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1	PSYCHOTROPIC MEDICATION OVERSIGHT PILOT
2	PROGRAM AMENDMENTS
3	2024 GENERAL SESSION
4	STATE OF UTAH
5	
6	LONG TITLE
7	General Description:
8	This bill amends provisions related to the psychotropic medication oversight pilot
9	program.
10	Highlighted Provisions:
11	This bill:
12	removes a repeal date for the psychotropic medication oversight pilot program
13	(program);
14	amends provisions to make the program permanent;
15	 moves operation of the program from the Division of Child and Family Services to
16	the Division of Integrated Healthcare (division);
17	addresses the membership of the program's oversight team;
18	amends provisions regarding the duties of the oversight team and a foster child's
19	caseworker;
20	 adds certain reporting requirements for the division and the oversight team;
21	 requires the Department of Health and Human Services to pay standard Medicaid
22	rates for outpatient behavioral health services for children in foster care; and
23	makes technical and conforming changes.
24	Money Appropriated in this Bill:
25	None
26	Other Special Clauses:
27	None
28	Utah Code Sections Affected:
29	AMENDS:
30	63I-1-280 , as enacted by Laws of Utah 2022, Chapter 335
31	80-2-503.5 , as last amended by Laws of Utah 2023, Chapter 309

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Be it enacted by the Legislature of the state of Utah:
Section 1. Section 63I-1-280 is amended to read:
63I-1-280. Repeal dates: Title 80.
[Section 80-2-503.5 is repealed July 1, 2024.]
Section 2. Section 80-2-503.5 is amended to read:
80-2-503.5. Psychotropic medication oversight program Behavioral health
service rates for children in foster care.
(1) As used in this section[;]:
(a) "Advanced practice registered nurse" means an individual licensed to practice as an
advanced practice registered nurse in this state under Title 58, Chapter 31b, Nurse Practice Act
(b) "Division" means the Division of Integrated Healthcare created in Section
<u>26B-1-204.</u>
(c) "HIPAA" means 45 C.F.R. Parts 160, 162, and 164, Health Insurance Portability
and Accountability Act of 1996, as amended.
(d) "Physician assistant" means an individual licensed to practice as a physician
assistant in this state under Title 58, Chapter 70a, Utah Physician Assistant Act.
(e) ["psychotropic"] "Psychotropic medication" means medication prescribed to affect
or alter thought processes, mood, or behavior, including antipsychotic, antidepressant,
anxiolytic, or behavior medication.
(2) The division shall, through contract with the [Department of Health and Human
Services] University of Utah or another qualified third party, [establish and] operate a
psychotropic medication oversight [pilot] program for children in foster care to ensure that
[foster children are being] each foster child is prescribed psychotropic medication consistent
with the foster [children's] child's needs and consistent with clinical best practices.
(3) The division shall [establish] operate an oversight team to manage the psychotropic
medication oversight program, composed of at least the following individuals:
(a) a physician assistant with pediatric mental health experience, or an advanced
practice registered nurse[, as defined in Section 58-31b-102,] with pediatric mental health
experience, contracted with the [Department of Health and Human Services] division; [and]
(b) a child psychiatrist[-] contracted with the division;

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63	(c) a data analyst contracted with the division; and
64	(d) an individual with care coordination experience.
65	(4) The oversight team shall monitor foster children:
66	(a) six years old or younger who are being prescribed one or more psychotropic
67	medications; [and]
68	(b) seven years old or older who are being prescribed two or more psychotropic
69	medications[-]; and
70	(c) who are prescribed one or more antipsychotic medications.
71	(5) The division shall establish a business associate agreement with the oversight team
72	by which the oversight team shall, upon request, be given information or records related to the
73	foster child's health care history, including psychotropic medication history and mental and
74	behavioral health history, from:
75	(a) the division's Medicaid pharmacy program;
76	(b) the department's written and electronic records and databases;
77	(c) the foster child's current or past caseworker;
78	[(b)] (d) the foster child; or
79	[(c)] <u>(e)</u> the foster child's:
80	(i) current or past health care provider;
81	(ii) natural parents; or
82	(iii) foster parents.
83	(6) The oversight team may review and monitor the following information about a
84	foster child:
85	(a) the foster child's history;
86	(b) the foster child's health care, including psychotropic medication history and mental
87	or behavioral health history;
88	(c) whether there are less invasive treatment options available to meet the foster child's
89	needs;
90	(d) the dosage or dosage range and appropriateness of the foster child's psychotropic
91	medication;
92	(e) the short-term or long-term risks associated with the use of the foster child's
93	psychotropic medication; or

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94	(f) the reported benefits of the foster child's psychotropic medication.
95	(7) (a) [The] On at least a quarterly basis, the oversight team [may] shall:
96	(i) review the medical and mental or behavioral health history for each foster child
97	overseen by the program;
98	(ii) based on the review under Subsection (7)(a)(i), document the oversight team's
99	findings and recommendations; and
100	(iii) make written recommendations [to the foster child's health care providers]
101	concerning the foster child's psychotropic medication [or] and the foster child's mental or
102	behavioral health, including any recommendation for psychotherapy treatment.
103	(b) The oversight [team shall provide the] team's recommendations [made] described
104	in Subsection (7)(a) [to the foster child's parent or guardian after discussing the
105	recommendations with the foster child's current health care providers] shall be provided to the
106	foster child's current caseworker, the foster child's parent or guardian, and the foster child's
107	current health care providers, in accordance with rules adopted pursuant to Subsection (8) and
108	in compliance with HIPAA and other relevant state and federal privacy laws.
109	(c) The member of the oversight team described in Subsection (3)(d) shall:
110	(i) provide the recommendations described in Subsection (7)(a) in writing and verbally.
111	or as otherwise provided in rules adopted pursuant to Subsection (8), to the foster child's
112	current health care providers; and
113	(ii) on at least a semiannual basis, follow up with the foster child's current health care
114	providers to document whether recommendations made by the oversight team have been
115	implemented.
116	(d) A foster child's caseworker shall maintain a confidential record of
117	recommendations provided to the caseworker under Subsection (7)(b).
118	(8) The division may adopt administrative rules in accordance with Title 63G, Chapter
119	3, Utah Administrative Rulemaking Act, necessary to administer this section, including the
120	rules described in Subsection (7)(b).
121	(9) The division shall report <u>regarding the psychotropic medication oversight program:</u>
122	(a) to the Child Welfare Legislative Oversight Panel [regarding the psychotropic
123	medication oversight pilot program] by October 1 of each even numbered year[-]; and
124	(b) orally to the Health and Human Services Interim Committee, at least once every

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125	two years at or before the October meeting.
126	(10) The oversight team shall report:
127	(a) quarterly to the division regarding the number of foster children reviewed and the
128	number of recommendations made; and
129	(b) annually to the division regarding outcomes for foster children overseen by the
130	program.
131	(11) Beginning on July 1, 2024, the department shall pay for outpatient behavioral
132	health services for children in foster care at a rate no lower than the standard Medicaid fee
133	schedule.
134	Section 3. Effective date.
135	This bill takes effect on May 1, 2024.