Representative Bradley G. Last proposes the following substitute bill:

L	CLEARANCE FOR DIRECT PATIENT ACCESS
2	2012 GENERAL SESSION
3	STATE OF UTAH
4	Chief Sponsor: Bradley G. Last
5	Senate Sponsor:
6 7	LONG TITLE
8	General Description:
9	This bill amends the Health Care Facility Licensing and Inspection Act within the Utah
0	Health Code, the Utah Human Services Code, and the Juvenile Court Act of 1996.
1	Highlighted Provisions:
2	This bill:
3	 amends Department of Health duties;
4	 repeals provisions requiring a background check of:
5	• certain individuals who provide direct patient care in certain health care
6	facilities and other settings; and
7	• certain other individuals residing in a residential setting where care is provided;
8	 creates a new part, "Clearance for Direct Patient Access," in the Health Care Facility
9	Licensing and Inspection Act;
0	 provides definitions;
1	 requires the department to grant, deny, or revoke clearance for an individual to have
2	direct patient access;
3	 authorizes the department to limit the circumstances under which a covered
4	individual granted clearance may have direct patient access;
5	 requires the department to adopt rules:

26	• specifying the information sources the department reviews to determine whether
27	an individual should be granted or retain clearance;
28	• specifying criteria to evaluate the information it reviews initially and on an
29	ongoing basis; and
30	• specifying the personal identification information that must be submitted to the
31	department;
32	 requires the Department of Public Safety, the Administrative Office of the Courts,
33	the Department of Human Services, and the Division of Occupational and
34	Professional Licensing to allow the Department of Health to review information it is
35	required to review to grant, deny, or revoke clearance;
36	 authorizes the Department of Health to establish fees;
37	 requires the Department of Public Safety to notify the Department of Health of
38	information that becomes available about any individual who has applied for
39	clearance;
40	 requires certain providers and contractors to apply for clearance of individuals they
41	engage who may have direct patient access;
42	 requires a residential setting provider to apply for clearance for certain individuals,
43	other than residents, residing in the residential setting;
44	 prohibits a residential setting provider from allowing certain individuals without
45	clearance, other than residents, to reside in the residential setting;
46	 allows individuals to apply for clearance to have direct patient access;
47	 requires the Department of Health to create a database that allows certain providers
48	and contractors to determine whether an individual has clearance to have direct
49	patient access;
50	 authorizes the department to establish fees for use of the database by certain
51	contractors;
52	 provides an exemption from civil liability;
53	 makes conforming changes;
54	 provides a period of transition for the clearance requirements;
55	 makes technical corrections; and
56	 repeals the transition language on July 1, 2013.

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7	Money Appropriated in this Bill:
3	None
)	Other Special Clauses:
)	None
l	Utah Code Sections Affected:
2	AMENDS:
3	26-21-6, as last amended by Laws of Utah 1998, Chapter 169
ł	62A-3-305, as last amended by Laws of Utah 2009, Chapter 267
5	63I-1-226, as last amended by Laws of Utah 2011, Chapter 199
5	78A-6-209, as last amended by Laws of Utah 2008, Chapter 111 and renumbered and
7	amended by Laws of Utah 2008, Chapter 3
3	78A-6-323, as last amended by Laws of Utah 2008, Chapter 111 and renumbered and
)	amended by Laws of Utah 2008, Chapter 3
)	ENACTS:
l	26-21-100 , Utah Code Annotated 1953
2	26-21-201 , Utah Code Annotated 1953
3	26-21-202 , Utah Code Annotated 1953
1	26-21-203 , Utah Code Annotated 1953
5	26-21-204 , Utah Code Annotated 1953
5	26-21-205 , Utah Code Annotated 1953
7	26-21-206, Utah Code Annotated 1953
3	26-21-207 , Utah Code Annotated 1953
)	26-21-208 , Utah Code Annotated 1953
)	26-21-209 , Utah Code Annotated 1953
l	26-21-210 , Utah Code Annotated 1953
2	26-21-211 , Utah Code Annotated 1953
	REPEALS:
Ļ	26-21-9.5, as last amended by Laws of Utah 2011, Chapters 297 and 366

87 Section 1. Section **26-21-6** is amended to read:

88	26-21-6. Duties of department.
89	(1) The department shall:
90	(a) enforce rules established pursuant to this chapter;
91	(b) authorize an agent of the department to conduct inspections of health care facilities
92	pursuant to this chapter;
93	(c) collect information authorized by the committee that may be necessary to ensure
94	that adequate health care facilities are available to the public;
95	(d) collect and credit fees for licenses as free revenue as dedicated credits;
96	(e) (i) collect and credit fees for conducting plan reviews; and
97	(ii) beginning July 1, 2013, fees established under Chapter 21, Part 2, Clearance for
98	Direct Patient Access, as dedicated credits;
99	(f) designate an executive secretary from within the department to assist the committee
100	in carrying out its powers and responsibilities;
101	(g) establish reasonable standards for criminal background checks by public and
102	private entities;
103	(h) recognize those public and private entities [which] that meet the standards
104	established [in] pursuant to Subsection (1)(g); and
105	(i) provide necessary administrative and staff support to the committee.
106	(2) The department may:
107	(a) exercise all incidental powers necessary to carry out the purposes of this chapter;
108	(b) review architectural plans and specifications of proposed health care facilities or
109	renovations of health care facilities to ensure that the plans and specifications conform to rules
110	established by the committee; and
111	(c) make rules as necessary to implement the provisions of this chapter, except as
112	authority is specifically delegated to the committee.
113	Section 2. Section 26-21-100 is enacted to read:
114	<u>26-21-100.</u> Reserved.
115	Reserved
116	Section 3. Section 26-21-201 is enacted to read:
117	Part 2. Clearance for Direct Patient Access
118	<u>26-21-201.</u> Definitions.

119	As used in this part:
120	(1) "Clearance" means approval by the department under Section 26-21-203 for an
121	individual to have direct patient access.
122	(2) "Covered body" means a covered provider, covered contractor, or covered
123	employer.
124	(3) "Covered contractor" means a person that supplies covered individuals, by contract,
125	to a covered employer or covered provider.
126	(4) "Covered employer" means an individual who:
127	(a) engages a covered individual to provide services in a private residence to:
128	(i) an aged individual, as defined by department rule; or
129	(ii) a disabled individual, as defined by department rule;
130	(b) is not a covered provider; and
131	(c) is not a licensed health care facility within the state.
132	(5) "Covered individual":
133	(a) means an individual:
134	(i) whom a covered body engages; and
135	(ii) who may have direct patient access;
136	(b) includes:
137	(i) a nursing assistant, as defined by department rule;
138	(ii) a personal care aide, as defined by department rule;
139	(iii) an individual licensed to engage in the practice of nursing under Title 58, Chapter
140	31b, Nurse Practice Act;
141	(iv) a provider of medical, therapeutic, or social services, including a provider of
142	laboratory and radiology services;
143	(v) an executive;
144	(vi) administrative staff, including a manager or other administrator;
145	(vii) dietary and food service staff;
146	(viii) housekeeping and maintenance staff; and
147	(ix) any other individual, as defined by department rule, who has direct patient access;
148	and
149	(c) does not include a student, as defined by department rule, directly supervised by a

150	member of the staff of the covered body or the student's instructor.
151	(6) "Covered provider" means:
152	(a) an end stage renal disease facility;
153	(b) a long-term care hospital;
154	(c) a nursing care facility;
155	(d) a small health care facility;
156	(e) an assisted living facility;
157	(f) a hospice;
158	(g) a home health agency; or
159	(h) a personal care agency.
160	(7) "Direct patient access" means for an individual to be in a position where the
161	individual could, in relation to a patient or resident of the covered body who engages the
162	individual:
163	(a) cause physical or mental harm;
164	(b) commit theft; or
165	(c) view medical or financial records.
166	(8) "Engage" means to obtain one's services:
167	(a) by employment;
168	(b) by contract;
169	(c) as a volunteer; or
170	(d) by other arrangement.
171	(9) "Long-term care hospital":
172	(a) means a hospital that is certified to provide long-term care services under the
173	provisions of 42 U.S.C. Sec. 1395tt; and
174	(b) does not include a critical access hospital, designated under 42 U.S.C. Sec.
175	<u>1395i-4(c)(2).</u>
176	(10) "Patient" means an individual who receives health care services from one of the
177	following covered providers:
178	(a) an end stage renal disease facility:
179	(b) a long-term care hospital;
180	(c) a hospice;

181	(d) a home health agency; or
182	(e) a personal care agency.
183	(11) "Personal care agency" means a health care facility defined by department rule.
184	(12) "Resident" means an individual who receives health care services from one of the
185	following covered providers:
186	(a) a nursing care facility;
187	(b) a small health care facility;
188	(c) an assisted living facility; or
189	(d) a hospice that provides living quarters as part of its services.
190	(13) "Residential setting" means a place provided by a covered provider:
191	(a) for residents to live as part of the services provided by the covered provider; and
192	(b) where an individual who is not a resident also lives.
193	(14) "Volunteer" means an individual, as defined by department rule, who provides
194	services without pay or other compensation.
195	Section 4. Section 26-21-202 is enacted to read:
196	<u>26-21-202.</u> Clearance required.
197	(1) A covered provider may engage a covered individual only if the individual has
198	<u>clearance.</u>
199	(2) A covered contractor may supply a covered individual to a covered employer or
200	covered provider only if the individual has clearance.
201	(3) A covered employer may engage a covered individual who does not have clearance.
202	(4) (a) Notwithstanding Subsections (1) and (2), if a covered individual does not have
203	clearance, a covered provider may engage the individual or a covered contractor may supply
204	the individual to a covered provider or covered employer:
205	(i) under circumstances specified by department rule; and
206	(ii) only while an application for clearance for the individual is pending.
207	(b) For purposes of Subsection (4)(a), an application is pending if the following have
208	been submitted to the department for the individual:
209	(i) an application for clearance;
210	(ii) the personal identification information specified by the department under
211	Subsection 26-21-204(4)(b); and

212	(iii) any fees established by the department under Subsection 26-21-204(9).
213	Section 5. Section 26-21-203 is enacted to read:
214	26-21-203. Department authorized to grant, deny, or revoke clearance
215	Department may limit direct patient access.
216	(1) As provided in Section 26-21-204, the department may grant, deny, or revoke
217	clearance for an individual, including a covered individual.
218	(2) The department may limit the circumstances under which a covered individual
219	granted clearance may have direct patient access, based on the relationship the factors under
220	Subsection 26-21-204(4)(a) and other mitigating factors may have to patient and resident
221	protection.
222	Section 6. Section 26-21-204 is enacted to read:
223	<u>26-21-204.</u> Clearance.
224	(1) The department shall determine whether to grant clearance for each applicant for
225	whom it receives:
226	(a) the personal identification information specified by the department under
227	Subsection 26-21-204(4)(b); and
228	(b) any fees established by the department under Subsection 26-21-204(9).
229	(2) The department shall establish a procedure for obtaining and evaluating relevant
230	information concerning covered individuals, including fingerprinting the applicant and
231	submitting the prints to the Criminal Investigations and Technical Services Division of the
232	Department of Public Safety for checking against applicable state, regional, and national
233	criminal records files.
234	(3) The department may review the following sources to determine whether an
235	individual should be granted or retain clearance, which may include:
236	(a) Department of Public Safety arrest, conviction, and disposition records described in
237	Title 53, Chapter 10, Criminal Investigations and Technical Services Act, including
238	information in state, regional, and national records files;
239	(b) juvenile court arrest, adjudication, and disposition records, as allowed under
240	Section 78A-6-209;
241	(c) federal criminal background databases available to the state;
242	(d) the Department of Human Services' Division of Child and Family Services

243	Licensing Information System described in Section 62A-4a-1006;
244	(e) child abuse or neglect findings described in Section 78A-6-323;
245	(f) the Department of Human Services' Division of Aging and Adult Services
246	vulnerable adult abuse, neglect, or exploitation database described in Section 62A-3-311.1;
247	(g) registries of nurse aids described in 42 C.F.R. Sec. 483.156;
248	(h) licensing and certification records of individuals licensed or certified by the
249	Division of Occupational and Professional Licensing under Title 58, Occupations and
250	Professions; and
251	(i) the List of Excluded Individuals and Entities database maintained by the United
252	States Department of Health and Human Services' Office of Inspector General.
253	(4) The department shall adopt rules that:
254	(a) specify the criteria the department will use to determine whether an individual is
255	granted or retains clearance:
256	(i) based on an initial evaluation and ongoing review of information under Subsection
257	<u>(3); and</u>
258	(ii) including consideration of the relationship the following may have to patient and
259	resident protection:
260	(A) warrants for arrest;
261	(B) arrests;
262	(C) convictions, including pleas in abeyance;
263	(D) pending diversion agreements;
264	(E) adjudications by a juvenile court of committing an act that if committed by an adult
265	would be a felony or misdemeanor, if the individual is over 28 years of age and has been
266	convicted, has pleaded no contest, or is subject to a plea in abeyance or diversion agreement for
267	a felony or misdemeanor, or the individual is under 28 years of age; and
268	(F) any other findings under Subsection (3); and
269	(b) specify the personal identification information that must be submitted by an
270	individual or covered body with an application for clearance, including:
271	(i) the applicant's Social Security number; and
272	(ii) except for applicants under 18 years of age, fingerprints.
273	(5) For purposes of Subsection (4)(a), the department shall classify a crime committed

274	in another state according to the closest matching crime under Utah law, regardless of how the
275	crime is classified in the state where the crime was committed.
276	(6) The Department of Public Safety, the Administrative Office of the Courts, the
277	Department of Human Services, the Division of Occupational and Professional Licensing, and
278	any other state agency or political subdivision of the state:
279	(a) shall allow the department to review the information the department may review
280	under Subsection (3); and
281	(b) except for the Department of Public Safety, may not charge the department for
282	access to the information.
283	(7) The department shall adopt measures to protect the security of the information it
284	reviews under Subsection (3) and strictly limit access to the information to department
285	employees responsible for processing an application for clearance.
286	(8) The department may disclose personal identification information specified under
287	Subsection (4)(b) to the Department of Human Services to verify that the subject of the
288	information is not identified as a perpetrator or offender in the information sources described in
289	Subsections (3)(d) through (f).
290	(9) The department may establish fees, in accordance with Section 63J-1-504, for an
291	application for clearance, which may include:
292	(a) the cost of obtaining and reviewing information under Subsection (3):
293	(b) a portion of the cost of creating and maintaining the Direct Access Clearance
294	System database under Section 26-21-209; and
295	(c) other department costs related to the processing of the application and the ongoing
296	review of information pursuant to Subsection (4)(a) to determine whether clearance should be
297	retained.
298	Section 7. Section 26-21-205 is enacted to read:
299	26-21-205. Department of Public Safety Retention of information Notification
300	of Department of Health.
301	The Criminal Investigations and Technical Services Division within the Department of
302	Public Safety shall:
303	(1) retain, separate from other division records, personal information, including any
304	fingerprints, sent to it by the Department of Health pursuant to Subsection 26-21-204(3)(a);

305	and
306	(2) notify the Department of Health upon receiving notice that an individual for whom
307	personal information has been retained is the subject of:
308	(a) a warrant for arrest:
309	(b) an arrest;
310	(c) a conviction, including a plea in abeyance; or
311	(d) a pending diversion agreement.
312	Section 8. Section 26-21-206 is enacted to read:
313	<u>26-21-206.</u> Covered providers and covered contractors required to apply for
314	clearance of certain individuals.
315	(1) As provided in Subsection (2), each covered provider and covered contractor
316	operating in this state shall:
317	(a) collect from each covered individual it engages, and each individual it intends to
318	engage as a covered individual, the personal identification information specified by the
319	department under Subsection 26-21-204(4)(b); and
320	(b) submit to the department an application for clearance for the individual, including:
321	(i) the personal identification information; and
322	(ii) any fees established by the department under Subsection 26-21-204(9).
323	(2) Clearance granted for an individual pursuant to an application submitted by a
324	covered provider or a covered contractor is valid until the later of:
325	(a) two years after the individual is no longer engaged as a covered individual; or
326	(b) the covered provider's or covered contractor's next license renewal date.
327	Section 9. Section 26-21-207 is enacted to read:
328	<u>26-21-207.</u> Covered providers required to apply for clearance for certain
329	individuals other than residents residing in residential settings Certain individuals
330	other than residents prohibited from residing in residential settings without clearance.
331	(1) A covered provider that provides services in a residential setting shall:
332	(a) collect the personal identification information specified by the department under
333	Subsection 26-21-204(4)(b) for each individual 12 years of age or older, other than a resident,
334	who resides in the residential setting; and
335	(b) submit to the department an application for clearance for the individual, including:

336	(i) the personal identification information; and
337	(ii) any fees established by the department under Subsection 26-21-204(9).
338	(2) A covered provider that provides services in a residential setting may allow an
339	individual 12 years of age or older, other than a resident, to reside in the residential setting only
340	if the individual has clearance.
341	Section 10. Section 26-21-208 is enacted to read:
342	<u>26-21-208.</u> Application for clearance by individuals.
343	(1) An individual may apply for clearance by submitting to the department an
344	application, including:
345	(a) the personal identification information specified by the department under
346	Subsection 26-21-204(4)(b); and
347	(b) any fees established by the department under Subsection 26-21-204(9).
348	(2) Clearance granted to an individual who makes application under Subsection (1) is
349	valid for two years unless the department determines otherwise based on its ongoing review
350	under Subsection 26-21-204(4)(a).
351	Section 11. Section 26-21-209 is enacted to read:
352	<u>26-21-209.</u> Direct Access database Contents Use.
353	(1) The department shall create and maintain a Direct Access Clearance System
354	database, which:
355	(a) includes the names of individuals for whom the department has received an
356	application for clearance; and
357	(b) indicates for each applicant whether an application is pending and whether
358	clearance has been granted and retained.
359	(2) (a) The department shall allow covered providers and covered contractors to access
360	the database electronically.
361	(b) Data accessible to a covered provider or covered contractor is limited to the
362	information under Subsection (1) for:
363	(i) covered individuals engaged by the covered provider or covered contractor; and
364	(ii) individuals:
365	(A) who the covered provider or covered contractor could engage as covered
366	individuals; and

(B) who have provided the covered provider or covered contractor with sufficient
personal identification information to uniquely identify the individual in the database.
(c) (i) The department may establish fees, in accordance with Section 63J-1-504, for
use of the database by a covered contractor.
(ii) The fees may include, in addition to any fees established by the department under
Subsection 26-21-204(9), an initial set-up fee, an ongoing access fee, and a per-use fee.
Section 12. Section 26-21-210 is enacted to read:
<u>26-21-210.</u> No civil liability.
A covered body is not civilly liable for submitting to the department information
required under this part or refusing to employ an individual who does not have clearance to
have direct patient access under Section 26-21-203.
Section 13. Section 26-21-211 is enacted to read:
<u>26-21-211.</u> Transition of clearance for direct access to patients.
(1) A covered provider or covered contractor who engages a covered individual
beginning on or after May 8, 2012 must obtain clearance for the covered individual under this
part.
(2) For a covered individual engaged to perform services prior to May 8, 2012, the
covered provider or covered contractor does not have to obtain clearance for the covered
individual under this part:
(a) until the date the covered contractor or covered provider renews its license under
this chapter; or
(b) if the license renewal under Subsection (2)(a) is prior to January 1, 2013, within six
months after the date of the license renewal.
Section 14. Section 62A-3-305 is amended to read:
62A-3-305. Reporting requirements Investigation Immunity Violation
Penalty Nonmedical healing.
(1) [Any] A person who has reason to believe that [any] a vulnerable adult has been the
subject of abuse, neglect, or exploitation shall immediately notify Adult Protective Services
intake or the nearest law enforcement agency. When the initial report is made to law
enforcement, law enforcement shall immediately notify Adult Protective Services intake. Adult
Protective Services and law enforcement shall coordinate, as appropriate, their efforts to

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398 provide protection to the vulnerable adult. 399 (2) When the initial report or subsequent investigation by Adult Protective Services 400 indicates that a criminal offense may have occurred against a vulnerable adult: 401 (a) Adult Protective Services shall notify the nearest local law enforcement agency 402 regarding the potential offense; and 403 (b) the law enforcement agency may initiate an investigation in cooperation with Adult 404 Protective Services. 405 (3) [Anyone] A person who in good faith makes a report or otherwise notifies a law 406 enforcement agency or Adult Protective Services of suspected abuse, neglect, or exploitation is 407 immune from civil and criminal liability in connection with the report or other notification. 408 (4) (a) [Any] A person who willfully fails to report suspected abuse, neglect, or 409 exploitation of a vulnerable adult is guilty of a class B misdemeanor. 410 (b) A covered [health care facility] provider or covered contractor, as defined in 411 Section [26-21-9.5] 26-21-201, that knowingly fails to report suspected abuse or neglect, as 412 required by this section, is subject to a private right of action and liability for the abuse or 413 neglect of another person that is committed by the individual who was not reported to Adult 414 Protective Services in accordance with this section. 415 (5) Under circumstances not amounting to a violation of Section 76-8-508, a person 416 who threatens, intimidates, or attempts to intimidate a vulnerable adult who is the subject of a 417 report, a witness, the person who made the report, or any other person cooperating with an 418 investigation conducted pursuant to this chapter is guilty of a class B misdemeanor. 419 (6) An adult is not considered abused, neglected, or a vulnerable adult for the reason 420 that the adult has chosen to rely solely upon religious, nonmedical forms of healing in lieu of 421 medical care. 422 Section 15. Section 63I-1-226 is amended to read: 423 63I-1-226. Repeal dates, Title 26. 424 (1) Title 26, Chapter 9f, Utah Digital Health Service Commission Act, is repealed July 425 1, 2015. 426 (2) Section 26-18-12, Expansion of 340B drug pricing programs, is repealed July 1, 427 2013. 428 (3) Section 26-21-23, Licensing of non-Medicaid nursing care facility beds, is repealed

429	July 1, 2016.
430	(4) Section 26-21-211 is repealed July 1, 2013.
431	[(4)] (5) Title 26, Chapter 33a, Utah Health Data Authority Act, is repealed July 1,
432	2014.
433	[(5)] (6) Title 26, Chapter 36a, Hospital Provider Assessment Act, is repealed July 1,
434	2013.
435	Section 16. Section 78A-6-209 is amended to read:
436	78A-6-209. Court records Inspection.
437	(1) The court and the probation department shall keep records as required by the board
438	and the presiding judge.
439	(2) Court records shall be open to inspection by:
440	(a) the parents or guardian of a child, a minor who is at least 18 years of age, other
441	parties in the case, the attorneys, and agencies to which custody of a minor has been
442	transferred;
443	(b) for information relating to adult offenders alleged to have committed a sexual
444	offense, a felony or class A misdemeanor drug offense, or an offense against the person under
445	Title 76, Chapter 5, Offenses Against the Person, the State Office of Education for the purpose
446	of evaluating whether an individual should be permitted to obtain or retain a license as an
447	educator or serve as an employee or volunteer in a school, with the understanding that the
448	office must provide the individual with an opportunity to respond to any information gathered
449	from its inspection of the records before it makes a decision concerning licensure or
450	employment;
451	(c) the Criminal Investigations and Technical Services Division, established in Section
452	53-10-103, for the purpose of a criminal history background check for the purchase of a firearm
453	and establishing good character for issuance of a concealed firearm permit as provided in
454	Section 53-5-704;
455	(d) the Division of Child and Family Services for the purpose of Child Protective
456	Services Investigations in accordance with Sections 62A-4a-403 and 62A-4a-409 and
457	administrative hearings in accordance with Section 62A-4a-1009; [and]
458	(e) for information related to a juvenile offender who has committed a sexual offense, a
459	felony, or an offense [which] that if committed by an adult would be a misdemeanor, the

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460 Department of Health[,] for the purpose of evaluating under the provisions of Subsection

461 26-39-404(3) whether a licensee should be permitted to obtain or retain a license to provide

462 child care, with the understanding that the department must provide the individual who

463 committed the offense with an opportunity to respond to any information gathered from its

464 inspection of records before it makes a decision concerning licensure[;]; and

465 (f) for information related to a juvenile offender who has committed a sexual offense, a

466 <u>felony</u>, or an offense that if committed by an adult would be a misdemeanor, the Department of

467 <u>Health to determine whether an individual meets the background screening requirements of</u>

468 <u>Title 26, Chapter 21, Part 2, Clearance for Direct Patient Access, with the understanding that</u>

469 the department must provide the individual who committed the offense an opportunity to

470 respond to any information gathered from its inspection of records before it makes a decision

471 <u>under that part.</u>

472 (3) With the consent of the judge, court records may be inspected by the child, by
473 persons having a legitimate interest in the proceedings, and by persons conducting pertinent
474 research studies.

(4) If a petition is filed charging a minor 14 years of age or older with an offense that
would be a felony if committed by an adult, the court shall make available to any person upon
request the petition, any adjudication or disposition orders, and the delinquency history
summary of the minor charged unless the records are closed by the court upon findings on the
record for good cause.

480 (5) Probation officers' records and reports of social and clinical studies are not open to481 inspection, except by consent of the court, given under rules adopted by the board.

482 (6) (a) Any juvenile delinquency adjudication or disposition orders and the delinquency
483 history summary of any person charged as an adult with a felony offense shall be made
484 available to any person upon request.

485 (b) This provision does not apply to records that have been destroyed or expunged in486 accordance with court rules.

487 (c) The court may charge a reasonable fee to cover the costs associated with retrieving488 a requested record that has been archived.

489 Section 17. Section **78A-6-323** is amended to read:

490 **78A-6-323.** Additional finding at adjudication hearing -- Petition -- Court

491	records.
492	(1) Upon the filing with the court of a petition under Section 78A-6-304 by the
493	Division of Child and Family Services or any interested person informing the court, among
494	other things, that the division has made a supported finding that a person committed a severe
495	type of child abuse or neglect as defined in Section 62A-4a-1002, the court shall:
496	(a) make a finding of substantiated, unsubstantiated, or without merit;
497	(b) include the finding described in Subsection (1)(a) in a written order; and
498	(c) deliver a certified copy of the order described in Subsection (1)(b) to the division.
499	(2) The judicial finding under Subsection (1) shall be made:
500	(a) as part of the adjudication hearing;
501	(b) at the conclusion of the adjudication hearing; or
502	(c) as part of a court order entered pursuant to a written stipulation of the parties.
503	(3) (a) Any person described in Subsection 62A-4a-1010(1) may at any time file with
504	the court a petition for removal of the person's name from the Licensing Information System.
505	(b) At the conclusion of the hearing on the petition, the court shall:
506	(i) make a finding of substantiated, unsubstantiated, or without merit;
507	(ii) include the finding described in Subsection (1)(a) in a written order; and
508	(iii) deliver a certified copy of the order described in Subsection (1)(b) to the division.
509	(4) A proceeding for adjudication of a supported finding under this section of a type of
510	abuse or neglect that does not constitute a severe type of child abuse or neglect may be joined
511	in the juvenile court with an adjudication of a severe type of child abuse or neglect.
512	(5) If a person whose name appears on the Licensing Information system prior to May
513	6, 2002 files a petition during the time that an alleged perpetrator's application for clearance to
514	work with children or vulnerable adults is pending, the court shall hear the matter and enter a
515	final decision no later than 60 days after the filing of the petition.
516	(6) For the purposes of licensing under Sections [26-21-9.5,] 26-39-402[,] <u>and</u>
517	62A-1-118, and for the purposes described in Section 62A-2-121 and Title 26, Chapter 21, Part
518	2, Clearance for Direct Patient Access:
519	(a) the court shall make available records of its findings under Subsections (1) and (2):
520	(i) for [licensing] <u>those</u> purposes[,]; and
521	(ii) only to those with statutory authority to access also the Licensing Information

522	System created under Section 62A-4a-1006; and
523	(b) any appellate court shall make available court records of appeals from juvenile
524	court decisions under Subsections (1), (2), (3), and (4):
525	(i) for [licensing] those purposes[;]; and
526	(ii) only to those with statutory authority to access also the Licensing Information
527	System.
528	Section 18. Repealer.
529	This bill repeals:
530	Section 26-21-9.5, Criminal background check and Licensing Information System
531	check.