

**Effective 5/3/2023**

**Part 4**  
**Boards, Commissions, Councils, and Advisory Committees**

**26B-1-401 Executive director -- Power to amend, modify, or rescind committee rules.**

The executive director pursuant to the requirements of the Administrative Rulemaking Act may amend, modify, or rescind any rule of any committee created under Section 26B-1-204 if the rule creates a clear present hazard or clear potential hazard to the public health except that the executive director may not act until after discussion with the appropriate committee.

Renumbered and Amended by Chapter 305, 2023 General Session

**26B-1-402 Rare Disease Advisory Council Grant Program -- Creation -- Reporting.**

(1) As used in this section:

- (a) "Council" means the Rare Disease Advisory Council described in Subsection (3).
- (b) "Grantee" means the recipient of a grant under this section to operate the program.
- (c) "Rare disease" means a disease that affects fewer than 200,000 individuals in the United States.

(2)

- (a) Within legislative appropriations, the department shall issue a request for proposals for a grant to administer the provisions of this section.
- (b) The department may issue a grant under this section if the grantee agrees to:
  - (i) convene the council in accordance with Subsection (3);
  - (ii) provide staff and other administrative support to the council; and
  - (iii) in coordination with the department, report to the Legislature in accordance with Subsection (4).

(3) The Rare Disease Advisory Council convened by the grantee shall:

- (a) advise the Legislature and state agencies on providing services and care to individuals with a rare disease;
- (b) make recommendations to the Legislature and state agencies on improving access to treatment and services provided to individuals with a rare disease;
- (c) identify best practices to improve the care and treatment of individuals in the state with a rare disease;
- (d) meet at least two times in each calendar year; and
- (e) be composed of members identified by the department, including at least the following individuals:
  - (i) a representative from the department;
  - (ii) researchers and physicians who specialize in rare diseases, including at least one representative from the University of Utah;
  - (iii) two individuals who have a rare disease or are the parent or caregiver of an individual with a rare disease; and
  - (iv) two representatives from one or more rare disease patient organizations that operate in the state.

(4) Before November 30, 2021, and before November 30 of every odd-numbered year thereafter, the department shall report to the Health and Human Services Interim Committee on:

- (a) the activities of the grantee and the council; and

- (b) recommendations and best practices regarding the ongoing needs of individuals in the state with a rare disease.

Renumbered and Amended by Chapter 305, 2023 General Session

**26B-1-403 Opioid and Overdose Fatality Review Committee.**

- (1) As used in this section:
  - (a) "Committee" means the Opioid and Overdose Fatality Review Committee created in this section.
  - (b) "Opioid overdose death" means a death primarily caused by opioids or another substance that closely resembles an opioid.
- (2) The department shall establish the Opioid and Overdose Fatality Review Committee.
- (3)
  - (a) The committee shall consist of:
    - (i) the attorney general, or the attorney general's designee;
    - (ii) a state, county, or municipal law enforcement officer;
    - (iii) the manager of the department's Violence Injury Prevention Program, or the manager's designee;
    - (iv) an emergency medical services provider;
    - (v) a representative from the Office of the Medical Examiner;
    - (vi) a representative from the Office of Substance Use and Mental Health;
    - (vii) a representative from the Office of Vital Records;
    - (viii) a representative from the Office of Health Care Statistics;
    - (ix) a representative from the Division of Professional Licensing;
    - (x) a healthcare professional who specializes in the prevention, diagnosis, and treatment of substance use disorders;
    - (xi) a representative from a state or local jail or detention center;
    - (xii) a representative from the Department of Corrections;
    - (xiii) a representative from the Division of Juvenile Justice and Youth Services;
    - (xiv) a representative from the Department of Public Safety;
    - (xv) a representative from the Commission on Criminal and Juvenile Justice;
    - (xvi) a physician from a Utah-based medical center; and
    - (xvii) a physician from a nonprofit vertically integrated health care organization.
  - (b) The president of the Senate may appoint one member of the Senate, and the speaker of the House of Representatives may appoint one member of the House of Representatives, to serve on the committee.
- (4) The executive director shall appoint a committee coordinator.
- (5)
  - (a) The department shall give the committee access to all reports, records, and other documents that are relevant to the committee's responsibilities under Subsection (6) including reports, records, or documents that are private, controlled, or protected under Title 63G, Chapter 2, Government Records Access and Management Act.
  - (b) In accordance with Subsection 63G-2-206(6), the committee is subject to the same restrictions on disclosure of a report, record, or other document received under Subsection (5) (a) as the department.
- (6) The committee shall:
  - (a) conduct a multidisciplinary review of available information regarding a decedent of an opioid overdose death, which shall include:

- (i) consideration of the decedent's points of contact with health care systems, social services systems, criminal justice systems, and other systems; and
  - (ii) identification of specific factors that put the decedent at risk for opioid overdose;
  - (b) promote cooperation and coordination among government entities involved in opioid misuse, abuse, or overdose prevention;
  - (c) develop an understanding of the causes and incidence of opioid overdose deaths in the state;
  - (d) make recommendations for changes to law or policy that may prevent opioid overdose deaths;
  - (e) inform public health and public safety entities of emerging trends in opioid overdose deaths;
  - (f) monitor overdose trends on non-opioid overdose deaths; and
  - (g) review non-opioid overdose deaths in the manner described in Subsection (6)(a), when the committee determines that there are a substantial number of overdose deaths in the state caused by the use of a non-opioid.
- (7) A committee may interview or request information from a staff member, a provider, or any other person who may have knowledge or expertise that is relevant to the review of an opioid overdose death.
- (8) A majority vote of committee members present constitutes the action of the committee.
- (9) The committee may meet up to eight times each year.
- (10) When an individual case is discussed in a committee meeting under Subsection (6)(a), (6)(g), or (7), the committee shall close the meeting in accordance with Sections 52-4-204 through 52-4-206.

Renumbered and Amended by Chapter 305, 2023 General Session

***Superseded 7/1/2024***

**26B-1-404 State Emergency Medical Services Committee -- Membership -- Expenses.**

- (1) The State Emergency Medical Services Committee created by Section 26B-1-204 shall be composed of the following 19 members appointed by the governor, at least six of whom shall reside in a county of the third, fourth, fifth, or sixth class:
- (a) five physicians licensed under Title 58, Chapter 67, Utah Medical Practice Act, or Title 58, Chapter 68, Utah Osteopathic Medical Practice Act, as follows:
    - (i) one surgeon who actively provides trauma care at a hospital;
    - (ii) one rural physician involved in emergency medical care;
    - (iii) two physicians who practice in the emergency department of a general acute hospital; and
    - (iv) one pediatrician who practices in the emergency department or critical care unit of a general acute hospital or a children's specialty hospital;
  - (b) two representatives from private ambulance providers as defined in Section 26B-4-101;
  - (c) one representative from an ambulance provider as defined in Section 26B-4-101 that is neither privately owned nor operated by a fire department;
  - (d) two chief officers from fire agencies operated by the following classes of licensed or designated emergency medical services providers, provided that no class of medical services providers may have more than one representative under this Subsection (1)(d):
    - (i) a municipality;
    - (ii) a county; and
    - (iii) a fire district;
  - (e) one director of a law enforcement agency that provides emergency medical services;
  - (f) one hospital administrator;
  - (g) one emergency care nurse;

- (h) one paramedic in active field practice;
  - (i) one emergency medical technician in active field practice;
  - (j) one certified emergency medical dispatcher affiliated with an emergency medical dispatch center;
  - (k) one licensed mental health professional with experience as a first responder;
  - (l) one licensed behavioral emergency services technician; and
  - (m) one consumer.
- (2)
- (a) Except as provided in Subsection (2)(b), members shall be appointed to a four-year term beginning July 1.
  - (b) Notwithstanding Subsection (2)(a), the governor:
    - (i) shall, at the time of appointment or reappointment, adjust the length of terms to ensure that the terms of committee members are staggered so that approximately half of the committee is appointed every two years;
    - (ii) may not reappoint a member for more than two consecutive terms; and
    - (iii) shall:
      - (A) initially appoint the second member under Subsection (1)(b) from a different private provider than the private provider currently serving under Subsection (1)(b); and
      - (B) thereafter stagger each replacement of a member in Subsection (1)(b) so that the member positions under Subsection (1)(b) are not held by representatives of the same private provider.
  - (c) When a vacancy occurs in the membership for any reason, the replacement shall be appointed by the governor for the unexpired term.
- (3)
- (a)
    - (i) Each January, the committee shall organize and select one of the committee's members as chair and one member as vice chair.
    - (ii) The committee may organize standing or ad hoc subcommittees, which shall operate in accordance with guidelines established by the committee.
  - (b)
    - (i) The chair shall convene a minimum of four meetings per year.
    - (ii) The chair may call special meetings.
    - (iii) The chair shall call a meeting upon request of five or more members of the committee.
  - (c)
    - (i) Nine members of the committee constitute a quorum for the transaction of business.
    - (ii) The action of a majority of the members present is the action of the committee.
- (4) A member may not receive compensation or benefits for the member's service, but may receive per diem and travel expenses in accordance with:
- (a) Section 63A-3-106;
  - (b) Section 63A-3-107; and
  - (c) rules made by the Division of Finance pursuant to Sections 63A-3-106 and 63A-3-107.
- (5) Administrative services for the committee shall be provided by the department.
- (6) The committee shall adopt rules, with the concurrence of the department, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, that:
- (a) establish licensure, certification, and reciprocity requirements under Section 26B-4-116;
  - (b) establish designation requirements under Section 26B-4-117;
  - (c) promote the development of a statewide emergency medical services system under Section 26B-4-106;

- (d) establish insurance requirements for ambulance providers;
- (e) provide guidelines for requiring patient data under Section 26B-4-106;
- (f) establish criteria for awarding grants under Section 26B-4-107;
- (g) establish requirements for the coordination of emergency medical services and the medical supervision of emergency medical service providers under Section 26B-4-120;
- (h) select appropriate vendors to establish certification requirements for emergency medical dispatchers;
- (i) establish the minimum level of service for 911 ambulance services provided under Section 11-48-103; and
- (j) are necessary to carry out the responsibilities of the committee as specified in other sections of this part.

Renumbered and Amended by Chapter 305, 2023 General Session

***Superseded 7/1/2024***

**26B-1-405 Air Ambulance Committee -- Membership -- Duties.**

- (1) The Air Ambulance Committee created by Section 26B-1-204 shall be composed of the following members:
  - (a) the state emergency medical services medical director;
  - (b) one physician who:
    - (i) is licensed under:
      - (A) Title 58, Chapter 67, Utah Medical Practice Act;
      - (B) Title 58, Chapter 67b, Interstate Medical Licensure Compact; or
      - (C) Title 58, Chapter 68, Utah Osteopathic Medical Practice Act;
    - (ii) actively provides trauma or emergency care at a Utah hospital; and
    - (iii) has experience and is actively involved in state and national air medical transport issues;
  - (c) one member from each level 1 and level 2 trauma center in the state of Utah, selected by the trauma center the member represents;
  - (d) one registered nurse who:
    - (i) is licensed under Title 58, Chapter 31b, Nurse Practice Act; and
    - (ii) currently works as a flight nurse for an air medical transport provider in the state;
  - (e) one paramedic who:
    - (i) is licensed under Chapter 4, Part 1, Utah Emergency Medical Services System; and
    - (ii) currently works for an air medical transport provider in the state; and
  - (f) two members, each from a different for-profit air medical transport company operating in the state.
- (2) The state emergency medical services medical director shall appoint the physician member under Subsection (1)(b), and the physician shall serve as the chair of the Air Ambulance Committee.
- (3) The chair of the Air Ambulance Committee shall:
  - (a) appoint the Air Ambulance Committee members under Subsections (1)(c) through (f);
  - (b) designate the member of the Air Ambulance Committee to serve as the vice chair of the committee; and
  - (c) set the agenda for Air Ambulance Committee meetings.
- (4)
  - (a) Except as provided in Subsection (4)(b), members shall be appointed to a two-year term.
  - (b) Notwithstanding Subsection (4)(a), the Air Ambulance Committee chair shall, at the time of appointment or reappointment, adjust the length of the terms of committee members to

ensure that the terms of the committee members are staggered so that approximately half of the committee is reappointed every two years.

- (5)
  - (a) A majority of the members of the Air Ambulance Committee constitutes a quorum.
  - (b) The action of a majority of a quorum constitutes the action of the Air Ambulance Committee.
- (6) The Air Ambulance Committee shall, before November 30, 2019, and before November 30 of every odd-numbered year thereafter, provide recommendations to the Health and Human Services Interim Committee regarding the development of state standards and requirements related to:
  - (a) air medical transport provider licensure and accreditation;
  - (b) air medical transport medical personnel qualifications and training; and
  - (c) other standards and requirements to ensure patients receive appropriate and high-quality medical attention and care by air medical transport providers operating in the state of Utah.
- (7)
  - (a) The committee shall prepare an annual report, using any data available to the department and in consultation with the Insurance Department, that includes the following information for each air medical transport provider that operates in the state:
    - (i) which health insurers in the state the air medical transport provider contracts with;
    - (ii) if sufficient data is available to the committee, the average charge for air medical transport services for a patient who is uninsured or out of network; and
    - (iii) whether the air medical transport provider balance bills a patient for any charge not paid by the patient's health insurer.
  - (b) When calculating the average charge under Subsection (7)(a)(ii), the committee shall distinguish between:
    - (i) a rotary wing provider and a fixed wing provider; and
    - (ii) any other differences between air medical transport service providers that may substantially affect the cost of the air medical transport service, as determined by the committee.
  - (c) The department shall:
    - (i) post the committee's findings under Subsection (7)(a) on the department's website; and
    - (ii) send the committee's findings under Subsection (7)(a) to each emergency medical service provider, health care facility, and other entity that has regular contact with patients in need of air medical transport provider services.
- (8) A member of the Air Ambulance Committee may not receive compensation, benefits, per diem, or travel expenses for the member's service on the committee.
- (9) The Office of the Attorney General shall provide staff support to the Air Ambulance Committee.
- (10) The Air Ambulance Committee shall report to the Health and Human Services Interim Committee before November 30, 2023, regarding the sunset of this section in accordance with Section 63I-2-226.

Renumbered and Amended by Chapter 305, 2023 General Session

***Superseded 7/1/2024***

**26B-1-406 Trauma System Advisory Committee.**

- (1) There is created within the department the Trauma System Advisory Committee.
- (2)
  - (a) The committee shall be comprised of individuals knowledgeable in adult or pediatric trauma care, including physicians, physician assistants, nurses, hospital administrators, emergency

medical services personnel, government officials, consumers, and persons affiliated with professional health care associations.

- (b) Representation on the committee shall be broad and balanced among the health care delivery systems in the state with no more than three representatives coming from any single delivery system.
- (3) The committee shall:
  - (a) advise the department regarding trauma system needs throughout the state;
  - (b) assist the department in evaluating the quality and outcomes of the overall trauma system;
  - (c) review and comment on proposals and rules governing the statewide trauma system; and
  - (d) make recommendations for the development of statewide triage, treatment, transportation, and transfer guidelines.
- (4) The department shall:
  - (a) determine, by rule, the term and causes for removal of committee members;
  - (b) establish committee procedures and administration policies consistent with this chapter and department rule; and
  - (c) provide administrative support to the committee.

Renumbered and Amended by Chapter 305, 2023 General Session

***Superseded 7/1/2024***

**26B-1-407 Stroke registry advisory committee.**

- (1) There is created within the department a stroke registry advisory committee.
- (2) The stroke registry advisory committee created in Subsection (1) shall:
  - (a) be composed of individuals knowledgeable in adult and pediatric stroke care, including physicians, physician assistants, nurses, hospital administrators, emergency medical services personnel, government officials, consumers, and persons affiliated with professional health care associations;
  - (b) advise the department regarding the development and implementation of the stroke registry created in Section 26B-7-225;
  - (c) assist the department in evaluating the quality and outcomes of the stroke registry created in Section 26B-7-225; and
  - (d) review and comment on proposals and rules governing the statewide stroke registry created in Section 26B-7-225.

Renumbered and Amended by Chapter 305, 2023 General Session

***Superseded 7/1/2024***

**26B-1-408 Cardiac registry advisory committee.**

- (1) There is created within the department a cardiac registry advisory committee.
- (2) The cardiac registry advisory committee created in Subsection (1) shall:
  - (a) be composed of individuals knowledgeable in adult and pediatric cardiac care, including physicians, physician assistants, nurses, hospital administrators, emergency medical services personnel, government officials, consumers, and persons affiliated with professional health care associations;
  - (b) advise the department regarding the development and implementation of the cardiac registry created in Section 26B-7-226;
  - (c) assist the department in evaluating the quality and outcomes of the cardiac registry created in Section 26B-7-226; and

- (d) review and comment on proposals and rules governing the statewide cardiac registry created in Section 26B-7-226.

Renumbered and Amended by Chapter 305, 2023 General Session

**26B-1-409 Utah Digital Health Service Commission -- Creation -- Membership -- Duties.**

- (1) As used in this section:
  - (a) "Commission" means the Utah Digital Health Service Commission created in this section.
  - (b) "Digital health service" means the electronic transfer, exchange, or management of related data for diagnosis, treatment, consultation, educational, public health, or other related purposes.
- (2) There is created within the department the Utah Digital Health Service Commission.
- (3) The governor shall appoint 13 members to the commission with the advice and consent of the Senate, as follows:
  - (a) a physician who is involved in digital health service;
  - (b) a representative of a health care system or a licensed health care facility as defined in Section 26B-2-201;
  - (c) a representative of rural Utah, which may be a person nominated by an advisory committee on rural health issues;
  - (d) a member of the public who is not involved with digital health service;
  - (e) a nurse who is involved in digital health service; and
  - (f) eight members who fall into one or more of the following categories:
    - (i) individuals who use digital health service in a public or private institution;
    - (ii) individuals who use digital health service in serving medically underserved populations;
    - (iii) nonphysician health care providers involved in digital health service;
    - (iv) information technology professionals involved in digital health service;
    - (v) representatives of the health insurance industry;
    - (vi) telehealth digital health service consumer advocates; and
    - (vii) individuals who use digital health service in serving mental or behavioral health populations.
- (4)
  - (a) The commission shall annually elect a chairperson from its membership. The chairperson shall report to the executive director of the department.
  - (b) The commission shall hold meetings at least once every three months. Meetings may be held from time to time on the call of the chair or a majority of the board members.
  - (c) Seven commission members are necessary to constitute a quorum at any meeting and, if a quorum exists, the action of a majority of members present shall be the action of the commission.
- (5)
  - (a) Except as provided in Subsection (5)(b), a commission member shall be appointed for a three-year term and eligible for two reappointments.
  - (b) Notwithstanding Subsection (5)(a), the governor shall, at the time of appointment or reappointment, adjust the length of terms to ensure that the terms of commission members are staggered so that approximately 1/3 of the commission is appointed each year.
  - (c) A commission member shall continue in office until the expiration of the member's term and until a successor is appointed, which may not exceed 90 days after the formal expiration of the term.



- (d) Notwithstanding Subsection (5)(c), a commission member who fails to attend 75% of the scheduled meetings in a calendar year shall be disqualified from serving.
- (e) When a vacancy occurs in membership for any reason, the replacement shall be appointed for the unexpired term.
- (6) 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:
  - (a) Section 63A-3-106;
  - (b) Section 63A-3-107; and
  - (c) rules made by the Division of Finance pursuant to Sections 63A-3-106 and 63A-3-107.
- (7) The department shall provide informatics staff support to the commission.
- (8) The funding of the commission shall be a separate line item to the department in the annual appropriations act.
- (9) The commission shall:
  - (a) advise and make recommendations on digital health service issues to the department and other state entities;
  - (b) advise and make recommendations on digital health service related patient privacy and information security to the department;
  - (c) promote collaborative efforts to establish technical compatibility, uniform policies, privacy features, and information security to meet legal, financial, commercial, and other societal requirements;
  - (d) identify, address, and seek to resolve the legal, ethical, regulatory, financial, medical, and technological issues that may serve as barriers to digital health service;
  - (e) explore and encourage the development of digital health service systems as a means of reducing health care costs and increasing health care quality and access, with emphasis on assisting rural health care providers and special populations with access to or development of electronic medical records;
  - (f) seek public input on digital health service issues; and
  - (g) in consultation with the department, advise the governor and Legislature on:
    - (i) the role of digital health service in the state;
    - (ii) the policy issues related to digital health service;
    - (iii) the changing digital health service needs and resources in the state; and
    - (iv) state budgetary matters related to digital health service.

Renumbered and Amended by Chapter 305, 2023 General Session

**26B-1-410 Primary Care Grant Committee.**

- (1) As used in this section:
  - (a) "Committee" means the Primary Care Grant Committee created in Subsection (2).
  - (b) "Program" means the Primary Care Grant Program described in Sections 26B-4-310 and 26B-4-313.
- (2) There is created the Primary Care Grant Committee.
- (3) The committee shall:
  - (a) review grant applications forwarded to the committee by the department under Subsection 26B-4-312(1);
  - (b) recommend, to the executive director, grant applications to award under Subsection 26B-4-310(1);
  - (c) evaluate:

- (i) the need for primary health care as defined in Section 26B-4-325 in different areas of the state;
  - (ii) how the program is addressing those needs; and
  - (iii) the overall effectiveness and efficiency of the program;
  - (d) review annual reports from primary care grant recipients;
  - (e) meet as necessary to carry out its duties, or upon a call by the committee chair or by a majority of committee members; and
  - (f) make rules, with the concurrence of the department, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, that govern the committee, including the committee's grant selection criteria.
- (4) The committee shall consist of:
- (a) as chair, the executive director or an individual designated by the executive director; and
  - (b) six members appointed by the governor to serve up to two consecutive, two-year terms of office, including:
    - (i) four licensed health care professionals; and
    - (ii) two community advocates who are familiar with a medically underserved population as defined in Section 26B-4-325 and with health care systems, where at least one is familiar with a rural medically underserved population.
- (5) The executive director may remove a committee member:
- (a) if the member is unable or unwilling to carry out the member's assigned responsibilities; or
  - (b) for a rational reason.
- (6) A committee member may not receive compensation or benefits for the member's service, except a committee member who is not an employee of the department may receive per diem and travel expenses in accordance with:
- (a) Section 63A-3-106;
  - (b) Section 63A-3-107; and
  - (c) rules made by the Division of Finance in accordance with Sections 63A-3-106 and 63A-3-107.

Renumbered and Amended by Chapter 305, 2023 General Session

**26B-1-411 Creation and membership of Kurt Oscarson Children's Organ Transplant Coordinating Committee -- Expenses -- Purposes.**

- (1) There is created the Kurt Oscarson Children's Organ Transplant Coordinating Committee.
- (2) The committee shall have five members representing the following:
  - (a) the executive director or the executive director's designee;
  - (b) two representatives from public or private agencies and organizations concerned with providing support and financial assistance to the children and families of children who need organ transplants; and
  - (c) two individuals who have had organ transplants, have children who have had organ transplants, who work with families or children who have had or are awaiting organ transplants, or community leaders or volunteers who have demonstrated an interest in working with families or children in need of organ transplants.
- (3)
  - (a) The governor shall appoint the committee members and designate the chair from among the committee members.
  - (b)
    - (i) Except as required by Subsection (3)(b)(ii), each member shall serve a four-year term.

- (ii) Notwithstanding the requirements of Subsection (3)(b)(i), the governor shall, at the time of appointment or reappointment, adjust the length of terms to ensure that the terms of the committee members are staggered so that approximately half of the committee is appointed every two years.
- (4) 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:
  - (a) Section 63A-3-106;
  - (b) Section 63A-3-107; and
  - (c) rules made by the Division of Finance pursuant to Sections 63A-3-106 and 63A-3-107.
- (5) The department shall provide support staff for the committee.
- (6) The committee shall work to:
  - (a) provide financial assistance for initial medical expenses of children who need organ transplants;
  - (b) obtain the assistance of volunteer and public service organizations; and
  - (c) fund activities as the committee designates for the purpose of educating the public about the need for organ donors.
- (7)
  - (a) The committee is responsible for awarding financial assistance funded by the Kurt Oscarson Children's Organ Transplant Account created in Section 26B-1-311.
  - (b) The financial assistance awarded by the committee under Subsection (6)(a) shall be in the form of interest free loans. The committee may establish terms for repayment of the loans, including a waiver of the requirement to repay any awards if, in the committee's judgment, repayment of the loan would impose an undue financial burden on the recipient.
  - (c) In making financial awards under Subsection (6)(a), the committee shall consider:
    - (i) need;
    - (ii) coordination with or enhancement of existing services or financial assistance, including availability of insurance or other state aid;
    - (iii) the success rate of the particular organ transplant procedure needed by the child; and
    - (iv) the extent of the threat to the child's life without the organ transplant.
  - (d) The committee may only provide the assistance described in this section to children who have resided in Utah, or whose legal guardians have resided in Utah for at least six months prior to the date of assistance under this section.
- (8)
  - (a) The committee may expend up to 5% of the committee's annual appropriation for administrative costs associated with the allocation of funds from the Kurt Oscarson Children's Organ Transplant Account created in Section 26B-1-311.
  - (b) The administrative costs shall be used for the costs associated with staffing the committee and for State Tax Commission costs in implementing Section 59-10-1308.

Renumbered and Amended by Chapter 305, 2023 General Session

**26B-1-412 Health Facility Committee -- Members -- Terms -- Organization -- Meetings.**

- (1) The definitions in Section 26B-2-201 apply to this section.
- (2)
  - (a) The Health Facility Committee shall consist of 12 members appointed by the governor in consultation with the executive director.
  - (b) The appointed members shall be knowledgeable about health care facilities and issues.
- (3) The membership of the committee is:

- (a) one physician, licensed to practice medicine and surgery under Title 58, Chapter 67, Utah Medical Practice Act, or Title 58, Chapter 68, Utah Osteopathic Medical Practice Act, who is a graduate of a regularly chartered medical school;
  - (b) one hospital administrator;
  - (c) one hospital trustee;
  - (d) one representative of a freestanding ambulatory surgical facility;
  - (e) one representative of an ambulatory surgical facility that is affiliated with a hospital;
  - (f) one representative of the nursing care facility industry;
  - (g) one registered nurse, licensed to practice under Title 58, Chapter 31b, Nurse Practice Act;
  - (h) one licensed architect or engineer with expertise in health care facilities;
  - (i) one representative of assisted living facilities licensed under Chapter 2, Part 2, Health Care Facility Licensing and Inspection;
  - (j) two consumers, one of whom has an interest in or expertise in geriatric care; and
  - (k) one representative from either a home health care provider or a hospice provider.
- (4)
- (a) Except as required by Subsection (4)(b), members shall be appointed for a term of four years.
  - (b) Notwithstanding the requirements of Subsection (4)(a), the governor shall, at the time of appointment or reappointment, adjust the length of terms to ensure that the terms of committee members are staggered so that approximately half of the committee is appointed every two years.
  - (c) When a vacancy occurs in the membership for any reason, the replacement shall be appointed for the unexpired term by the governor, giving consideration to recommendations made by the committee, with the consent of the Senate.
  - (d)
    - (i) A member may not serve more than two consecutive full terms or 10 consecutive years, whichever is less.
    - (ii) Notwithstanding Subsection (4)(d)(i), a member may continue to serve as a member until the member is replaced.
  - (e) The committee shall annually elect from the committee's membership a chair and vice chair.
  - (f) The committee shall meet at least quarterly, or more frequently as determined by the chair or five members of the committee.
  - (g) Six members constitute a quorum.
  - (h) A vote of the majority of the members present constitutes action of the committee.
- (5) The committee shall:
- (a) with the concurrence of the department, make rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act:
    - (i) for the licensing of health-care facilities; and
    - (ii) requiring the submission of architectural plans and specifications for any proposed new health-care facility or renovation to the department for review;
  - (b) approve the information for applications for licensure pursuant to Section 26B-2-207;
  - (c) advise the department as requested concerning the interpretation and enforcement of the rules established under Chapter 2, Part 2, Health Care Facility Licensing and Inspection; and
  - (d) advise, consult, cooperate with, and provide technical assistance to other agencies of the state and federal government, and other states and affected groups or persons in carrying out the purposes of Chapter 2, Part 2, Health Care Facility Licensing and Inspection.
- (6) A member may not receive compensation or benefits for the member's service, but may receive per diem and travel expenses in accordance with:
- (a) Section 63A-3-106;

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

Renumbered and Amended by Chapter 305, 2023 General Session

**26B-1-413 Health Data Committee -- Purpose, powers, and duties of the committee -- Membership -- Terms -- Chair -- Compensation.**

- (1) The definitions in Section 26B-8-501 apply to this section.
- (2)
  - (a) There is created within the department the Health Data Committee.
  - (b) The purpose of the committee is to direct a statewide effort to collect, analyze, and distribute health care data to facilitate the promotion and accessibility of quality and cost-effective health care and also to facilitate interaction among those with concern for health care issues.
- (3) The committee shall:
  - (a) with the concurrence of the department and in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, develop and adopt by rule, following public hearing and comment, a health data plan that shall among its elements:
    - (i) identify the key health care issues, questions, and problems amenable to resolution or improvement through better data, more extensive or careful analysis, or improved dissemination of health data;
    - (ii) document existing health data activities in the state to collect, organize, or make available types of data pertinent to the needs identified in Subsection (3)(a)(i);
    - (iii) describe and prioritize the actions suitable for the committee to take in response to the needs identified in Subsection (3)(a)(i) in order to obtain or to facilitate the obtaining of needed data, and to encourage improvements in existing data collection, interpretation, and reporting activities, and indicate how those actions relate to the activities identified under Subsection (3)(a)(ii);
    - (iv) detail the types of data needed for the committee's work, the intended data suppliers, and the form in which such data are to be supplied, noting the consideration given to the potential alternative sources and forms of such data and to the estimated cost to the individual suppliers as well as to the department of acquiring these data in the proposed manner; the plan shall reasonably demonstrate that the committee has attempted to maximize cost-effectiveness in the data acquisition approaches selected;
    - (v) describe the types and methods of validation to be performed to assure data validity and reliability;
    - (vi) explain the intended uses of and expected benefits to be derived from the data specified in Subsection (3)(a)(iv), including the contemplated tabulation formats and analysis methods; the benefits described shall demonstrably relate to one or more of the following:
      - (A) promoting quality health care;
      - (B) managing health care costs; or
      - (C) improving access to health care services;
    - (vii) describe the expected processes for interpretation and analysis of the data flowing to the committee; noting specifically the types of expertise and participation to be sought in those processes; and
    - (viii) describe the types of reports to be made available by the committee and the intended audiences and uses;

- (b) have the authority to collect, validate, analyze, and present health data in accordance with the plan while protecting individual privacy through the use of a control number as the health data identifier;
  - (c) evaluate existing identification coding methods and, if necessary, require by rule adopted in accordance with Subsection (4), that health data suppliers use a uniform system for identification of patients, health care facilities, and health care providers on health data they submit under this section and Chapter 8, Part 5, Utah Health Data Authority; and
  - (d) advise, consult, contract, and cooperate with any corporation, association, or other entity for the collection, analysis, processing, or reporting of health data identified by control number only in accordance with the plan.
- (4) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the committee , with the concurrence of the department, may adopt rules to carry out the provisions of this section and Chapter 8, Part 5, Utah Health Data Authority.
- (5)
- (a) Except for data collection, analysis, and validation functions described in this section, nothing in this section or in Chapter 8, Part 5, Utah Health Data Authority, shall be construed to authorize or permit the committee to perform regulatory functions which are delegated by law to other agencies of the state or federal governments or to perform quality assurance or medical record audit functions that health care facilities, health care providers, or third party payors are required to conduct to comply with federal or state law.
  - (b) The committee may not recommend or determine whether a health care provider, health care facility, third party payor, or self-funded employer is in compliance with federal or state laws including federal or state licensure, insurance, reimbursement, tax, malpractice, or quality assurance statutes or common law.
- (6)
- (a) Nothing in this section or in Chapter 8, Part 5, Utah Health Data Authority, shall be construed to require a data supplier to supply health data identifying a patient by name or describing detail on a patient beyond that needed to achieve the approved purposes included in the plan.
- (7) No request for health data shall be made of health care providers and other data suppliers until a plan for the use of such health data has been adopted.
- (8)
- (a) If a proposed request for health data imposes unreasonable costs on a data supplier, due consideration shall be given by the committee to altering the request.
  - (b) If the request is not altered, the committee shall pay the costs incurred by the data supplier associated with satisfying the request that are demonstrated by the data supplier to be unreasonable.
- (9) After a plan is adopted as provided in Section 26B-8-504, the committee may require any data supplier to submit fee schedules, maximum allowable costs, area prevailing costs, terms of contracts, discounts, fixed reimbursement arrangements, capitations, or other specific arrangements for reimbursement to a health care provider.
- (10)
- (a) The committee may not publish any health data collected under Subsection (9) that would disclose specific terms of contracts, discounts, or fixed reimbursement arrangements, or other specific reimbursement arrangements between an individual provider and a specific payer.
  - (b) Nothing in Subsection (9) shall prevent the committee from requiring the submission of health data on the reimbursements actually made to health care providers from any source of payment, including consumers.
- (11) The committee shall be composed of 15 members.

(12)

(a) One member shall be:

- (i) the commissioner of the Utah Insurance Department; or
- (ii) the commissioner's designee who shall have knowledge regarding the health care system and characteristics and use of health data.

(b)

- (i) Fourteen members shall be appointed by the governor with the advice and consent of the Senate in accordance with Subsection (13) and in accordance with Title 63G, Chapter 24, Part 2, Vacancies.
- (ii) No more than seven members of the committee appointed by the governor may be members of the same political party.

(13) The members of the committee appointed under Subsection (12)(b) shall:

- (a) be knowledgeable regarding the health care system and the characteristics and use of health data;
- (b) be selected so that the committee at all times includes individuals who provide care;
- (c) include one person employed by or otherwise associated with a general acute hospital as defined in Section 26B-2-201, who is knowledgeable about the collection, analysis, and use of health care data;
- (d) include two physicians, as defined in Section 58-67-102:
  - (i) who are licensed to practice in this state;
  - (ii) who actively practice medicine in this state;
  - (iii) who are trained in or have experience with the collection, analysis, and use of health care data; and
  - (iv) one of whom is selected by the Utah Medical Association;
- (e) include three persons:
  - (i) who are:
    - (A) employed by or otherwise associated with a business that supplies health care insurance to the business's employees; and
    - (B) knowledgeable about the collection and use of health care data; and
  - (ii) at least one of whom represents an employer employing 50 or fewer employees;
- (f) include three persons representing health insurers:
  - (i) at least one of whom is employed by or associated with a third-party payor that is not licensed under Title 31A, Chapter 8, Health Maintenance Organizations and Limited Health Plans;
  - (ii) at least one of whom is employed by or associated with a third party that is licensed under Title 31A, Chapter 8, Health Maintenance Organizations and Limited Health Plans; and
  - (iii) who are trained in, or experienced with the collection, analysis, and use of health care data;
- (g) include two consumer representatives:
  - (i) from organized consumer or employee associations; and
  - (ii) knowledgeable about the collection and use of health care data;
- (h) include one person:
  - (i) representative of a neutral, non-biased entity that can demonstrate that the entity has the broad support of health care payers and health care providers; and
  - (ii) who is knowledgeable about the collection, analysis, and use of health care data; and
- (i) include two persons representing public health who are trained in or experienced with the collection, use, and analysis of health care data.

(14)

- (a) Except as required by Subsection (14)(b), as terms of current committee members expire, the governor shall appoint each new member or reappointed member to a four-year term.
- (b) Notwithstanding the requirements of Subsection (14)(a), the governor shall, at the time of appointment or reappointment, adjust the length of terms to ensure that the terms of committee members are staggered so that approximately half of the committee is appointed every two years.
- (c) Members may serve after the members' terms expire until replaced.
- (15) When a vacancy occurs in the membership for any reason, the replacement shall be appointed for the unexpired term.
- (16) Committee members shall annually elect a chair of the committee from among the committee's membership. The chair shall report to the executive director.
- (17)
  - (a) The committee shall meet at least once during each calendar quarter. Meeting dates shall be set by the chair upon 10 working days' notice to the other members, or upon written request by at least four committee members with at least 10 working days' notice to other committee members.
  - (b) Eight committee members constitute a quorum for the transaction of business. Action may not be taken except upon the affirmative vote of a majority of a quorum of the committee.
  - (c) All meetings of the committee shall be open to the public, except that the committee may hold a closed meeting if the requirements of Sections 52-4-204, 52-4-205, and 52-4-206 are met.
- (18) A member:
  - (a) may not receive compensation or benefits for the member's service, but may receive per diem and travel expenses in accordance with:
    - (i) Section 63A-3-106;
    - (ii) Section 63A-3-107; and
    - (iii) rules made by the Division of Finance pursuant to Sections 63A-3-106 and 63A-3-107; and
  - (b) shall comply with the conflict of interest provisions described in Title 63G, Chapter 24, Part 3, Conflicts of Interest.

Renumbered and Amended by Chapter 305, 2023 General Session

**26B-1-414 Child Care Provider Licensing Committee -- Duties.**

- (1)
  - (a) The Child Care Center Licensing Committee shall be comprised of 12 members appointed by the governor with the advice and consent of the Senate in accordance with this Subsection (1).
  - (b) The governor shall appoint three members who:
    - (i) have at least five years of experience as an owner in or director of a for profit or not-for-profit center based child care as defined in Section 26B-2-401; and
    - (ii) hold an active license as a child care center from the department to provide center based child care as defined in Section 26B-2-401.
  - (c) The governor shall appoint two members who hold an active license as a residential child care provider and one member who is a certified residential child care provider.
  - (d)
    - (i) The governor shall appoint one member to represent each of the following:
      - (A) a parent with a child in a licensed center based child care facility;
      - (B) a parent with a child in a residential based child care facility;
      - (C) a child development expert from the state system of higher education;



- (D) except as provided in Subsection (1)(f), a pediatrician licensed in the state;
- (E) a health care provider; and
- (F) an architect licensed in the state.
- (ii) Except as provided in Subsection (1)(d)(i)(C), a member appointed under Subsection (1)(d)
  - (i) may not be an employee of the state or a political subdivision of the state.
- (e) At least one member described in Subsection (1)(b) shall at the time of appointment reside in a county that is not a county of the first class.
- (f) For the appointment described in Subsection (1)(d)(i)(D), the governor may appoint a health care professional who specializes in pediatric health if:
  - (i) the health care professional is licensed under:
    - (A) Title 58, Chapter 31b, Nurse Practice Act, as an advanced practice nurse practitioner; or
    - (B) Title 58, Chapter 70a, Utah Physician Assistant Act; and
  - (ii) before appointing a health care professional under this Subsection (1)(f), the governor:
    - (A) sends a notice to a professional physician organization in the state regarding the opening for the appointment described in Subsection (1)(d)(i)(D); and
    - (B) receives no applications from a pediatrician who is licensed in the state for the appointment described in Subsection (1)(d)(i)(D) within 90 days after the day on which the governor sends the notice described in Subsection (1)(f)(ii)(A).
- (2)
  - (a) Except as required by Subsection (2)(b), as terms of current members expire, the governor shall appoint each new member or reappointed member to a four-year term ending June 30.
  - (b) Notwithstanding the requirements of Subsection (2)(a), the governor shall, at the time of appointment or reappointment, adjust the length of terms to ensure that the terms of members are staggered so that approximately half of the licensing committee is appointed every two years.
  - (c) Upon the expiration of the term of a member of the licensing committee, the member shall continue to hold office until a successor is appointed and qualified.
  - (d) A member may not serve more than two consecutive terms.
  - (e) Members of the licensing committee shall annually select one member to serve as chair who shall establish the agenda for licensing committee meetings.
- (3) When a vacancy occurs in the membership for any reason, the governor, with the advice and consent of the Senate, shall appoint a replacement for the unexpired term.
- (4)
  - (a) The licensing committee shall meet at least every two months.
  - (b) The director may call additional meetings:
    - (i) at the director's discretion;
    - (ii) upon the request of the chair; or
    - (iii) upon the written request of three or more members.
- (5) Seven members of the licensing committee constitute a quorum for the transaction of business.
- (6) A member appointed under Subsection (1)(b) may not vote on any action proposed by the licensing committee regarding residential child care.
- (7) A member appointed under Subsection (1)(c) may not vote on any action proposed by the licensing committee regarding center based child care.
- (8) A member of the licensing committee may not receive compensation or benefits for the member's service, but may receive per diem and travel expenses as allowed in:
  - (a) Section 63A-3-106;
  - (b) Section 63A-3-107; and
  - (c) rules made by the Division of Finance in accordance with Sections 63A-3-106 and 63A-3-107.

- (9) The licensing committee shall:
- (a) in concurrence with the department and in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, make rules that govern center based child care and residential child care, as those terms are defined in Section 26B-2-401, as necessary to protect qualifying children's common needs for a safe and healthy environment, to provide for:
    - (i) adequate facilities and equipment; and
    - (ii) competent caregivers considering the age of the children and the type of program offered by the licensee
  - (b) in concurrence with the department and in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, make rules necessary to carry out the purposes of Chapter 2, Part 4, Child Care Licensing, that govern center based child care and residential child care, as those terms are defined in Section 26B-2-401, in the following areas:
    - (i) requirements for applications, the application process, and compliance with other applicable statutes and rules;
    - (ii) documentation, policies, and procedures that providers shall have in place in order to be licensed, in accordance with this Subsection (9);
    - (iii) categories, classifications, and duration of initial and ongoing licenses;
    - (iv) changes of ownership or name, changes in licensure status, and changes in operational status;
    - (v) license expiration and renewal, contents, and posting requirements;
    - (vi) procedures for inspections, complaint resolution, disciplinary actions, and other procedural measures to encourage and ensure compliance with statute and rule; and
    - (vii) guidelines necessary to ensure consistency and appropriateness in the regulation and discipline of licensees;
  - (c) advise the department on the administration of a matter affecting center based child care or residential child care, as those terms are defined in Section 26B-2-401;
  - (d) advise and assist the department in conducting center based child care provider seminars and residential child care seminars; and
  - (e) perform other duties as provided in Section 26B-2-402.
- (10)
- (a) The licensing committee may not enforce the rules adopted under this section.
  - (b) the department shall enforce the rules adopted under this section in accordance with Section 26B-2-402.

Amended by Chapter 249, 2023 General Session

Renumbered and Amended by Chapter 305, 2023 General Session

**26B-1-416 Utah Children's Health Insurance Program Advisory Council.**

- (1)
- (a) There is created a Utah Children's Health Insurance Program Advisory Council consisting of at least five and no more than eight members appointed by the executive director of the department.
  - (b) The term of each appointment shall be three years.
  - (c) The appointments shall be staggered at one-year intervals to ensure continuity of the advisory council.
- (2) The advisory council shall meet at least quarterly.
- (3) The membership of the advisory council shall include at least one representative from each of the following groups:

- (a) child health care providers;
  - (b) ethnic populations other than American Indians;
  - (c) American Indians;
  - (d) health and accident and health insurance providers; and
  - (e) the general public.
- (4) The advisory council shall advise the department on:
- (a) benefits design;
  - (b) eligibility criteria;
  - (c) outreach;
  - (d) evaluation; and
  - (e) special strategies for under-served populations.
- (5) A member of the advisory council may not receive compensation or benefits for the member's service, but may receive per diem and travel expenses in accordance with:
- (a) Section 63A-3-106;
  - (b) Section 63A-3-107; and
  - (c) rules made by the Division of Finance pursuant to Sections 63A-3-106 and 63A-3-107.

Renumbered and Amended by Chapter 305, 2023 General Session

**26B-1-417 Brain Injury Advisory Committee -- Membership -- Time limit.**

- (1) On or after July 1 of each year, the executive director may create a Brain Injury Advisory Committee of not more than nine members.
- (2) The committee shall be composed of members of the community who are familiar with brain injury, its causes, diagnosis, treatment, rehabilitation, and support services, including:
- (a) persons with a brain injury;
  - (b) family members of a person with a brain injury;
  - (c) representatives of an association which advocates for persons with brain injuries;
  - (d) specialists in a profession that works with brain injury patients; and
  - (e) department representatives.
- (3) The department shall provide staff support to the committee.
- (4)
- (a) If a vacancy occurs in the committee membership for any reason, a replacement may be appointed for the unexpired term.
  - (b) The committee shall elect a chairperson from the membership.
  - (c) A majority of the committee constitutes a quorum at any meeting, and, if a quorum exists, the action of the majority of members present shall be the action of the committee.
  - (d) The committee may adopt bylaws governing the committee's activities.
  - (e) A committee member may be removed by the executive director:
    - (i) if the member is unable or unwilling to carry out the member's assigned responsibilities; or
    - (ii) for good cause.
- (5) The committee shall comply with the procedures and requirements of:
- (a) Title 52, Chapter 4, Open and Public Meetings Act; and
  - (b) Title 63G, Chapter 2, Government Records Access and Management Act.
- (6) 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:
- (a) Section 63A-3-106;
  - (b) Section 63A-3-107; and
  - (c) rules made by the Division of Finance pursuant to Sections 63A-3-106 and 63A-3-107.

- (7) Not later than November 30 of each year the committee shall provide a written report summarizing the activities of the committee to the executive director.
- (8) The committee shall cease to exist on December 31 of each year, unless the executive director determines it necessary to continue.

Renumbered and Amended by Chapter 305, 2023 General Session  
Amended by Chapter 335, 2023 General Session

**26B-1-418 Neuro-Rehabilitation Fund and Pediatric Neuro-Rehabilitation Fund Advisory Committee -- Creation -- Membership -- Terms -- Duties.**

- (1) There is created a Neuro-Rehabilitation Fund and Pediatric Neuro-Rehabilitation Fund Advisory Committee.
- (2) The advisory committee shall be composed of 11 members as follows:
  - (a) the executive director, or the executive director's designee;
  - (b) two survivors, or family members of a survivor, of a brain injury appointed by the governor;
  - (c) two survivors, or family members of a survivor, of a spinal cord injury appointed by the governor;
  - (d) one brain injury or spinal cord injury professional appointed by the governor who, at the time of appointment and throughout the professional's term on the committee, does not receive a financial benefit from the fund;
  - (e) two parents of a child with a non-progressive neurological condition appointed by the governor;
  - (f)
    - (i) a physical therapist licensed under Title 58, Chapter 24b, Physical Therapy Practice Act, with experience treating brain and spinal cord injuries, appointed by the governor; or
    - (ii) an occupational therapist licensed under Title 58, Chapter 42a, Occupational Therapy Practice Act, with experience treating brain and spinal cord injuries, appointed by the governor;
  - (g) a member of the House of Representatives appointed by the speaker of the House of Representatives; and
  - (h) a member of the Senate appointed by the president of the Senate.
- (3)
  - (a) The term of advisory committee members shall be four years. If a vacancy occurs in the committee membership for any reason, a replacement shall be appointed for the unexpired term in the same manner as the original appointment.
  - (b) The committee shall elect a chairperson from the membership.
  - (c) A majority of the committee constitutes a quorum at any meeting, and, if a quorum is present at an open meeting, the action of the majority of members shall be the action of the advisory committee.
  - (d) The terms of the advisory committee shall be staggered so that members appointed under Subsections (2)(b), (d), and (f) shall serve an initial two-year term and members appointed under Subsections (2)(c), (e), and (g) shall serve four-year terms. Thereafter, members appointed to the advisory committee shall serve four-year terms.
- (4) The advisory committee shall comply with the procedures and requirements of:
  - (a) Title 52, Chapter 4, Open and Public Meetings Act;
  - (b) Title 63G, Chapter 2, Government Records Access and Management Act; and
  - (c) Title 63G, Chapter 3, Utah Administrative Rulemaking Act.
- (5)

- (a) A member who is not a legislator 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 as allowed in:
    - (i) Section 63A-3-106;
    - (ii) Section 63A-3-107; and
    - (iii) rules adopted by the Division of Finance according to Sections 63A-3-106 and 63A-3-107.
  - (b) Compensation and expenses of a member who is a legislator are governed by Section 36-2-2 and Legislative Joint Rules, Title 5, Legislative Compensation and Expenses.
- (6) The advisory committee shall:
- (a) adopt rules and procedures in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, that establish priorities and criteria for the advisory committee to follow in recommending distribution of money from the Neuro-Rehabilitation Fund created in Section 26B-1-319 and the Pediatric Neuro-Rehabilitation Fund created in Section 26B-1-320 to assist qualified IRC 501(c)(3) charitable clinics, as defined in Sections 26B-1-319 and 26B-1-320;
  - (b) identify, evaluate, and review the quality of care available to:
    - (i) individuals with spinal cord and brain injuries through qualified IRC 501(c)(3) charitable clinics, as defined in Section 26B-1-319; or
    - (ii) children with non-progressive neurological conditions through qualified IRC 501(c)(3) charitable clinics, as defined in Section 26B-1-320; and
  - (c) explore, evaluate, and review other possible funding sources and make a recommendation to the Legislature regarding sources that would provide adequate funding for the advisory committee to accomplish its responsibilities under this section.
- (7) Operating expenses for the advisory committee, including the committee's staff, shall be paid for only with money from:
- (a) the Neuro-Rehabilitation Fund created in Section 26B-1-319;
  - (b) the Pediatric Neuro-Rehabilitation Fund created in Section 26B-1-320; or
  - (c) both funds.

Renumbered and Amended by Chapter 305, 2023 General Session  
Amended by Chapter 335, 2023 General Session

**26B-1-419 Utah Health Care Workforce Financial Assistance Program Advisory Committee -- Membership -- Compensation -- Duties.**

- (1) There is created the Utah Health Care Workforce Financial Assistance Program Advisory Committee consisting of the following 13 members appointed by the executive director, eight of whom shall be residents of rural communities:
- (a) one rural representative of Utah Hospitals and Health Systems, nominated by the association;
  - (b) two rural representatives of the Utah Medical Association, nominated by the association;
  - (c) one representative of the Utah Academy of Physician Assistants, nominated by the association;
  - (d) one representative of the Association for Utah Community Health, nominated by the association;
  - (e) one representative of the Utah Dental Association, nominated by the association;
  - (f) one representative of mental health therapists, selected from nominees submitted by mental health therapist professional associations;
  - (g) one representative of the Association of Local Health Officers, nominated by the association;

- (h) one representative of a low-income advocacy group, nominated by a Utah health and human services coalition that represents underserved populations as defined in Section 26B-4-702;
  - (i) one nursing program faculty member, nominated by the Statewide Deans and Directors Committee;
  - (j) one administrator of a long-term care facility, nominated by the Utah Health Care Association;
  - (k) one nursing administrator, nominated by the Utah Nurses Association; and
  - (l) one geriatric professional as defined in Section 26B-4-702 who is:
    - (i) determined by the department to have adequate advanced training in geriatrics to prepare the person to provide specialized geriatric care within the scope of the person's profession; and
    - (ii) nominated by a professional association for the profession of which the person is a member.
- (2)
- (a) An appointment to the committee shall be for a four-year term unless the member is appointed to complete an unexpired term.
  - (b) The executive director may also adjust the length of term at the time of appointment or reappointment so that approximately one-half of the committee is appointed every two years.
  - (c) The executive director shall annually appoint a committee chair from among the members of the committee.
- (3) The committee shall meet at the call of the chair, at least three members of the committee, or the executive director, but no less frequently than once each calendar year.
- (4)
- (a) A majority of the members of the committee constitutes a quorum.
  - (b) The action of a majority of a quorum constitutes the action of the committee.
- (5) A member may not receive compensation or benefits for the member's service, but may receive per diem and travel expenses in accordance with:
- (a) Section 63A-3-106;
  - (b) Section 63A-3-107; and
  - (c) rules made by the Division of Finance pursuant to Sections 63A-3-106 and 63A-3-107.
- (6) The committee shall:
- (a) make recommendations to the department for the development and modification of rules to administer the Utah Health Care Workforce Financial Assistance Program; and
  - (b) advise the department on the development of a needs assessment tool for identifying underserved areas as defined in Section 26B-4-702.
- (7) As funding permits, the department shall provide staff and other administrative support to the committee.

Renumbered and Amended by Chapter 305, 2023 General Session

**26B-1-420 Cannabis Research Review Board.**

- (1) As used in this section:
- (a) "Cannabinoid product" means the same as that term is defined in Section 58-37-3.6.
  - (b) "Cannabis" means the same as that term is defined in Section 58-37-3.6.
- (2)
- (a) There is created the Cannabis Research Review Board within the department.
  - (b) The department shall appoint, in consultation with a professional association based in the state that represents physicians, seven members to the Cannabis Research Review Board as follows:
    - (i) three individuals who are medical research professionals; and

- (ii) four physicians:
  - (A) who are qualified medical providers as defined in Section 26B-4-201; and
  - (B) at least two who have at least 100 patients with a medical cannabis patient card at the time of appointment.
- (3) The department shall ensure that at least one of the board members appointed under Subsection (2)(b) is a member of the Controlled Substances Advisory Committee created in Section 58-38a-201.
- (4)
  - (a) Four of the board members appointed under Subsection (2)(b) shall serve an initial term of two years and three of the board members appointed under Subsection (2)(b) shall serve an initial term of four years.
  - (b) Successor board members shall each serve a term of four years.
  - (c) A board member appointed to fill a vacancy on the board shall serve the remainder of the term of the board member whose departure created the vacancy.
- (5) The department may remove a board member without cause.
- (6) The board shall:
  - (a) nominate a board member to serve as chairperson of the board by a majority vote of the board members; and
  - (b) meet as often as necessary to accomplish the duties assigned to the board under this chapter.
- (7) Each board member, including the chair, has one vote.
- (8)
  - (a) A majority of board members constitutes a quorum.
  - (b) A vote of a majority of the quorum at any board meeting is necessary to take action on behalf of the board.
- (9) A board member may not receive compensation for the member's service on the board, but may, in accordance with rules adopted by the board in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, receive:
  - (a) per diem at the rate established under Section 63A-3-106; and
  - (b) travel expenses at the rate established under Section 63A-3-107.
- (10) If a board member appointed under Subsection (2)(b) does not meet the qualifications of Subsection (2)(b) before July 1, 2022:
  - (a) the board member's seat is vacant; and
  - (b) the department shall fill the vacancy in accordance with this section.
- (11) The board shall review any available scientific research related to the human use of cannabis, a cannabinoid product, or an expanded cannabinoid product that:
  - (a) was conducted under a study approved by an institutional review board that is registered for human subject research by the United States Department of Health and Human Services;
  - (b) was conducted or approved by the federal government; or
  - (c)
    - (i) was conducted in another country; and
    - (ii) demonstrates, as determined by the board, a sufficient level of scientific reliability and significance to merit the board's review.
- (12) Based on the research described in Subsection (11), the board shall evaluate the safety and efficacy of cannabis, cannabinoid products, and expanded cannabinoid products, including:
  - (a) medical conditions that respond to cannabis, cannabinoid products, and expanded cannabinoid products;
  - (b) cannabis and cannabinoid dosage amounts and medical dosage forms;

- (c) interaction of cannabis, cannabinoid products, and expanded cannabinoid products, as defined in Section 58-37-3.6, with other treatments; and
  - (d) contraindications, adverse reactions, and potential side effects from use of cannabis, cannabinoid products, and expanded cannabinoid products.
- (13) Based on the board's evaluation under Subsection (12), the board shall develop guidelines for treatment with cannabis, a cannabinoid product, and an expanded cannabinoid product that include:
- (a) a list of medical conditions, if any, that the board determines are appropriate for treatment with cannabis, a cannabis product, a cannabinoid product, or an expanded cannabinoid product;
  - (b) a list of contraindications, side effects, and adverse reactions that are associated with use of cannabis, cannabinoid products, or expanded cannabinoid products;
  - (c) a list of potential drug-drug interactions between medications that the United States Food and Drug Administration has approved and cannabis, cannabinoid products, and expanded cannabinoid products; and
  - (d) any other guideline the board determines appropriate.
- (14) The board shall submit the guidelines described in Subsection (13) to the director of the Division of Professional Licensing.
- (15) Guidelines that the board develops under this section may not limit the availability of cannabis, cannabinoid products, or expanded cannabinoid products permitted under Title 4, Chapter 41a, Cannabis Production Establishments and Pharmacies, or Title 26B, Chapter 4, Part 2, Cannabinoid Research and Medical Cannabis.
- (16) The board shall provide a report to the Health and Human Services Interim Committee regarding the board's work before October 1 of each year.
- (17) Based on the board's evaluation under Subsection (12), the board may provide recommendations to the Medical Cannabis Policy Advisory Board created in Section 26B-1-435 regarding restrictions for a substance found in a medical cannabis product that:
- (a) is likely harmful to human health; or
  - (b) is associated with a substance that is likely harmful to human health.

Amended by Chapter 281, 2023 General Session

Amended by Chapter 305, 2023 General Session, (Coordination Clause)

Renumbered and Amended by Chapter 305, 2023 General Session

**26B-1-421 Compassionate Use Board.**

(1) The definitions in Section 26B-4-201 apply to this section.

- (2)
- (a) The department shall establish a Compassionate Use Board consisting of:
    - (i) seven qualified medical providers that the executive director appoints and the Senate confirms:
      - (A) who are knowledgeable about the medicinal use of cannabis;
      - (B) who are physicians licensed under Title 58, Chapter 67, Utah Medical Practice Act, or Title 58, Chapter 68, Utah Osteopathic Medical Practice Act; and
      - (C) who are board certified by the American Board of Medical Specialties or an American Osteopathic Association Specialty Certifying Board in the specialty of neurology, pain medicine and pain management, medical oncology, psychiatry, infectious disease, internal medicine, pediatrics, family medicine, or gastroenterology; and



- (ii) as a nonvoting member and the chair of the Compassionate Use Board, the executive director or the director's designee.
  - (b) In appointing the seven qualified medical providers described in Subsection (2)(a), the executive director shall ensure that at least two have a board certification in pediatrics.
- (3)
- (a) Of the members of the Compassionate Use Board that the executive director first appoints:
    - (i) three shall serve an initial term of two years; and
    - (ii) the remaining members shall serve an initial term of four years.
  - (b) After an initial term described in Subsection (3)(a) expires:
    - (i) each term is four years; and
    - (ii) each board member is eligible for reappointment.
  - (c) A member of the Compassionate Use Board may serve until a successor is appointed.
  - (d) Four members constitute a quorum of the Compassionate Use Board.
- (4) A member of the Compassionate Use Board may receive:
- (a) notwithstanding Section 63A-3-106, compensation or benefits for the member's service; and
  - (b) travel expenses in accordance with Section 63A-3-107 and rules made by the Division of Finance in accordance with Section 63A-3-107.
- (5) The Compassionate Use Board shall:
- (a) review and recommend for department approval a petition to the board regarding an individual described in Subsection 26B-4-213(2)(a), a minor described in Subsection 26B-4-213(2)(c), or an individual who is not otherwise qualified to receive a medical cannabis card to obtain a medical cannabis card for compassionate use, for the standard or a reduced period of validity, if:
    - (i) for an individual who is not otherwise qualified to receive a medical cannabis card, the individual's qualified medical provider is actively treating the individual for an intractable condition that:
      - (A) substantially impairs the individual's quality of life; and
      - (B) has not, in the qualified medical provider's professional opinion, adequately responded to conventional treatments;
    - (ii) the qualified medical provider:
      - (A) recommends that the individual or minor be allowed to use medical cannabis; and
      - (B) provides a letter, relevant treatment history, and notes or copies of progress notes describing relevant treatment history including rationale for considering the use of medical cannabis; and
    - (iii) the Compassionate Use Board determines that:
      - (A) the recommendation of the individual's qualified medical provider is justified; and
      - (B) based on available information, it may be in the best interests of the individual to allow the use of medical cannabis;
  - (b) when a qualified medical provider recommends that an individual described in Subsection 26B-4-213(2)(a)(i)(B) or a minor described in Subsection 26B-4-213(2)(c) be allowed to use a medical cannabis device or medical cannabis product to vaporize a medical cannabis treatment, review and approve or deny the use of the medical cannabis device or medical cannabis product;
  - (c) unless no petitions are pending:
    - (i) meet to receive or review compassionate use petitions at least quarterly; and
    - (ii) if there are more petitions than the board can receive or review during the board's regular schedule, as often as necessary;

- (d) except as provided in Subsection (6), complete a review of each petition and recommend to the department approval or denial of the applicant for qualification for a medical cannabis card within 90 days after the day on which the board received the petition;
- (e) consult with the department regarding the criteria described in Subsection (6); and
- (f) report, before November 1 of each year, to the Health and Human Services Interim Committee:
  - (i) the number of compassionate use recommendations the board issued during the past year; and
  - (ii) the types of conditions for which the board recommended compassionate use.
- (6) The department shall make rules, in consultation with the Compassionate Use Board and in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to establish a process and criteria for a petition to the board to automatically qualify for expedited final review and approval or denial by the department in cases where, in the determination of the department and the board:
  - (a) time is of the essence;
  - (b) engaging the full review process would be unreasonable in light of the petitioner's physical condition; and
  - (c) sufficient factors are present regarding the petitioner's safety.
- (7)
  - (a)
    - (i) The department shall review:
      - (A) any compassionate use for which the Compassionate Use Board recommends approval under Subsection (5)(d) to determine whether the board properly exercised the board's discretion under this section; and
      - (B) any expedited petitions the department receives under the process described in Subsection (6).
    - (ii) If the department determines that the Compassionate Use Board properly exercised the board's discretion in recommending approval under Subsection (5)(d) or that the expedited petition merits approval based on the criteria established in accordance with Subsection (6), the department shall:
      - (A) issue the relevant medical cannabis card; and
      - (B) provide for the renewal of the medical cannabis card in accordance with the recommendation of the qualified medical provider described in Subsection (5)(a).
  - (b)
    - (i) If the Compassionate Use Board recommends denial under Subsection (5)(d), the individual seeking to obtain a medical cannabis card may petition the department to review the board's decision.
    - (ii) If the department determines that the Compassionate Use Board's recommendation for denial under Subsection (5)(d) was arbitrary or capricious:
      - (A) the department shall notify the Compassionate Use Board of the department's determination; and
      - (B) the board shall reconsider the Compassionate Use Board's refusal to recommend approval under this section.
  - (c) In reviewing the Compassionate Use Board's recommendation for approval or denial under Subsection (5)(d) in accordance with this Subsection (7), the department shall presume the board properly exercised the board's discretion unless the department determines that the board's recommendation was arbitrary or capricious.

- (8) Any individually identifiable health information contained in a petition that the Compassionate Use Board or department receives under this section is a protected record in accordance with Title 63G, Chapter 2, Government Records Access and Management Act.
- (9) The Compassionate Use Board shall annually report the board's activity to the Cannabis Research Review Board and the advisory board.

Amended by Chapter 273, 2023 General Session

Renumbered and Amended by Chapter 305, 2023 General Session

Amended by Chapter 317, 2023 General Session

**26B-1-422 Early Childhood Utah Advisory Council -- Creation -- Compensation -- Duties.**

- (1) As used in this section:
  - (a) "Early childhood" refers to a child in the state who is eight years old or younger; and
  - (b) "State superintendent" means the state superintendent of public instruction appointed under Section 53E-3-301.
- (2) There is created the Early Childhood Utah Advisory Council.
- (3)
  - (a) The department shall:
    - (i) make rules establishing the membership, duties, and procedures of the council in accordance with the requirements of:
      - (A) this section;
      - (B) the Improving Head Start for School Readiness Act of 2007, 42 U.S.C. Sec. 9837b; and
      - (C) Title 63G, Chapter 3, Utah Administrative Rulemaking Act; and
    - (ii) provide necessary administrative and staff support to the council.
  - (b) A member of the council may not receive compensation or benefits for the member's service.
- (4) The duties of the council include:
  - (a) improving and coordinating the quality of programs and services for children in accordance with the Improving Head Start for School Readiness Act of 2007, 42 U.S.C. Sec. 9837b;
  - (b) supporting Utah parents and families by providing comprehensive and accurate information regarding the availability of voluntary services for children in early childhood from state agencies and other private and public entities;
  - (c) facilitating improved coordination between state agencies and community partners that provide services to children in early childhood;
  - (d) sharing and analyzing information regarding early childhood issues in the state;
  - (e) providing recommendations to the department, the Department of Workforce Services, and the State Board of Education regarding a comprehensive delivery system of services for children in early childhood that addresses the following four areas:
    - (i) family support and safety;
    - (ii) health and development;
    - (iii) early learning; and
    - (iv) economic development; and
  - (f) identifying opportunities for and barriers to the alignment of standards, rules, policies, and procedures across programs and agencies that support children in early childhood.
- (5) To fulfill the duties described in Subsection (4), the council shall:
  - (a) directly engage with parents, families, community members, and public and private service providers to identify and address:
    - (i) the quality, effectiveness, and availability of existing services for children in early childhood and the coordination of those services;

- (ii) gaps and barriers to entry in the provision of services for children in early childhood; and
    - (iii) community-based solutions in improving the quality, effectiveness, and availability of services for children in early childhood;
  - (b) seek regular and ongoing feedback from a wide range of entities and individuals that use or provide services for children in early childhood, including entities and individuals that use, represent, or provide services for any of the following:
    - (i) children in early childhood who live in urban, suburban, or rural areas of the state;
    - (ii) children in early childhood with varying socioeconomic backgrounds;
    - (iii) children in early childhood with varying ethnic or racial heritages;
    - (iv) children in early childhood from various geographic areas of the state; and
    - (v) children in early childhood with special needs;
  - (c) study, evaluate, and report on the status and effectiveness of policies, procedures, and programs that provide services to children in early childhood;
  - (d) study and evaluate the effectiveness of policies, procedures, and programs implemented by other states and nongovernmental entities that address the needs of children in early childhood;
  - (e) identify policies, procedures, and programs that are impeding efforts to help children in early childhood in the state and recommend changes to those policies, procedures, and programs;
  - (f) identify policies, procedures, and programs related to children in early childhood in the state that are inefficient or duplicative and recommend changes to those policies, procedures, and programs;
  - (g) recommend policy, procedure, and program changes to address the needs of children in early childhood;
  - (h) develop methods for using interagency information to inform comprehensive policy and budget decisions relating to early childhood services; and
  - (i) develop strategies and monitor efforts concerning:
    - (i) increasing school readiness;
    - (ii) improving access to early child care and early education programs; and
    - (iii) improving family and community engagement in early childhood education and development.
- (6) In fulfilling the council's duties, the council may request and receive, from any state or local governmental agency or institution, information relating to early childhood, including reports, audits, projections, and statistics.
- (7)
- (a) On or before August 1 of each year, the council shall provide an annual report to the executive director, the executive director of the Department of Workforce Services, and the state superintendent.
  - (b) The annual report shall include:
    - (i) a statewide assessment concerning the availability of high-quality pre-kindergarten services for children from low-income households;
    - (ii) a statewide strategic report addressing the activities mandated by the Improving Head Start for School Readiness Act of 2007, 42 U.S.C. Sec. 9837b, including:
      - (A) identifying opportunities for and barriers to collaboration and coordination among federally-funded and state-funded child health and development, child care, and early childhood education programs and services, including collaboration and coordination among state agencies responsible for administering such programs;

- (B) evaluating the overall participation of children in existing federal, state, and local child care programs and early childhood health, development, family support, and education programs;
  - (C) recommending statewide professional development and career advancement plans for early childhood educators and service providers in the state, including an analysis of the capacity and effectiveness of programs at two- and four-year public and private institutions of higher education that support the development of early childhood educators; and
  - (D) recommending improvements to the state's early learning standards and high-quality comprehensive early learning standards; and
- (iii) the recommendations described in Subsection (4)(e).
- (8) In addition to the annual report described in Subsection (7)(a), on or before August 1, 2024, and at least every five years thereafter, the council shall provide to the executive director, the executive director of the Department of Workforce Services, and the state superintendent a statewide needs assessment concerning the quality and availability of early childhood education, health, and development programs and services for children in early childhood.

Amended by Chapter 269, 2023 General Session

Renumbered and Amended by Chapter 305, 2023 General Session

Amended by Chapter 305, 2023 General Session, (Coordination Clause)

#### **26B-1-422.1 Reports.**

- (1)
- (a) On or before August 1 of each year, the council shall provide an annual report to the executive director, the executive director of the Department of Workforce Services, and the state superintendent.
  - (b) The annual report shall include:
    - (i) a statewide assessment concerning the availability of high-quality pre-kindergarten services for children from low-income households;
    - (ii) a statewide strategic report addressing the activities mandated by the Improving Head Start for School Readiness Act of 2007, 42 U.S.C. Sec. 9837b, including:
      - (A) identifying opportunities for and barriers to collaboration and coordination among federally-funded and state-funded child health and development, child care, and early childhood education programs and services, including collaboration and coordination among state agencies responsible for administering such programs;
      - (B) evaluating the overall participation of children in existing federal, state, and local child care programs and early childhood health, development, family support, and education programs;
      - (C) recommending statewide professional development and career advancement plans for early childhood educators and service providers in the state, including an analysis of the capacity and effectiveness of programs at two- and four-year public and private institutions of higher education that support the development of early childhood educators; and
      - (D) recommending improvements to the state's early learning standards and high-quality comprehensive early learning standards; and
    - (iii) the recommendations described in Subsection 26B-1-422(4)(e).
- (2) In addition to the annual report described in Subsection (1)(a), on or before August 1, 2024, and at least every five years thereafter, the council shall provide to the executive director, the executive director of the Department of Workforce Services, and the state superintendent,

a statewide needs assessment concerning the quality and availability of early childhood education, health, and development programs and services for children in early childhood.

Enacted by Chapter 269, 2023 General Session

Amended by Chapter 305, 2023 General Session, (Coordination Clause)

**26B-1-423 Rural Physician Loan Repayment Program Advisory Committee -- Membership -- Compensation -- Duties.**

- (1) There is created the Rural Physician Loan Repayment Program Advisory Committee consisting of the following eight members appointed by the executive director:
  - (a) two legislators whose districts include a rural county as defined in Section 26B-4-701;
  - (b) five administrators of a hospital located in a rural county as defined in Section 26B-4-701, nominated by an association representing Utah hospitals, no more than two of whom are employed by hospitals affiliated by ownership; and
  - (c) a physician currently practicing in a rural county as defined in Section 26B-4-701.
- (2)
  - (a) An appointment to the committee shall be for a four-year term unless the member is appointed to complete an unexpired term.
  - (b) The executive director shall adjust the length of term at the time of appointment or reappointment so that approximately one-half of the committee is appointed every two years.
  - (c) The executive director shall annually appoint a committee chair from among the members of the committee.
- (3)
  - (a) The committee shall meet at the call of:
    - (i) the chair;
    - (ii) at least three members of the committee; or
    - (iii) the executive director.
  - (b) The committee shall meet at least once each calendar year.
- (4)
  - (a) A majority of the members of the committee constitutes a quorum.
  - (b) The action of a majority of a quorum constitutes the action of the committee.
- (5) A member may not receive compensation or benefits for the member's service, but may receive per diem and travel expenses in accordance with:
  - (a) Section 63A-3-106;
  - (b) Section 63A-3-107; and
  - (c) rules made by the Division of Finance pursuant to Sections 63A-3-106 and 63A-3-107.
- (6) The committee shall make recommendations to the department for the development and modification of rules to administer the Rural Physician Loan Repayment Program created in Section 26B-4-703.
- (7) As funding permits, the department shall provide staff and other administrative support to the committee.

Renumbered and Amended by Chapter 305, 2023 General Session

**26B-1-424 Adult Autism Treatment Program Advisory Committee -- Membership -- Procedures -- Compensation -- Duties -- Expenses.**

- (1) As used in this section, "autism spectrum disorder" means the same as that term is defined in Section 31A-22-642.

- (2) The Adult Autism Treatment Advisory Committee created in Section 26B-1-204 shall consist of six members appointed by the governor to two-year terms as follows:
  - (a) one individual who:
    - (i) has a doctorate degree in psychology;
    - (ii) is a licensed behavior analyst practicing in the state; and
    - (iii) has treated adults with an autism spectrum disorder for at least three years;
  - (b) one individual who is:
    - (i) employed by the department; and
    - (ii) has professional experience with the treatment of autism spectrum disorder;
  - (c) three individuals who have firsthand experience with autism spectrum disorders and the effects, diagnosis, treatment, and rehabilitation of autism spectrum disorders, including:
    - (i) family members of an adult with an autism spectrum disorder;
    - (ii) representatives of an association that advocates for adults with an autism spectrum disorder; and
    - (iii) specialists or professionals who work with adults with an autism spectrum disorder; and
  - (d) one individual who is:
    - (i) a health insurance professional;
    - (ii) holds a Doctor of Medicine or Doctor of Philosophy degree, with professional experience relating to the treatment of autism spectrum disorder; and
    - (iii) has a knowledge of autism benefits and therapy that are typically covered by the health insurance industry.
- (3)
  - (a) Notwithstanding Subsection (2), the governor shall, at the time of appointment or reappointment, adjust the length of terms to ensure the terms of members are staggered so that approximately half of the advisory committee is appointed every year.
  - (b) If a vacancy occurs in the membership of the advisory committee, the governor may appoint a replacement for the unexpired term.
  - (c) The advisory committee shall annually elect a chair from its membership.
  - (d) A majority of the advisory committee constitutes a quorum at any meeting and, if a quorum exists, the action of the majority of members present is the action of the advisory committee.
- (4) The advisory committee shall meet as necessary to:
  - (a) advise the department regarding implementation of the Adult Autism Treatment Program created in Section 26B-4-602;
  - (b) make recommendations to the department and the Legislature for improving the Adult Autism Treatment Program; and
  - (c) before October 1 each year, provide a written report of the advisory committee's activities and recommendations to:
    - (i) the executive director;
    - (ii) the Health and Human Services Interim Committee; and
    - (iii) the Social Services Appropriations Subcommittee.
- (5) The advisory committee shall comply with the procedures and requirements of:
  - (a) Title 52, Chapter 4, Open and Public Meetings Act; and
  - (b) Title 63G, Chapter 2, Government Records Access and Management Act.
- (6) A member may not receive compensation or benefits for the member's service, but may receive per diem and travel expenses in accordance with:
  - (a) Section 63A-3-106;
  - (b) Section 63A-3-107; and
  - (c) rules made by the Division of Finance pursuant to Sections 63A-3-106 and 63A-3-107.

- (7)
  - (a) The department shall staff the advisory committee.
  - (b) Expenses of the advisory committee, including the cost of advisory committee staff if approved by the executive director, may be paid only with funds from the Adult Autism Treatment Account created in Section 26B-1-322.

Renumbered and Amended by Chapter 305, 2023 General Session

**26B-1-425 Utah Health Workforce Advisory Council -- Creation and membership.**

- (1) There is created within the department the Utah Health Workforce Advisory Council.
- (2) The council shall be comprised of at least 14 but not more than 19 members.
- (3) The following are members of the council:
  - (a) the executive director or that individual's designee;
  - (b) the executive director of the Department of Workforce Services or that individual's designee;
  - (c) the commissioner of higher education of the Utah System of Higher Education or that individual's designee;
  - (d) the state superintendent of the State Board of Education or that individual's designee;
  - (e) the executive director of the Department of Commerce or that individual's designee;
  - (f) the director of the Division of Multicultural Affairs or that individual's designee;
  - (g) the director of the Utah Substance Use and Mental Health Advisory Council or that individual's designee;
  - (h) the chair of the Utah Indian Health Advisory Board; and
  - (i) the chair of the Utah Medical Education Council created in Section 26B-4-706.
- (4) The executive director shall appoint at least five but not more than ten additional members that represent diverse perspectives regarding Utah's health workforce as defined in Section 26B-4-701.
- (5)
  - (a) A member appointed by the executive director under Subsection (4) shall serve a four-year term.
  - (b) Notwithstanding Subsection (5)(a) for the initial appointments of members described in Subsection (4) the executive director shall appoint at least three but not more than five members to a two-year appointment to ensure that approximately half of the members appointed by the executive director rotate every two years.
- (6) The executive director or the executive director's designee shall chair the council.
- (7)
  - (a) As used in this Subsection (7), "health workforce" means the same as that term is defined in Section 26B-4-706.
  - (b) The council shall:
    - (i) meet at least once each quarter;
    - (ii) study and provide recommendations to an entity described in Subsection (8) regarding:
      - (A) health workforce supply;
      - (B) health workforce employment trends and demand;
      - (C) options for training and educating the health workforce;
      - (D) the implementation or improvement of strategies that entities in the state are using or may use to address health workforce needs including shortages, recruitment, retention, and other Utah health workforce priorities as determined by the council;
    - (iii) provide guidance to an entity described in Subsection (8) regarding health workforce related matters;



- (iv) review and comment on legislation relevant to Utah's health workforce; and
  - (v) advise the Utah Board of Higher Education and the Legislature on the status and needs of the health workforce who are in training.
- (8) The council shall provide information described in Subsections (7)(b)(ii) and (iii) to:
- (a) the Legislature;
  - (b) the department;
  - (c) the Department of Workforce Services;
  - (d) the Department of Commerce;
  - (e) the Utah Medical Education Council; and
  - (f) any other entity the council deems appropriate upon the entity's request.
- (9)
- (a) The Utah Medical Education Council created in Section 26B-4-706 is a subcommittee of the council.
  - (b) The council may establish subcommittees to support the work of the council.
  - (c) A member of the council shall chair a subcommittee created by the council.
  - (d) Except for the Utah Medical Education Council, the chair of the subcommittee may appoint any individual to the subcommittee.
- (10) For any report created by the council that pertains to any duty described in Subsection (7), the council shall:
- (a) provide the report to:
    - (i) the department; and
    - (ii) any appropriate legislative committee; and
  - (b) post the report on the council's website.
- (11) The executive director shall:
- (a) ensure the council has adequate staff to support the council and any subcommittee created by the council; and
  - (b) provide any available information upon the council's request if:
    - (i) that information is necessary for the council to fulfill a duty described in Subsection (7); and
    - (ii) the department has access to the information.
- (12) A member of the council or a subcommittee created by the council may not receive compensation or benefits for the member's service but may receive per diem and travel expenses as allowed in:
- (a) Section 63A-3-106;
  - (b) Section 63A-3-107; and
  - (c) rules made by the Division of Finance according to Sections 63A-3-106 and 63A-3-107.

Amended by Chapter 139, 2023 General Session

Renumbered and Amended by Chapter 305, 2023 General Session

**26B-1-426 Board of Aging and Adult Services -- Members, appointment, terms, vacancies, chairperson, compensation, meetings, quorum.**

- (1) The Board of Aging and Adult Services created in Section 26B-1-204 shall have seven members who are appointed by the governor with the advice and consent of the Senate in accordance with Title 63G, Chapter 24, Part 2, Vacancies.
- (2)
- (a) Except as required by Subsection (2)(b), each member shall be appointed for a term of four years, and is eligible for one reappointment.

- (b) Notwithstanding the requirements of Subsection (2)(a), the governor shall, at the time of appointment or reappointment, adjust the length of terms to ensure that the terms of board members are staggered so that approximately half of the board is appointed every two years.
  - (c) Board members shall continue in office until the expiration of their terms and until their successors are appointed, which may not exceed 90 days after the formal expiration of a term.
  - (d) When a vacancy occurs in the membership for any reason, the replacement shall be appointed for the unexpired term.
- (3)
- (a) No more than four members of the board may be from the same political party.
  - (b) The board shall have diversity of gender, ethnicity, and culture; and members shall be chosen on the basis of their active interest, experience, and demonstrated ability to deal with issues related to the Board of Aging and Adult Services .
- (4)
- (a) The board shall annually elect a chairperson from the board's membership.
  - (b) The board shall hold meetings at least once every three months.
  - (c) Within budgetary constraints, meetings may be held from time to time on the call of the chairperson or of the majority of the members of the board.
  - (d) Four members of the board are necessary to constitute a quorum at any meeting, and, if a quorum exists, the action of the majority of members present shall be the action of the board.
- (5) 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:
- (a) Section 63A-3-106;
  - (b) Section 63A-3-107; and
  - (c) rules made by the Division of Finance pursuant to Sections 63A-3-106 and 63A-3-107.
- (6)
- (a) The board shall adopt bylaws governing its activities.
  - (b) The bylaws described in Subsection (6)(a) shall include procedures for removal of a board member who is unable or unwilling to fulfill the requirements of the board member's appointment.
- (7) The board has program policymaking authority for the division over which the board presides.
- (8) A member of the board shall comply with the conflict of interest provisions described in Title 63G, Chapter 24, Part 3, Conflicts of Interest.

Renumbered and Amended by Chapter 305, 2023 General Session

**26B-1-427 Alcohol Abuse Tracking Committee --Tracking effects of abuse of alcoholic products.**

- (1) There is created a committee within the department known as the Alcohol Abuse Tracking Committee that consists of:
- (a) the executive director or the executive director's designee;
  - (b) the commissioner of the Department of Public Safety or the commissioner's designee;
  - (c) the director of the Department of Alcoholic Beverage Services or that director's designee;
  - (d) the executive director of the Department of Workforce Services or that executive director's designee;
  - (e) the chair of the Utah Substance Use and Mental Health Advisory Council or the chair's designee;
  - (f) the state court administrator or the state court administrator's designee; and

- (g) the director of the Division of Technology Services or that director's designee.
- (2) The executive director or the executive director's designee shall chair the committee.
- (3)
  - (a) Four members of the committee constitute a quorum.
  - (b) A vote of the majority of the committee members present when a quorum is present is an action of the committee.
- (4) The committee shall meet at the call of the chair, except that the chair shall call a meeting at least twice a year:
  - (a) with one meeting held each year to develop the report required under Subsection (7); and
  - (b) with one meeting held to review and finalize the report before the report is issued.
- (5) The committee may adopt additional procedures or requirements for:
  - (a) voting, when there is a tie of the committee members;
  - (b) how meetings are to be called; and
  - (c) the frequency of meetings.
- (6) The committee shall establish a process to collect for each calendar year the following information:
  - (a) the number of individuals statewide who are convicted of, plead guilty to, plead no contest to, plead guilty in a similar manner to, or resolve by diversion or its equivalent to a violation related to underage drinking of alcohol;
  - (b) the number of individuals statewide who are convicted of, plead guilty to, plead no contest to, plead guilty in a similar manner to, or resolve by diversion or its equivalent to a violation related to driving under the influence of alcohol;
  - (c) the number of violations statewide of Title 32B, Alcoholic Beverage Control Act, related to over-serving or over-consumption of an alcoholic product;
  - (d) the cost of social services provided by the state related to abuse of alcohol, including services provided by the Division of Child and Family Services;
  - (e) the location where the alcoholic products that result in the violations or costs described in Subsections (6)(a) through (d) are obtained; and
  - (f) any information the committee determines can be collected and relates to the abuse of alcoholic products.
- (7) The committee shall report the information collected under Subsection (6) annually to the governor and the Legislature by no later than the July 1 immediately following the calendar year for which the information is collected.

Renumbered and Amended by Chapter 305, 2023 General Session

**26B-1-428 Youth Electronic Cigarette, Marijuana, and Other Drug Prevention Committee and Program -- Creation -- Membership -- Duties.**

- (1) As used in this section:
  - (a) "Committee" means the Youth Electronic Cigarette, Marijuana, and Other Drug Prevention Committee created in Section 26B-1-204.
  - (b) "Program" means the Youth Electronic Cigarette, Marijuana, and Other Drug Prevention Program created in this section.
- (2)
  - (a) There is created within the department the Youth Electronic Cigarette, Marijuana, and Other Drug Prevention Program.
  - (b) In consultation with the committee, the department shall:
    - (i) establish guidelines for the use of funds appropriated to the program;

- (ii) ensure that guidelines developed under Subsection (2)(b)(i) are evidence-based and appropriate for the population targeted by the program; and
  - (iii) subject to appropriations from the Legislature, fund statewide initiatives to prevent use of electronic cigarettes, nicotine products, marijuana, and other drugs by youth.
- (3)
- (a) The committee shall advise the department on:
    - (i) preventing use of electronic cigarettes, marijuana, and other drugs by youth in the state;
    - (ii) developing the guidelines described in Subsection (2)(b)(i); and
    - (iii) implementing the provisions of the program.
  - (b) The executive director shall:
    - (i) appoint members of the committee; and
    - (ii) consult with the Utah Substance Use and Mental Health Advisory Council created in Section 63M-7-301 when making the appointments under Subsection (3)(b)(i).
  - (c) The committee shall include, at a minimum:
    - (i) the executive director of a local health department as defined in Section 26A-1-102, or the local health department executive director's designee;
    - (ii) one designee from the department;
    - (iii) one representative from the Department of Public Safety;
    - (iv) one representative from the behavioral health community; and
    - (v) one representative from the education community.
  - (d) A member of the committee may not receive compensation or benefits for the member's service on the committee, but may receive per diem and travel expenses in accordance with:
    - (i) Section 63A-3-106;
    - (ii) Section 63A-3-107; and
    - (iii) rules made by the Division of Finance under Sections 63A-3-106 and 63A-3-107.
  - (e) The department shall provide staff support to the committee.
- (4) On or before October 31 of each year, the department shall report to:
- (a) the Health and Human Services Interim Committee regarding:
    - (i) the use of funds appropriated to the program;
    - (ii) the impact and results of the program, including the effectiveness of each program funded under Subsection (2)(b)(iii), during the previous fiscal year;
    - (iii) a summary of the impacts and results on reducing youth use of electronic cigarettes and nicotine products by entities represented by members of the committee, including those entities who receive funding through the Electronic Cigarette Substance and Nicotine Product Proceeds Restricted Account created in Section 59-14-807; and
    - (iv) any recommendations for legislation; and
  - (b) the Utah Substance Use and Mental Health Advisory Council created in Section 63M-7-301, regarding:
    - (i) the effectiveness of each program funded under Subsection (2)(b)(iii) in preventing youth use of electronic cigarettes, nicotine products, marijuana, and other drugs; and
    - (ii) any collaborative efforts and partnerships established by the program with public and private entities to prevent youth use of electronic cigarettes, marijuana, and other drugs.

Amended by Chapter 300, 2023 General Session  
Renumbered and Amended by Chapter 305, 2023 General Session

**26B-1-429 Utah State Developmental Center Board -- Creation -- Membership -- Duties -- Powers.**

- (1) There is created the Utah State Developmental Center Board within the department.
- (2) The board is composed of nine members as follows:
  - (a) the director of the Division of Services for People with Disabilities or the director's designee;
  - (b) the superintendent of the developmental center or the superintendent's designee;
  - (c) the executive director or the executive director's designee;
  - (d) a resident of the Utah State Developmental Center selected by the superintendent; and
  - (e) five members appointed by the governor with the advice and consent of the Senate as follows:
    - (i) three members of the general public; and
    - (ii) two members who are parents or guardians of individuals who receive services at the Utah State Developmental Center.
- (3) In making appointments to the board, the governor shall ensure that:
  - (a) no more than three members have immediate family residing at the Utah State Developmental Center; and
  - (b) members represent a variety of geographic areas and economic interests of the state.
- (4)
  - (a) The governor shall appoint each member described in Subsection (2)(e) for a term of four years.
  - (b) An appointed member may not serve more than two full consecutive terms unless the governor determines that an additional term is in the best interest of the state.
  - (c) Notwithstanding the requirements of Subsections (4)(a) and (b), the governor shall, at the time of appointment or reappointment, adjust the length of terms to ensure that the terms of appointed members are staggered so that approximately half of the appointed members are appointed every two years.
  - (d) Appointed members shall continue in office until the expiration of their terms and until their successors are appointed, which may not exceed 120 days after the formal expiration of a term.
  - (e) When a vacancy occurs in the membership for any reason, the replacement shall be appointed for the unexpired term.
- (5)
  - (a) The director shall serve as the chair.
  - (b) The board shall appoint a member to serve as vice chair.
  - (c) The board shall hold meetings quarterly or as needed.
  - (d) Five members are necessary to constitute a quorum at any meeting, and, if a quorum exists, the action of the majority of members present shall be the action of the board.
  - (e) The chair shall be a non-voting member except that the chair may vote to break a tie vote between the voting members.
- (6) An appointed 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:
  - (a) Section 63A-3-106;
  - (b) Section 63A-3-107; and
  - (c) rules made by the Division of Finance pursuant to Sections 63A-3-106 and 63A-3-107.
- (7)
  - (a) The board shall adopt bylaws governing the board's activities.
  - (b) Bylaws shall include procedures for removal of a member who is unable or unwilling to fulfill the requirements of the member's appointment.
- (8) The board shall:

- (a) act for the benefit of the Utah State Developmental Center and the Division of Services for People with Disabilities;
- (b) advise and assist the Division of Services for People with Disabilities with the division's functions, operations, and duties related to the Utah State Developmental Center, described in Sections 26B-6-402, 26B-6-403, 26B-6-502, 26B-6-504, and 26B-6-506;
- (c) administer the Utah State Developmental Center Miscellaneous Donation Fund, as described in Section 26B-1-330;
- (d) administer the Utah State Developmental Center Long-Term Sustainability Fund, as described in Section 26B-1-331;
- (e) approve the sale, lease, or other disposition of real property or water rights associated with the Utah State Developmental Center, as described in Subsection 26B-6-507(2); and
- (f) within 21 days after the day on which the board receives the notice required under Subsection 10-2-419(3) (b), provide a written opinion regarding the proposed boundary adjustment to:
  - (i) the director of the Division of Facilities and Construction Management; and
  - (ii) the Legislative Management Committee.

Renumbered and Amended by Chapter 305, 2023 General Session  
Amended by Chapter 435, 2023 General Session

**26B-1-430 Coordinating Council for Persons with Disabilities -- Policy regarding services to individuals with disabilities -- Creation -- Membership -- Expenses.**

- (1) As used in this section, "state agencies" means:
  - (a) the Division of Services for People with Disabilities;
  - (b) the Office of Substance Use and Mental Health;
  - (c) the Division of Integrated Healthcare;
  - (d) family health services programs established under Chapter 4, Health Care - Delivery and Access, operated by the department;
  - (e) the Utah State Office of Rehabilitation created in Section 35A-1-202; and
  - (f) special education programs operated by the State Board of Education or an LEA under Title 53E, Chapter 7, Part 2, Special Education Program.
- (2) It is the policy of this state that all agencies that provide services to persons with disabilities:
  - (a) coordinate and ensure that services and supports are provided in a cost-effective manner. It is the intent of the Legislature that services and supports provided under this chapter be coordinated to meet the individual needs of persons with disabilities; and
  - (b) whenever possible, regard an individual's personal choices concerning services and supports that are best suited to the individual's needs and that promote the individual's independence, productivity, and integration in community life.
- (3) There is created the Coordinating Council for Persons with Disabilities.
- (4) The council shall consist of:
  - (a) the director of the Division of Services for People with Disabilities within the department, or the director's designee;
  - (b) the director of family health services programs, appointed under Section 26B-7-120, or the director's designee;
  - (c) the director of the Utah State Office of Rehabilitation created in Section 35A-1-202, or the director's designee;
  - (d) the state director of special education, or the director's designee;
  - (e) the director of the Division of Integrated Healthcare within the department, or the director's designee;

- (f) the director of the Office of Substance Use and Mental Health within the department, or the director's designee;
  - (g) the superintendent of Schools for the Deaf and the Blind, or the superintendent's designee; and
  - (h) a person with a disability, a family member of a person with a disability, or an advocate for persons with disabilities, appointed by the members listed in Subsections (4)(a) through (g).
- (5)
- (a) The council shall annually elect a chair from its membership.
  - (b) Five members of the council are a quorum.
- (6) A member may not receive compensation or benefits for the member's service, but may receive per diem and travel expenses in accordance with:
- (a) Section 63A-3-106;
  - (b) Section 63A-3-107; and
  - (c) rules made by the Division of Finance pursuant to Sections 63A-3-106 and 63A-3-107.
- (7) The council has authority, after local or individual efforts have failed, to:
- (a) coordinate the appropriate transition of persons with disabilities who receive services and support from one state agency to receive services and support from another state agency;
  - (b) coordinate policies governing the provision of services and support for persons with disabilities by state agencies; and
  - (c) consider issues regarding eligibility for services and support and, where possible, develop uniform eligibility standards for state agencies.
- (8) The council may receive appropriations from the Legislature to purchase services and supports for persons with disabilities as the council deems appropriate.
- (9)
- (a) Within appropriations authorized by the Legislature, the following individuals or the individuals' representatives shall cooperatively develop a single coordinated education program, treatment services, and individual and family supports for students entitled to a free appropriate education under Title 53E, Chapter 7, Part 2, Special Education Program, who also require services from the department or the Utah State Office of Rehabilitation:
    - (i) the state director of special education;
    - (ii) the director of the Utah State Office of Rehabilitation created in Section 35A-1-202;
    - (iii) the executive director of the department;
    - (iv) the director of family health services within the department; and
    - (v) the affected LEA, as defined in Section 53E-1-102.
  - (b) Distribution of costs for services and supports described in Subsection (9)(a) shall be determined through a process established by the department and the State Board of Education.

Renumbered and Amended by Chapter 305, 2023 General Session

**26B-1-432 Newborn Hearing Screening Committee.**

- (1) There is established the Newborn Hearing Screening Committee.
- (2) The committee shall advise the department on:
  - (a) the validity and cost of newborn infant hearing loss testing procedures; and
  - (b) rules promulgated by the department to implement this Section 26B-4-319.
- (3) The committee shall be composed of at least 11 members appointed by the executive director, including:
  - (a) one representative of the health insurance industry;

- (b) one pediatrician;
  - (c) one family practitioner;
  - (d) one ear, nose, and throat specialist nominated by the Utah Medical Association;
  - (e) two audiologists nominated by the Utah Speech-Language Hearing Association;
  - (f) one representative of hospital neonatal nurseries;
  - (g) one representative of the Early Intervention Baby Watch Program administered by the department;
  - (h) one public health nurse;
  - (i) one consumer; and
  - (j) the executive director or the executive director's designee.
- (4)
- (a) Of the initial members of the committee, the executive director shall appoint as nearly as possible half to two-year terms and half to four-year terms.
  - (b) After the initial appointments described in Subsection (4)(a), appointments shall be for four-year terms except:
    - (i) for those members who have been appointed to complete an unexpired term; and
    - (ii) as necessary to ensure that as nearly as possible the terms of half the appointments expire every two years.
- (5) A majority of the members constitutes a quorum, and a vote of the majority of the members present constitutes an action of the committee.
- (6) The committee shall appoint a chair from the committee's membership.
- (7) The committee shall meet at least quarterly.
- (8) A member may not receive compensation or benefits for the member's service, but may receive per diem and travel expenses in accordance with:
  - (a) Section 63A-3-106;
  - (b) Section 63A-3-107; and
  - (c) rules made by the Division of Finance pursuant to Sections 63A-3-106 and 63A-3-107.
- (9) The department shall provide staff for the committee.

Enacted by Chapter 305, 2023 General Session

**26B-1-434 Correctional Postnatal and Early Childhood Advisory Board -- Duties -- Rulemaking.**

- (1) As used in this part:
- (a) "Advisory board" means the Correctional Postnatal and Early Childhood Advisory Board.
  - (b) "Incarcerated mother" means the same as that term is defined in Section 64-13-46.5.
- (2) The advisory board shall consist of the following members:
- (a) two individuals from the Department of Corrections, appointed by the executive director of the Department of Corrections;
  - (b) one individual appointed by the Board of Pardons and Parole; and
  - (c) six individuals appointed by the executive director of the department, including:
    - (i) two individuals from the department with experience in child care licensing;
    - (ii) two pediatric healthcare providers;
    - (iii) one individual with expertise in early childhood development; and
    - (iv) one individual with experience advocating for incarcerated women.
- (3)
- (a) Except as provided in Subsection (3)(b), a member of the advisory board shall be appointed for a four-year term.



- (b) A member that is appointed to complete an unexpired term may complete the unexpired term and serve a subsequent four-year term.
- (c) Appointments and reappointments may be staggered so that one-fourth of the advisory board changes each year.
- (d) The advisory board shall annually elect a chair and co-chair of the board from among the members of the board to serve a two-year term.
- (4) The advisory board shall meet at least bi-annually, or more frequently as determined by the executive director, the chair, or three or more members of the advisory board.
- (5) A majority of the board constitutes a quorum and a vote of the majority of the members present constitutes an action of the advisory board.
- (6) A member of the advisory board may not receive compensation or benefits for the member's service, but may receive per diem and travel expenses as allowed in:
  - (a) Section 63A-3-106;
  - (b) Section 63A-3-107; and
  - (c) rules made by the Division of Finance in accordance with Sections 63A-3-106 and 63A-3-107.
- (7) The advisory board shall:
  - (a) review research regarding childhood development and best practices for infants placed in a nursery located within a secure correctional environment;
  - (b) as part of the advisory board's review of research under Subsection (7)(a), study the benefits of having a nursery for infants and incarcerated mothers located within a secure correctional environment and the benefits of placing an infant or incarcerated mother in a diversion program removed from a secure correctional environment;
  - (c) study the costs of implementing a diversion program for infants and incarcerated mothers removed from a secure correctional environment;
  - (d) create a provisional plan for implementing a diversion program for infants and incarcerated mothers removed from a secure correctional environment; and
  - (e) advise and make recommendations to the department regarding rules and policies for any nursery established by the Department of Corrections to provide space for incarcerated mothers and infants.
- (8) The advisory board, upon request from the Department of Corrections, may:
  - (a) after considering the specific circumstances of an infant and the infant's incarcerated mother, extend the age that qualifies the infant for a nursery under Subsection 64-13-46.5(2) up to 24 months old if:
    - (i) the extension is in the best interest of the infant; and
    - (ii) without the extension the infant would be separated from the incarcerated mother while the incarcerated mother remains in the correctional facility; or
  - (b) allow an incarcerated mother who has committed a violent felony to be provided space in a nursery if it is in the best interest of the incarcerated mother's infant.
- (9) On or before November 30, 2024, the advisory board shall provide a report of the advisory board's research and study under Subsections (7)(a) through (d), including any proposed legislation, to:
  - (a) the Law Enforcement and Criminal Justice Interim Committee; and
  - (b) the Executive Offices and Criminal Justice Appropriations Subcommittee.
- (10) The department shall:
  - (a) after receiving recommendations from the advisory board under Subsection (7)(e), adopt rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, for certification of a nursery established in a secure correctional environment that address:
    - (i) the safety of the nursery for infants and incarcerated mothers;

- (ii) the childhood development needs of the infants in the nursery;
  - (iii) the specific medical needs of the infants and incarcerated mothers in the nursery;
  - (iv) the appropriate needs of the incarcerated mothers in the nursery; and
  - (v) any other requirements recommended by the advisory board that the department deems necessary for the nursery; and
- (b) certify that any nursery established by the Department of Corrections is in compliance with the rules established under this section before the nursery begins operations.
- (11) The department may make rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, regarding corrective action, including closure of a nursery established by the Department of Corrections, if the Department of Corrections fails to comply with the rules established under this section.

Enacted by Chapter 420, 2023 General Session

**26B-1-435 Medical Cannabis Policy Advisory Board creation - Membership.**

- (1) There is created within the department the Medical Cannabis Policy Advisory Board.
- (2)
- (a) The advisory board shall consist of the following members:
    - (i) appointed by the executive director:
      - (A) a qualified medical provider who has at least 100 patients who have a medical cannabis patient card at the time of appointment;
      - (B) a medical research professional;
      - (C) a mental health specialist;
      - (D) an individual who represents an organization that advocates for medical cannabis patients;
      - (E) an individual who holds a medical cannabis patient card; and
      - (F) a member of the general public who does not hold a medical cannabis card; and
    - (ii) appointed by the commissioner of the Department of Agriculture and Food:
      - (A) an individual who owns or operates a licensed cannabis cultivation facility;
      - (B) an individual who owns or operates a licensed medical cannabis pharmacy; and
      - (C) a law enforcement officer.
  - (b) The commissioner of the Department of Agriculture and Food shall ensure that at least one individual appointed under Subsection (2)(a)(ii)(A) or (B) also owns or operates a licensed cannabis processing facility.
- (3)
- (a) Subject to Subsection (3)(b), a member of the advisory board shall serve for a four year term.
  - (b) When appointing the initial membership of the advisory board, the executive director and the commissioner of the Department of Agriculture and Food shall coordinate to appoint four advisory board members to serve a term of two years to ensure that approximately half of the board is appointed every two years.
- (4)
- (a) If an advisory board member is no longer able to serve as a member, a new member shall be appointed in the same manner as the original appointment.
  - (b) A member appointed in accordance with Subsection (4)(a) shall serve for the remainder of the unexpired term of the original appointment.
- (5)
- (a) A majority of the advisory board members constitutes a quorum.
  - (b) The action of a majority of a quorum constitutes an action of the advisory board.

- (c) The advisory board shall annually designate one of the advisory board's members to serve as chair for a one-year period.
- (6) An advisory board member may not receive compensation or benefits for the member's service on the advisory board but may receive per diem and reimbursement for travel expenses incurred as an advisory board member in accordance with:
  - (a) Sections 63A-3-106 and 63A-3-107; and
  - (b) rules made by the Division of Finance pursuant to Sections 63A-3-106 and 63A-3-107.
- (7) The department shall:
  - (a) provide staff support for the advisory board; and
  - (b) assist the advisory board in conducting meetings.

Enacted by Chapter 273, 2023 General Session

**26B-1-435.1 Medical Cannabis Policy Advisory Board duties.**

- (1) The advisory board may recommend:
  - (a) to the department or the Department of Agriculture and Food changes to current or proposed medical cannabis rules or statutes;
  - (b) to the appropriate legislative committee whether the advisory board supports a change to medical cannabis statutes.
- (2) The advisory board shall:
  - (a) review any draft rule that is authorized under this chapter or Title 4, Chapter 41a, Cannabis Production Establishments and Pharmacies;
  - (b) consult with the Department of Agriculture and Food regarding the issuance of an additional:
    - (i) cultivation facility license under Section 4-41a-205; or
    - (ii) pharmacy license under Section 4-41a-1005;
  - (c) consult with the department regarding cannabis patient education;
  - (d) consult regarding the reasonableness of any fees set by the department or the Utah Department of Agriculture and Food that pertain to the medical cannabis program; and
  - (e) consult regarding any issue pertaining to medical cannabis when asked by the department or the Utah Department of Agriculture and Food.

Enacted by Chapter 273, 2023 General Session