

Effective 5/3/2023

**Part 3
Health Care Access**

26B-4-301 Definitions.

As used in this part:

- (1) "Committee" means the Primary Care Grant Committee described in Section 26B-1-410.
- (2) "Community based organization":
 - (a) means a private entity; and
 - (b) includes for profit and not for profit entities.
- (3) "Cultural competence" means a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or profession and enables that system, agency, or profession to work effectively in cross-cultural situations.
- (4) "Emergency medical dispatch center" means a public safety answering point, as defined in Section 63H-7a-103, that is designated as an emergency medical dispatch center by the office.
- (5) "Health literacy" means the degree to which an individual has the capacity to obtain, process, and understand health information and services needed to make appropriate health decisions.
- (6) "Institutional capacity" means the ability of a community based organization to implement public and private contracts.
- (7) "Medically underserved population" means the population of an urban or rural area or a population group that the committee determines has a shortage of primary health care.
- (8) "Office" means the Office of Emergency Medical Services and Preparedness within the department.
- (9) "Pregnancy support services" means services that:
 - (a) encourage childbirth instead of voluntary termination of pregnancy; and
 - (b) assist pregnant women, or women who may become pregnant, to choose childbirth whether they intend to parent or select adoption for the child.
- (10) "Primary care grant" means a grant awarded by the department under Subsection 26B-4-310(1).
- (11)
 - (a) "Primary health care" means:
 - (i) basic and general health care services given when a person seeks assistance to screen for or to prevent illness and disease, or for simple and common illnesses and injuries; and
 - (ii) care given for the management of chronic diseases.
 - (b) "Primary health care" includes:
 - (i) services of physicians, nurses, physician's assistants, and dentists licensed to practice in this state under Title 58, Occupations and Professions;
 - (ii) diagnostic and radiologic services;
 - (iii) preventive health services including perinatal services, well-child services, and other services that seek to prevent disease or its consequences;
 - (iv) emergency medical services;
 - (v) preventive dental services; and
 - (vi) pharmaceutical services.

Amended by Chapter 261, 2024 General Session

Renumbered 7/1/2024

26B-4-302 Authority to administer CPR or use an AED.

- (1) A person may administer CPR on another person without a license, certificate, or other governmental authorization if the person reasonably believes that the other person is in sudden cardiac arrest.
- (2) A person may use an AED on another person without a license, certificate, or other governmental authorization if the person reasonably believes that the other person is in sudden cardiac arrest.

Renumbered and Amended by Chapter 307, 2023 General Session

Renumbered 7/1/2024

26B-4-303 Immunity.

- (1) Except as provided in Subsection (3), the following persons are not subject to civil liability for any act or omission relating to preparing to care for, responding to care for, or providing care to, another person who reasonably appears to be in sudden cardiac arrest:
 - (a) a person authorized, under Section 26B-4-302, to administer CPR, who:
 - (i) gratuitously and in good faith attempts to administer or administers CPR to another person;
or
 - (ii) fails to administer CPR to another person;
 - (b) a person authorized, under Section 26B-4-302, to use an AED who:
 - (i) gratuitously and in good faith attempts to use or uses an AED; or
 - (ii) fails to use an AED;
 - (c) a person that teaches or provides a training course in administering CPR or using an AED;
 - (d) a person that acquires an AED;
 - (e) a person that owns, manages, or is otherwise responsible for the premises or conveyance where an AED is located;
 - (f) a person who retrieves an AED in response to a perceived or potential sudden cardiac arrest;
 - (g) a person that authorizes, directs, or supervises the installation or provision of an AED;
 - (h) a person involved with, or responsible for, the design, management, or operation of a CPR or AED program;
 - (i) a person involved with, or responsible for, reporting, receiving, recording, updating, giving, or distributing information relating to the ownership or location of an AED under Sections 26B-4-304 through 26B-4-306; or
 - (j) a physician who gratuitously and in good faith:
 - (i) provides medical oversight for a public AED program; or
 - (ii) issues a prescription for a person to acquire or use an AED.
- (2) This section does not relieve a manufacturer, designer, developer, marketer, or commercial distributor of an AED, or an accessory for an AED, of any liability.
- (3) The liability protection described in Subsection (1) does not apply to an act or omission that constitutes gross negligence or willful misconduct.

Renumbered and Amended by Chapter 307, 2023 General Session

Renumbered 7/1/2024

26B-4-304 Reporting location of automatic external defibrillators.

- (1) In accordance with Subsection (2) and except as provided in Subsection (3):
 - (a) a person who owns or leases an AED shall report the person's name, address, and telephone number, and the exact location of the AED, in writing or by a web-based AED registration

form, if available, to the emergency medical dispatch center that provides emergency dispatch services for the location where the AED is installed, if the person:

- (i) installs the AED;
 - (ii) causes the AED to be installed; or
 - (iii) allows the AED to be installed; and
- (b) a person who owns or leases an AED that is removed from a location where it is installed shall report the person's name, address, and telephone number, and the exact location from which the AED is removed, in writing or by a web-based AED registration form, if available, to the emergency medical dispatch center that provides emergency dispatch services for the location from which the AED is removed, if the person:
- (i) removes the AED;
 - (ii) causes the AED to be removed; or
 - (iii) allows the AED to be removed.
- (2) A report required under Subsection (1) shall be made within 14 days after the day on which the AED is installed or removed.
- (3) Subsection (1) does not apply to an AED:
- (a) at a private residence; or
 - (b) in a vehicle or other mobile or temporary location.
- (4) A person who owns or leases an AED that is installed in, or removed from, a private residence may voluntarily report the location of, or removal of, the AED to the emergency medical dispatch center that provides emergency dispatch services for the location where the private residence is located.
- (5) The department may not impose a penalty on a person for failing to comply with the requirements of this section.

Renumbered and Amended by Chapter 307, 2023 General Session

Renumbered 7/1/2024

26B-4-305 Distributors to notify of reporting requirements.

A person in the business of selling or leasing an AED shall, at the time the person provides, sells, or leases an AED to another person, notify the other person, in writing, of the reporting requirements described in Section 26B-4-304.

Renumbered and Amended by Chapter 307, 2023 General Session

Renumbered 7/1/2024

26B-4-306 Duties of emergency medical dispatch centers.

An emergency medical dispatch center shall:

- (1) implement a system to receive and manage the information reported to the emergency medical dispatch center under Section 26B-4-304;
- (2) record in the system described in Subsection (1), all information received under Section 26B-4-304 within 14 days after the day on which the information is received;
- (3) inform a person who calls to report a potential incident of sudden cardiac arrest of the location of an AED located at the address of the potential sudden cardiac arrest;
- (4) provide verbal instructions to a person described in Subsection (3) to:
 - (a) help a person determine if a patient is in cardiac arrest; and
 - (b) if needed:
 - (i) provide direction to start CPR;

- (ii) offer instructions on how to perform CPR; or
 - (iii) offer instructions on how to use an AED, if one is available; and
- (5) provide the information contained in the system described in Subsection (1), upon request, to the office.

Renumbered and Amended by Chapter 307, 2023 General Session

Renumbered 7/1/2024

26B-4-307 Education and training.

- (1) The office shall work in cooperation with federal, state, and local agencies and schools, to encourage individuals to complete courses on the administration of CPR and the use of an AED.
- (2) A person who owns or leases an AED shall encourage each person who is likely to use the AED to complete courses on the administration of CPR and the use of an AED.

Renumbered and Amended by Chapter 307, 2023 General Session

Renumbered 7/1/2024

26B-4-308 AEDs for demonstration purposes.

- (1) Any AED used solely for demonstration or training purposes, which is not operational for emergency use is, except for the provisions of this section, exempt from the provisions of this part.
- (2) The owner of an AED described in Subsection (1) shall clearly mark on the exterior of the AED that the AED is for demonstration or training use only.

Renumbered and Amended by Chapter 307, 2023 General Session

Renumbered 7/1/2024

26B-4-309 Tampering with an AED prohibited -- Penalties.

A person is guilty of a class C misdemeanor if the person removes, tampers with, or otherwise disturbs an AED, AED cabinet or enclosure, or AED sign, unless:

- (1) the person is authorized by the AED owner for the purpose of:
 - (a) inspecting the AED or AED cabinet or enclosure; or
 - (b) performing maintenance or repairs on the AED, the AED cabinet or enclosure, a wall or structure that the AED cabinet or enclosure is directly attached to, or an AED sign;
- (2) the person is responding to, or providing care to, a potential sudden cardiac arrest patient; or
- (3) the person acts in good faith with the intent to support, and not to violate, the recognized purposes of the AED.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-310 Department to award primary care grants -- Applications.

- (1) Within appropriations specified by the Legislature for this purpose, the department may, in accordance with the recommendation of the committee, award a grant to a public or nonprofit entity to provide primary health care to a medically underserved population.
- (2) When awarding a grant under Subsection (1), the department shall, in accordance with the committee's recommendation, consider:
 - (a) the content of a grant application submitted to the department;

- (b) whether an application is submitted in the manner and form prescribed by the department;
and
 - (c) the criteria established in Section 26B-4-311.
- (3) The application for a grant under Subsection (2)(a) shall contain:
- (a) a requested award amount;
 - (b) a budget; and
 - (c) a narrative plan of the manner in which the applicant intends to provide the primary health care described in Subsection (1).

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-311 Content of primary care grant applications.

An applicant for a grant under Section 26B-4-310 shall include, in an application:

- (1) a statement of specific, measurable objectives, and the methods the applicant will use to assess the achievement of those objectives;
- (2) the precise boundaries of the area the applicant will serve, including a description of the medically underserved population the applicant will serve using the grant;
- (3) the results of a need assessment that demonstrates that the population the applicant will serve has a need for the services provided by the applicant;
- (4) a description of the personnel responsible for carrying out the activities of the grant along with a statement justifying the use of any grant funds for the personnel;
- (5) evidence that demonstrates the applicant's existing financial and professional assistance and any attempts by the applicant to obtain financial and professional assistance;
- (6) a list of services the applicant will provide;
- (7) the schedule of fees, if any, the applicant will charge;
- (8) the estimated number of individuals the applicant will serve with the grant award; and
- (9) any other information required by the department in consultation with the committee.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-312 Process and criteria for awarding primary care grants.

- (1) The department shall review and rank applications based on the criteria in this section and transmit the applications to the committee for review.
- (2) The committee shall, after reviewing the applications transferred to the committee under Subsection (1), make recommendations to the executive director.
- (3) The executive director shall, in accordance with the committee's recommendations, decide which applications to award grants under Subsection 26B-4-310(1).
- (4) The department shall establish rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, governing the application form, the process, and the criteria the department will use in reviewing, ranking, and awarding grants and contracts under this part.
- (5) When reviewing, ranking, and awarding a primary care grant under Subsection 26B-4-310(1), the department shall consider the extent to which an applicant:
 - (a) demonstrates that the area or a population group the applicant will serve under the application has a shortage of primary health care and that the primary health care will be located so that it provides assistance to the greatest number of individuals in the population group;
 - (b) utilizes other sources of funding, including private funding, to provide primary health care;
 - (c) demonstrates the ability and expertise to serve a medically underserved population;

- (d) agrees to submit a report to the committee annually; and
 - (e) meets other criteria determined by the department in consultation with the committee.
- (6) The department may use up to 5% of the funds appropriated by the Legislature to the primary care grant program to pay the costs of administering the program.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-313 Community education and outreach contracts.

- (1) The department may, as funding permits, contract with community based organizations for the purpose of developing culturally and linguistically appropriate programs and services for low income and medically underserved populations to accomplish one or more of the following:
- (a) to educate individuals:
 - (i) to use private and public health care coverage programs, products, services, and resources in a timely, effective, and responsible manner;
 - (ii) to pursue preventive health care, health screenings, and disease management; and
 - (iii) to locate health care programs and services;
 - (b) to assist individuals to develop:
 - (i) personal health management;
 - (ii) self-sufficiency in daily care; and
 - (iii) life and disease management skills;
 - (c) to support translation of health materials and information;
 - (d) to facilitate an individual's access to primary care and providers, including mental health services; and
 - (e) to measure and report empirical results of the pilot project.
- (2) When awarding a contract for community based services under Subsection (1), the department shall consider the extent to which the applicant:
- (a) demonstrates that the area or a population group to be served under the application is a medically underserved population and that the services will be located to provide assistance to the greatest number of individuals residing in the area or included in the population group;
 - (b) utilizes other sources of funding, including private funding, to provide the services described in Subsection (1);
 - (c) demonstrates the ability and expertise to serve medically underserved populations, including individuals with limited English-speaking ability, single heads of households, the elderly, individuals with low income, and individuals with a chronic disease;
 - (d) meets other criteria determined by the department; and
 - (e) demonstrates the ability to empirically measure and report the results of all contract supported activities.
- (3) The department may only award a contract under Subsection (1):
- (a) in accordance with Title 63G, Chapter 6a, Utah Procurement Code;
 - (b) that contains the information described in Section 26B-4-311, relating to grants; and
 - (c) that complies with Subsections (4) and (5).
- (4) An applicant under this section and Sections 26B-4-310 through 26B-4-312 shall demonstrate to the department that the applicant will not deny services to a person because of the person's inability to pay for the services.
- (5) Subsection (4) does not preclude an applicant from seeking payment from the person receiving services, a third party, or a government agency if:
- (a) the applicant is authorized to charge for the services; and
 - (b) the person, third party, or government agency is under legal obligation to pay for the services.

- (6) The department shall maximize the use of federal matching funds received for services under Subsection (1) to fund additional contracts under Subsection (1).

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-314 Assistance to rural communities by department.

The department shall assist rural communities in dealing with primary health care needs relating to recruiting health professionals, planning, and technical assistance. The department shall assist the communities, at their request, at any stage of development of new or expanded primary health care services and shall work with them to improve primary health care by providing information to increase the effectiveness of their systems, to decrease duplication and fragmentation of services, and to maximize community use of private gifts, and local, state, and federal grants and contracts.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-315 Responsibility of department for coordinating rural health programs.

The department shall be the lead agency responsible for coordinating rural health programs and shall ensure that resources available for rural health are efficiently and effectively used.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-316 Rural health development initiatives.

- (1)
- (a) University of Utah Health shall use any appropriations it receives for developing area health education centers to establish and maintain an area health education center program in accordance with this section.
 - (b) Implementation and execution of the area health education center program is contingent upon appropriations from the Legislature.
- (2)
- (a) The area health education center program shall consist of a central program office at University of Utah Health. The program office shall establish and operate a statewide, decentralized, regional program with emphasis on addressing rural health professions workforce education and training needs.
 - (b) The area health education center program shall have three regional centers serving the following geographic areas:
 - (i) the northern center serving Box Elder, Cache, Davis, Rich, Weber, and Morgan counties;
 - (ii) the crossroads center serving Salt Lake, Wasatch, Summit, Tooele, and Utah counties; and
 - (iii) the southern center serving Juab, Millard, Piute, Sanpete, Sevier, Wayne, Carbon, Daggett, Duchesne, Emery, Grand, San Juan, Uintah, Beaver, Garfield, Iron, Kane, and Washington counties.
- (3) The area health education center program shall attempt to acquire funding from state, local, federal, and private sources.
- (4) Each area health education center shall provide community-based health professions education programming for the geographic area described in Subsection (2)(b) of this section.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-317 Rural County Health Care Special Service District Retirement Grant Program.

- (1) As used in this section:
 - (a) "Participating employer" means an employer that was required to participate in the Utah State Retirement System under Section 49-12-201, 49-12-202, 49-13-201, or 49-13-202.
 - (b) "Retirement liability" means an obligation in excess of \$750,000 owed to the Utah State Retirement Office by a rural county health care special service district as a participating employer.
 - (c) "Rural county health care special service district" means a special service district formed to provide health care in a third, fourth, fifth, or sixth class county as defined in Section 17-50-501.
- (2) Because there is a compelling statewide public purpose in promoting health care in Utah's rural counties, and particularly in ensuring the continued existence and financial viability of hospital services provided by rural county health care special service districts, there is created a grant program to assist rural county health care special service districts in meeting a retirement liability.
- (3)
 - (a) Subject to legislative appropriation and this Subsection (3), the department shall make grants to rural county health care special service districts.
 - (b) To qualify for a grant, a rural county health care special service district shall:
 - (i) file a grant application with the department detailing:
 - (A) the name of the rural county health care special service district;
 - (B) the estimated total amount of the retirement liability;
 - (C) the grant amount that the rural county health care special service district is requesting;and
 - (D) the amount of matching funds to be provided by the rural county health care special service district to help fund the retirement liability as required by Subsection (3)(d); and
 - (ii) commit to provide matching funds as required by Subsection (3)(d).
- (c) The department shall review each grant application and, subject to legislative appropriation, award grants to each rural health care special service district that qualifies for a grant under Subsection (3)(b).
- (d) The department may not award a grant to a rural county health care special service district unless the rural county health care special service district commits to provide matching funds to the grant equal to at least 40% of the amount of the grant.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-318 Maternal and child health provided by department.

The department shall, as funding permits, provide for maternal and child health services and services for children with a disability if the individual needs the services and the individual cannot reasonably obtain the services from other sources.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-319 Testing of newborn infants.

- (1) Except in the case where parents object on the grounds that they are members of a specified, well-recognized religious organization whose teachings are contrary to the tests required by this section, a newborn infant shall be tested for:
 - (a) phenylketonuria (PKU);

- (b) other heritable disorders which may result in an intellectual or physical disability or death and for which:
 - (i) a preventive measure or treatment is available; and
 - (ii) there exists a reliable laboratory diagnostic test method;
 - (c)
 - (i) an infant born in a hospital with 100 or more live births annually, hearing loss; and
 - (ii) an infant born in a setting other than a hospital with 100 or more live births annually, hearing loss; and
 - (d) critical congenital heart defects using pulse oximetry.
- (2) In accordance with Section 26B-1-209, the department may charge fees for:
- (a) materials supplied by the department to conduct tests required under Subsection (1);
 - (b) tests required under Subsection (1) conducted by the department;
 - (c) laboratory analyses by the department of tests conducted under Subsection (1); and
 - (d) the administrative cost of follow-up contacts with the parents or guardians of tested infants.
- (3) Tests for hearing loss described in Subsection (1) shall be based on one or more methods approved by the Newborn Hearing Screening Committee created in Section 26B-1-432, including:
- (a) auditory brainstem response;
 - (b) automated auditory brainstem response; and
 - (c) evoked otoacoustic emissions.
- (4) Results of tests for hearing loss described in Subsection (1) shall be reported to:
- (a) the department; and
 - (b) when results of tests for hearing loss under Subsection (1) suggest that additional diagnostic procedures or medical interventions are necessary:
 - (i) a parent or guardian of the infant;
 - (ii) an early intervention program administered by the department in accordance with Part C of the Individuals with Disabilities Education Act, 20 U.S.C. Sec. 1431 et seq.; and
 - (iii) the Utah Schools for the Deaf and the Blind, created in Section 53E-8-201.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-320 Dental health programs -- Appointment of director.

The department shall establish and promote programs to protect and improve the dental health of the public. The executive director shall appoint a director of the dental health program who shall be a dentist licensed in the state with at least one year of training in an accredited school of public health or not less than two years of experience in public health dentistry.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-321 Immunizations -- Consent of minor to treatment.

- (1) This section:
- (a) is not intended to interfere with the integrity of the family or to minimize the rights of parents or children; and
 - (b) applies to a minor, who at the time care is sought is:
 - (i) married or has been married;
 - (ii) emancipated as provided for in Section 80-7-105;
 - (iii) a parent with custody of a minor child; or
 - (iv) pregnant.

- (2)
 - (a) A minor described in Subsections (1)(b)(i) and (ii) may consent to:
 - (i) vaccinations against epidemic infections and communicable diseases as defined in Section 26B-7-201; and
 - (ii) examinations and vaccinations required to attend school as provided in Title 53G, Public Education System -- Local Administration.
 - (b) A minor described in Subsections (1)(b)(iii) and (iv) may consent to the vaccinations described in Subsections (2)(a)(i) and (ii), and the vaccine for human papillomavirus only if:
 - (i) the minor represents to the health care provider that the minor is an abandoned minor as defined in Section 76-5-109.3; and
 - (ii) the health care provider makes a notation in the minor's chart that the minor represented to the health care provider that the minor is an abandoned minor under Section 76-5-109.3.
 - (c) Nothing in Subsection (2)(a) or (b) requires a health care provider to immunize a minor.
- (3) The consent of the minor pursuant to this section:
 - (a) is not subject to later disaffirmance because of the minority of the person receiving the medical services;
 - (b) is not voidable because of minority at the time the medical services were provided;
 - (c) has the same legal effect upon the minor and the same legal obligations with regard to the giving of consent as consent given by a person of full age and capacity; and
 - (d) does not require the consent of any other person or persons to authorize the medical services described in Subsections (2)(a) and (b).
- (4) A health care provider who provides medical services to a minor in accordance with the provisions of this section is not subject to civil or criminal liability for providing the services described in Subsections (2)(a) and (b) without obtaining the consent of another person prior to rendering the medical services.
- (5) This section does not remove the requirement for parental consent or notice when required by Section 76-7-304 or 76-7-304.5.
- (6) The parents, parent, or legal guardian of a minor who receives medical services pursuant to Subsections (2)(a) and (b) are not liable for the payment for those services unless the parents, parent, or legal guardian consented to the medical services.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-323 Reporting results of a test for hearing loss.

- (1) As used in this section, "health care provider" means the same as that term is defined in Section 78B-3-403.
- (2) Except as provided in Subsection (3), a health care provider shall report results of a test for hearing loss to the Utah Schools for the Deaf and the Blind if:
 - (a) the results suggest that additional diagnostic procedures or medical interventions are necessary; and
 - (b) the individual tested for hearing loss is under the age of 22.
- (3) A health care provider may not make the report of an individual's results described in Subsection (2) if the health care provider receives a request to not make the report from:
 - (a) the individual, if the individual is not a minor; or
 - (b) the individual's parent or guardian, if the individual is a minor.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-324 Department to award grants for assistance to persons with bleeding disorders.

- (1) As used in this section:
- (a) "Hemophilia services" means a program for medical care, including the costs of blood transfusions, and the use of blood derivatives and blood clotting factors.
 - (b) "Person with a bleeding disorder" means a person:
 - (i) who is medically diagnosed with hemophilia or a bleeding disorder;
 - (ii) who is not eligible for Medicaid or the Children's Health Insurance Program; and
 - (iii) who meets one or more of the following:
 - (A) the person's insurance coverage excludes coverage for hemophilia services;
 - (B) the person has exceeded the person's insurance plan's annual maximum benefits;
 - (C) the person has exceeded the person's annual or lifetime maximum benefits payable under private health insurance; or
 - (D) the premiums for the person's private insurance coverage, or cost sharing under private coverage, are greater than a percentage of the person's annual adjusted gross income as established by the department by administrative rule.
- (2)
- (a) Within appropriations specified by the Legislature for this purpose, the department shall make grants to public and nonprofit entities who assist persons with bleeding disorders with the cost of obtaining hemophilia services or the cost of insurance premiums for coverage of hemophilia services.
 - (b) Applicants for grants under this section:
 - (i) shall be submitted to the department in writing; and
 - (ii) shall comply with Subsection (3).
- (3) Applications for grants under this section shall include:
- (a) a statement of specific, measurable objectives, and the methods to be used to assess the achievement of those objectives;
 - (b) a description of the personnel responsible for carrying out the activities of the grant along with a statement justifying the use of any grant funds for the personnel;
 - (c) letters and other forms of evidence showing that efforts have been made to secure financial and professional assistance and support for the services to be provided under the grant;
 - (d) a list of services to be provided by the applicant;
 - (e) the schedule of fees to be charged by the applicant; and
 - (f) other provisions as determined by the department.
- (4) The department may accept grants, gifts, and donations of money or property for use by the grant program.
- (5) The department shall establish rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, governing the application form, process, and criteria it will use in awarding grants under this section.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-325 Medical care for inmates.

As used in this section:

- (1) "Correctional facility" means a facility operated to house inmates in a secure or nonsecure setting:
- (a) by the Department of Corrections; or
 - (b) under a contract with the Department of Corrections.
- (2) "Health care facility" means the same as that term is defined in Section 26B-2-201.

- (3) "Inmate" means an individual who is:
 - (a) committed to the custody of the Department of Corrections; and
 - (b) housed at a correctional facility or at a county jail at the request of the Department of Corrections.
- (4) "Medical monitoring technology" means a device, application, or other technology that can be used to improve health outcomes and the experience of care for patients, including evidence-based clinically evaluated software and devices that can be used to monitor and treat diseases and disorders.
- (5) "Terminally ill" means the same as that term is defined in Section 31A-36-102.
- (6) The department shall:
 - (a) for each health care facility owned or operated by the Department of Corrections, assist the Department of Corrections in complying with Section 64-13-39; and
 - (b) in coordination with the Department of Corrections, and as the Department of Correction's agent:
 - (i) create policies and procedures for providing comprehensive health care to inmates;
 - (ii) provide inmates with comprehensive health care; and
 - (iii) develop standard population indicators and performance measures relating to the health of inmates.
- (7) In providing the comprehensive health care described in Subsection (6)(b)(ii), the department may not, without entering into an agreement with the Department of Corrections, provide, operate, or manage any treatment plans for inmates that are:
 - (a) required to be provided, operated, or managed by the Department of Corrections in accordance with Section 64-13-6; and
 - (b) not related to the comprehensive health care provided by the department.
- (8) Beginning July 1, 2023, and ending June 30, 2024, the department shall:
 - (a) evaluate and study the use of medical monitoring technology and create a plan for a pilot program that identifies:
 - (i) the types of medical monitoring technology that will be used during the pilot program; and
 - (ii) eligibility for participation in the pilot program; and
 - (b) make the indicators and performance measures described in Subsection (6)(b)(iii) available to the public through the Department of Corrections and the department websites.
- (9) Beginning July 1, 2024, and ending June 30, 2029, the department shall implement the pilot program.
- (10) The department shall submit to the Health and Human Services Interim Committee and the Law Enforcement and Criminal Justice Interim Committee:
 - (a) a report on or before October 1 of each year regarding the costs and benefits of the pilot program;
 - (b) a report that summarizes the indicators and performance measures described in Subsection (6)(b)(iii) on or before October 1, 2024; and
 - (c) an updated report before October 1 of each year that compares the indicators and population measures of the most recent year to the initial report described in Subsection (10)(b).
- (11) An inmate receiving comprehensive health care from the department remains in the custody of the Department of Corrections.

26B-4-325 Medical care for inmates -- Reporting of statistics.

As used in this section:

- (1) "Correctional facility" means a facility operated to house inmates in a secure or nonsecure setting:
 - (a) by the Department of Corrections; or
 - (b) under a contract with the Department of Corrections.
- (2) "Health care facility" means the same as that term is defined in Section 26B-2-201.
- (3) "Inmate" means an individual who is:
 - (a) committed to the custody of the Department of Corrections; and
 - (b) housed at a correctional facility or at a county jail at the request of the Department of Corrections.
- (4) "Medical monitoring technology" means a device, application, or other technology that can be used to improve health outcomes and the experience of care for patients, including evidence-based clinically evaluated software and devices that can be used to monitor and treat diseases and disorders.
- (5) "Terminally ill" means the same as that term is defined in Section 31A-36-102.
- (6) The department shall:
 - (a) for each health care facility owned or operated by the Department of Corrections, assist the Department of Corrections in complying with Section 64-13-39;
 - (b) in coordination with the Department of Corrections, and as the Department of Correction's agent:
 - (i) create policies and procedures for providing comprehensive health care to inmates;
 - (ii) provide inmates with comprehensive health care; and
 - (iii) develop standard population indicators and performance measures relating to the health of inmates; and
 - (c) collaborate with the Department of Corrections to comply with Section 64-13-25.1.
- (7) In providing the comprehensive health care described in Subsection (6)(b)(ii), the department may not, without entering into an agreement with the Department of Corrections, provide, operate, or manage any treatment plans for inmates that are:
 - (a) required to be provided, operated, or managed by the Department of Corrections in accordance with Section 64-13-6; and
 - (b) not related to the comprehensive health care provided by the department.
- (8) Beginning July 1, 2023, and ending June 30, 2024, the department shall:
 - (a) evaluate and study the use of medical monitoring technology and create a plan for a pilot program that identifies:
 - (i) the types of medical monitoring technology that will be used during the pilot program; and
 - (ii) eligibility for participation in the pilot program; and
 - (b) make the indicators and performance measures described in Subsection (6)(b)(iii) available to the public through the Department of Corrections and the department websites.
- (9) Beginning July 1, 2024, and ending June 30, 2029, the department shall implement the pilot program.
- (10) The department shall submit to the Health and Human Services Interim Committee and the Law Enforcement and Criminal Justice Interim Committee:
 - (a) a report on or before October 1 of each year regarding the costs and benefits of the pilot program;
 - (b) a report that summarizes the indicators and performance measures described in Subsection (6)(b)(iii) on or before October 1, 2024; and
 - (c) an updated report before October 1 of each year that compares the indicators and population measures of the most recent year to the initial report described in Subsection (10)(b).

(11) An inmate receiving comprehensive health care from the department remains in the custody of the Department of Corrections.

Amended by Chapter 266, 2024 General Session

26B-4-326 Pregnancy support services.

The department shall, as funding permits and either directly or through one or more third parties, provide pregnancy support services, which may include:

- (1) medical care and information, including pregnancy tests, sexually transmitted infection tests, pregnancy-related health screenings, ultrasound services, prenatal care, or birth planning and classes;
- (2) nutritional services and education;
- (3) housing, education, and employment assistance during pregnancy and up to one year following a birth;
- (4) adoption education, planning, and services;
- (5) child care assistance, if necessary for the client to receive pregnancy support services;
- (6) parenting education and support services for up to one year following a birth;
- (7) material items that are supportive of pregnancy and childbirth, including cribs, car seats, clothing, formula, and other safety devices; or
- (8) information regarding health care benefits, including Medicaid coverage for the client for pregnancy care that provides health coverage for the client's child upon birth.

Enacted by Chapter 261, 2024 General Session