

# DHHS Recommended Reports to Combine/Modify/Repeal

Statute	Reporting Requirements	DHHS Rationale for Combine/Modify/Repeal	Combine/Modify/Repeal
<a href="#"><u>26A-1-129(7)</u></a>	<b>Electronic Cigarette, Marijuana, and Other Drug Prevention Grant Program</b> --use of funds, impact, effectiveness, and recommendations	<p>Historically, all stakeholders meet yearly with Senate Pres. Adams to discuss these issues in-depth.</p> <p>Recommend that all tobacco and nicotine reports be combined into one. May also consider making the report due every odd year (mid-October or later) as this would align with when the latest SHARP data is available.</p> <p>26A-1-129(7), 26B-1-428(4)</p>	Combine
<a href="#"><u>26B-1-428(4)</u></a>	<b>Youth Electronic Cigarette, Marijuana, and Other Drug Prevention Program</b>	<p>See notes above</p> <p>26A-1-129(7), 26B-1-428(4)</p>	Combine
<a href="#"><u>26B-1-506</u></a>	<b>Fatality reviews</b> --redacted report	<p>This information is available at any time but we are only asked to provide the information once a year.</p> <p>Recommend repeal and include the requirements with the annual report and executive summary (26B-1-507(4)(a)) reporting requirements.</p>	Combine
<a href="#"><u>72B-6-140(3)(b)</u></a>	<b>Adoption cost--information related to the cost of adoption and recommendations for legislation that may help reduce the cost of adoption</b>	<p>Requirement started just this year. What we turned in, as required by statute, was limited as just a few month's worth of data was available.</p> <p>Recommend that we move to every even year to give staff more data to draw from and provide a more thorough report.</p>	Modify Frequency

<a href="#"><u>26A-1-115(6)(b)</u></a>	<b>Local health per capita contribution--each county's annual per capita contribution to a local health department for delivery of minimum performance standards</b>	<p>Our understanding is this report was put in place in 2023 by Rep. Peterson as a means of holding counties accountable for the funds they allocate towards local public health.</p> <p>Recommend either removing this report or shifting to having UALHD/LHDs or Counties be responsible for submitting, rather than DHHS.</p>	Modify Reporting Entities
<a href="#"><u>26B-1-402(4)</u></a>	<b>Rare Disease Advisory Council</b> --activities of the council and the grantee who administers the council, and recommendations and best practices regarding ongoing needs of individuals in the state with a rare disease	Recommend that this be assigned to the Rare Disease Advisory Council, rather than the Department.	Modify Reporting Entities
<a href="#"><u>26B-3-210(6)</u></a>	<b>Medicaid expansion at 90% federal match rate and meeting other specified conditions to individuals at less than 95% FPL</b> --number of enrollees, costs, and recommendations for cost control	Recommend the legislature identify an entity responsible for reviewing the recommendations with the healthcare system and determining where collective action in a specific area might be productive.	Modify Reporting Entities
<a href="#"><u>26B-4-702(8)</u></a>	<b>Utah Health Care Workforce Financial Assistance Program</b> --The department shall prepare an annual report on the revenues, expenditures, and outcomes of the program.	<p>Recommendations for these reports:</p> <ul style="list-style-type: none"> <li>• Require the report be sent to both Social Services and Higher Education Appropriations Subcommittee</li> <li>• Combine the reporting requirement with the Rural Physician Loan Repayment Program</li> </ul>	Modify Reporting Entities
<a href="#"><u>26B-4-703(5)</u></a>	<b>Rural Physician Loan Repayment Program</b> The department shall prepare an annual report of the program's revenues, expenditures, and outcomes.	<p>See notes above</p> <p>Note for lawmakers: Funding for this repayment program is not ongoing. Would recommend that the reporting requirement be contingent upon the legislature funding the Loan Repayment Program and the associated costs of administering the requirements of this statute.</p>	Modify Reporting Entities

<a href="#">26B-4-711(5)</a>	UMEC shall provide a written report to the Higher Education Appropriations Subcommittee describing: (a) which sponsoring institutions received a grant; (b) the number of residency positions created; and (c) for each residency position created: (i) the type of specialty; (ii) where the residency position provides care; and (iii) an estimated date of when a grant funded residency position will no longer need grant funding. (iii) an estimated date of when a grant funded residency position will no longer need grant funding.	Perhaps keep the report, but require the Utah Medical Education Council (UMEC) to send the report to the Health Workforce Advisory Council (HWAC) since UMEC is a subcommittee of HWAC  Require HWAC and/or the Office of Primary Care and Rural Health to report back to the legislature (SSA and Higher Ed)	Modify Reporting Entities
<a href="#">26B-8-513(6)</a>	<b>Recommendations on actions and opportunities the state could take to reduce wasteful spending in healthcare</b>	Report could be useful, but we don't think it is being used or utilized. The One Utah Health Collaborative has expressed recent interest in it, but it's not clear how serious that inquiry was. We can work with the Collaborative to produce date whether or not this reporting requirement exists.	Modify Reporting Entities
<a href="#">80-2-1104(3)(j)</a>	<b>Child Protection Ombudsman--provide an annual report regarding the ombudsman's duties and recommendations for improvements to the child welfare system</b>	If there are statutory changes that need to be made we can bring those up through our internal processes.  Report information can be highlighted on our Office of Ombuds webpage, when completed.	Repeal
<a href="#">26B-1-324(4)</a>	<b>Statewide Behavioral Health Crisis Response Account for implementation and support of 988 services--use of account funds, progress towards providing statewide mental health crisis services, etc.</b>	DHHS is represented on the Behavioral Health Crisis Response Commission, a legislatively appointed commission which meets routinely. The information required by this statute is reported routinely to these providers and available upon request by the legislature.	Repeal
<a href="#">26B-1-326(5)</a>	<b>Suicide Prevention and Education Fund--receipts, expenditures, and programs and services funded</b>	This report is one of at least four suicide prevention reports submitted annually. OSUMH collects information on these efforts and will continue to make information public. To date, we have yet to receive questions from legislators as a result of these reports.	Repeal
<a href="#">26B-1-327(3)</a>	<b>Survivors of Suicide Loss Account--status and expenditures</b>	This report is one of at least four suicide prevention reports submitted annually. OSUMH collects information on these efforts and will continue to make information public. To date, we have yet to receive questions from legislators as a result of these reports.	Repeal

<a href="#"><u>26B-1-328(6)</u></a>	<b>Grants for telehealth psychiatric consultation or early childhood psychotherapeutic telehealth consultation--</b> expenditures, status of account, and summary of grantee reports regarding services, utilization, and expenditures	OSUMH will continue to collect and report information through traditional channels. To date, we have yet to receive questions from legislators or a request to present these findings as a result of these reports.  We can provide this kind of information to the legislature upon request and when. We recommend this approach rather than a mandated, yearly report.	Repeal
<a href="#"><u>26B-1-329(6)</u></a>	<b>Mental Health Services Donation Fund--</b> provide an annual report to the Behavioral Health Crisis Response Commission, created in Section 63C-18-202, regarding: (a) the entity that is awarded a grant under Subsection (4); (b) the number of qualified individuals served by the entity with fund money; and (c) any costs or benefits as a result of the award of the grant.	DHHS is represented on the Behavioral Health Crisis Response Commission, a legislatively appointed commission which meets routinely. The information required by this statute is reported routinely to these providers and available upon request by the legislature.	Repeal
<a href="#"><u>26B-1-405(10)</u></a>	<b>Air Ambulance Committee--</b> sunset report	Set to repeal in 2024	Repeal
<a href="#"><u>26B-1-405(6)</u></a>	<b>Air medical transport--</b> recommendations regarding the development of state standards and requirements	Set to repeal in 2024	Repeal
<a href="#"><u>26B-1-422(7)</u></a>	<b>"Annual report due by August 1 addressing availability of early childhood education, health, and developmental programs and services.</b>  <b>Annual report needs to be delivered to the DHHS ED, the DWS ED, and the State Superintendent."</b>	Consider eliminating this report as the audience is limited and value-add to the early childhood community is questionable. Key early childhood information can be provided upon request or in a regular meeting with leadership of DHHS, DWS, and USBE.	Repeal
<a href="#"><u>26B-1-424(4)(c)</u></a>	<b>Adult Autism Treatment Program--</b> recommendations for improvement	If there are statutory changes that need to be made we can bring those up through our internal processes and discussions with lawmakers.	Repeal

<a href="#"><u>26B-1-506</u></a>	<b>Fatality reviews</b> --redacted response by office or division	<p>The Child Welfare Legislative Oversight Panel (CWLOP) already meets yearly to discuss individual cases and the Department's response.</p> <p>To give some insight, the reporting requirement in statute is so ambiguous ("provide a copy... to the Office of Legislative Research and General Counsel") that is likely that on lawmakers outside of those on CWLOP have ever seen these reports.</p>	Repeal
<a href="#"><u>26B-1-506</u></a>	<b>Fatality reviews</b> --redacted executive director's response	<p>The Child Welfare Legislative Oversight Panel (CWLOP) already meets yearly to discuss individual cases and the Department's response.</p> <p>To give some insight, the reporting requirement in statute is so ambiguous ("provide a copy... to the Office of Legislative Research and General Counsel") that is likely that on lawmakers outside of those on CWLOP have ever seen these reports.</p>	Repeal
<a href="#"><u>26B-2-503</u></a>	<b>Community Health Worker Certification Advisory Board</b> - report by department if it determines changes to statute are necessary to create a Community Health Worker Certification Advisory Board.	DHHS staff feel an Advisory Board would not add any value to the Clinical Health Worker certification process.	Repeal
<a href="#"><u>26B-3-218(3)</u></a>	<b>Medicaid waiver for mental health services provided to an individual for more than 15 days per month in an IMD with more than 16 beds</b> --any reports submitted to CMS regarding budget neutrality, an independent waiver evaluation, or performance metrics	DHHS can make this information available upon request.	Repeal

<a href="#"><u>26B-5-102(2)(n)</u></a>	<b>Recidivism information</b> - data on participation in mental health or substance use treatment while incarcerated or by order of the Board of Pardons and Parole, subsequent conviction after participation in program, type of treatment provided, employment information, and cost savings associated with recidivism reduction.	Staff are unsure why this needs to be required in statute. Our 26B statute does not require us to file the report, but to simply send any data we have to CCJJ.  Unless there needs to be a specific statute that requires us to share data we would recommend repealing this requirement.	Repeal
<a href="#"><u>26B-5-102(3)(e)</u></a>	<b>Firearm safety program and suicide prevention education course</b> -- implementation and success	This report is one of at least four suicide prevention reports submitted annually. OSUMH collects information on these efforts and will continue to make information public. To date, we have yet to receive questions from legislators as a result of these reports.	Repeal
<a href="#"><u>26B-5-114(8)</u></a>	<b>Behavioral Health Receiving Center Grant Program</b> --data on projects, obstacles, knowledge gained, and recommendations	DHHS is represented on the Behavioral Health Crisis Response Commission, a legislatively appointed commission which meets routinely. The information required by this statute is reported routinely to these providers and available upon request by the legislature.	Repeal
<a href="#"><u>26B-5-116(5)</u></a>	<b>Suicide technical assistance program</b> -- technical assistance to health care organizations in the preceding year	This report is one of at least four suicide prevention reports submitted annually. OSUMH collects information on these efforts and will continue to make information public. To date, we have yet to receive questions from legislators as a result of these reports.	Repeal
<a href="#"><u>26B-5-611(6)</u></a>	<b>Suicide Prevention Program</b> -- implementation, effectiveness, funding, and suicide trends	This report is one of at least four suicide prevention reports submitted annually. OSUMH collects information on these efforts and will continue to make information public. To date, we have yet to receive questions from legislators as a result of these reports.	Repeal
<a href="#"><u>26B-6-304(1)(I)</u></a>	<b>Office of Public Guardian</b>	This report was required under a previous division structure. Division of Aging and Adult Services (who oversees the Office of Public Guardian) can provide information to legislators as needed.	Repeal
<a href="#"><u>26B-6-510</u></a>	<b>Persons with an intellectual disability</b> -- specialized dental services	The dental clinic has been well established and has demonstrated the need and use of the dental clinic. The Department can report back to the legislature as needed. An alternative would be to require the report every three years, to keep information current for the committee.	Repeal

<a href="#"><u>26B-6-703(8)</u></a>	<b>Disability Ombuds</b> --a report describing: (a) the work of the ombudsman; and (b) any recommendations for statutory changes to improve the effectiveness of the ombudsman in performing the duties under this section	If there are statutory changes that need to be made we can bring those up through our internal processes.  Report information can be highlighted on our Office of Ombuds webpage, when completed.	Repeal
<a href="#"><u>26B-7-117(3)</u></a>	<b>Syringe exchange and education</b> --activities, outcomes, and potential of syringe programs	An annual/semi-annual report is not needed. Annual and quarterly reports are already published on DHHS website. Nothing is added by the legislative report and is just a repeat of existing data.	Repeal
<a href="#"><u>26B-7-119(5)</u></a>	<b>Hepatitis C Outreach Pilot Program</b> --outcomes	This pilot program hasn't been funded since June 2022	Repeal
<a href="#"><u>26B-7-224(2)</u></a>	<b>Violent incidents and fatalities involving substance abuse; drug overdose deaths; and recommendations for prevention</b>	Recommendations remain consistent over time. Data can be available upon request.	Repeal
<a href="#"><u>26B-8-504(1)(g)</u></a>	<b>Health Data Committee</b> --publish annually a report on primary care spending within Utah	This statute does not direct who the report should be sent to. Which means that the legislature isn't reading this and wouldn't miss it.  Recommend that only the portion on the Primary Spend Report (item g) and not the whole statute be repealed. The dept can continue to provide similar data to stakeholders (and to the legislature upon request), but a yearly mandated report is not the most efficient use of staff time.	Repeal
<a href="#"><u>63C-18-203(5)</u></a>	<b>Behavioral Health Crisis Response Commission</b> --commission duties and activities, including any recommendations, legislation proposals, and opportunities for behavioral health crisis response system improvement	DHHS is represented on the Behavioral Health Crisis Response Commission, a legislatively appointed commission which meets routinely. The information required by this statute is reported routinely to these providers and available upon request by the legislature.	Repeal
<a href="#"><u>76-7-313(6)(b)</u></a>	<b>Abortion</b> --physician verification that rape or incest has been reported to law enforcement	We can provide this information to the legislature upon request. That may be a better option rather than a mandated, yearly report.	Repeal

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