8273	facilities in accordance with Subsection (1) to compile an annual report on health care
8274	associated infections in ambulatory surgical facilities, general acute hospitals, and specialty
8275	hospitals for public distribution in accordance with the requirements of this subsection. The
8276	department shall publish the report on the department's website and the Utah Health Exchange.
8277	(b) The department's report under this section shall:
8278	(i) include the following health care associated infections as required by the Center for
8279	Medicare and Medicaid Services and protocols adopted by the National Healthcare Safety
8280	Network in the [Center] Centers for Disease Control and Prevention:
8281	(A) central line associated bloodstream infections;
8282	(B) catheter associated urinary tract infections;
8283	(C) surgical site infections from procedures on the colon or an abdominal
8284	hysterectomy;
8285	(D) methicillin-resistant staphylococcus aureus bacteremia;
8286	(E) clostridium difficile of the colon; and
8287	(F) other health care associated infections when reporting is required by the Center for
8288	Medicare and Medicaid Services and protocols adopted by the National Healthcare Safety
8289	Network in the [Center] Centers for Disease Control and Prevention;
8290	(ii) include data on the rate of health care associated infections:
8291	(A) for the infection types described in Subsection (2)(b)(i); and
8292	(B) by health care facility or hospital;
8293	(iii) include data on how the rate of health care associated infections in ambulatory
8294	surgical facilities, general acute hospitals, and specialty hospitals compares with the rates in
8295	other states;

8296	(iv) in compiling the report described in Subsection (2)(a), use analytical
8297	methodologies that meet accepted standards of validity and reliability;
8298	(v) clearly identify and acknowledge, in the report, the limitations of the data sources
8299	and analytic methodologies used to develop comparative facility or hospital information;
8300	(vi) decide whether information supplied by a facility or hospital under Subsection (1)
8301	is appropriate to include in the report;
8302	(vii) adjust comparisons among facilities and hospitals for patient case mix and other
8303	relevant factors, when appropriate; and
8304	(viii) control for provider peer groups, when appropriate.
8305	(3) Before posting or releasing the report described in Subsection (2)(a), the
8306	department shall:
8307	(a) disclose to each ambulatory surgical facility, general acute hospital, and specialty
8308	hospital whose data is included in the report:
8309	(i) the entire methodology for analyzing the data; and
8310	(ii) the comparative facility or hospital information and other information the
8311	department has compiled for the facility or hospital; and
8312	(b) give the facility or hospital 30 days to suggest corrections or add explanatory
8313	comments about the data.
8314	(4) The department shall develop and implement effective safeguards to protect against
8315	the unauthorized use or disclosure of ambulatory surgical facility, general acute hospital, and
8316	specialty hospital data, including the dissemination of inconsistent, incomplete, invalid,
8317	inaccurate, or subjective data.
8318	(5) The report described in Subsection (2)(a):
8319	(a) may include data that compare and identify general acute hospitals, ambulatory
8320	surgical centers, and specialty hospitals;
8321	(b) shall contain only statistical, non-identifying information and may not disclose the
8322	identity of:
8323	(i) an employee of an ambulatory surgical facility, a general acute hospital, or a
8324	specialty hospital;
8325	(ii) a patient; or
8326	(iii) a health care provider licensed under Title 58, Occupations and Professions; and

8327	(c) may not be used as evidence in a criminal, civil, or administrative proceeding.
8328	(6) This section does not limit the department's authority to investigate and collect data
8329	regarding infections and communicable diseases under other provisions of state or federal law.
8330	Section 264. Section 26B-7-222, which is renumbered from Section 26-6-32 is
8331	renumbered and amended to read:
8332	[ <del>26-6-32</del> ]. <u>26B-7-222.</u> Testing for COVID-19 for high-risk individuals at care
8333	facilities Collection and release of information regarding risk factors and comorbidities
8334	for COVID-19.
8335	(1) As used in this section:
8336	(a) "Care facility" means a facility described in Subsections [26-6-6] 26B-7-206(2)
8337	through (6).
8338	(b) "COVID-19" means the same as that term is defined in Section 78B-4-517.
8339	(2) (a) At the request of the department or a local health department, an individual who
8340	meets the criteria established by the department under Subsection (2)(b) shall submit to testing
8341	for COVID-19.
8342	(b) The department:
8343	(i) shall establish protocols to identify and test individuals who are present at a care
8344	facility and are at high risk for contracting COVID-19;
8345	(ii) may establish criteria to identify care facilities where individuals are at high risk for
8346	COVID-19; and
8347	(iii) may establish who is responsible for the costs of the testing.
8348	(c) (i) The protocols described in Subsection (2)(b)(i) shall:
8349	(A) notwithstanding Subsection (2)(a), permit an individual who is a resident of a care
8350	facility to refuse testing; and
8351	(B) specify criteria for when an individual's refusal to submit to testing under
8352	Subsection (2)(c)(i)(A) endangers the health or safety of other individuals at the care facility.
8353	(ii) Notwithstanding any other provision of state law, a care facility may discharge a
8354	resident who declines testing requested by the department under Subsection (2)(a) if:
8355	(A) under the criteria specified by the department under Subsection (2)(c)(i)(B), the
8356	resident's refusal to submit to testing endangers the health or safety of other individuals at the
8357	care facility; and

8358	(B) discharging the resident does not violate federal law.
8359	(3) The department may establish protocols to collect information regarding the
8360	individual's age and relevant comorbidities from an individual who receives a positive test
8361	result for COVID-19.
8362	(4) (a) The department shall publish deidentified information regarding comorbidities
8363	and other risk factors for COVID-19 in a manner that is accessible to the public.
8364	(b) The department may work with a state agency as defined in Section 67-27-102, to
8365	perform the analysis or publish the information described in Subsection (4)(a).
8366	Section 265. Section 26B-7-223, which is renumbered from Section 26-6-42 is
8367	renumbered and amended to read:
8368	[ <del>26-6-42</del> ]. <u>26B-7-223.</u> Department support for local education agency test to
8369	stay programs Department guidance for local education agencies.
8370	(1) As used in this section:
8371	(a) "Case threshold" means the same as that term is defined in Section 53G-9-210.
8372	(b) "COVID-19" means the same as that term is defined in Section 53G-9-210.
8373	(c) "Local education agency" or "LEA" means the same as that term is defined in
8374	Section 53G-9-210.
8375	(d) "Test to stay program" means the same as that term is defined in Section
8376	53G-9-210.
8377	(2) At the request of an LEA, the department shall provide support for the LEA's test to
8378	stay program if a school in the LEA reaches the case threshold, including by providing:
8379	(a) COVID-19 testing supplies;
8380	(b) a mobile testing unit; and
8381	(c) other support requested by the LEA related to the LEA's test to stay program.
8382	(3) The department shall ensure that guidance the department provides to LEAs related
8383	to test to stay programs complies with Section 53G-9-210, including the determination of
8384	whether a school meets a case threshold described in Subsection 53G-9-210(3).
8385	(4) Subsection (2) regarding the requirement to support an LEA's test to stay program
8386	does not apply after February 2, 2022, unless the test to stay requirement is triggered under
8387	Subsection 53G-9-210(2)(c).
8388	Section 266. Section 26B-7-224, which is renumbered from Section 26-7-14 is

8389	renumbered and amended to read:
8390	[ <del>26-7-14</del> ]. <u>26B-7-224.</u> Study on violent incidents and fatalities involving
8391	substance abuse Report.
8392	(1) As used in this section:
8393	(a) "Drug overdose event" means an acute condition, including a decreased level of
8394	consciousness or respiratory depression resulting from the consumption or use of a controlled
8395	substance, or another substance with which a controlled substance or alcohol was combined,
8396	that results in an individual requiring medical assistance.
8397	(b) "Substance abuse" means the misuse or excessive use of alcohol or other drugs or
8398	substances.
8399	(c) "Violent incident" means:
8400	(i) aggravated assault as described in Section 76-5-103;
8401	(ii) child abuse as described in Sections 76-5-109, 76-5-109.2, 76-5-109.3, and
8402	76-5-114;
8403	(iii) an offense described in Title 76, Chapter 5, Part 2, Criminal Homicide;
8404	(iv) an offense described in Title 76, Chapter 5, Part 4, Sexual Offenses;
8405	(v) a burglary offense described in Sections 76-6-202 through 76-6-204.5;
8406	(vi) an offense described in Title 76, Chapter 6, Part 3, Robbery;
8407	(vii) a domestic violence offense, as defined in Section 77-36-1; and
8408	(viii) any other violent offense, as determined by the department.
8409	(2) In 2021 and continuing every other year, the department shall provide a report
8410	before October 1 to the Health and Human Services Interim Committee regarding the number
8411	of:
8412	(a) violent incidents and fatalities that occurred in the state during the preceding
8413	calendar year that, at the time of occurrence, involved substance abuse;
8414	(b) drug overdose events in the state during the preceding calendar year; and
8415	(c) recommendations for legislation, if any, to prevent the occurrence of the events
8416	described in Subsections (2)(a) and (b).
8417	[(3) Before October 1, 2020, the department shall:]
8418	[(a) determine what information is necessary to complete the report described in
8419	Subsection (2) and from which local, state, and federal agencies the information may be

8420	obtained;]
8421	[(b) determine the cost of any research or data collection that is necessary to complete
8422	the report described in Subsection (2);]
8423	[(c) make recommendations for legislation, if any, that is necessary to facilitate the
8424	research or data collection described in Subsection (3)(b), including recommendations for
8425	legislation to assist with information sharing between local, state, federal, and private entities
8426	and the department; and]
8427	[(d) report the findings described in Subsections (3)(a) through (c) to the Health and
8428	Human Services Interim Committee.
8429	[(4)] (3) The department may contract with another state agency, private entity, or
8430	research institution to assist the department with the report described in Subsection (2).
8431	Section 267. Section 26B-7-225, which is renumbered from Section 26-8d-102 is
8432	renumbered and amended to read:
8433	[ <del>26-8d-102</del> ]. <u>26B-7-225.</u> Statewide stroke registry.
8434	(1) The department shall establish and supervise a statewide stroke registry to:
8435	(a) analyze information on the incidence, severity, causes, outcomes, and rehabilitation
8436	of stroke;
8437	(b) promote optimal care for stroke patients;
8438	(c) alleviate unnecessary death and disability from stroke;
8439	(d) encourage the efficient and effective continuum of patient care, including
8440	prevention, prehospital care, hospital care, and rehabilitative care; and
8441	(e) minimize the overall cost of stroke.
8442	(2) The department shall utilize the registry established under Subsection (1) to assess:
8443	(a) the effectiveness of the data collected by the registry; and
8444	(b) the impact of the statewide stroke registry on the provision of stroke care.
8445	(3) (a) The department shall make rules in accordance with Title 63G, Chapter 3, Utah
8446	Administrative Rulemaking Act, to establish:
8447	(i) the data elements that general acute hospitals shall report to the registry; and
8448	(ii) the time frame and format for reporting.
8449	(b) The data elements described in Subsection (3)(a)(i) shall include consensus metrics
8450	consistent with data elements used in nationally recognized data set platforms for stroke care.

8451	(c) The department shall permit a general acute hospital to submit data required under
8452	this section through an electronic exchange of clinical health information that meets the
8453	standards established by the department under Section [ <del>26-1-37</del> ] <u>26B-7-211</u> .
8454	(4) A general acute hospital shall submit stroke data in accordance with rules
8455	established under Subsection (3).
8456	(5) Data collected under this section shall be subject to [Chapter 3,] Part 2, Health
8457	Statistics.
8458	(6) No person may be held civilly liable for providing data to the department in
8459	accordance with this section.
8460	Section 268. Section 26B-7-226, which is renumbered from Section 26-8d-103 is
8461	renumbered and amended to read:
8462	[ <del>26-8d-103</del> ]. <u>26B-7-226.</u> Statewide cardiac registry.
8463	(1) The department shall establish and supervise a statewide cardiac registry to:
8464	(a) analyze information on the incidence, severity, causes, outcomes, and rehabilitation
8465	of cardiac diseases;
8466	(b) promote optimal care for cardiac patients;
8467	(c) alleviate unnecessary death and disability from cardiac diseases;
8468	(d) encourage the efficient and effective continuum of patient care, including
8469	prevention, prehospital care, hospital care, and rehabilitative care; and
8470	(e) minimize the overall cost of cardiac care.
8471	(2) The department shall utilize the registry established under Subsection (1) to assess:
8472	(a) the effectiveness of the data collected by the registry; and
8473	(b) the impact of the statewide cardiac registry on the provision of cardiac care.
8474	(3) (a) The department shall make rules in accordance with Title 63G, Chapter 3, Utah
8475	Administrative Rulemaking Act, to establish:
8476	(i) the data elements that general acute hospitals shall report to the registry; and
8477	(ii) the time frame and format for reporting.
8478	(b) The data elements described in Subsection (3)(a)(i) shall include consensus metrics
8479	consistent with data elements used in nationally recognized data set platforms for cardiac care.
8480	(c) The department shall permit a general acute hospital to submit data required under
8481	this section through an electronic exchange of clinical health information that meets the

8482	standards established by the department under Section [ <del>26-1-37</del> ] <u>26B-6-211</u> .
8483	(4) A general acute hospital shall submit cardiac data in accordance with rules
8484	established under Subsection (3).
8485	(5) Data collected under this section shall be subject to [Chapter 3] Part 2, Health
8486	Statistics.
8487	(6) No person may be held civilly liable for providing data to the department in
8488	accordance with this section.
8489	Section 269. Section 26B-7-227, which is renumbered from Section 26-5-1 is
8490	renumbered and amended to read:
8491	[ <del>26-5-1</del> ]. <u>26B-7-227.</u> Chronic disease control Establishing a prevention
8492	program Detection, monitoring, and community education.
8493	(1) As used in this [chapter] section, "chronic disease" means an impairment or
8494	deviation from the normal functioning of the human body having one or more of the following
8495	characteristics:
8496	$[\frac{1}{1}]$ (a) is permanent;
8497	[ <del>(2) It</del> ] <u>(b)</u> leaves residual disability;
8498	[(3) It] (c) is caused by nonreversible pathological alterations;
8499	[(4) It] (d) requires special patient education and instruction for rehabilitation; or
8500	[(5) It] (e) may require a long period of supervision, observation and care.
8501	(2) The department shall establish and operate reasonable programs to prevent, delay,
8502	and detect the onset of chronic diseases including cancer, diabetes, cardiovascular and
8503	pulmonary diseases, genetic diseases, and such other chronic diseases as the department
8504	determines are important in promoting, protecting, and maintaining the public's health.
8505	(3) (a) The department shall develop and maintain a system for detecting and
8506	monitoring chronic diseases within the state and shall investigate and determine the
8507	epidemiology of those conditions which contributed to preventable and premature sickness, or
8508	both, and to death and disability.
8509	(b) Beginning July 1, 2004, the department shall consider the disease known as "lupus"
8510	a chronic disease subject to the detection and monitoring provisions of Subsection (3)(a).
8511	(4) The department shall establish programs of community and professional education
8512	relevant to the detection, prevention and control of chronic diseases.

8513	Section 270. Sect	on <b>26B-7-301</b> , which is renumbered from Section 26-23b-102 is
8514	renumbered and amended	to read:
8515	Part 3. Treatment, Iso	lation, and Quarantine Procedures for Communicable Diseases
8516	[ <del>26-23b-102</del> ].	<b>26B-7-301.</b> Definitions.
8517	As used in this [ch	apter] part:
8518	(1) "Bioterrorism"	means:
8519	(a) the intentional	use of any microorganism, virus, infectious substance, or biological
8520	product to cause death, di	sease, or other biological malfunction in a human, an animal, a plant,
8521	or another living organism	in order to influence, intimidate, or coerce the conduct of
8522	government or a civilian p	opulation; and
8523	(b) includes anthr	ax, botulism, small pox, plague, tularemia, and viral hemorrhagic
8524	fevers.	
8525	(2) "Diagnostic in	formation" means a clinical facility's record of individuals who
8526	present for treatment, incl	uding the reason for the visit, chief complaint, presenting diagnosis,
8527	final diagnosis, and any po	ertinent lab results.
8528	(3) "Epidemic or	pandemic disease":
8529	(a) means the occ	urrence in a community or region of cases of an illness clearly in
8530	excess of normal expectar	ncy; and
8531	(b) includes disea	ses designated by the department which have the potential to cause
8532	serious illness or death.	
8533	(4) "Exigent circu	mstances" means a significant change in circumstances following the
8534	expiration of a public hea	th emergency declared in accordance with this title that:
8535	(a) substantially in	ncreases the threat to public safety or health relative to the
8536	circumstances in existence	e when the public health emergency expired;
8537	(b) poses an imm	nent threat to public safety or health; and
8538	(c) was not known	n or foreseen and could not have been known or foreseen at the time
8539	the public health emergen	cy expired.
8540	(5) "First respond	er" means:
8541	(a) a law enforcer	nent officer as defined in Section 53-13-103;
8542	(b) emergency me	dical service personnel as defined in Section 26B-2-XXX;
8543	(c) firefighters; ar	<u>d</u>

14	(d) public health personnel having jurisdiction over the location where an individual
15	subject to restriction is found.
16	[(5)] (6) "Health care provider" means the same as that term is defined in Section
<b>1</b> 7	78B-3-403.
18	$[\frac{(6)}{2}]$ "Legislative emergency response committee" means the same as that term is
19	defined in Section 53-2a-203.
50	$\left[\frac{(7)}{8}\right]$ (a) "Order of constraint" means an order, rule, or regulation issued in response
1	to a declared public health emergency under this [chapter] part, that:
2	(i) applies to all or substantially all:
3	(A) individuals or a certain group of individuals; or
4	(B) public places or certain types of public places; and
5	(ii) for the protection of the public health and in response to the declared public health
6	emergency:
7	(A) establishes, maintains, or enforces isolation or quarantine;
8	(B) establishes, maintains, or enforces a stay-at-home order;
9	(C) exercises physical control over property or individuals;
0	(D) requires an individual to perform a certain action or engage in certain behavior; or
1	(E) closes theaters, schools, or other public places or prohibits gatherings of people to
2	protect the public health.
3	(b) "Order of constraint" includes a stay-at-home order.
4	(9) "Order of restriction" means an order issued by a department or a district court
5	which requires an individual or group of individuals who are subject to restriction to submit to
6	an examination, treatment, isolation, or quarantine.
7	[(8)] (10) "Public health emergency" means an occurrence or imminent credible threat
8	of an illness or health condition, caused by bioterrorism, epidemic or pandemic disease, or
9	novel and highly fatal infectious agent or biological toxin, that poses a substantial risk of a
0	significant number of human fatalities or incidents of permanent or long-term disability. Such
1	illness or health condition includes an illness or health condition resulting from a natural
2	disaster.
3	(11) "Public health official" means:
4	(a) the executive director or the executive director's authorized representative; or

8575	(b) the executive director of a local health department or the executive director's
8576	authorized representative.
8577	[9] (12) "Reportable emergency illness and health condition" includes the diseases,
8578	conditions, or syndromes designated by the department.
8579	$[\frac{(10)}{(13)}]$ "Stay-at-home order" means an order of constraint that:
8580	(a) restricts movement of the general population to suppress or mitigate an epidemic or
8581	pandemic disease by directing individuals within a defined geographic area to remain in their
8582	respective residences; and
8583	(b) may include exceptions for certain essential tasks.
8584	(14) "Subject to restriction" as applied to an individual, or a group of individuals,
8585	means the individual or group of individuals is:
8586	(a) infected or suspected to be infected with a communicable disease that poses a threat
8587	to the public health and who does not take action as required by the department to prevent
8588	spread of the disease;
8589	(b) contaminated or suspected to be contaminated with an infectious agent that poses a
8590	threat to the public health, and that could be spread to others if remedial action is not taken;
8591	(c) in a condition or suspected condition which, if the individual is exposed to others,
8592	poses a threat to public health, or is in a condition which if treatment is not completed the
8593	individual will pose a threat to public health; or
8594	(d) contaminated or suspected to be contaminated with a chemical or biological agent
8595	that poses a threat to the public health and that could be spread to others if remedial action is
8596	not taken.
8597	Section 271. Section 26B-7-302, which is renumbered from Section 26-1-12 is
8598	renumbered and amended to read:
8599	[ <del>26-1-12</del> ]. <u>26B-7-302.</u> Executive director Power to order abatement of
8600	public health hazard.
8601	If the executive director finds that a condition of filth, sanitation, or other health hazard
8602	exists which creates a clear present hazard to the public health and which requires immediate
8603	action to protect human health or safety, the executive director with the concurrence of the
8604	governor may order persons causing or contributing to the condition to reduce, discontinue, or
8605	ameliorate it to the extent that the public health hazard is eliminated.

8606	Section 272. Section 26B-7-303, which is renumbered from Section 26-6b-1 is
8607	renumbered and amended to read:
8608	[ <del>26-6b-1</del> ]. <u>26B-7-303.</u> Applicability Administrative procedures.
8609	(1) [This chapter applies] Sections 26B-7-304 through 26B-7-315 apply to involuntary
8610	examination, treatment, isolation, and quarantine actions applied to individuals or groups of
8611	individuals by the department or a local health department.
8612	(2) The provisions of [this chapter] Sections 26B-7-304 through 26B-7-315 supersede
8613	the provisions of Title 63G, Chapter 4, Administrative Procedures Act.
8614	(3) The [Department of Health] department may adopt rules in accordance with Title
8615	63G, Chapter 3, Utah Administrative Rulemaking Act, as necessary to administer the
8616	provisions of [this chapter] Sections 26B-7-304 through 26B-7-315.
8617	Section 273. Section 26B-7-304, which is renumbered from Section 26-6b-3 is
8618	renumbered and amended to read:
8619	[26-6b-3]. 26B-7-304. Order of restriction.
8620	(1) Subject to Subsection (5), the department or a local health department having
8621	jurisdiction over the location where an individual or a group of individuals who are subject to
8622	restriction are found may:
8623	(a) issue a written order of restriction for the individual or group of individuals
8624	pursuant to Section [26-1-30] 26B-1-202 or Subsection 26A-1-114(1)(b) upon compliance with
8625	the requirements of this [chapter] part; and
8626	(b) issue a verbal order of restriction for an individual or group of individuals pursuant
8627	to Subsection (2)(c).
8628	(2) (a) A department or local health department's determination to issue an order of
8629	restriction shall be based upon the totality of circumstances reported to and known by the
8630	department or local health department, including:
8631	(i) observation;
8632	(ii) information that the department or local health department determines is credible
8633	and reliable information; and
8634	(iii) knowledge of current public health risks based on medically accepted guidelines as
8635	may be established by the [Department of Health] department by administrative rule.
8636	(b) An order of restriction issued by the department or a local health department shall:

8637	(i) in the opinion of the public health official, be for the shortest reasonable period of
8638	time necessary to protect the public health;
8639	(ii) use the least intrusive method of restriction that, in the opinion of the department or
8640	local health department, is reasonable based on the totality of circumstances known to the
8641	department or local health department issuing the order of restriction;
8642	(iii) be in writing unless the provisions of Subsection (2)(c) apply; and
8643	(iv) contain notice of an individual's rights as required in Section [26-6b-3.3]
8644	<u>26B-6-407</u> .
8645	(c) (i) [A] The department or a local health department may issue a verbal order of
8646	restriction, without prior notice to the individual or group of individuals if the delay in
8647	imposing a written order of restriction would significantly jeopardize the <u>department or local</u>
8648	health department's ability to prevent or limit:
8649	(A) the transmission of a communicable or possibly communicable disease that poses a
8650	threat to public health;
8651	(B) the transmission of an infectious agent or possibly infectious agent that poses a
8652	threat to public health;
8653	(C) the exposure or possible exposure of a chemical or biological agent that poses a
8654	threat to public health; or
8655	(D) the exposure or transmission of a condition that poses a threat to public health.
8656	(ii) A verbal order of restriction issued under [the provisions of] Subsection (2)(c)(i):
8657	(A) is valid for 24 hours from the time the order of restriction is issued;
8658	(B) may be verbally communicated to the individuals or group of individuals subject to
8659	restriction by a first responder;
8660	(C) may be enforced by the first responder until the department or local health
8661	department is able to establish and maintain the place of restriction; and
8662	(D) may only be continued beyond the initial 24 hours if a written order of restriction is
8663	issued pursuant to the provisions of Section [ <del>26-6b-3.3</del> ] <u>26B-7-307</u> .
8664	(3) Pending issuance of a written order of restriction under Section [ <del>26-6b-3.3</del> ]
8665	26B-7-307, or judicial review of an order of restriction [by the district court pursuant to] under
8666	Section [ <del>26-6b-6</del> ] <u>26B-7-311</u> , an individual who is subject to the order of restriction may be
8667	required to submit to involuntary examination, quarantine, isolation, or treatment in the

individual's home, a hospital, or any other suitable facility under reasonable conditions prescribed by the department or local health department.

- (4) The department <u>or local health department</u> that issued the order of restriction shall take reasonable measures, including the provision of medical care, as may be necessary to assure proper care related to the reason for the involuntary examination, treatment, isolation, or quarantine of an individual ordered to submit to an order of restriction.
- (5) (a) The Legislature may at any time terminate by joint resolution an order of restriction issued by the department or local health department as described in this section in response to a declared public health emergency.
- (b) A county governing body may at any time terminate by majority vote an order of restriction issued by the relevant local health department [as described in] under this section issued in response to a declared public health emergency.
- Section 274. Section **26B-7-305**, which is renumbered from Section 26-6b-3.1 is renumbered and amended to read:

## [<del>26-6b-3.1</del>]. <u>26B-7-305.</u> Consent to order of restriction -- Periodic review.

- (1) (a) The department <u>or a local health department</u> shall either seek judicial review of an order of restriction under Sections [<del>26-6b-4</del>] <u>26B-7-309</u> through [<del>26-6b-6</del>] <u>26B-7-311</u>, or obtain the consent of an individual subject to an order of restriction.
- (b) If the department <u>or a local department</u> obtains consent, the consent shall be in writing and shall inform the individual or group of individuals:
  - (i) of the terms and duration of the order of restriction;
- (ii) of the importance of complying with the order of restriction to protect the public's health;
- (iii) that each individual has the right to agree to the order of restriction, or refuse to agree to the order of restriction and seek a judicial review of the order of restriction;
  - (iv) that for any individual who consents to the order of restriction:
- (A) the order of restriction will not be reviewed by the [district] court unless the individual withdraws consent to the order of restriction in accordance with Subsection (1)(b)(iv)(B); and
  - (B) the individual shall notify the department <u>or local health department</u> in writing, with at least five business day's notice, if the individual intends to withdraw consent to the

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8699	order of restriction; and
8700	(v) that a breach of a consent agreement prior to the end of the order of restriction may
8701	subject the individual to an involuntary order of restriction under Section [26-6b-3.2]
8702	<u>26B-7-306</u> .
8703	(2) (a) The department or local health department responsible for the care of an
8704	individual who has consented to the order of restriction shall periodically reexamine the
8705	reasons upon which the order of restriction was based. This reexamination shall occur at least
8706	once every six months.
8707	(b) (i) If at any time, the department or local health department determines that the
8708	conditions justifying the order of restriction for either a group or an individual no longer exist,
8709	the department or local health department shall immediately discharge the individual or group
8710	from the order of restriction.
8711	(ii) If the department or local health department determines that the conditions
8712	justifying the order of restriction continue to exist, the department or local health department
8713	shall send to the individual a written notice of:
8714	(A) the department or local health department's findings, the expected duration of the
8715	order of restriction, and the reason for the decision; and
8716	(B) the individual's right to a judicial review of the order of restriction by the [district]

- (B) the individual's right to a judicial review of the order of restriction by the [district] court if requested by the individual.
- (iii) Upon request for judicial review by an individual, the department or local health department shall:
- (A) file a petition [in district] with the court within five business days after the individual's request for a judicial review; and
- 8722 (B) proceed under Sections [<del>26-6b-4</del>] <u>26B-7-309</u> through [<del>26-6b-6</del>] <u>26B-7-311</u>.

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- 8723 Section 275. Section 26B-7-306, which is renumbered from Section 26-6b-3.2 is 8724 renumbered and amended to read:
- 8725 [<del>26-6b-3.2</del>]. <u>26B-7-306.</u> Involuntary order of restriction -- Notice -- Effect of 8726 order during judicial review.
  - (1) If the department or local health department cannot obtain consent to the order of restriction from an individual, or if an individual withdraws consent to an order under Subsection [26-6b-3.1] 26B-7-305(1)(b)(iv)(B), the department or local health department

3730	shall:
3731	(a) give the individual or group of individuals subject to the order of restriction a
3732	written notice of:
3733	(i) the order of restriction and any supporting documentation; and
3734	(ii) the individual's right to a judicial review of the order of restriction; and
3735	(b) file a petition for a judicial review of the order of restriction under Section
3736	[ <del>26-6b-4</del> ] <u>26B-7-309</u> in [ <del>district</del> ] court within:
3737	(i) five business days after issuing the written notice of the order of restriction; or
3738	(ii) if consent has been withdrawn under Subsection [ <del>26-6b-3.1</del> ]
3739	26B-7-305(1)(b)(iv)(B), within five business days after receiving notice of the individual's
3740	withdrawal of consent.
3741	(2) (a) An order of restriction remains in effect during any judicial proceedings to
3742	review the order of restriction if the department or local health department files a petition for
3743	judicial review of the order of restriction [with the district] within the period of time required
3744	by this section.
3745	(b) Law enforcement officers with jurisdiction in the area where the individual who is
3746	subject to the order of restriction can be located shall assist the department or local health
3747	department with enforcing the order of restriction.
3748	Section 276. Section 26B-7-307, which is renumbered from Section 26-6b-3.3 is
3749	renumbered and amended to read:
3750	[ <del>26-6b-3.3</del> ]. <u>26B-7-307.</u> Contents of notice of order of restriction Rights of
3751	individuals.
3752	(1) A written order of restriction issued by a department or local health department
3753	shall include the following information:
3754	(a) the identity of the individual or a description of the group of individuals subject to
3755	the order of restriction;
3756	(b) the identity or location of any premises that may be subject to restriction;
3757	(c) the date and time for which the restriction begins and the expected duration of the
3758	restriction;
3759	(d) the suspected communicable disease, infectious, chemical or biological agent, or
3760	other condition that poses a threat to public health:

8761 (e) the requirements for termination of the order of restriction, such as necessary 8762 laboratory reports, the expiration of an incubation period, or the completion of treatment for the 8763 communicable disease; 8764 (f) any conditions on the restriction, such as limitation of visitors or requirements for 8765 medical monitoring; 8766 (g) the medical or scientific information upon which the restriction is based; 8767 (h) a statement advising of the right to a judicial review of the order of restriction by 8768 the [district] court; and 8769 (i) pursuant to Subsection (2), the rights of each individual subject to restriction. 8770 (2) An individual subject to restriction has the following rights: 8771 (a) the right to be represented by legal counsel in any judicial review of the order of 8772 restriction in accordance with Subsection [26-6b-4] 26B-7-309(3); 8773 (b) the right to be provided with prior notice of the date, time, and location of any 8774 hearing concerning the order of restriction; 8775 (c) the right to participate in any hearing, in a manner established by the court based on 8776 precautions necessary to prevent additional exposure to communicable or possibly 8777 communicable diseases or to protect the public health; (d) the right to respond and present evidence and arguments on the individual's own 8778 8779 behalf in any hearing; 8780 (e) the right to cross examine witnesses; and 8781 (f) the right to review and copy all records in the possession of the department that 8782 issued the order of restriction which relate to the subject of the written order of restriction. 8783 (3) (a) Notwithstanding the provisions of Subsection (1), if the department or a local health department issues an order of restriction for a group of individuals, the department or 8784 8785 local health department may modify the method of providing notice to the group or modify the 8786 information contained in the notice, if the public health official determines the modification of 8787 the notice is necessary to: 8788 (i) protect the privacy of medical information of individuals in the group; or 8789 (ii) provide notice to the group in a manner that will efficiently and effectively notify 8790 the individuals in the group within the period of time necessary to protect the public health.

(b) When the department or a local health department modifies notice to a group of

individuals under Subsection (3)(a), the department <u>or local health department</u> shall provide each individual in the group with notice that complies with the provisions of Subsection (1) as soon as reasonably practical.

- (4) (a) In addition to the rights of an individual described in Subsections (1) and (2), an individual subject to an order of restriction may not be terminated from employment if the reason for termination is based solely on the fact that the individual is or was subject to an order of restriction.
- (b) The department <u>or local health department</u> issuing the order of restriction shall give the individual subject to the order of restriction notice of the individual's employment rights under Subsection (4)(a).
- (c) An employer in the state, including an employer who is the state or a political subdivision of the state, may not violate the provisions of Subsection (4)(a).
- Section 277. Section **26B-7-308**, which is renumbered from Section 26-6b-3.4 is renumbered and amended to read:

## [<del>26-6b-3.4</del>]. <u>26B-7-308.</u> Medical records -- Privacy protections.

- (1) (a) Health care providers as defined in Section 78B-3-403, health care facilities licensed under [Title 26, Chapter 21] Chapter 2, Part 2, Health Care Facility Licensing and Inspection [Act,] and governmental entities, shall, when requested, provide the public health official and the individual subject to an order of restriction, a copy of medical records that are relevant to the order of restriction.
- (b) The records requested under Subsection (1)(a) shall be provided as soon as reasonably possible after the request is submitted to the health care provider or health care facility, or as soon as reasonably possible after the health care provider or facility receives the results of any relevant diagnostic testing of the individual.
- (2) (a) The production of records under the provisions of this section is for the benefit of the public health and safety of the citizens of the state. A health care provider or facility is encouraged to provide copies of medical records or other records necessary to carry out the purpose of this [chapter] part free of charge.
- (b) Notwithstanding the provisions of Subsection (2)(c), a health care facility that is a state governmental entity shall provide medical records or other records necessary to carry out the purposes of this [chapter] part, free of charge.

8823	(c) If a health care provider or health care facility does not provide medical records free
8824	of charge under the provisions of Subsection (2)(a) or (b), the health care provider or facility
8825	may charge a fee for the records that does not exceed the presumed reasonable charges
8826	established for workers' compensation by administrative rule adopted by the Labor
8827	Commission.
8828	(3) Medical records held by a court related to orders of restriction under this [chapter]
8829	part shall be sealed by the [district] court at the conclusion of the case.
8830	Section 278. Section 26B-7-309, which is renumbered from Section 26-6b-4 is
8831	renumbered and amended to read:
8832	[ <del>26-6b-4</del> ]. <u>26B-7-309.</u> Judicial review Required notice Representation by
8833	counsel Conduct of proceedings.
8834	(1) The provisions of this section and Sections [26-6b-5] 26B-7-310 through [26-6b-7]
8835	26B-7-312 apply if the department or a local health department issues an order for restriction,
8836	and:
8837	(a) an individual subject to the order of restriction refuses to consent to the order of
8838	restriction;
8839	(b) an individual subject to an order of restriction has withdrawn consent to an order of
8840	restriction under the provisions of Subsection [ <del>26-6b-3.1</del> ] <u>26B-7-305(1)(b)(iv)(B)</u> ; or
8841	(c) the department or local health department chooses to not attempt to obtain consent
8842	to an order of restriction and files an action for judicial review of the order of restriction.
8843	(2) (a) If the individual who is subject to an order of restriction is in custody, the
8844	department or local health department, which is the petitioner, shall provide to the individual
8845	written notice of the petition for judicial review of the order of restriction and hearings held
8846	pursuant to Sections $[\underline{26-6b-5}]$ $\underline{26B-7-310}$ through $[\underline{26-6b-7}]$ $\underline{26B-7-312}$ as soon as practicable,
8847	and shall send the notice to the legal guardian, legal counsel for the parties involved, and any
8848	other persons and immediate adult family members whom the individual or the [district] court
8849	designates.
8850	(b) The notice described in Subsection (2)(b) shall advise these persons that a hearing
8851	may be held within the time provided by this [chapter] part.
8852	[(b)] (c) If the individual has refused to permit release of information necessary for the
8853	provision of notice under this Subsection (2), the extent of notice shall be determined by the

8854 [district] court.

(c) Notwithstanding the notice requirement in Subsection (2)(a), if the court determines that written notice to each individual in a group of individuals subject to an order of restriction is not practical considering the circumstances of the threat to public health, the court may order the department to provide notice to the individual or group of individuals in a manner determined by the court.

- (3) (a) If the individual who is subject to an order of restriction is in custody, he shall be afforded an opportunity to be represented by counsel. If neither the individual nor others provide for counsel, the [district] court shall appoint counsel and allow counsel sufficient time to consult with the individual prior to the hearing. If the individual is indigent, the payment of reasonable attorney fees for counsel, as determined by the [district] court, shall be made by the county in which the individual resides or was found.
- (b) The parties may appear at the hearings, to testify, and to present and cross-examine witnesses. The [district] court may, in its discretion, receive the testimony of any other individual.
- (c) The [district] court may allow a waiver of the individual's right to appear only for good cause shown, and that cause shall be made a part of the court record.
- (d) The [district] court may order that the individual participate in the hearing by telephonic or other electronic means if the individual's condition poses a health threat to those who physically attend the hearing or to others if the individual is transported to the court.
- (4) The [district] court may, in its discretion, order that the individual be moved to a more appropriate treatment, quarantine, or isolation facility outside of its jurisdiction, and may transfer the proceedings to any other [district] court within this state where venue is proper, provided that the transfer will not be adverse to the legal interests of the individual.
- (5) All persons to whom notice is required to be given may attend the hearings. The [district] court may exclude from the hearing all persons not necessary for the conduct of the proceedings.
- (6) All hearings shall be conducted in as informal a manner as may be consistent with orderly procedure, and in a physical setting that is not likely to have a harmful effect on the health of the individual or others required to participate in the hearing.
  - (7) The [district] court shall receive all relevant and material evidence which is offered,

8885	subject to Utah Rules of Evidence.
8886	(8) The [district] court may order law enforcement to assist the petitioner in locating
8887	the individuals subject to restriction and enforcing the order of restriction.
8888	Section 279. Section 26B-7-310, which is renumbered from Section 26-6b-5 is
8889	renumbered and amended to read:
8890	[ <del>26-6b-5</del> ]. <u>26B-7-310.</u> Petition for judicial review of order of restriction
8891	Court-ordered examination period.
8892	(1) (a) A department may petition for a judicial review of the department's order of
8893	restriction for an individual or group of individuals who are subject to restriction by filing a
8894	written petition with the [district] court of the county in which the individual or group of
8895	individuals reside or are located.
8896	(b) (i) The county attorney for the county where the individual or group of individuals
8897	reside or are located shall represent the local health department in any proceedings under this
8898	[ <del>chapter</del> ] <u>part</u> .
8899	(ii) The Office of the Attorney General shall represent the department when the
8900	petitioner is the [Department of Health] department in any proceedings under this [chapter]
8901	part.
8902	(2) The petition under Subsection (1) shall be accompanied by:
8903	(a) written affidavit of the department stating:
8904	(i) a belief the individual or group of individuals are subject to restriction;
8905	(ii) a belief that the individual or group of individuals who are subject to restriction are
8906	likely to fail to submit to examination, treatment, quarantine, or isolation if not immediately
8907	restrained;
8908	(iii) this failure would pose a threat to the public health; and
8909	(iv) the personal knowledge of the individual's or group of individuals' condition or the
8910	circumstances that lead to that belief; and
8911	(b) a written statement by a licensed physician or physician assistant indicating the
8912	physician or physician assistant finds the individual or group of individuals are subject to
8913	restriction.

(3) The court shall issue an order of restriction requiring the individual or group of individuals to submit to involuntary restriction to protect the public health if the [district] court

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3916	finds:
3917	(a) there is a reasonable basis to believe that the individual's or group of individuals'
3918	condition requires involuntary examination, quarantine, treatment, or isolation pending
3919	examination and hearing; or
3920	(b) the individual or group of individuals have refused to submit to examination by a
3921	health professional as directed by the department or to voluntarily submit to examination,
3922	treatment, quarantine, or isolation.
3923	(4) If the individual or group of individuals who are subject to restriction are not in
3924	custody, the court may make its determination and issue its order of restriction in an ex parte
3925	hearing.
3926	(5) At least 24 hours prior to the hearing required by Section [26-6b-6] 26B-7-311, the
8927	department which is the petitioner, shall report to the court, in writing, the opinion of qualified
8928	health care providers:
8929	(a) regarding whether the individual or group of individuals are infected by or
3930	contaminated with:
3931	(i) a communicable or possible communicable disease that poses a threat to public
3932	health;
3933	(ii) an infectious agent or possibly infectious agent that poses a threat to public health;
3934	(iii) a chemical or biological agent that poses a threat to public health; or
3935	(iv) a condition that poses a threat to public health;
3936	(b) that despite the exercise of reasonable diligence, the diagnostic studies have not
3937	been completed;
8938	(c) whether the individual or group of individuals have agreed to voluntarily comply
3939	with necessary examination, treatment, quarantine, or isolation; and
8940	(d) whether the petitioner believes the individual or group of individuals will comply
8941	without court proceedings.
8942	Section 280. Section 26B-7-311, which is renumbered from Section 26-6b-6 is
8943	renumbered and amended to read:
8944	[ <del>26-6b-6</del> ]. <u>26B-7-311.</u> Court determination for an order of restriction after
3945	examination period.
3946	(1) The [district] court shall set a hearing regarding the involuntary order of restriction

of an individual or group of individuals, to be held within 10 business days of the issuance of its order of restriction issued pursuant to Section [26-6b-5] 26B-7-310, unless the petitioner informs the [district] court prior to this hearing that the individual or group of individuals:

(a) are not subject to restriction; or

- (b) have stipulated to the issuance of an order of restriction.
- (2) If the individual or an individual in a group of individuals has stipulated to the issuance of an order of restriction, the court may issue an order as provided in Subsection (6) for those individuals without further hearing.
- (3) (a) If the examination report required in Section [26-6b-5] 26B-7-310 proves the individual or group of individuals are not subject to restriction, the court may without further hearing terminate the proceedings and dismiss the petition.
- (b) The court may, after a hearing at which the individual or group of individuals are present in person or by telephonic or other electronic means and have had the opportunity to be represented by counsel, extend its order of restriction for a reasonable period, not to exceed 90 days, if the court has reason to believe the individual or group of individuals are infected by or contaminated with:
- (i) a communicable or possibly communicable disease that poses a threat to public health;
  - (ii) an infectious agent or possibly infectious agent that poses a threat to public health;
  - (iii) a chemical or biological agent that poses a threat to public health; or
- (iv) a condition that poses a threat to public health, but, despite the exercise of reasonable diligence the diagnostic studies have not been completed.
- (4) The petitioner shall, at the time of the hearing, provide the [district] court with the following items, to the extent that they have been issued or are otherwise available:
  - (a) the order of restriction issued by the petitioner;
  - (b) admission notes if any individual was hospitalized; and
- (c) medical records pertaining to the current order of restriction.
- (5) The information provided to the court under Subsection (4) shall also be provided to the individual's or group of individual's counsel at the time of the hearing, and at any time prior to the hearing upon request of counsel.
  - (6) (a) The [district] court shall order the individual and each individual in a group of

individuals to submit to the order of restriction if, upon completion of the hearing and consideration of the record, it finds by clear and convincing evidence that:

- (i) the individual or group of individuals are infected with a communicable disease or infectious agent, are contaminated with a chemical or biological agent, or are in a condition that poses a threat to public health;
- (ii) there is no appropriate and less restrictive alternative to a court order of examination, quarantine, isolation, and treatment, or any of them;
- (iii) the petitioner can provide the individual or group of individuals with treatment that is adequate and appropriate to the individual's or group of individuals' conditions and needs; and
- (iv) it is in the public interest to order the individual or group of individuals to submit to involuntary examination, quarantine, isolation, and treatment, or any of them after weighing the following factors:
- (A) the personal or religious beliefs, if any, of the individual that are opposed to medical examination or treatment;
- (B) the ability of the department to control the public health threat with treatment alternatives that are requested by the individual;
- (C) the economic impact for the department if the individual is permitted to use an alternative to the treatment recommended by the department; and
  - (D) other relevant factors as determined by the court.
- (b) If upon completion of the hearing the court does not find all of the conditions listed in Subsection (6)(a) exist, the court shall immediately dismiss the petition.
- (7) The order of restriction shall designate the period, subject to Subsection (8), for which the individual or group of individuals shall be examined, treated, isolated, or quarantined.
- (8) (a) The order of restriction may not exceed six months without benefit of a [district] court review hearing.
- (b) (i) The [district] court review hearing shall be held prior to the expiration of the order of restriction issued under Subsection (7).
- 9007 (ii) At the review hearing the court may issue an order of restriction for up to an 9008 indeterminate period, if the [district] court enters a written finding in the record determining by

9009 clear and convincing evidence that the required conditions in Subsection (6) will continue for 9010 an indeterminate period. 9011 Section 281. Section 26B-7-312, which is renumbered from Section 26-6b-7 is 9012 renumbered and amended to read: 9013 26B-7-312. Periodic review of individuals under court order.  $[\frac{26-6b-7}{1}]$ . 9014 (1) (a) At least two weeks prior to the expiration of the designated period of any court 9015 order still in effect, the petitioner shall inform the court that issued the order that the order is 9016 about to expire. 9017 (b) The petitioner shall immediately reexamine the reasons upon which the court's 9018 order was based. 9019 (c) If the petitioner determines that the conditions justifying that order no longer exist, 9020 [it] the petitioner shall discharge the individual from involuntary quarantine, isolation, or 9021 treatment and report its action to the court for a termination of the order. 9022 (d) [Otherwise] If the conditions justifying the order still exist, the court shall schedule 9023 a hearing prior to the expiration of [its] the court's order and proceed under Sections [<del>26-6b-4</del>] 9024 26B-7-309 through [<del>26-6b-6</del>] 26B-7-311. 9025 (2) (a) The petitioner responsible for the care of an individual under a court order of 9026 involuntary quarantine, isolation, or treatment for an indeterminate period shall at six-month 9027 intervals reexamine the reasons upon which the order of indeterminate duration was based. 9028 (b) If the petitioner determines that the conditions justifying that the court's order no 9029 longer exist, the petitioner shall discharge the individual from involuntary quarantine, isolation, 9030 or treatment and immediately report its action to the court for a termination of the order. 9031 (c) If the petitioner determines that the conditions justifying the involuntary quarantine, 9032 isolation, or treatment continue to exist, the petitioner shall send a written report of those 9033 findings to the court. 9034 (d) The petitioner shall notify the individual and his counsel of record in writing that the involuntary quarantine, isolation, or treatment will be continued, the reasons for that 9035 9036 decision, and that the individual has the right to a review hearing by making a request to the 9037 court. 9038 (e) Upon receiving the request for a review, the court shall immediately set a hearing date and proceed under Sections [26-6b-4] 26B-6-309 through [26-6b-6] 26B-6-311. 9039

9040	Section 282. Section 26B-7-313, which is renumbered from Section 26-6b-8 is
9041	renumbered and amended to read:
9042	[ <del>26-6b-8</del> ]. <u>26B-7-313.</u> Transportation of individuals subject to temporary or
9043	court-ordered restriction.
9044	Transportation of an individual subject to an order of restriction to court, or to a place
9045	for examination, quarantine, isolation, or treatment pursuant a temporary order issued by a
9046	department or local health department, or pursuant to a court order, shall be conducted by the
9047	county sheriff where the individual is located.
9048	Section 283. Section 26B-7-314, which is renumbered from Section 26-6b-9 is
9049	renumbered and amended to read:
9050	[ <del>26-6b-9</del> ]. <u>26B-7-314.</u> Examination, quarantine, isolation, and treatment costs.
9051	If a local health department obtains approval from the [Department of Health]
9052	department, the costs that the local health department would otherwise have to bear for
9053	examination, quarantine, isolation, and treatment ordered under the provisions of this chapter
9054	shall be paid by the [Department of Health] department to the extent that the individual is
9055	unable to pay and that other sources and insurance do not pay.
9056	Section 284. Section 26B-7-315, which is renumbered from Section 26-6b-10 is
9057	renumbered and amended to read:
9058	[ <del>26-6b-10</del> ]. <u>26B-7-315.</u> Severability.
9059	[If any provision of this chapter,] With respect to Sections 26B-7-404 through
9060	26B-7-414, if the provisions or the application of [this chapter] the provisions to any person or
9061	circumstance[5] is found to be unconstitutional, the provision is found to be unconstitutional is
9062	severable and the balance of [this chapter remains] any sections not found to be constitutional
9063	remain effective, notwithstanding [that unconstitutionality] those sections found to be
9064	unconstitutional.
9065	Section 285. Section 26B-7-316, which is renumbered from Section 26-23b-103 is
9066	renumbered and amended to read:
9067	[ <del>26-23b-103</del> ]. <u>26B-7-316.</u> Mandatory reporting requirements Contents
9068	of reports Penalties.
9069	(1) (a) A health care provider shall report to the department any case of any person who

9070 the provider knows has a confirmed case of, or who the provider believes in his professional 9071 judgment is sufficiently likely to harbor any illness or health condition that may be caused by: 9072 (i) bioterrorism; 9073 (ii) epidemic or pandemic disease; or 9074 (iii) novel and highly fatal infectious agents or biological toxins which might pose a 9075 substantial risk of a significant number of human fatalities or incidences of permanent or 9076 long-term disability. 9077 (b) A health care provider shall immediately submit the report required by Subsection 9078 (1)(a) within 24 hours of concluding that a report is required under Subsection (1)(a). 9079 (2) (a) A report required by this section shall be submitted electronically, verbally, or in 9080 writing to the department or appropriate local health department. 9081 (b) A report submitted pursuant to Subsection (1) shall include, if known: 9082 (i) diagnostic information on the specific illness or health condition that is the subject 9083 of the report, and, if transmitted electronically, diagnostic codes assigned to the visit; 9084 (ii) the patient's name, date of birth, sex, race, occupation, and current home and work 9085 address and phone number; 9086 (iii) the name, address, and phone number of the health care provider; and 9087 (iv) the name, address, and phone number of the reporting individual. 9088 (3) The department may impose a sanction against a health care provider for failure to 9089 make a report required by this section only if the department can show by clear and convincing 9090 evidence that a health care provider willfully failed to file a report. 9091 Section 286. Section 26B-7-317, which is renumbered from Section 26-23b-104 is 9092 renumbered and amended to read: 9093 [<del>26-23b-104</del>]. 26B-7-317. Authorization to report -- Declaration of a public 9094 health emergency -- Termination of a public health emergency -- Order of constraint. 9095 (1) A health care provider is authorized to report to the department any case of a 9096 reportable emergency illness or health condition in any person when:

(a) the health care provider knows of a confirmed case; or

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- (b) the health care provider believes, based on the health care provider's professional judgment that a person likely harbors a reportable emergency illness or health condition.
  - (2) A report [pursuant to] under this section shall include, if known:

9101	(a) the name of the facility submitting the report;
9102	(b) a patient identifier that allows linkage with the patient's record for follow-up
9103	investigation if needed;
9104	(c) the date and time of visit;
9105	(d) the patient's age and sex;
9106	(e) the zip code of the patient's residence;
9107	(f) the reportable illness or condition detected or suspected;
9108	(g) diagnostic information and, if available, diagnostic codes assigned to the visit; and
9109	(h) whether the patient was admitted to the hospital.
9110	(3) (a) Subject to Subsections (3)(b) and (4), if the department determines that a public
9111	health emergency exists, the department may, with the concurrence of the governor and the
9112	executive director or in the absence of the executive director, the executive director's designee,
9113	declare a public health emergency, issue an order of constraint, and mandate reporting under
9114	this section for a limited reasonable period of time, as necessary to respond to the public health
9115	emergency.
9116	(b) (i) During a public health emergency that has been in effect for more than 30 days,
9117	the department may not issue an order of constraint until the department has provided notice of
9118	the proposed action to the legislative emergency response committee no later than 24 hours
9119	before the department issues the order of constraint.
9120	(ii) The department:
9121	(A) shall provide the notice required by Subsection (3)(b)(i) using the best available
9122	method under the circumstances as determined by the executive director;
9123	(B) may provide the notice required by Subsection (3)(b)(i) in electronic format; and
9124	(C) shall provide the notice in written form, if practicable.
9125	(c) The department may not mandate reporting under this subsection for more than 90
9126	days.
9127	(4) (a) Except as provided in Subsection (4)(b), a public health emergency declared by
9128	the department as described in Subsection (3) expires at the earliest of:
9129	(i) the day on which the department or the governor finds that the threat or danger has
9130	passed or the public health emergency reduced to the extent that emergency conditions no
9131	longer exist;

9132	(ii) 30 days after the date on which the department declared the public health
9133	emergency; or
9134	(iii) the day on which the public health emergency is terminated by a joint resolution of
9135	the Legislature.
9136	(b) (i) The Legislature, by joint resolution, may extend a public health emergency for a
9137	time period designated in the joint resolution.
9138	(ii) If the Legislature extends a public health emergency as described in Subsection
9139	(4)(b)(i), the public health emergency expires on the date designated by the Legislature.
9140	(c) Except as provided in Subsection (4)(d), if a public health emergency declared by
9141	the department expires as described in Subsection (4)(a) or (b), the department may not declare
9142	a public health emergency for the same illness or occurrence that precipitated the previous
9143	public health emergency declaration.
9144	(d) (i) Notwithstanding Subsection (4)(c), subject to Subsection (4)(e), if the
9145	department finds that exigent circumstances exist, after providing notice to the Legislature, the
9146	department may declare a new public health emergency for the same illness or occurrence that
9147	precipitated a previous public health emergency declaration.
9148	(ii) A public health emergency declared as described in Subsection (4)(d)(i) expires in
9149	accordance with Subsection (4)(a) or (b).
9150	(e) If the Legislature terminates a public health emergency declared due to exigent
9151	circumstances as described in Subsection (4)(d)(i), the department may not declare a new
9152	public health emergency for the same illness, occurrence, or exigent circumstances.
9153	(5) During a declared public health emergency declared under this title:
9154	(a) the Legislature may:
9155	(i) at any time by joint resolution terminate an order of constraint issued by the
9156	department; or
9157	(ii) by joint resolution terminate an order of constraint issued by a local health
9158	department in response to a public health emergency that has been in effect for more than 30
9159	days; and
9160	(b) a county legislative body may at any time terminate an order of constraint issued by
9161	a local health department in response to a declared public health emergency.
9162	(6) (a) (i) If the department declares a public health emergency as described in this

[chapter] part, and the department finds that the public health emergency conditions warrant an extension of the public health emergency beyond the 30-day term or another date designated by the Legislature as described in this section, the department shall provide written notice to the speaker of the House of Representatives and the president of the Senate at least 10 days before the expiration of the public health emergency.

- (ii) If a local health department declares a public health emergency as described in this [chapter] part, and the local health department finds that the public health emergency conditions warrant an extension of the public health emergency beyond the 30-day term or another date designated by the county governing body as described in this section, the local health department shall provide written notice to the county governing body at least 10 days before the expiration of the public health emergency.
- (b) If the department provides notice as described in Subsection (6)(a)(i) for a public health emergency within the first 30 days from the initial declaration of the public health emergency, the speaker of the House of Representatives and the president of the Senate:
- (i) shall poll the members of their respective bodies to determine whether the Legislature will extend the public health emergency; and
  - (ii) may jointly convene the committee created in Section 53-2a-218.
- (c) If the department provides notice as described in Subsection (6)(a)(i) for a public health emergency that has been extended beyond the 30 days from the initial declaration of the public health emergency, the speaker of the House of Representatives and the president of the Senate shall jointly convene the committee created in Section 53-2a-218.
- (7) If the committee created in Section 53-2a-218 is convened as described in Subsection (6), the committee shall conduct a public meeting to:
- (a) discuss the nature of the public health emergency and conditions of the public health emergency;
  - (b) evaluate options for public health emergency response;
- 9189 (c) receive testimony from individuals with expertise relevant to the current public health emergency;
  - (d) receive testimony from members of the public; and
- 9192 (e) provide a recommendation to the Legislature whether to extend the public health emergency by joint resolution.

9194	(8) (a) During a public health emergency declared as described in this title:
9195	(i) the department or a local health department may not impose an order of constraint
9196	on a religious gathering that is more restrictive than an order of constraint that applies to any
9197	other relevantly similar gathering; and
9198	(ii) an individual, while acting or purporting to act within the course and scope of the
9199	individual's official department or local health department capacity, may not:
9200	(A) prevent a religious gathering that is held in a manner consistent with any order of
9201	constraint issued pursuant to this title; or
9202	(B) impose a penalty for a previous religious gathering that was held in a manner
9203	consistent with any order of constraint issued pursuant to this title.
9204	(b) Upon proper grounds, a court of competent jurisdiction may grant an injunction to
9205	prevent the violation of this Subsection (8).
9206	(c) During a public health emergency declared [as described] in accordance with his
9207	title, the department or a local health department [shall] may a public health order or impose or
9208	implement a regulation that substantially burdens an individual's exercise of religion unless the
9209	department or local health department demonstrates that the application of the burden to the
9210	individual:
9211	(i) is in furtherance of a compelling government interest; and
9212	(ii) is the least restrictive means of furthering that compelling government interest.
9213	(d) Notwithstanding Subsections (8)(a) and (c), the department or a local health
9214	department shall allow reasonable accommodations for an individual to perform or participate
9215	in a religious practice or rite.
9216	(9) (a) Unless the provisions of Subsection (3) apply, a health care provider is not
9217	subject to penalties for failing to submit a report under this section.
9218	(b) If the provisions of Subsection (3) apply, a health care provider is subject to the
9219	penalties of Subsection [ <del>26-23b-103</del> ] <u>26B-7-415(</u> 3) for failure to make a report under this
9220	section.
9221	Section 287. Section <b>26B-7-318</b> , which is renumbered from Section 26-23b-105 is
9222	renumbered and amended to read:
9223	[ <del>26-23b-105</del> ]. <u>26B-7-318.</u> Pharmacy reporting requirements.

9224

(1) Notwithstanding the provisions of Subsection [26-23b-103] 26B-7-315(1)(a), a

9225 pharmacist shall report unusual drug-related events as described in Subsection (2). 9226 (2) Unusual drug-related events that require a report include: 9227 (a) an unusual increase in the number of prescriptions filled for antimicrobials; 9228 (b) any prescription that treats a disease that has bioterrorism potential if that 9229 prescription is unusual or in excess of the expected frequency; and 9230 (c) an unusual increase in the number of requests for information about or sales of 9231 over-the-counter pharmaceuticals to treat conditions which may suggest the presence of one of 9232 the illnesses or conditions described in Section [ $\frac{26-23b-103}{26B-7-315}$ ] 26B-7-315 or [ $\frac{26-23b-104}{26B-7-315}$ ] 9233 26B-7-316 and which are designated by department rule. 9234 (3) (a) A pharmacist shall submit the report required by this section within 24 hours 9235 after the pharmacist suspects, in his professional judgement, that an unusual drug-related event 9236 has occurred. 9237 (b) If a pharmacy is part of a health care facility subject to the reporting requirements of this [chapter] part, the pharmacist in charge shall make the report under this section on 9238 9239 behalf of the health care facility. 9240 (4) (a) The report required by this section shall be submitted in accordance with 9241 Subsection [<del>26-23b-103</del>] 26B-7-7315(2)(a). 9242 (b) A report shall include the name and location of the reporting pharmacist, the name 9243 and type of pharmaceuticals that are the subject of the unusual increase in use, and if known, 9244 the suspected illness or health condition that is the subject of the report. 9245 (5) A pharmacist is subject to the penalties under Subsection [26-23b-103] 9246 26B-7-315(3) for failing to make a report required by this section. 9247 Section 288. Section 26B-7-319, which is renumbered from Section 26-23b-106 is 9248 renumbered and amended to read: 9249 [<del>26-23b-106</del>]. 26B-7-319. Medical laboratory reporting requirements. 9250 (1) Notwithstanding the provisions of Subsection [<del>26-23b-103</del>] 26B-7-315(1), the 9251 director of a medical laboratory located in this state is responsible for reporting results of a 9252 laboratory test that confirm a condition or illness described in Subsection [<del>26-23b-103</del>] 9253 26B-7-315(1) within 24 hours after obtaining the results of the test. This reporting requirement 9254 also applies to results obtained on specimens sent to an out-of-state laboratory for analysis. 9255 (2) The director of a medical laboratory located outside this state that receives a

9256 specimen obtained inside this state is responsible for reporting the results of any test that 9257 confirm a condition or illness described in Subsection [26-23b-103] 26B-7-315(1), within 24 9258 hours of obtaining the results, provided that the laboratory that performs the test has agreed to 9259 the reporting requirements of this state. 9260 (3) If a medical laboratory is part of a health care facility subject to the reporting 9261 requirements of this [chapter] part, the director of the medical laboratory shall make the report 9262 required by this section on behalf of the health care facility. 9263 (4) The report required by this section shall be submitted in accordance with 9264 Subsection [<del>26-23b-103</del>] 26B-7-315(2). 9265 (5) The director of a medical laboratory is subject to the penalties of Subsection 9266 [<del>26-23b-103</del>] 26B-7-315(3) for failing to make a report required by this section. 9267 Section 289. Section 26B-7-320, which is renumbered from Section 26-23b-107 is 9268 renumbered and amended to read: 9269 [<del>26-23b-107</del>]. 26B-7-320. Exemptions from liability. 9270 (1) A health care provider may not be discharged, suspended, disciplined, or harassed 9271 for making a report [pursuant to this chapter] under Sections 26B-7-316 through 26B-7-323. 9272 (2) A health care provider may not incur any civil or criminal liability as a result of 9273 making any report under [this chapter] Sections 26B-7-316 through 26B-7-323 so long as the 9274 report is made in good faith. 9275 Section 290. Section 26B-7-321, which is renumbered from Section 26-23b-108 is 9276 renumbered and amended to read: 9277 [26-23b-108]. 26B-7-321. Investigation of suspected bioterrorism and 9278 diseases -- Termination of orders of constraint. 9279 (1) Subject to Subsection (6), the department shall: 9280 (a) ascertain the existence of cases of an illness or condition caused by the factors described in Subsections [ $\frac{26-23b-103}{26B-7-315}$ ]  $\frac{26B-7-315}{26B-7-316}$ ]  $\frac{26B-7-316}{26B-7-316}$ 9281 9282 (b) investigate all such cases for sources of infection or exposure; 9283 (c) ensure that any cases, suspected cases, and exposed persons are subject to proper 9284 control measures; and 9285 (d) define the distribution of the suspected illness or health condition.

(2) (a) Acting on information received from the reports required by this [chapter]

Sections 26B-7-316 through 26B-7-320, or other reliable information, the department shall identify all individuals thought to have been exposed to an illness or condition described in Subsection [26-23b-103] 26B-7-315(1).

- (b) The department may request information from a health care provider concerning an individual's identifying information as described in Subsection [<del>26-23b-103</del>] <u>26B-7-315(2)(b)</u> when:
- (i) the department is investigating a potential illness or condition described in Subsection [<del>26-23b-103</del>] <u>26B-7-315(1)</u> and the health care provider has not submitted a report to the department with the information requested; or
- (ii) the department has received a report from a pharmacist under Section [26-23b-105] 26B-7-317, a medical laboratory under Section [26-23b-106] 26B-7-318, or another health care provider under Subsection [26-23b-104] 26B-7-316(1) and the department believes that further investigation is necessary to protect the public health.
- (c) A health care provider shall submit the information requested under this section to the department within 24 hours after receiving a request from the department.
  - (3) The department shall counsel and interview identified individuals as appropriate to:
  - (a) assist in the positive identification of other cases and exposed individuals;
- 9304 (b) develop information relating to the source and spread of the illness or condition; 9305 and
  - (c) obtain the names, addresses, phone numbers, or other identifying information of any other person from whom the illness or health condition may have been contracted and to whom the illness or condition may have spread.
  - (4) The department shall, for examination purposes, close, evacuate, or decontaminate any facility when the department reasonably believes that such facility or material may endanger the public health due to a condition or illness described in Subsection [26-23b-103] 26B-7-315(1).
  - (5) The department [will] shall destroy personally identifying health information about an individual collected by the department as a result of a report under [this chapter] Sections 26B-7-316 through 26B-7-320 upon the earlier of:
- 9316 (a) the department's determination that the information is no longer necessary to carry out an investigation under this [chapter] part; or

9318	(b) 180 days after the information is collected.
9319	(6) (a) The Legislature may at any time terminate by joint resolution an order of
9320	constraint issued by the department in response to a declared public health emergency.
9321	(b) A county governing body may at any time terminate by majority vote an order of
9322	constraint issued by the relevant local health department in response to a declared public health
9323	emergency.
9324	Section 291. Section 26B-7-322, which is renumbered from Section 26-23b-109 is
9325	renumbered and amended to read:
9326	[ <del>26-23b-109</del> ]. <u>26B-7-322.</u> Enforcement.
9327	The department may enforce the provisions of [this chapter] Sections 26B-7-316
9328	through 26B-7-321 in accordance with existing enforcement laws and regulations.
9329	Section 292. Section 26B-7-323, which is renumbered from Section 26-23b-110 is
9330	renumbered and amended to read:
9331	[ <del>26-23b-110</del> ]. <u>26B-7-323.</u> Information sharing with public safety
9332	authorities.
9333	(1) [For purposes of] As used in this section, "public safety authority" means a local,
9334	state, or federal law enforcement authority including the Division of Emergency Management,
9335	emergency medical services personnel, and firefighters.
9336	(2) Notwithstanding the provisions of Title 63G, Chapter 2, Government Records
9337	Access and Management Act:
9338	(a) whenever a public safety authority suspects a case of a reportable illness or
9339	condition under the provisions of this chapter, it shall immediately notify the department;
9340	(b) whenever the department learns of a case of a reportable illness or condition under
9341	this [chapter] part that [it] the department reasonably believes has the potential to be caused by
9342	one of the factors listed in Subsection [ <del>26-23b-103</del> ] <u>26B-7-315(1)</u> , [it] the department shall
9343	immediately notify the appropriate public safety authority; and
9344	(c) sharing of information reportable under [the provisions of this chapter] this part
9345	between persons authorized by this [chapter] part shall be limited to information necessary for
9346	the treatment, control, investigation, and prevention of a public health emergency.
9347	[(3) Except to the extent inconsistent with this chapter, Sections 26-6-27 and 26-6-28
9348	apply to this chapter.]

9349	Section 293. Section 26B-7-324 is enacted to read:
9350	26B-7-324. Applicability of confidentiality provisions
9351	The provisions of Sections 26B-7-317 and 26B-7-318 apply to information collected
9352	under Sections 26B-7-416 through 26B-7-423 except to the extent that application of a
9353	provision in Sections 26B-7-317 or 26B-7-318 is inconsistent with this part.
9354	Section 294. Section 26B-7-401, which is renumbered from Section 26-15a-102 is
9355	renumbered and amended to read:
9356	Part 4. General Sanitation and Food Safety
9357	[26-15a-102]. 26B-7-401. Definitions.
9358	As used in this part:
9359	(1) "Agricultural tourism activity" means the same as that term is defined in Section
9360	78B-4-512.
9361	(2) "Agritourism" means the same as that term is defined in Section 78B-4-512.
9362	(3) "Agritourism food establishment" means a non-commercial kitchen facility where
9363	food is handled, stored, or prepared to be offered for sale on a farm in connection with an
9364	agricultural tourism activity.
9365	(4) "Agritourism food establishment permit" means a permit issued by a local health
9366	department to the operator for the purpose of operating an agritourism food establishment.
9367	[(1)] (5) "Back country food service establishment" means a federal or state licensed
9368	back country guiding or outfitting business that:
9369	(a) provides food services; and
9370	(b) meets department recognized federal or state food service safety regulations for
9371	food handlers.
9372	[(2)] (6) "Certified food safety manager" means a manager of a food service
9373	establishment who:
9374	(a) passes successfully a department-approved examination;
9375	(b) successfully completes, every three years, renewal requirements established by
9376	department rule consistent with original certification requirements; and
9377	(c) submits to the appropriate local health department the documentation required by
9378	Section 26-15a-106.
370	(7) "Farm" means a working farm, ranch, or other commercial agricultural

9380	aquacultural, horticultural, or forestry operation.
9381	(8) "Food" means:
9382	(a) a raw, cooked, or processed edible substance, ice, nonalcoholic beverage, or
9383	ingredient used or intended for use or for sale, in whole or in part, for human consumption; or
9384	(b) chewing gum.
9385	[3] [9] "Food service establishment" means any place or area within a business or
9386	organization where potentially hazardous foods, as defined by the department under Section
9387	26B-7-402 are prepared and intended for individual portion service and consumption by the
9388	general public, whether the consumption is on or off the premises, and whether or not a fee is
9389	charged for the food.
9390	[(4) "Local health department" means a local health department as defined in
9391	Subsection 26A-1-102(5).]
9392	[(5) "Potentially hazardous foods" shall be defined by the department by administrative
9393	rule adopted in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act.]
9394	(10) (a) "Microenterprise home kitchen" means a non-commercial kitchen facility
9395	located in a private home and operated by a resident of the home where ready-to-eat food is
9396	handled, stored, prepared, or offered for sale.
9397	(b) "Microenterprise home kitchen" does not include:
9398	(i) a catering operation;
9399	(ii) a cottage food operation;
9400	(iii) a food truck;
9401	(iv) an agritourism food establishment;
9402	(v) a bed and breakfast; or
9403	(vi) a residence-based group care facility.
9404	(11) "Microenterprise home kitchen permit" means a permit issued by a local health
9405	department to the operator for the purpose of operating a microenterprise home kitchen.
9406	(12) "Ready-to-eat" means:
9407	(a) raw animal food that is cooked;
9408	(b) raw fruits and vegetables that are washed;
9409	(c) fruits and vegetables that are cooked for hot holding;
9410	(d) a time or temperature control food that is cooked to the temperature and time

9411	required for the specific food in accordance with rules made by the department in accordance
9412	with Title 63G, Chapter 3, Utah Administrative Rulemaking Act; or
9413	(e) a bakery item for which further cooking is not required for food safety.
9414	(13) "Time or temperature control food" means food that requires time or temperature
9415	controls for safety to limit pathogenic microorganism growth or toxin formation.
9416	Section 295. Section 26B-7-402, which is renumbered from Section 26-15-2 is
9417	renumbered and amended to read:
9418	[ <del>26-15-2</del> ]. <u>26B-7-402.</u> Minimum rules of sanitation established by department.
9419	The department shall establish and enforce, or provide for the enforcement of minimum
9420	rules of sanitation necessary to protect the public health. Such rules shall include, but not be
9421	limited to, rules necessary for the design, construction, operation, maintenance, or expansion
9422	of:
9423	(1) restaurants and all places where food or drink is handled, sold or served to the
9424	public;
9425	(2) public swimming pools;
9426	(3) public baths including saunas, spas, massage parlors, and suntan parlors;
9427	(4) public bathing beaches;
9428	(5) schools which are publicly or privately owned or operated;
9429	(6) recreational resorts, camps, and vehicle parks;
9430	(7) amusement parks and all other centers and places used for public gatherings;
9431	(8) mobile home parks and highway rest stops;
9432	(9) construction or labor camps;
9433	(10) jails, prisons and other places of incarceration or confinement;
9434	(11) hotels and motels;
9435	(12) lodging houses and boarding houses;
9436	(13) service stations;
9437	(14) barbershops and beauty shops, including a facility in which one or more
9438	individuals are engaged in:
9439	(a) any of the practices licensed under Title 58, Chapter 11a, Cosmetology and
9440	Associated Professions Licensing Act; or
9441	(b) styling hair in accordance with the exemption from licensure described in Section

9442	58-11a-304(13);
9443	(15) physician and dentist offices;
9444	(16) public buildings and grounds;
9445	(17) public conveyances and terminals; and
9446	(18) commercial tanning facilities.
9447	Section 296. Section 26B-7-403, which is renumbered from Section 26-15-3 is
9448	renumbered and amended to read:
9449	[ <del>26-15-3</del> ]. <u>26B-7-403.</u> Department to advise regarding the plumbing code.
9450	(1) The department shall advise the Division of Professional Licensing and the
9451	Uniform Building Code Commission with respect to the adoption of a state construction code
9452	under Section 15A-1-204, including providing recommendations as to:
9453	(a) a specific edition of a plumbing code issued by a nationally recognized code
9454	authority; and
9455	(b) any amendments to a nationally recognized code.
9456	(2) The department may enforce the plumbing code adopted under Section 15A-1-204.
9457	(3) Section 58-56-9 does not apply to health inspectors acting under this section.
9458	Section 297. Section 26B-7-404, which is renumbered from Section 26-15-4 is
9459	renumbered and amended to read:
9460	$[\frac{26-15-4}{2}]$ . Rules for wastewater disposal systems.
9461	The department shall establish rules necessary to protect the public health for the
9462	design, and construction, operation and maintenance of individual wastewater disposal
9463	systems.
9464	Section 298. Section 26B-7-405, which is renumbered from Section 26-15-7 is
9465	renumbered and amended to read:
9466	[ <del>26-15-7</del> ]. <u>26B-7-405.</u> Rules for controlling vector-borne diseases and pests.
9467	(1) As used in this section:
9468	(a) "Pest" means a noxious, destructive, or troublesome organism whether plant or
9469	animal, when found in and around places of human occupancy, habitation, or use which
9470	threatens the public health or well being of the people within the state.
9471	(b) "Vector" means any organism, such as insects or rodents, that transmits a pathogen
9472	that can affect public health.

9473	(2) The department shall adopt rules to provide for the protection of the public health by
9474	controlling or preventing the spread of vector-borne diseases and infections and to control or
9475	reduce pests by the elimination of insanitary conditions which may include but not be limited
9476	to breeding areas, shelter, harborage or sources of food associated with such diseases or pests.
9477	Section 299. Section 26B-7-406, which is renumbered from Section 26-15-8 is
9478	renumbered and amended to read:
9479	[ <del>26-15-8</del> ]. <u>26B-7-406.</u> Periodic evaluation of local health sanitation programs
9480	Minimum statewide enforcement standards Technical assistance.
9481	(1) The department shall periodically evaluate the sanitation programs of local health
9482	departments to determine the levels of sanitation being maintained throughout the state.
9483	(2) (a) The department shall ensure that each local health department's enforcement of
9484	the minimum rules of sanitation adopted under Section 26-15-2 for restaurants and other places
9485	where food or drink is handled meets or exceeds minimum statewide enforcement standards
9486	established by the department by administrative rule.
9487	(b) Administrative rules adopted under Subsection (2)(a) shall include at least:
9488	(i) the minimum number of periodic on-site inspections that shall be conducted by each
9489	local health department;
9490	(ii) criteria for conducting additional inspections; and
9491	(iii) standardized methods to be used by local health departments to assess compliance
9492	with the minimum rules of sanitation adopted under Section 26-15-2.
9493	(c) The department shall help local health departments comply with the minimum
9494	statewide enforcement standards adopted under this Subsection (2) by providing technical
9495	assistance.
9496	Section 300. Section 26B-7-407, which is renumbered from Section 26-15-13 is
9497	renumbered and amended to read:
9498	$[\frac{26-15-13}{2}]$ . <u>26B-7-407.</u> Regulation of tanning facilities.
9499	(1) For purposes of this section:
9500	(a) "Minor" means [a person under 18 years of age] an individual who is younger than
9501	18 years old.
9502	(b) "Phototherapy device" means equipment that emits ultraviolet radiation used by a
9503	health care professional in the treatment of disease

9504	(c) (i) "Tanning device" means equipment to which a tanning facility provides access
9505	that emits electromagnetic radiation with wavelengths in the air between 200 and 400
9506	nanometers used for tanning of the skin, including:
9507	(A) a sunlamp; and
9508	(B) a tanning booth or bed.
9509	(ii) "Tanning device" does not include a phototherapy device.
9510	(d) "Tanning facility" means a commercial location, place, area, structure, or business
9511	that provides access to a tanning device.
9512	(2) A tanning facility shall:
9513	(a) annually obtain a permit to do business as a tanning facility from the local health
9514	department with jurisdiction over the location in which the facility is located; and
9515	(b) in accordance with Subsection (3) post a warning sign in a conspicuous location
9516	that is readily visible to a person about to use a tanning device.
9517	(3) The posted warning and written consent required by Subsections (2) and (5) shall
9518	be developed by the department through administrative rules and shall include:
9519	(a) that there are health risks associated with the use of a tanning device;
9520	(b) that the facility may not allow a minor to use a tanning device unless the minor:
9521	(i) has a written order from a physician; or
9522	(ii) at each time of use is accompanied at the tanning facility by a parent or legal
9523	guardian who provides written consent authorizing the minor to use the tanning device.
9524	(4) It is unlawful for any operator of a tanning facility to allow a minor to use a tanning
9525	device unless:
9526	(a) the minor has a written order from a physician as defined in Section 58-67-102, to
9527	use a tanning device as a medical treatment; or
9528	(b) (i) the minor's parent or legal guardian appears in person at the tanning facility each
9529	time that the minor uses a tanning device, except that the minor's parent or legal guardian is not
9530	required to remain at the facility for the duration of the use; and
9531	(ii) the minor's parent or legal guardian signs the consent form required in Subsection
9532	(5).
9533	(5) The written consent required by Subsection (4) shall be signed and dated each time
9534	the minor uses a tanning device at the facility, and shall include at least:

9535	(a) information concerning the health risks associated with the use of a tanning device;
9536	and
9537	(b) a statement that:
9538	(i) the parent or legal guardian of the minor has read and understood the warnings
9539	given by the tanning facility, and consents to the minor's use of a tanning device; and
9540	(ii) the parent or legal guardian agrees that the minor will use protective eye wear.
9541	(6) The department shall adopt administrative rules in accordance with Title 63G,
9542	Chapter 3, Utah Administrative Rulemaking Act, specifying:
9543	(a) minimum requirements a tanning facility shall satisfy to obtain a permit under
9544	Subsection (2);
9545	(b) the written information concerning health risks a facility should include in the
9546	posted signs required by Subsection (3) and in the consent form required by Subsection (5);
9547	(c) procedures a tanning facility shall implement to ensure a minor and the minor's
9548	parent or legal guardian comply with Subsections (4) and (5), including use of a statewide
9549	uniform form:
9550	(i) for a parent or legal guardian to certify and give consent under Subsection (5); and
9551	(ii) that clearly identifies the department's seal or other means to indicate that the form
9552	is an official form of the department; and
9553	(d) the size, placement, and content of the sign a tanning facility must post under
9554	Subsection (2).
9555	(7) (a) A violation of this section:
9556	(i) is an infraction; and
9557	(ii) may result in the revocation of a permit to do business as a tanning facility.
9558	(b) If a person misrepresents to a tanning facility that the person is 18 years of age or
9559	older, the person is guilty of an infraction.
9560	(8) This section supercedes any ordinance enacted by the governing body of a political
9561	subdivision that:
9562	(a) imposes restrictions on access to a tanning device by a person younger than age 18
9563	that is not essentially identical to the provisions of this section; or
9564	(b) that require the posting of warning signs at the tanning facility that are not
9565	essentially identical to the provisions of this section.

9566	Section 301. Section <b>26B-7-408</b> , which is renumbered from Section 26-31-201 is
9567	renumbered and amended to read:
9568	$[\frac{26-31-201}{2}]$ . $\underline{26B-7-408}$ . Procurement and use of a blood product is a
9569	service and not a sale Blood donation by a minor.
9570	(1) As used in this section:
9571	(a) "Blood" means human blood.
9572	(b) "Blood product" includes:
9573	(i) whole blood;
9574	(ii) blood plasma;
9575	(iii) a blood derivative;
9576	(iv) blood platelets; and
9577	(v) blood clotting agents.
9578	(2) The following are considered to be the rendition of a service by each participant
9579	and are not considered to be a sale:
9580	[(1)] (a) the procurement, processing, distribution, or use of a blood product for the
9581	purpose of injecting or transfusing the blood product into the human body; and
9582	[(2)] (b) the process of injecting or transfusing a blood product.
9583	(3) A minor who is at least 16 years old may donate blood to a voluntary,
9584	noncompensatory blood donation program if a parent or legal guardian of the minor consents to
9585	the donation.
9586	Section 302. Section 26B-7-409, which is renumbered from Section 26-51-201 is
9587	renumbered and amended to read:
9588	[ <del>26-51-201</del> ]. <u>26B-7-409.</u> Scientific standards for methamphetamine
9589	decontamination Public education concerning methamphetamine contamination.
9590	(1) The department shall make rules adopting scientifically-based standards for
9591	methamphetamine decontamination.
9592	(2) A local health department, as defined in Title 26A, Local Health Authorities, shall
9593	follow rules made by the department under Subsection (1) in administering Title 19, Chapter 6,
9594	Part 9, Illegal Drug Operations Site Reporting and Decontamination Act.
9595	(3) The department shall conduct a public education campaign to inform the public
9596	about potential health risks of methamphetamine contamination.

9597 Section 303. Section 26B-7-410, which is renumbered from Section 26-15a-104 is 9598 renumbered and amended to read: 9599 [26-15a-104]. 26B-7-410. Food service establishment requirements --9600 Enforcement -- Right of appeal -- Rulemaking -- Enforcement by local health 9601 departments. 9602 (1) Each food service establishment in the state shall be managed by at least one 9603 full-time certified food safety manager at each establishment site, who need not be present at 9604 the establishment site during all its hours of operation. 9605 (2) Within 60 days of the termination of a certified food safety manager's employment 9606 that results in the food service establishment no longer being in compliance with Subsection 9607 (1), the food service establishment shall: 9608 (a) employ a new certified food safety manager; or 9609 (b) designate another employee to become the establishment's certified food safety 9610 manager who shall commence a department-approved food safety manager training course. 9611 (3) Compliance with the 60-day time period provided in Subsection (2) may be 9612 extended by the local health department for reasonable cause, as determined by the department 9613 by rule. 9614 (4) (a) The local health department may determine whether a food service 9615 establishment is in compliance with this section by visiting the establishment during regular 9616 business hours and requesting information and documentation about the employment of a 9617 certified food safety manager. 9618 (b) If a violation of this section is identified, the local health department shall propose 9619 remedial action to bring the food service establishment into compliance. 9620 (c) (i) A food service establishment receiving notice of a violation and proposed 9621 remedial action from a local health department may appeal the notice of violation and proposed 9622 remedial action pursuant to procedures established by the local health department, which shall 9623 be essentially consistent with the provisions of Title 63G, Chapter 4, Administrative 9624 Procedures Act. 9625 (ii) Notwithstanding the provisions of Section 63G-4-402, an appeal of a local health 9626 department decision [to a district court] shall be conducted as an original, independent 9627 proceeding, and not as a review of the proceedings conducted by the local health department.

9628	(iii) The [district] court shall give no deference to the findings or conclusions of the
9629	local health department.
9630	(5) (a) The department shall establish by rule made in accordance with Title
9631	63G, Chapter 3, Utah Administrative Rulemaking Act:
9632	(i) a definition of "potentially hazardous foods" for purposes of this section and Section
9633	26B-7-404; and
9634	(ii) any provisions necessary to implement this section.
9635	(b) The local health department with jurisdiction over the geographic area in which a
9636	food service establishment is located shall enforce the provisions of this section.
9637	Section 304. Section 26B-7-411, which is renumbered from Section 26-15a-105 is
9638	renumbered and amended to read:
9639	[ <del>26-15a-105</del> ]. <u>26B-7-411.</u> Exemptions to food service establishment
9640	requirements.
9641	(1) The following are not subject to the provisions of Section [26-15a-104] 26B-7-402:
9642	(a) special events sponsored by municipal or nonprofit civic organizations, including
9643	food booths at school sporting events and little league athletic events and church functions;
9644	(b) temporary event food services approved by a local health department;
9645	(c) vendors and other food service establishments that serve only commercially
9646	prepackaged foods and beverages as defined by the department by rule;
9647	(d) private homes not used as a commercial food service establishment;
9648	(e) health care facilities licensed under Chapter 21, Health Care Facility Licensing and
9649	Inspection Act;
9650	(f) bed and breakfast establishments at which the only meal served is a continental
9651	breakfast as defined by the department by rule;
9652	(g) residential child care providers;
9653	(h) child care providers and programs licensed under Chapter 39, Utah Child Care
9654	Licensing Act;
9655	(i) back country food service establishments;
9656	(j) an event that is sponsored by a charitable organization, if, at the event, the
9657	organization:
9658	(i) provides food to a disadvantaged group free of charge; and

9659 (ii) complies with rules established by the department under Subsection (3); and 9660 (k) a lowest risk or permitted food establishment category determined by a risk 9661 assessment evaluation established by the department by administrative rule adopted in 9662 accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act. 9663 (2) Nothing in this section may be construed as exempting a food service establishment 9664 described in Subsection (1) from any other applicable food safety laws of this state. 9665 (3) The department may establish additional requirements, in accordance with Title 9666 63G, Chapter 3, Utah Administrative Rulemaking Act, for charitable organizations providing 9667 food for free under Subsection (1)(j). 9668 Section 305. Section 26B-7-412, which is renumbered from Section 26-15a-106 is 9669 renumbered and amended to read: 9670 [26-15a-106]. 26B-7-412. Certified food safety manager. 9671 (1) Before a person may manage a food service establishment as a certified food safety 9672 manager, that person shall submit documentation in the format prescribed by the department to 9673 the appropriate local health department indicating a passing score on a department-approved 9674 examination. 9675 (2) To continue to manage a food service establishment, a certified food safety 9676 manager shall: 9677 (a) successfully complete, every three years, renewal requirements established by 9678 department rule which are consistent with original certification requirements; and 9679 (b) submit documentation in the format prescribed by the department within 30 days of 9680 the completion of renewal requirements to the appropriate local health department. 9681 (3) A local health department may deny, revoke, or suspend the authority of a certified 9682 food safety manager to manage a food service establishment or require the completion of 9683 additional food safety training courses for any one of the following reasons: 9684 (a) submitting information required under Subsection (1) or (2) that is false, 9685 incomplete, or misleading; 9686 (b) repeated violations of department or local health department food safety rules; or 9687 (c) operating a food service establishment in a way that causes or creates a health 9688 hazard or otherwise threatens the public health, safety, or welfare.

(4) A determination of a local health department made pursuant to Subsection (3) may

9690	be appealed by a certified food safety manager in the same manner provided for in Subsection
9691	26-15a-104(4).
9692	(5) No person may use the title "certified food safety manager," or any other similar
9693	title, unless the person has satisfied the requirements of this chapter.
9694	(6) A local health department:
9695	(a) may not charge a fee to accept or process the documentation described in
9696	Subsections (1) and (2);
9697	(b) shall accept photocopies or electronic copies of the documentation described in
9698	Subsections (1) and (2); and
9699	(c) shall allow an individual to submit the documentation described in Subsections (1)
9700	and (2) by mail, email, or in person.
9701	(7) Certified food safety managers shall:
9702	(a) establish and monitor compliance with practices and procedures in the food service
9703	establishments where they are employed to maintain compliance with department and local
9704	health department food safety rules; and
9705	(b) perform such other duties that may be necessary to ensure food safety in the food
9706	service establishments where they are employed.
9707	(8) (a) The department shall establish by rule made in accordance with Title 63G,
9708	Chapter 3, Utah Administrative Rulemaking Act:
9709	(i) statewide, uniform standards for certified food safety managers;
9710	(ii) criteria for food safety certification examinations; and
9711	(iii) any provisions necessary to implement this section.
9712	(b) The local health department with jurisdiction over the geographic area in which a
9713	food service establishment is located shall enforce the provisions of this section.
9714	Section 306. Section 26B-7-413, which is renumbered from Section 26-15-5 is
9715	renumbered and amended to read:
9716	[ <del>26-15-5</del> ]. <u>26B-7-413.</u> Requirements for food handlers Training program
9717	and testing requirements for permit Rulemaking Exceptions.
9718	(1) As used in this section:
9719	(a) "Approved food handler training program" means a training program described by
9720	this section and approved by the department.

9721	(b) "Food handler" means a person who works with unpackaged food, food equipment
9722	or utensils, or food-contact surfaces for a food service establishment.
9723	(c) "Food handler permit" means a permit issued by a local health department to allow
9724	a person to work as a food handler.
9725	[(d) "Food service establishment" has the same meaning as provided in Section
9726	<del>26-15a-102.</del> ]
9727	(e) "Instructor" means an individual who is qualified to instruct an approved food
9728	handler program on behalf of a provider.
9729	(f) "Provider" means a person or entity that provides an approved food handler training
9730	program.
9731	(2) A person may not work as a food handler for a food service establishment unless
9732	the person:
9733	(a) successfully completes an approved food handler training program within 14 days
9734	after the day on which the person begins employment that includes food handler services; and
9735	(b) obtains a food handler permit within 30 days after the day on which the person
9736	begins employment that includes food handler services.
9737	(3) An approved food handler training program shall include:
9738	(a) at least 75 minutes of training time;
9739	(b) an exam, which requires a passing score of 75% and, except as provided in
9740	Subsection (11), consists of:
9741	(i) 40 multiple-choice questions developed by the department, in consultation with
9742	local health departments; and
9743	(ii) four content sections designated by rule of the department with 10 randomly
9744	selected questions for each content section; and
9745	(c) upon completion, the awarding of a certificate of completion that is valid with any
9746	local health department in the state for 30 days after the day on which the certificate is issued:
9747	(i) to a student who:
9748	(A) completes the training; and
9749	(B) passes the exam described in this Subsection (3) or an exam approved by the
9750	department in accordance with Subsection (11); and
9751	(ii) which certificate of completion:

9752	(A) includes student identifying information determined by department rule; and
9753	(B) is delivered by mail or electronic means.
9754	(4) (a) A person may obtain a food handler permit by:
9755	(i) providing a valid certificate of completion of an approved food handler training
9756	program and an application, approved by the local health department, to a local health
9757	department; and
9758	(ii) paying a food handler permit fee to the local health department.
9759	(b) (i) A local health department may charge a food handler permit fee that is
9760	reasonable and that reflects the cost of managing the food safety program.
9761	(ii) The department shall establish by rule the maximum amount a local health
9762	department may charge for the fee described in Subsection (4)(b)(i).
9763	(5) A person working as a food handler for a food service establishment shall obtain a
9764	food handler permit:
9765	(a) before handling any food;
9766	(b) within 30 days of initial employment with a food service establishment; and
9767	(c) within seven days of the expiration of an existing food handler permit.
9768	(6) (a) A person who holds a valid food handler permit under this section may serve as
9769	a food handler throughout the state without restriction.
9770	(b) A food handler permit granted after June 30, 2013, is valid for three years from the
9771	date of issuance.
9772	(7) An individual may not serve as an instructor, unless the provider includes the
9773	individual on the provider's list of instructors.
9774	(8) The department, in consultation with local health departments, shall:
9775	(a) approve the content of an approved food handler training program required under
9776	Subsection (3);
9777	(b) approve, as qualified, each provider; and
9778	(c) in accordance with applicable rules made under Subsection (12), provide a means to
9779	authenticate:
9780	(i) documents used in an approved food handler training program;
9781	(ii) the identity of an approved instructor; and
9782	(iii) an approved provider.

9783	(9) An approved food handler training program shall:
9784	(a) provide basic instruction on the Centers for Disease Control and Prevention's top
9785	five foodborne illness risk factors, including:
9786	(i) improper hot and cold holding temperatures of potentially hazardous food;
9787	(ii) improper cooking temperatures of food;
9788	(iii) dirty or contaminated utensils and equipment;
9789	(iv) poor employee health and hygiene; and
9790	(v) food from unsafe sources;
9791	(b) be offered through:
9792	(i) a trainer-led class;
9793	(ii) the Internet; or
9794	(iii) a combination of a trainer-led class and the Internet;
9795	(c) maintain a system to verify a certificate of completion of an approved food handler
9796	training program issued under Subsection (3) to the department, a local health department, and
9797	a food service establishment; and
9798	(d) provide to the department unrestricted access to classroom training sessions and
9799	online course materials at any time for audit purposes.
9800	(10) (a) A provider that provides an approved food handler training program may
9801	charge a reasonable fee.
9802	(b) If a person or an entity is not approved by the department to provide an approved
9803	food handler training program, the person or entity may not represent, in connection with the
9804	person's or entity's name or business, including in advertising, that the person or entity is a
9805	provider of an approved food handler training program or otherwise represent that a program
9806	offered by the person or entity will qualify an individual to work as a food handler in the state.
9807	(11) (a) Subject to the approval of the department every three years, a provider may use
9808	an exam that consists of questions that do not conform with the provisions of Subsection
9809	(3)(b), if:
9810	(i) the provider complies with the provisions of this Subsection (11);
9811	(ii) the provider pays a fee every three years to the department, which fee shall be
9812	determined by the department and shall reflect the cost of the review of the alternative test
9813	questions; and

9814 (iii) an independent instructional design and testing expert provides a written report to 9815 the department containing a positive recommendation based on the expert's analysis as 9816 described in Subsection 11(b). 9817 (b) (i) A provider may request approval of a different bank of test questions other than 9818 the questions developed under Subsection (3) by submitting to the department a proposed bank 9819 of at least 200 test questions organized by learning objective in accordance with Subsection 9820 (9)(a). 9821 (ii) A provider proposing a different bank of test questions under this Subsection (11) 9822 shall contract with an independent instructional design and testing expert approved by the 9823 department at the provider's expense to analyze the provider's bank of test questions to ensure 9824 the questions: 9825 (A) effectively measure the applicant's knowledge of the required learning objectives; 9826 and 9827 (B) meet the appropriate testing standards for question structure. 9828 (c) If the department provides written notice to a provider that any test question of the 9829 provider's approved exam under this Subsection (11) inadequately tests the required learning 9830 objectives, the provider shall make required changes to the question within 30 days after the 9831 day on which written notice is received by the provider. 9832 (d) A food handler exam offered by a provider may be: 9833 (i) a written exam; 9834 (ii) an online exam; or 9835 (iii) an oral exam, if circumstances require, including when an applicant's language or 9836 reading abilities interfere with taking a written or online exam. 9837 (e) A provider shall routinely rotate test questions from the test question bank, change 9838 the order of test questions in tests, and change the order of multiple-choice answers in test 9839 questions to discourage cheating. 9840 (12) (a) When exercising rulemaking authority under this section the department shall 9841 comply with the requirements of Title 63G, Chapter 3, Utah Administrative Rulemaking Act.

(c) The requirements described in Subsection (12)(b) may include requirements to

an approved food handler training program described in this section.

(b) The department shall, by rule, establish requirements designed to inhibit fraud for

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9845 ensure that:

(i) an individual does not attempt to complete the program or exam in another individual's place;

- (ii) an individual taking the approved food handler training program is focused on training material and actively engaged throughout the training period;
- (iii) if the individual is unable to participate online because of technical difficulties, an approved food handler training program provides technical support, such as requiring a telephone number, email, or other method of communication to allow an individual taking the online course or test to receive assistance;
- (iv) an approved food handler training program provider maintains a system to reduce fraud as to who completes an approved food handler training program, such as requiring a distinct online certificate with information printed on the certificate that identifies a person taking an online course or exam, or requiring measures to inhibit duplication of a certificate of completion or of a food handler permit;
  - (v) the department may audit an approved food handler training program;
- (vi) an individual taking an online course or certification exam has the opportunity to provide an evaluation of the online course or test;
- (vii) an approved food handler training program provider track the Internet protocol address or similar electronic location of an individual who takes an online course or certification exam;
  - (viii) an individual who takes an online course or exam uses an electronic signature; or
- (ix) if the approved food handler training program provider learns that a certificate of completion does not accurately reflect the identity of the individual who took the online course or certification exam, an approved food handler training program provider invalidates the certificate of completion.
- (13) An instructor is not required to satisfy any additional training requirements if the instructor:
  - (a) is an educator in a public or private school; and
- (b) teaches a food program that includes food safety in a public or private school in which the instructor is an educator.
- (14) (a) This section does not apply to an individual who handles food:

9876	(i) at an event sponsored by a charitable organization where the organization provides
9877	food to a disadvantaged group free of charge; and
9878	(ii) in compliance with rules established by the department under Subsection (2).
9879	(b) The department may establish additional requirements, in accordance with Title
9880	63G, Chapter 3, Utah Administrative Rulemaking Act, for individuals handling food at an
9881	event sponsored by a charitable organization under Subsection (14)(a).
9882	Section 307. Section 26B-7-414, which is renumbered from Section 26-15-9 is
9883	renumbered and amended to read:
9884	[ <del>26-15-9</del> ]. <u>26B-7-414.</u> Impoundment of adulterated food products authorized.
9885	The department and local health departments may impound any food products found in
9886	places where food or drink is handled, sold, or served to the public that is intended for but
9887	found to be adulterated and unfit for human consumption; and, upon five days notice and
9888	reasonable opportunity for a hearing to the interested parties, to condemn and destroy the same
9889	if deemed necessary for the protection of the public health.
9890	Section 308. Section 26B-7-415, which is renumbered from Section 26-15b-105 is
9891	renumbered and amended to read:
9892	[ <del>26-15b-105</del> ]. <u>26B-7-415.</u> Agrotourism food establishment permits
9893	Permit requirements Inspections.
9894	(1) As used in this section, "operator" means a person who owns, manages, or controls,
9895	or who has the duty to manage or control, the farm.
9896	(2) (a) A farm may not operate an agritourism food establishment unless the farm
9897	obtains a permit from the local health department that has jurisdiction over the area in which
9898	the farm is located.
9899	(b) In accordance with Section 26A-1-121, and subject to the restrictions of Section
9900	26-15b-105, a local health department shall make standards and regulations relating to the
9901	permitting of an agritourism food establishment.
9902	(c) In accordance with Section 26A-1-114, a local health department shall impose a fee
9903	for an agritourism food establishment permit in an amount that reimburses the local health
9904	department for the cost of regulating the agritourism food establishment.
9905	(3) (a) A local health department with jurisdiction over an area in which a farm is
9906	located may grant an agritourism food establishment permit to the farm.

9907	(b) Nothing in this section prevents a local health department from revoking an
9908	agritourism food establishment permit issued by the local health department if the operation of
9909	the agritourism food establishment violates the terms of the permit or Section 26B-7-408.
9910	[(1)] (4) A farm may qualify for an agritourism food establishment permit if:
9911	(a) poultry products that are served at the agritourism food establishment are
9912	slaughtered and processed in compliance with the Poultry Products Inspection Act, 21 U.S.C.
9913	Sec. 451 et seq., and the applicable regulations issued pursuant to that act;
9914	(b) meat not described in Subsection (1)(a) that is served at the agritourism food
9915	establishment is slaughtered and processed in compliance with the Federal Meat Inspection
9916	Act, 21 U.S.C. Sec. 601 et seq., and the applicable regulations issued pursuant to that act;
9917	(c) a kitchen facility used to prepare food for the agritourism food establishment meets
9918	the requirements established by the department;
9919	(d) the farm operates the agritourism food establishment for no more than 14
9920	consecutive days at a time; and
9921	(e) the farm complies with the requirements of this section.
9922	[(2)] (5) The department shall, in accordance with Title 63G, Chapter 3, Utah
9923	Administrative Rulemaking Act, make rules regarding sanitation, equipment, and maintenance
9924	requirements for agritourism food establishments.
9925	$\left[\frac{3}{6}\right]$ A local health department shall:
9926	(a) ensure compliance with the rules described in Subsection (2) when inspecting a
9927	kitchen facility;
9928	(b) notwithstanding Section 26A-1-113, inspect the kitchen facility of a farm that
9929	requests an agritourism food establishment permit only:
9930	(i) for an initial inspection, no more than one week before the agritourism food
9931	establishment is scheduled to begin operation;
9932	(ii) for an unscheduled inspection:
9933	(A) of an event scheduled to last no more than three days if the local health department
9934	conducts the inspection within three days before or after the day on which the agritourism food
9935	establishment is scheduled to begin operation; or
9936	(B) of an event scheduled to last longer than three days if the local health department
9937	conducts the inspection within three days before or after the day on which the agritourism food

9938 establishment is scheduled to begin operation, or conducts the inspection during operating 9939 hours of the agritourism food establishment; or 9940 (iii) for subsequent inspections if: 9941 (A) the local health department provides the operator with reasonable advanced notice 9942 about an inspection; or 9943 (B) the local health department has a valid reason to suspect that the agritourism food 9944 establishment is the source of an adulterated food or of an outbreak of illness caused by a 9945 contaminated food; and 9946 (c) document the reason for any inspection after the permitting inspection, keep a copy 9947 of that documentation on file with the agritourism food establishment's permit, and provide a 9948 copy of that documentation to the operator. 9949 [(4)] (7) An agritourism food establishment shall: 9950 (a) take steps to avoid any potential contamination to: 9951 (i) food; 9952 (ii) equipment; 9953 (iii) utensils; or 9954 (iv) unwrapped single-service and single-use articles; and 9955 (b) prevent an individual from entering the food preparation area while food is being 9956 prepared if the individual is known to be suffering from: 9957 (i) symptoms associated with acute gastrointestinal illness; or 9958 (ii) a communicable disease that is transmissible through food. 9959  $[\frac{(5)}{(5)}]$  (8) When making the rules described in Subsection  $[\frac{(2)}{(2)}]$  (5), the department may 9960 not make rules regarding: 9961 (a) hand washing facilities, except to require that a hand washing station supplied with 9962 warm water, soap, and disposable hand towels is conveniently located; 9963 (b) kitchen sinks, kitchen sink compartments, and dish sanitation, except to require that 9964 the kitchen sink has hot and cold water, a sanitizing agent, is fully operational, and that dishes 9965 are sanitized between each use; 9966 (c) the individuals allowed access to the food preparation areas, food storage, and 9967 washing areas, except during food preparation; 9968 (d) display guards, covers, or containers for display foods, except to require that any

food on display that is not protected from the direct line of a consumer's mouth by an effective means is not served or sold to any subsequent consumer; (e) outdoor display and sale of food, except to require that food is maintained at proper

- (f) reuse by an individual of drinking cups and tableware for multiple portions;
- 9974 (g) utensils and equipment, except to require that utensils and equipment used in the home kitchen:
  - (i) retain their characteristic qualities under normal use conditions;
- 9977 (ii) are properly sanitized after use; and

holding temperatures;

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- (iii) are maintained in a sanitary manner between uses;
- 9979 (h) food contact surfaces, except to require that food contact surfaces are smooth, 9980 easily cleanable, in good repair, and properly sanitized between tasks;
  - (i) non-food contact surfaces, if those surfaces are made of materials ordinarily used in residential settings, except to require that those surfaces are kept clean from the accumulation of residue and debris;
  - (j) clean-in-place equipment, except to require that the equipment is cleaned and sanitized between uses;
  - (k) ventilation, except to require that gases, odors, steam, heat, grease, vapors, and smoke are able to escape the kitchen;
  - (l) fixed temperature measuring devices or product mimicking sensors for the holding equipment for [time/temperature] time or temperature control food, except to require non-fixed temperature measuring devices for hot and cold holding of food during storage, serving, and cooling;
  - (m) fixed floor-mounted and table-mounted equipment except to require that floor-mounted and table-mounted equipment be in good repair and sanitized between uses;
  - (n) dedicated laundry facilities, except to require that linens used for the agritourism food establishment are stored and laundered separately from household laundry and that soiled laundry is stored to prevent contamination of food and equipment;
  - (o) water, plumbing, drainage, and waste, except to require that sinks be supplied with hot water;
    - (p) the number of and path of access to toilet facilities, except to require that toilet

10000 facilities are equipped with proper handwashing stations;

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10001 (q) lighting, except to require that food preparation areas are well lit by natural or 10002 artificial light whenever food is being prepared;

- (r) designated dressing areas and storage facilities, except to require that items not ordinarily found in a home kitchen are placed or stored away from food preparation areas, that dressing takes place outside of the kitchen facility, and that food items are stored in a manner that does not allow for contamination;
- (s) the presence and handling of animals, except to require that all animals are kept outside of food preparation and service areas during food service and food preparation;
- (t) food storage, floor, wall, ceiling, and toilet surfaces, except to require that surfaces are smooth, of durable construction, easily cleanable, and kept clean and free of debris;
- (u) kitchen facilities open to living areas, except to require that food is only prepared, handled, or stored in kitchen and food storage areas;
- (v) submission of plans and specifications before construction or remodel of a kitchen facility;
- 10015 (w) the number and type of [time/temperature] time or temperature controlled food 10016 offered for sale;
  - (x) approved food sources, except those required by 9 C.F.R. 303.1;
  - (y) the use of an open air barbeque, grill, or outdoor wood-burning oven; or
  - (z) food safety certification, except any individual who is involved in the preparation, storage, or service of food in the agritourism food establishment shall hold a food handler permit as defined in Section 26-15-5.
  - [(6)] (9) An operator applying for an agritourism food establishment permit shall provide to the local health department:
- 10024 (a) written consent to enter the premises where food is prepared, cooked, stored, or 10025 harvested for the agritourism food establishment; and
  - (b) written standard operating procedures that include:
- (i) all food that will be stored, handled, and prepared;
- (ii) the proposed procedures and methods of food preparation and handling;
- (iii) procedures, methods, and schedules for cleaning utensils and equipment;
- 10030 (iv) procedures and methods for the disposal of refuse; and

10031	(v) a plan for maintaining [time/temperature] time or temperature controlled food at the
10032	appropriate temperatures for each [time/temperature] time or temperature controlled food.
10033	$[\frac{(7)}{(10)}]$ In addition to a fee charged under Section $[\frac{26-15b-103}{(20)}]$ Subsection $(2)$ , if the
10034	local health department is required to inspect the farm as a source of an adulterated food or an
10035	outbreak of illness caused by a contaminated food and finds, as a result of that inspection, that
10036	the farm has produced an adulterated food or was the source of an outbreak of illness caused by
10037	a contaminated food, the local health department may charge and collect from the farm a fee
10038	for that inspection.
10039	[ <del>(8)</del> ] (11) An agritourism food establishment permit:
10040	(a) is nontransferable;
10041	(b) is renewable on an annual basis;
10042	(c) is restricted to the location listed on the permit; and
10043	(d) shall provide the operator the opportunity to update the food types and products
10044	handled without requiring the operator to renew the permit.
10045	[(9)] (12) This section does not prohibit an operator from applying for a different type
10046	of food event permit from a local health department.
10047	Section 309. Section 26B-7-416, which is renumbered from Section 26-15c-105 is
10048	renumbered and amended to read:
10049	[ <del>26-15c-105</del> ]. <u>26B-7-416.</u> Microenterprise home kitchen permits Fees
10050	Safety and health inspections Permit requirements.
10051	(1) As used in this section, "operator" means an individual who resides in the private
10052	home and who manages or controls the microenterprise home kitchen.
10053	(2) (a) An operator may not operate a microenterprise home kitchen unless the operator
10054	obtains a permit from the local health department that has jurisdiction over the area in which
10055	the microenterprise home kitchen is located.
10056	(b) In accordance with Section 26A-1-121, and subject to the restrictions of Section
10057	26-15c-105, the department shall make standards and regulations relating to the permitting of a
10058	microenterprise home kitchen.
10059	(c) In accordance with Section 26A-1-114, a local health department shall impose a fee
10060	for a microenterprise home kitchen permit in an amount that reimburses the local health
10061	department for the cost of regulating the microenterprise home kitchen

10062	(3) (a) A local health department with jurisdiction over an area in which a
10063	microenterprise home kitchen is located may grant a microenterprise home kitchen permit to
10064	the operator.
10065	(b) Nothing in this section prevents a local health department from revoking a
10066	microenterprise home kitchen permit issued by the local health department if the operation of
10067	the microenterprise home kitchen violates the terms of the permit or this section.
10068	[(1)] (4) An operator may qualify for a microenterprise home kitchen permit if:
10069	(a) food that is served at the microenterprise home kitchen is processed in compliance
10070	with state and federal regulations;
10071	(b) a kitchen facility used to prepare food for the microenterprise home kitchen meets
10072	the requirements established by the department;
10073	(c) the microenterprise home kitchen operates only during the hours approved in the
10074	microenterprise home kitchen permit; and
10075	(d) the microenterprise home kitchen complies with the requirements of this section.
10076	[(2)] (5) The department shall, in accordance with Title 63G, Chapter 3, Utah
10077	Administrative Rulemaking Act, make rules regarding sanitation, equipment, and maintenance
10078	requirements for microenterprise home kitchens.
10079	$\left[\frac{3}{6}\right]$ A local health department shall:
10080	(a) ensure compliance with the rules described in Subsection (2) when inspecting a
10081	microenterprise home kitchen;
10082	(b) notwithstanding Section 26A-1-113, inspect a microenterprise home kitchen that
10083	requests a microenterprise home kitchen permit only:
10084	(i) for an initial inspection, no more than one week before the microenterprise home
10085	kitchen is scheduled to begin operation;
10086	(ii) for an unscheduled inspection, if the local health department conducts the
10087	inspection:
10088	(A) within three days before or after the day on which the microenterprise home
10089	kitchen is scheduled to begin operation; or
10090	(B) during operating hours of the microenterprise home kitchen; or
10091	(iii) for subsequent inspections if:
10092	(A) the local health department provides the operator with reasonable advanced notice

10093	of the inspection; or
10094	(B) the local health department has a valid reason to suspect that the microenterprise
10095	home kitchen is the source of an adulterated food or of an outbreak of illness caused by a
10096	contaminated food; and
10097	(c) document the reason for any inspection after the initial inspection, keep a copy of
10098	that documentation on file with the microenterprise home kitchen's permit, and provide a copy
10099	of that documentation to the operator.
10100	[ <del>(4)</del> ] <u>(7)</u> A microenterprise home kitchen shall:
10101	(a) take steps to avoid any potential contamination to:
10102	(i) food;
10103	(ii) equipment;
10104	(iii) utensils; or
10105	(iv) unwrapped single-service and single-use articles;
10106	(b) prevent an individual from entering the food preparation area while food is being
10107	prepared if the individual is known to be suffering from:
10108	(i) symptoms associated with acute gastrointestinal illness; or
10109	(ii) a communicable disease that is transmissible through food; and
10110	(c) comply with the following requirements:
10111	(i) time or temperature control food shall be prepared, cooked, and served on the same
10112	day;
10113	(ii) food that is sold or provided to a customer may not be consumed onsite at the
10114	microenterprise home kitchen operation;
10115	(iii) food that is sold or provided to a customer shall be picked up by the consumer or
10116	delivered within a safe time period based on holding equipment capacity;
10117	(iv) food preparation may not involve processes that require a HACCP plan, or the
10118	production, service, or sale of raw milk or raw milk products;
10119	(v) molluscan shellfish may not be served or sold;
10120	(vi) the operator may only sell or provide food directly to consumers and may not sell
10121	or provide food to any wholesaler or retailer; and
10122	(vii) the operator shall provide the consumer with a notification that, while a permit
10123	has been issued by the local health department, the kitchen may not meet all of the

10124	requirements of a commercial retail food establishment.
10125	$[\underbrace{(5)}]$ (8) When making the rules described in Subsection $[\underbrace{(2)}]$ (5), the department may
10126	not make rules regarding:
10127	(a) hand washing facilities, except to require that a hand washing station supplied with
10128	warm water, soap, and disposable hand towels is conveniently located in food preparation, food
10129	dispensing, and warewashing areas;
10130	(b) kitchen sinks, kitchen sink compartments, and dish sanitation, except to require that
10131	the kitchen sink has hot and cold water, a sanitizing agent, is fully operational, and that dishes
10132	are sanitized between each use;
10133	(c) the individuals allowed access to the food preparation areas, food storage areas, and
10134	washing areas, except during food preparation;
10135	(d) display guards, covers, or containers for display foods, except to require that
10136	ready-to-eat food is protected from contamination during storage, preparation, handling,
10137	transport, and display;
10138	(e) outdoor display and sale of food, except to require that food is maintained at proper
10139	holding temperatures;
10140	(f) utensils and equipment, except to require that utensils and equipment used in the
10141	home kitchen:
10142	(i) retain their characteristic qualities under normal use conditions;
10143	(ii) are properly sanitized after use; and
10144	(iii) are maintained in a sanitary manner between uses;
10145	(g) food contact surfaces, except to require that food contact surfaces are smooth,
10146	easily cleanable, in good repair, and properly sanitized between tasks;
10147	(h) non-food contact surfaces, if those surfaces are made of materials ordinarily used in
10148	residential settings, except to require that those surfaces are kept clean from the accumulation
10149	of residue and debris;
10150	(i) clean-in-place equipment, except to require that the equipment is cleaned and
10151	sanitized between uses;
10152	(j) ventilation, except to require that gases, odors, steam, heat, grease, vapors, and

(k) fixed temperature measuring devices or product mimicking sensors for the holding

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smoke are able to escape the kitchen;

10155 equipment for time or temperature control food, except to require non-fixed temperature 10156 measuring devices for hot and cold holding of food during storage, serving, and cooling; 10157 (1) fixed floor-mounted and table-mounted equipment, except to require that 10158 floor-mounted and table-mounted equipment be in good repair and sanitized between uses; 10159 (m) dedicated laundry facilities, except to require that linens used for the 10160 microenterprise home kitchen are stored and laundered separately from household laundry and 10161 that soiled laundry is stored to prevent contamination of food and equipment; 10162 (n) water, plumbing, drainage, and waste, except to require that: 10163 (i) sinks be supplied with hot and cold potable water from: 10164 (A) an approved public water system as defined in Section 19-4-102; 10165 (B) if the local health department with jurisdiction over the microenterprise home kitchen has regulations regarding the safety of drinking water, a source that meets the local 10166 10167 health department's regulations regarding the safety of drinking water; or 10168 (C) a water source that is tested at least once per month for bacteriologic quality, and at 10169 least once in every three year period for lead and copper; and 10170 (ii) food preparation and service is discontinued in the event of a disruption of potable 10171 water service; 10172 (o) the number of and path of access to toilet facilities, except to require that toilet 10173 facilities are equipped with proper handwashing stations; 10174 (p) lighting, except to require that food preparations are well lit by natural or artificial 10175 light whenever food is being prepared; 10176 (q) designated dressing areas and storage facilities, except to require that items not 10177 ordinarily found in a home kitchen are placed or stored away from food preparation areas, that 10178 dressing takes place outside of the kitchen facility, and that food items are stored in a manner 10179 that does not allow for contamination; 10180 (r) the presence and handling of animals, except to require that all animals are kept 10181 outside of food preparation and service areas; 10182 (s) food storage, floor, wall, ceiling, and toilet surfaces, except to require that surfaces 10183 are smooth, of durable construction, easily cleanable, and kept clean and free of debris; 10184 (t) kitchen facilities open to living areas, except to require that food is only prepared, 10185 handled, or stored in kitchen and food storage areas;

10186	(u) submission of plans and specifications before construction or remodel of a kitchen
10187	facility;
10188	(v) the number and type of time or temperature controlled food offered for sale, except
10189	(i) a raw time or temperature controlled food such as raw fish, raw milk, and raw
10190	shellfish;
10191	(ii) any food requiring special processes that would necessitate a HACCP plan; and
10192	(iii) fish from waters of the state;
10193	(w) approved food sources, except to require that:
10194	(i) food in a hermetically sealed container is obtained from a regulated food processing
10195	plant;
10196	(ii) liquid milk and milk products are obtained from sources that comply with Grade A
10197	standards specified by the Department of Agriculture and Food by rule made in accordance
10198	with Title 63G, Chapter 3, Utah Administrative Rulemaking Act;
10199	(iii) fish for sale or service are commercially and legally caught;
10200	(iv) mushrooms picked in the wild are not offered for sale or service; and
10201	(v) game animals offered for sale or service are raised, slaughtered, and processed
10202	according to rules governing meat and poultry as specified by the Department of Agriculture
10203	and Food by rule made in accordance with Title 63G, Chapter 3, Utah Administrative
10204	Rulemaking Act;
10205	(x) the use of items produced under this chapter; or
10206	(y) the use of an open air barbeque, grill, or outdoor wood-burning oven.
10207	[(6)] (9) An operator applying for a microenterprise home kitchen permit shall provide
10208	to the local health department:
10209	(a) written consent to enter the premises where food is prepared, cooked, stored, or
10210	harvested for the microenterprise home kitchen; and
10211	(b) written standard operating procedures that include:
10212	(i) all food that will be stored, handled, and prepared;
10213	(ii) the proposed procedures and methods of food preparation and handling;
10214	(iii) procedures, methods, and schedules for cleaning utensils and equipment;
10215	(iv) procedures and methods for the disposal of refuse; and
10216	(v) a plan for maintaining time or temperature controlled food at the appropriate

10217	temperatures for each time or temperature controlled food.
10218	$[\frac{7}{2}]$ (10) In addition to a fee charged under Section $[\frac{26-15c-103}{2}]$ Subsection (2), if the
10219	local health department is required to inspect the microenterprise home kitchen as a source of
10220	an adulterated food or an outbreak of illness caused by a contaminated food and finds, as a
10221	result of that inspection, that the microenterprise home kitchen has produced an adulterated
10222	food or was the source of an outbreak of illness caused by a contaminated food, the local health
10223	department may charge and collect from the microenterprise home kitchen a fee for that
10224	inspection.
10225	[ <del>(8)</del> ] (11) A microenterprise home kitchen permit:
10226	(a) is nontransferable;
10227	(b) is renewable on an annual basis;
10228	(c) is restricted to the location and hours listed on the permit;
10229	(d) shall include a statement that reads: "This location is permitted under modified
10230	FDA requirements."; and
10231	(e) shall provide the operator the opportunity to update the food types and products
10232	handled without requiring the operator to renew the permit.
10233	[9] (12) This section does not prohibit an operator from applying for a different type
10234	of food event permit from a local health department.
10235	Section 310. Section 26B-7-501, which is renumbered from Section 26-62-102 is
10236	renumbered and amended to read:
10237	Part 5. Regulation of Smoking, Tobacco Products, and Nicotine Products
10238	$[\frac{26-62-102}{2}]$ . 26B-7-501. Definitions.
10239	As used in this [chapter] part:
10240	(1) "Community location" means the same as that term is defined:
10241	(a) as it relates to a municipality, in Section 10-8-41.6; and
10242	(b) as it relates to a county, in Section 17-50-333.
10243	(2) "Electronic cigarette" means the same as that term is defined in Section 76-10-101.
10244	[(2)] (3) "Electronic cigarette product" means the same as that term is defined in
10245	Section 76-10-101.
10246	(4) "Electronic cigarette substance" means the same as that term is defined in Section
10247	<u>76-10-101.</u>

10248	[(3)] (5) "Employee" means an employee of a tobacco retailer.
10249	[(4)] (6) "Enforcing agency" means the [state Department of Health] department, or
10250	any local health department enforcing the provisions of this chapter.
10251	[(5)] (7) "General tobacco retailer" means a tobacco retailer that is not a retail tobacco
10252	specialty business.
10253	[(6) "Local health department" means the same as that term is defined in Section
10254	<del>26A-1-102.</del> ]
10255	(8) "Manufacture" includes:
10256	(a) to cast, construct, or make electronic cigarettes; or
10257	(b) to blend, make, process, or prepare an electronic cigarette substance.
10258	(9) "Manufacturer sealed electronic cigarette substance" means an electronic cigarette
10259	substance that is sold in a container that:
10260	(a) is prefilled by the electronic cigarette substance manufacturer; and
10261	(b) the electronic cigarette manufacturer does not intend for a consumer to open.
10262	(10) "Manufacturer sealed electronic cigarette product" means:
10263	(a) an electronic cigarette substance or container that the electronic cigarette
10264	manufacturer does not intend for a consumer to open or refill; or
10265	(b) a prefilled electronic cigarette as that term is defined in Section 76-10-101.
10266	(11) "Nicotine" means the same as that term is defined in Section 76-10-101.
10267	[ <del>(7)</del> ] <u>(12)</u> "Nicotine product" means the same as that term is defined in Section
10268	76-10-101.
10269	(13) "Non-tobacco shisha" means any product that:
10270	(a) does not contain tobacco or nicotine; and
10271	(b) is smoked or intended to be smoked in a hookah or water pipe.
10272	[(8)] (14) "Owner" means a person holding a 20% ownership interest in the business
10273	that is required to obtain a permit under this chapter.
10274	[(9)] (15) "Permit" means a tobacco retail permit issued under this chapter.
10275	(16) "Place of public access" means any enclosed indoor place of business, commerce,
10276	banking, financial service, or other service-related activity, whether publicly or privately owned
10277	and whether operated for profit or not, to which persons not employed at the place of public
10278	access have general and regular access or which the public uses, including:

10279	(a) buildings, offices, shops, elevators, or restrooms;
10280	(b) means of transportation or common carrier waiting rooms;
10281	(c) restaurants, cafes, or cafeterias;
10282	(d) taverns as defined in Section 32B-1-102, or cabarets;
10283	(e) shopping malls, retail stores, grocery stores, or arcades;
10284	(f) libraries, theaters, concert halls, museums, art galleries, planetariums, historical
10285	sites, auditoriums, or arenas;
10286	(g) barber shops, hair salons, or laundromats;
10287	(h) sports or fitness facilities;
10288	(i) common areas of nursing homes, hospitals, resorts, hotels, motels, "bed and
10289	breakfast" lodging facilities, and other similar lodging facilities, including the lobbies,
10290	hallways, elevators, restaurants, cafeterias, other designated dining areas, and restrooms of any
10291	of these;
10292	(j) (i) any child care facility or program subject to licensure or certification under this
10293	title, including those operated in private homes, when any child cared for under that license is
10294	present; and
10295	(ii) any child care, other than child care as defined in Section 26-39-102, that is not
10296	subject to licensure or certification under this title, when any child cared for by the provider,
10297	other than the child of the provider, is present;
10298	(k) public or private elementary or secondary school buildings and educational
10299	facilities or the property on which those facilities are located;
10300	(1) any building owned, rented, leased, or otherwise operated by a social, fraternal, or
10301	religious organization when used solely by the organization members or their guests or
10302	families;
10303	(m) any facility rented or leased for private functions from which the general public is
10304	excluded and arrangements for the function are under the control of the function sponsor;
10305	(n) any workplace that is not a place of public access or a publicly owned building or
10306	office but has one or more employees who are not owner-operators of the business;
10307	(o) any area where the proprietor or manager of the area has posted a conspicuous sign
10308	stating "no smoking", "thank you for not smoking", or similar statement; and
10309	(p) a holder of a bar establishment license, as defined in Section 32B-1-102.

10310	$\left[\frac{(10)}{(17)}\right]$ (a) "Proof of age" means:
10311	(i) a valid identification card issued under Title 53, Chapter 3, Part 8, Identification
10312	Card Act;
10313	(ii) a valid identification that:
10314	(A) is substantially similar to an identification card issued under Title 53, Chapter 3,
10315	Part 8, Identification Card Act;
10316	(B) is issued in accordance with the laws of a state other than Utah in which the
10317	identification is issued;
10318	(C) includes date of birth; and
10319	(D) has a picture affixed;
10320	(iii) a valid driver license certificate that is issued under Title 53, Chapter 3, Uniform
10321	Driver License Act, or in accordance with the laws of the state in which the valid driver license
10322	is issued;
10323	(iv) a valid United States military identification card that:
10324	(A) includes date of birth; and
10325	(B) has a picture affixed; or
10326	(v) a valid passport.
10327	(b) "Proof of age" does not include a valid driving privilege card issued in accordance
10328	with Section 53-3-207.
10329	(18) "Publicly owned building or office" means any enclosed indoor place or portion of
10330	a place owned, leased, or rented by any state, county, or municipal government, or by any
10331	agency supported by appropriation of, or by contracts or grants from, funds derived from the
10332	collection of federal, state, county, or municipal taxes.
10333	[(11)] (19) "Retail tobacco specialty business" means the same as that term is defined:
10334	(a) as it relates to a municipality, in Section 10-8-41.6; and
10335	(b) as it relates to a county, in Section 17-50-333.
10336	(20) (20) "Shisha" means any product that:
10337	(a) contains tobacco or nicotine; and
10338	(b) is smoked or intended to be smoked in a hookah or water pipe.
10339	(21) "Smoking" means:
10340	(a) the possession of any lighted or heated tobacco product in any form;

10341	(b) inhaling, exhaling, burning, or carrying any lighted or heated cigar, cigarette, pipe,
10342	or hookah that contains:
10343	(i) tobacco or any plant product intended for inhalation;
10344	(ii) shisha or non-tobacco shisha;
10345	(iii) nicotine;
10346	(iv) a natural or synthetic tobacco substitute; or
10347	(v) a natural or synthetic flavored tobacco product;
10348	(c) using an electronic cigarette; or
10349	(d) using an oral smoking device intended to circumvent the prohibition of smoking in
10350	this chapter.
10351	[(12)] (22) "Tax commission license" means a license issued by the State Tax
10352	Commission under:
10353	(a) Section 59-14-201 to sell a cigarette at retail;
10354	(b) Section 59-14-301 to sell a tobacco product at retail; or
10355	(c) Section 59-14-803 to sell an electronic cigarette product or a nicotine product.
10356	[(13)] (23) "Tobacco product" means:
10357	(a) a tobacco product as defined in Section 76-10-101; or
10358	(b) tobacco paraphernalia as defined in Section 76-10-101.
10359	[(14)] (24) "Tobacco retailer" means a person that is required to obtain a tax
10360	commission license.
10361	Section 311. Section 26B-7-502, which is renumbered from Section 26-15-11 is
10362	renumbered and amended to read:
10363	[ <del>26-15-11</del> ]. <u>26B-7-502.</u> Statutes on smoking considered public health laws.
10364	[Title 26, Chapter 38, Utah Indoor Clean Air Act,] Section 26B-7-503 is a public health
10365	law and shall be enforced by the department and local health departments.
10366	Section 312. Section 26B-7-503, which is renumbered from Section 26-38-3 is
10367	renumbered and amended to read:
10368	[ <del>26-38-3</del> ]. <u>26B-7-503.</u> Utah Indoor Clean Air Act Restriction on smoking in
10369	public places and in specified places Exceptions Enforcement Penalties Local
10370	ordinances.
10371	(1) Except as provided in [Subsection (2)] Subsections (2) and (3), smoking is

10372	prohibited in all enclosed indoor places of public access and publicly owned buildings and
10373	offices.
10374	(2) Subsection (1) does not apply to:
10375	(a) areas not commonly open to the public of owner-operated businesses having no
10376	employees other than the owner-operator;
10377	(b) guest rooms in hotels, motels, "bed and breakfast" lodging facilities, and other
10378	similar lodging facilities, but smoking is prohibited under Subsection (1) in the common areas
10379	of these facilities, including dining areas and lobby areas; and
10380	(c) separate enclosed smoking areas:
10381	(i) located in the passenger terminals of an international airport located in the city of
10382	the first class;
10383	(ii) vented directly to the outdoors; and
10384	(iii) certified, by a heating, ventilation, and air conditioning engineer licensed by the
10385	state, to prevent the drift of any smoke to any nonsmoking area of the terminal.
10386	(3) (a) A person is exempt from the restrictions of Subsection (1) if the person:
10387	(i) is a member of an American Indian tribe whose members are recognized as eligible
10388	for the special programs and services provided by the United States to American Indians who
10389	are members of those tribes;
10390	(ii) is an American Indian who actively practices an American Indian religion, the
10391	origin and interpretation of which is from a traditional American Indian culture;
10392	(iii) is smoking tobacco using the traditional pipe of an American Indian tribal
10393	religious ceremony, of which tribe the person is a member, and is smoking the pipe as part of
10394	that ceremony; and
10395	(iv) the ceremony is conducted by a pipe carrier, Indian spiritual person, or medicine
10396	person recognized by the tribe of which the person is a member and the Indian community.
10397	(b) This Subsection (3) takes precedence over Subsection (1).
10398	(c) A religious ceremony using a traditional pipe under this section is subject to any
10399	applicable state or local law, except as provided in this section.
10400	(4) (a) An owner or the agent or employee of the owner of a place where smoking is
10401	prohibited under Subsection(1) who observes a person smoking in apparent violation of this
10402	chapter shall request the person to stop smoking.

10403	(b) If the person fails to comply, the proprietor or the agent or employee of the
10404	proprietor shall ask the person to leave the premises.
10405	(5) (a) A first violation of Subsection (1) is subject to a civil penalty of not more than
10406	<u>\$100.</u>
10407	(b) Any second or subsequent violation of Subsection (1) is subject to a civil penalty of
10408	not less than \$100 and not more than \$500.
10409	(6) (a) The department and local health departments shall:
10410	(i) enforce this chapter and shall coordinate their efforts to promote the most effective
10411	enforcement of this chapter; and
10412	(ii) impose the penalties under Section 26-38-8 in accordance with this section.
10413	(b) When enforcing this chapter, the department and the local health departments shall
10414	notify persons of alleged violations of this chapter, conduct hearings, and impose penalties in
10415	accordance with Title 63G, Chapter 4, Administrative Procedures Act.
10416	(c) The department shall adopt rules necessary and reasonable to implement the
10417	provisions of Title 26, Chapter 38, Utah Indoor Clean Air Act.
10418	(7) Civil penalties collected under this section by:
10419	(a) a local health department shall be paid to the treasurer of the county in which the
10420	violation was committed; and
10421	(b) the department shall be deposited in the General Fund.
10422	(8) (a) This section supersedes any ordinance enacted by the governing body of a
10423	political subdivision that restricts smoking in a place of public access as defined in Section
10424	26-38-2 and that is not essentially identical to the provisions of this chapter.
10425	(b) This section does not supersede an ordinance enacted by the governing body of a
10426	political subdivision that restricts smoking in outdoor places of public access which are owned
10427	or operated by:
10428	(i) a political subdivision as defined in Section 17B-1-102;
10429	(ii) a state institution of higher education; or
10430	(iii) a state institution of public education.
10431	Section 313. Section 26B-7-504, which is renumbered from Section 26-43-102 is
10432	renumbered and amended to read:
10433	[ <del>26-43-102</del> ]. 26B-7-504. Gathering of information.

10434	(1) The department shall obtain annually publicly available information regarding
10435	cigarettes and tobacco products from other states and sources concerning:
10436	[(1)] (a) the presence of the following substances in detectable levels in a burned state
10437	and, if the cigarette or tobacco product is typically burned when consumed, in a burned state:
10438	[ <del>(a)</del> ] <u>(i)</u> ammonia or ammonia compounds;
10439	[ <del>(b)</del> ] <u>(ii)</u> arsenic;
10440	[ <del>(c)</del> ] <u>(iii)</u> cadmium;
10441	[(d)] (iv) formaldehyde; and
10442	$\left[\frac{(e)}{(v)}\right]$ lead; and
10443	[(2)] (b) a nicotine yield rating for the cigarette or tobacco product for which a rating
10444	has been developed.
10445	(2) Information obtained by the department under Subsection (1) is a public record and
10446	may be disclosed in accordance with Section 63G-2-201 and disseminated generally by the
10447	department.
10448	Section 314. Section 26B-7-505, which is renumbered from Section 26-57-103 is
10449	renumbered and amended to read:
10450	[ <del>26-57-103</del> ]. <u>26B-7-505.</u> Electronic cigarette products Labeling
10451	Requirements to sell Advertising Labeling of nicotine products containing nicotine.
10452	(1) The department shall, in consultation with a local health department and with input
10453	from members of the public, establish by rule made in accordance with Title 63G, Chapter 3,
10454	Utah Administrative Rulemaking Act, the requirements to sell an electronic cigarette substance
10455	that is not a manufacturer sealed electronic cigarette substance regarding:
10456	(a) labeling;
10457	(b) nicotine content;
10458	(c) packaging; and
10459	(d) product quality.
10460	(2) On or before January 1, 2021, the department shall, in consultation with a local
10461	health department and with input from members of the public, establish by rule made in
10462	accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the requirements
10463	to sell a manufacturer sealed electronic cigarette product regarding:

10465	(b) nicotine content;	
10466	(c) packaging; and	
10467	(d) product quality.	
10468	(3) (a) A person may not sell an ele	ectronic cigarette substance unless the electronic
10469	cigarette substance complies with the requi	rements established by the department under
10470	Subsection (1).	
10471	(b) Beginning on July 1, 2021, a po	erson may not sell a manufacturer sealed electronic
10472	cigarette product unless the manufacturer s	ealed electronic cigarette product complies with the
10473	requirements established by the departmen	t under Subsection (2).
10474	(4) (a) A local health department n	nay not enact a rule or regulation regarding
10475	electronic cigarette substance labeling, nice	otine content, packaging, or product quality that is
10476	not identical to the requirements established	d by the department under Subsections (1) and (2).
10477	(b) Except as provided in Subsecti	on (4)(c), a local health department may enact a rule
10478	or regulation regarding electronic cigarette	substance manufacturing.
10479	(c) A local health department may	not enact a rule or regulation regarding a
10480	manufacturer sealed electronic cigarette pr	oduct.
10481	(5) A person may not advertise an	electronic cigarette product as a tobacco cessation
10482	device.	
10483	(6) Any nicotine product shall con-	ain the statement described in Subsection (2) if the
10484	nicotine product:	
10485	(a) (i) is not a tobacco product as d	efined in 21 U.S.C. Sec. 321 and related federal
10486	regulations; or	
10487	(ii) is not otherwise required under	federal or state law to contain a nicotine warning;
10488	<u>and</u>	
10489	(b) contains nicotine.	
10490	(7) A statement shall appear on the	exterior packaging of a nicotine product described
10491	in Subsection (6) as follows:	
10492	"This product contains nicotine."	
10493	Section 315. Section 26B-7-506, v	which is renumbered from Section 26-62-103 is
10494	renumbered and amended to read:	
10495	[26-62-103]. 26B-7-506.	Regulation of tobacco retailers.

10496	The regulation of a tobacco retailer is an exercise of the police powers of the state, and
10497	through delegation, to other governmental entities.
10498	Section 316. Section 26B-7-507, which is renumbered from Section 26-62-201 is
10499	renumbered and amended to read:
10500	[ <del>26-62-201</del> ]. <u>26B-7-507.</u> Permitting requirement.
10501	(1) (a) A tobacco retailer shall hold a valid tobacco retail permit issued in accordance
10502	with this chapter by the local health department with jurisdiction over the physical location
10503	where the tobacco retailer operates.
10504	(b) A tobacco retailer without a valid permit may not:
10505	(i) place a tobacco product, an electronic cigarette product, or a nicotine product in
10506	public view;
10507	(ii) display any advertisement related to a tobacco product, an electronic cigarette
10508	product, or a nicotine product that promotes the sale, distribution, or use of those products; or
10509	(iii) sell, offer for sale, or offer to exchange for any form of consideration, tobacco, a
10510	tobacco product, an electronic cigarette product, or a nicotine product.
10511	(2) A local health department may issue a permit under this chapter for a tobacco
10512	retailer in the classification of:
10513	(a) a general tobacco retailer; or
10514	(b) a retail tobacco specialty business.
10515	(3) A permit under this chapter is:
10516	(a) valid only for one physical location, including a vending machine;
10517	(b) valid only at one fixed business address; and
10518	(c) if multiple tobacco retailers are at the same address, separately required for each
10519	tobacco retailer.
10520	Section 317. Section 26B-7-508, which is renumbered from Section 26-62-202 is
10521	renumbered and amended to read:
10522	[ <del>26-62-202</del> ]. <u>26B-7-508.</u> Permit application.
10523	(1) A local health department shall issue a permit under this chapter for a tobacco
10524	retailer if the local health department determines that the applicant:
10525	(a) accurately provided all information required under Subsection (3) and, if applicable
10526	Subsection (4); and

10527	(b) meets all requirements for a permit under this chapter.
10528	(2) An applicant for a permit shall:
10529	(a) submit an application described in Subsection (3) to the local health department
10530	with jurisdiction over the area where the tobacco retailer is located; and
10531	(b) pay all applicable fees described in Section 26-62-203.
10532	(3) The application for a permit shall include:
10533	(a) the name, address, and telephone number of each proprietor;
10534	(b) the name and mailing address of each proprietor authorized to receive
10535	permit-related communication and notices;
10536	(c) the business name, address, and telephone number of the single, fixed location for
10537	which a permit is sought;
10538	(d) evidence that the location for which a permit is sought has a valid tax commission
10539	license;
10540	(e) information regarding whether, in the past 24 months, any proprietor of the tobacco
10541	retailer has been determined to have violated, or has been a proprietor at a location that has
10542	been determined to have violated:
10543	(i) a provision of this chapter;
10544	(ii) Chapter 38, Utah Indoor Clean Air Act;
10545	(iii) Title 76, Chapter 10, Part 1, Cigarettes and Tobacco and Psychotoxic Chemical
10546	Solvents;
10547	(iv) Title 76, Chapter 10, Part 16, Pattern of Unlawful Activity Act;
10548	(v) regulations restricting the sale and distribution of cigarettes and smokeless tobacco
10549	issued by the United States Food and Drug Administration, 21 C.F.R. Part 1140; or
10550	(vi) any other provision of state law or local ordinance regarding the sale, marketing, or
10551	distribution of a tobacco product, an electronic cigarette product, or a nicotine product; and
10552	(f) the dates of all violations disclosed under this Subsection (3).
10553	(4) (a) In addition to the information described in Subsection (3), an applicant for a
10554	retail tobacco specialty business permit shall include evidence showing whether the business is
10555	located within:
10556	(i) 1,000 feet of a community location;
10557	(ii) 600 feet of another retail tobacco specialty business; or

10558	(iii) 600 feet of property used or zoned for agricultural or residential use.
10559	(b) For purposes of Subsection (4)(a), the proximity requirements shall be measured in
10560	a straight line from the nearest entrance of the retail tobacco specialty business to the nearest
10561	property boundary of a location described in Subsections (4)(a)(i) through (iii), without regard
10562	to intervening structures or zoning districts.
10563	(5) The department or a local health department may not deny a permit to a retail
10564	tobacco specialty business under Subsection (4) if the retail tobacco specialty business meets
10565	the requirements described in Subsection 10-8-41.6(7) or 17-50-333(7).
10566	(6) (a) The department shall establish by rule made in accordance with Title 63G,
10567	Chapter 3, Utah Administrative Rulemaking Act, a permit process for local health departments
10568	in accordance with this chapter.
10569	(b) The permit process established by the department under Subsection (6)(a) may not
10570	require any information in an application that is not required by this section.
10571	Section 318. Section 26B-7-509, which is renumbered from Section 26-62-203 is
10572	renumbered and amended to read:
10573	$[\frac{26-62-203}{2}]$ . $\underline{26B-7-509}$ . Permit term and fees.
10574	(1) (a) The term of a permit issued under this chapter to a retail tobacco specialty
10575	business is one year.
10576	(b) The term of a permit issued under this chapter to a general tobacco retailer is two
10577	years.
10578	(2) (a) A local health department may not issue a permit under this chapter until the
10579	applicant has paid a permit fee to the local health department of:
10580	(i) \$30 for a new permit;
10581	(ii) \$20 for a permit renewal; or
10582	(iii) \$30 for reinstatement of a permit that has been revoked, suspended, or allowed to
10583	expire.
10584	(b) A local health department that collects fees under Subsection (2)(a) shall use the
10585	fees to administer the permit requirements under this chapter.
10586	(c) In addition to the fee described in Subsection (2)(a), a local health department may
10587	establish and collect a fee to perform a plan review for a retail tobacco specialty business
10588	permit.

10589	(3) A permit holder may apply for a renewal of a permit no earlier than 30 days before
10590	the day on which the permit expires.
10591	(4) A tobacco retailer that fails to renew a permit before the permit expires may apply
10592	to reinstate the permit by submitting to the local health department:
10593	(a) the information required in Subsection 26-62-202(3) and, if applicable, Subsection
10594	26-62-202(4);
10595	(b) the fee for the reinstatement of a permit; and
10596	(c) a signed affidavit affirming that the tobacco retailer has not violated the
10597	prohibitions in Subsection 26-62-201(1)(b) after the permit expired.
10598	Section 319. Section 26B-7-510, which is renumbered from Section 26-62-204 is
10599	renumbered and amended to read:
10600	$[\frac{26-62-204}{2}]$ . <u>26B-7-510.</u> Permit nontransferable.
10601	(1) A permit is nontransferable.
10602	(2) If the information described in Subsection 26-62-202(3) changes, a tobacco retailer:
10603	(a) may not renew the permit; and
10604	(b) shall apply for a new permit no later than 15 days after the information in
10605	Subsection 26-62-202(3) changes.
10606	Section 320. Section 26B-7-511, which is renumbered from Section 26-62-205 is
10607	renumbered and amended to read:
10608	[26-62-205]. 26B-7-511. Permit requirements for a retail tobacco
10609	specialty business.
10610	(1) A retail tobacco specialty business shall:
10611	(a) electronically verify proof of age for any individual that enters the premises of the
10612	business in accordance with Part 4, Proof of Age Requirements;
10613	(b) except as provided in Subsection 76-10-105.1(4), prohibit any individual from
10614	entering the business if the individual is under 21 years old; and
10615	(c) prominently display at the retail tobacco specialty business a sign on the public
10616	entrance of the business that communicates:
10617	(i) the prohibition on the presence of an individual under 21 years old in a retail
10618	tobacco specialty business in Subsection 76-10-105.1(4); and
10619	(ii) the prohibition on the sale of tobacco products and electronic cigarette products to

10620	an individual under 21 years old as described in Sections 76-10-104, 76-10-104.1, 76-10-105.1,
10621	and 76-10-114.
10622	(2) A retail tobacco specialty business may not:
10623	(a) employ an individual under 21 years old to sell a tobacco product, an electronic
10624	cigarette product, or a nicotine product; or
10625	(b) permit an employee under 21 years old to sell a tobacco product, an electronic
10626	cigarette product, or a nicotine product.
10627	Section 321. Section 26B-7-512, which is renumbered from Section 26-62-206 is
10628	renumbered and amended to read:
10629	[26-62-206]. <u>26B-7-512.</u> Requirements for the sale of tobacco product,
10630	electronic cigarette product, or nicotine product.
10631	(1) A tobacco retailer shall:
10632	(a) provide the customer with an itemized receipt for each sale of a tobacco product, an
10633	electronic cigarette product, or a nicotine product that separately identifies:
10634	(i) the name of the tobacco product, the electronic cigarette product, or the nicotine
10635	product;
10636	(ii) the amount charged for each tobacco product, electronic cigarette product, or
10637	nicotine product; and
10638	(iii) the date and time of the sale; and
10639	(b) maintain an itemized transaction log for each sale of a tobacco product, an
10640	electronic cigarette product, or a nicotine product that separately identifies:
10641	(i) the name of the tobacco product, the electronic cigarette product, or the nicotine
10642	product;
10643	(ii) the amount charged for each tobacco product, electronic cigarette product, or
10644	nicotine product; and
10645	(iii) the date and time of the sale.
10646	(2) The itemized transaction log described in Subsection (1)(b) shall be:
10647	(a) maintained for at least one year after the date of each transaction in the itemized
10648	transaction log;
10649	(b) made available to an enforcing agency or a peace officer at the request of the
10650	enforcing agency or the peace officer; and

10651	(c) in addition to any documentation required under Section 59-1-1406 and Subsection
10652	59-14-805(2).
10653	Section 322. Section 26B-7-513, which is renumbered from Section 26-62-207 is
10654	renumbered and amended to read:
10655	$[\frac{26-62-207}{2}]$ . <u>26B-7-513.</u> Permit requirements for the sale of tobacco
10656	products and electronic cigarette products.
10657	(1) A tobacco retailer shall:
10658	(a) provide the customer with an itemized receipt for each sale of a tobacco product or
10659	an electronic cigarette product that separately identifies:
10660	(i) the name of the tobacco product or the electronic cigarette product;
10661	(ii) the amount charged for each tobacco product or electronic cigarette product; and
10662	(iii) the time and date of the sale; and
10663	(b) maintain an itemized transaction log for each sale of a tobacco product or an
10664	electronic cigarette product that separately identifies:
10665	(i) the name of the tobacco product or the electronic cigarette product;
10666	(ii) the amount charged for each tobacco product or electronic cigarette product; and
10667	(iii) the date and time of the sale.
10668	(2) The itemized transaction log described in Subsection (1)(b) shall be:
10669	(a) maintained for at least one year after the date of each transaction in the itemized
10670	transaction log; and
10671	(b) made available to an enforcing agency or a peace officer at the request of the
10672	enforcing agency or the peace officer that is no less restrictive than the provisions in this part.
10673	Section 323. Section 26B-7-514, which is renumbered from Section 26-62-301 is
10674	renumbered and amended to read:
10675	[ <del>26-62-301</del> ]. <u>26B-7-514.</u> Permit violation.
10676	A person is in violation of the permit issued under this chapter if the person violates:
10677	(1) a provision of this chapter;
10678	(2) a provision of licensing laws under Section 10-8-41.6 or Section 17-50-333;
10679	(3) a provision of Title 76, Chapter 10, Part 1, Cigarettes and Tobacco and Psychotoxi
10680	Chemical Solvents;
10681	(4) a provision of Title 76, Chapter 10, Part 16, Pattern of Unlawful Activity Act;

10682	(5) a regulation restricting the sale and distribution of cigarettes and smokeless tobacco
10683	issued by the United States Food and Drug Administration under 21 C.F.R. Part 1140; or
10684	(6) any other provision of state law or local ordinance regarding the sale, marketing, or
10685	distribution of a tobacco product, an electronic cigarette product, or a nicotine product.
10686	Section 324. Section 26B-7-515, which is renumbered from Section 26-62-302 is
10687	renumbered and amended to read:
10688	$[\frac{26-62-302}{2}]$ . Enforcement by state and local health
10689	departments.
10690	The department and local health departments shall enforce this chapter under the
10691	procedures of Title 63G, Chapter 4, Administrative Procedures Act, as an informal adjudicative
10692	proceeding, including:
10693	(1) notifying a tobacco retailer of alleged violations of this chapter;
10694	(2) conducting hearings;
10695	(3) determining violations of this chapter; and
10696	(4) imposing civil administrative penalties.
10697	Section 325. Section 26B-7-516, which is renumbered from Section 26-62-303 is
10698	renumbered and amended to read:
10699	$[\frac{26-62-303}{2}]$ . $\underline{26B-7-516}$ . Inspection of retail tobacco businesses.
10700	The department or a local health department may inspect a tobacco retailer to determine
10701	whether the tobacco retailer:
10702	(1) continues to meet the qualifications for the permit issued under this chapter;
10703	(2) if applicable, continues to meet the requirements for a retail tobacco specialty
10704	business license issued under Section 10-8-41.6 or Section 17-50-333;
10705	(3) engaged in a pattern of unlawful activity under Title 76, Chapter 10, Part 16,
10706	Pattern of Unlawful Activity Act;
10707	(4) violated any of the regulations restricting the sale and distribution of cigarettes and
10708	smokeless tobacco issued by the United States Food and Drug Administration under 21 C.F.R.
10709	Part 1140; or
10710	(5) has violated any other provision of state law or local ordinance.
10711	Section 326. Section 26B-7-517, which is renumbered from Section 26-62-304 is
10712	renumbered and amended to read:

10713	$[\frac{26-62-304}{}].$	26B-7-517. Hearing Evidence of criminal conviction.
10714	(1) At a civil heari	ing conducted under Section 26-62-302, evidence of the final
10715	criminal conviction of a to	bacco retailer for violation of Section 76-10-114 at the same location
10716	and within the same time p	period as the location and time period alleged in the civil hearing for
10717	violation of this chapter fo	or sale of a tobacco product, an electronic cigarette product, or a
10718	nicotine product to an indi	vidual under 21 years old is prima facie evidence of a violation of
10719	this chapter.	
10720	(2) If the tobacco	retailer is convicted of violating Section 76-10-114, the enforcing
10721	agency:	
10722	(a) shall assess an	additional monetary penalty under this chapter for the same offense
10723	for which the conviction w	vas obtained; and
10724	(b) shall revoke or	suspend a permit in accordance with Section 26-62-305.
10725	Section 327. Section	on <b>26B-7-518</b> , which is renumbered from Section 26-62-305 is
10726	renumbered and amended	to read:
10727	[26-62-305].	<b>26B-7-518.</b> Penalties.
10728	(1) (a) If an enforce	eing agency determines that a person has violated the terms of a
10729	permit issued under this ch	napter, the enforcing agency may impose the penalties described in
10730	this section.	
10731	(b) If multiple viol	lations are found in a single inspection by an enforcing agency or a
10732	single investigation by a la	w enforcement agency under Section 77-39-101, the enforcing
10733	agency shall treat the mult	iple violations as one single violation under Subsections (2), (3), and
10734	(4).	
10735	(2) Except as prov	rided in Subsections (3) and (4), if a violation is found in an
10736	investigation by a law enfo	orcement agency under Section 77-39-101 or an inspection by an
10737	enforcing agency, the enfo	rcing agency shall:
10738	(a) on a first violat	tion at a retail location, impose a penalty of \$1,000;
10739	(b) on a second vio	olation at the same retail location that occurs within one year of a
10740	previous violation, impose	a penalty of \$1,500;
10741	(c) on a third viola	ation at the same retail location that occurs within two years after two
10742	previous violations, impos	e:
10743	(i) a suspension of	f the permit for 30 consecutive business days within 60 days after the

10744	day on which the third violation occurs; or
10745	(ii) a penalty of \$2,000; and
10746	(d) on a fourth or subsequent violation within two years of three previous violations:
10747	(i) impose a penalty of \$2,000;
10748	(ii) revoke a permit of the retailer; and
10749	(iii) if applicable, recommend to a municipality or county that a retail tobacco specialty
10750	business license issued under Section 10-8-41.6 or 17-50-333 be suspended or revoked.
10751	(3) If a violation is found in an investigation of a general tobacco retailer by a law
10752	enforcement agency under Section 77-39-101 for the sale of a tobacco product, an electronic
10753	cigarette product, or a nicotine product to an individual under 21 years old and the violation is
10754	committed by the owner of the general tobacco retailer, the enforcing agency shall:
10755	(a) on a first violation, impose a fine of \$2,000 on the general tobacco retailer; and
10756	(b) on the second violation for the same general tobacco retailer within one year of the
10757	first violation:
10758	(i) impose a fine of \$5,000; and
10759	(ii) revoke the permit for the general tobacco retailer.
10760	(4) If a violation is found in an investigation of a retail tobacco specialty business by a
10761	law enforcement agency under Section 77-39-101 for the sale of a tobacco product, an
10762	electronic cigarette product, or a nicotine product to an individual under 21 years old, the
10763	enforcing agency shall:
10764	(a) on the first violation:
10765	(i) impose a fine of \$5,000; and
10766	(ii) immediately suspend the permit for 30 consecutive days; and
10767	(b) on the second violation at the same retail location within two years of the first
10768	violation:
10769	(i) impose a fine of \$10,000; and
10770	(ii) revoke the permit for the retail tobacco specialty business.
10771	(5) (a) Except when a transfer described in Subsection (6) occurs, a local health
10772	department may not issue a permit to:
10773	(i) a tobacco retailer for whom a permit is suspended or revoked under Subsection (2)
10774	or (3); or

10775 (ii) a tobacco retailer that has the same proprietor, director, corporate officer, partner, 10776 or other holder of significant interest as another tobacco retailer for whom a permit is 10777 suspended or revoked under Subsection (2), (3), or (4). 10778 (b) A person whose permit: 10779 (i) is suspended under this section may not apply for a new permit for any other 10780 tobacco retailer for a period of 12 months after the day on which an enforcing agency suspends 10781 the permit; and 10782 (ii) is revoked under this section may not apply for a new permit for any tobacco 10783 retailer for a period of 24 months after the day on which an enforcing agency revokes the 10784 permit. 10785 (6) Violations of this chapter, Section 10-8-41.6, or Section 17-50-333 that occur at a 10786 tobacco retailer location shall stay on the record for that tobacco retailer location unless: 10787 (a) the tobacco retailer is transferred to a new proprietor; and 10788 (b) the new proprietor provides documentation to the local health department that the 10789 new proprietor is acquiring the tobacco retailer in an arm's length transaction from the previous 10790 proprietor. 10791 Section 328. Section 26B-7-519, which is renumbered from Section 26-62-306 is 10792 renumbered and amended to read: 10793 [26-62-306]. 26B-7-519. Recognition of tobacco retailer training program. 10794 (1) In determining the amount of the monetary penalty to be imposed for a violation of 10795 this chapter, a hearing officer shall reduce the civil penalty by at least 50% if the hearing officer 10796 determines that: 10797 (a) the tobacco retailer has implemented a documented employee training program; and 10798 (b) the employees have completed that training program within 30 days after the day on 10799 which each employee commences the duties of selling a tobacco product, an electronic cigarette product, or a nicotine product. 10800 10801 (2) (a) For the first offense at a location, if the hearing officer determines under 10802 Subsection (1) that the tobacco retailer has not implemented a documented training program 10803 with a written curriculum for employees at that location regarding compliance with this 10804 chapter, the hearing officer may suspend all or a portion of the penalty if: 10805 (i) the tobacco retailer agrees to initiate a training program for employees at that

10806	location; and
10807	(ii) the training program begins within 30 days after the hearing officer makes a
10808	determination under this Subsection (2)(a).
10809	(b) If the hearing officer determines at a subsequent hearing that the tobacco retailer
10810	has not implemented the training program within the time period required under Subsection
10811	(2)(a)(ii), the hearing officer shall promptly impose the suspended monetary penalty, unless the
10812	tobacco retailer demonstrates good cause for an extension of time for implementation of the
10813	training program.
10814	Section 329. Section 26B-7-520, which is renumbered from Section 26-62-307 is
10815	renumbered and amended to read:
10816	[26-62-307]. 26B-7-520. Allocation of civil penalties.
10817	Civil monetary penalties collected under this chapter shall be allocated as follows:
10818	(1) if a local health department conducts an adjudicative proceeding under Section
10819	26-62-302, the penalty shall be paid to the treasurer of the county in which the violation was
10820	committed, and transferred to the local health department; and
10821	(2) if the department conducts a civil hearing under Section 26-62-302, the penalty
10822	shall be deposited in the state's General Fund, and may be appropriated by the Legislature to
10823	the department for use in enforcement of this chapter.
10824	Section 330. Section 26B-7-521, which is renumbered from Section 26-62-401 is
10825	renumbered and amended to read:
10826	[26-62-401].
10827	(1) As used in this section:
10828	(a) "Employee" means an employee of a retail tobacco specialty business.
10829	(b) "Electronic verification program" means a technology used by a retail tobacco
10830	specialty business to confirm proof of age for an individual.
10831	(2) A retail tobacco specialty business shall require that an employee verify proof of
10832	age as provided in this section.
10833	(3) To comply with Subsection (2), an employee shall:
10834	(a) request the individual present proof of age; and
10835	(b) verify the validity of the proof of age electronically in accordance with Subsection
10836	(4).

10837	(4) A retail tobacco specialty business shall use an electronic verification program to
10838	assist the business in complying with the requirements of this section.
10839	(5) (a) A retail tobacco specialty business may not disclose information obtained under
10840	this section except as provided under this part.
10841	(b) Information obtained under this section:
10842	(i) shall be kept for at least 180 days; and
10843	(ii) is subject to inspection upon request by a peace officer or the representative of an
10844	enforcing agency.
10845	(6) (a) If an employee does not verify proof of age under this section, the employee
10846	may not permit an individual to:
10847	(i) except as provided in Subsection (6)(b), enter a retail tobacco specialty business; or
10848	(ii) purchase a tobacco product or an electronic cigarette product.
10849	(b) In accordance with Subsection 76-10-105.1(4), an individual who is under 21 years
10850	old may be permitted to enter a retail tobacco specialty business if the individual is:
10851	(i) accompanied by a parent or legal guardian who provides proof of age; or
10852	(ii) (A) present at the retail tobacco specialty business solely for the purpose of
10853	providing a commercial service to the retail tobacco specialty business, including making a
10854	commercial delivery;
10855	(B) monitored by the proprietor of the retail tobacco specialty business or an employee
10856	of the retail tobacco specialty business; and
10857	(C) not permitted to make any purchase or conduct any commercial transaction other
10858	than the service described in Subsection (6)(b)(ii)(A).
10859	(7) To determine whether the individual described in Subsection (2) is 21 years old or
10860	older, the following may request an individual described in Subsection (2) to present proof of
10861	age:
10862	(a) an employee;
10863	(b) a peace officer; or
10864	(c) a representative of an enforcing agency.