

1                   **REPEAL OF HEALTH AND HUMAN SERVICES REPORTS**  
2                   **AND EXPIRED OR DISCONTINUED PROGRAMS**

3                                   2013 GENERAL SESSION

4                                   STATE OF UTAH

5                                   **Chief Sponsor: Allen M. Christensen**

6                                   House Sponsor: Paul Ray

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7  
8 **LONG TITLE**

9 **General Description:**

10                   This bill repeals Utah Code provisions requiring reports, primarily to various entities of  
11 the Utah Legislature, on health and human services issues, and repeals expired or  
12 discontinued programs.

13 **Highlighted Provisions:**

14                   This bill:

- 15                   ▶ repeals and amends provisions requiring reports, primarily to various entities of the  
16 Utah Legislature, on health and human services issues, including expired reporting  
17 provisions;
- 18                   ▶ repeals the Utah Comprehensive Health Insurance Pool's expired pilot program for  
19 hemophilia and bleeding disorders;
- 20                   ▶ repeals the Families, Agencies, and Communities Together for Children and Youth  
21 At Risk Act (FACT); and
- 22                   ▶ makes conforming amendments.

23 **Money Appropriated in this Bill:**

24                   None

25 **Other Special Clauses:**

26                   None

27 **Utah Code Sections Affected:**



28 AMENDS:

29 4-3-14, as last amended by Laws of Utah 2009, Chapter 183

30 26-1-4, as last amended by Laws of Utah 2012, Chapter 242

31 26-1-36, as last amended by Laws of Utah 2010, Chapter 287

32 26-1-37, as last amended by Laws of Utah 2010, Chapter 68

33 26-1-38, as last amended by Laws of Utah 2012, Chapter 242

34 26-4-28, as enacted by Laws of Utah 2007, Chapter 205

35 ~~§→ [26-7-2, as last amended by Laws of Utah 2011, Chapter 192] ←§~~

36 26-18-3, as last amended by Laws of Utah 2012, Chapters 28 and 242

37 26-18-4, as last amended by Laws of Utah 2012, Chapter 369

38 26-18-10, as last amended by Laws of Utah 2012, Chapter 369

39 26-18-103, as last amended by Laws of Utah 2008, Chapter 382

40 26-18-406, as enacted by Laws of Utah 2011, Chapter 166

41 26-18-604, as enacted by Laws of Utah 2011, Chapter 362

42 26-18a-3, as last amended by Laws of Utah 2012, Chapter 242

43 26-18b-101, as last amended by Laws of Utah 2012, Chapter 242

44 26-33a-104, as last amended by Laws of Utah 2011, Chapter 297

45 26-40-103, as last amended by Laws of Utah 2012, Chapters 28 and 369

46 26-40-109, as last amended by Laws of Utah 2001, Chapter 53

47 26-47-102, as last amended by Laws of Utah 2012, Chapter 242

48 26-47-103, as last amended by Laws of Utah 2012, Chapter 242

49 ~~§→ [26-52-202, as last amended by Laws of Utah 2012, Chapters 242 and 402] ←§~~

50 31A-22-626, as last amended by Laws of Utah 2001, Chapter 116

51 31A-22-633, as last amended by Laws of Utah 2005, Chapter 123

52 35A-3-207, as last amended by Laws of Utah 2008, Chapter 382

53 51-9-201, as last amended by Laws of Utah 2012, Chapters 90 and 242

54 53A-15-205, as last amended by Laws of Utah 2011, Chapter 366

55 58-37f-801, as renumbered and amended by Laws of Utah 2010, Chapter 287

56 58-77-201, as last amended by Laws of Utah 2008, Chapter 365

57 ~~§→ [59-14-204, as last amended by Laws of Utah 2012, Chapter 341] ←§~~

58 62A-3-110, as last amended by Laws of Utah 2012, Chapter 242

- 59           **62A-5-105**, as last amended by Laws of Utah 2009, Chapter 75
- 60           **62A-5a-104**, as last amended by Laws of Utah 2008, Chapter 382
- 61           **62A-15-103**, as last amended by Laws of Utah 2012, Chapter 242
- 62           **62A-15-712**, as last amended by Laws of Utah 2003, Chapter 78
- 63           **63C-8-106**, as last amended by Laws of Utah 2008, Chapter 382
- 64           **63I-1-263 (Effective 05/01/13)**, as last amended by Laws of Utah 2012, Chapters 126,
- 65 206, 347, 369, and 395
- 66           **63J-1-201**, as last amended by Laws of Utah 2012, Chapters 242 and 341

67 REPEALS:

- 68           **26-10b-105**, as renumbered and amended by Laws of Utah 2010, Chapter 340
- 69           **26-18-3.3**, as enacted by Laws of Utah 2011, Chapter 162
- 70           **31A-29-113.5**, as last amended by Laws of Utah 2012, Chapter 242
- 71           **63M-9-101**, as renumbered and amended by Laws of Utah 2008, Chapter 382
- 72           **63M-9-102**, as renumbered and amended by Laws of Utah 2008, Chapter 382
- 73           **63M-9-103**, as last amended by Laws of Utah 2011, Chapter 366
- 74           **63M-9-104**, as renumbered and amended by Laws of Utah 2008, Chapter 382
- 75           **63M-9-201**, as last amended by Laws of Utah 2010, Chapter 286
- 76           **63M-9-202**, as last amended by Laws of Utah 2010, Chapter 286
- 77           **63M-9-203**, as renumbered and amended by Laws of Utah 2008, Chapter 382
- 78           **63M-9-301**, as last amended by Laws of Utah 2010, Chapter 324
- 79           **63M-9-401**, as last amended by Laws of Utah 2008, Chapter 3 and renumbered and
- 80 amended by Laws of Utah 2008, Chapter 382
- 81           **63M-9-402**, as renumbered and amended by Laws of Utah 2008, Chapter 382
- 82           **63M-9-501**, as renumbered and amended by Laws of Utah 2008, Chapter 382



84 *Be it enacted by the Legislature of the state of Utah:*

85           Section 1. Section **4-3-14** is amended to read:

86           **4-3-14. Sale of raw milk -- Suspension of producer's permit -- Severability not**  
87 **permitted.**

88           (1) As used in this section:

89           (a) "Batch" means all the milk emptied from one bulk tank and bottled in a single day.

- 90 (b) "Self-owned retail store" means a retail store:
- 91 (i) of which the producer owns at least 51% of the value of the real property and
- 92 tangible personal property used in the operations of the retail store; or
- 93 (ii) for which the producer has the power to vote at least 51% of any class of voting
- 94 shares or ownership interest in the business entity that operates the retail store.
- 95 (2) Raw milk may be sold if:
- 96 (a) the producer obtains a permit from the department to produce milk under
- 97 Subsection 4-3-8(5);
- 98 (b) the sale and delivery of the milk is made upon the premises where the milk is
- 99 produced, except as provided by Subsection (3);
- 100 (c) it is sold to consumers for household use and not for resale;
- 101 (d) it is bottled or packaged under sanitary conditions and in sanitary containers on the
- 102 premises where the milk is produced;
- 103 (e) it is labeled "raw milk" and meets the labeling requirements under 21 C.F.R. Parts
- 104 101 and 131 and rules established by the department;
- 105 (f) it is:
- 106 (i) cooled to 50 degrees Fahrenheit or a lower temperature within one hour after being
- 107 drawn from the animal;
- 108 (ii) further cooled to 41 degrees Fahrenheit within two hours of being drawn from the
- 109 animal; and
- 110 (iii) maintained at 41 degrees Fahrenheit or a lower temperature until it is delivered to
- 111 the consumer;
- 112 (g) the bacterial count of the milk does not exceed 20,000 colony forming units per
- 113 milliliter;
- 114 (h) the bacterial plate count and the coliform count of the milk meet the bacterial and
- 115 coliform enforcement standards for grade A pasteurized milk;
- 116 (i) the production of the milk conforms to departmental rules for the production of
- 117 grade A milk;
- 118 (j) all dairy animals on the premises are:
- 119 (i) permanently and individually identifiable; and
- 120 (ii) free of tuberculosis, brucellosis, and other diseases carried through milk; and

121 (k) any person on the premises performing any work in connection with the production,  
122 bottling, handling, or sale of the milk is free from communicable disease.

123 (3) A producer may sell raw whole milk at a self-owned retail store, which is properly  
124 staffed, if, in addition to the requirements of Subsection (2), the producer:

125 (a) transports the milk from the premises where the milk is produced to the self-owned  
126 retail store in a refrigerated truck where the milk is maintained at 41 degrees Fahrenheit or a  
127 lower temperature;

128 (b) retains ownership of the milk until it is sold to the final consumer, including  
129 transporting the milk from the premises where the milk is produced to the self-owned retail  
130 store without any:

- 131 (i) intervening storage;
- 132 (ii) change of ownership; or
- 133 (iii) loss of physical control;

134 (c) stores the milk at 41 degrees Fahrenheit or a lower temperature in a display case  
135 equipped with a properly calibrated thermometer at the self-owned retail store;

136 (d) places a sign above the display case at the self-owned retail store that reads, "Raw  
137 Unpasteurized Milk";

138 (e) labels the milk with:

139 (i) a date, no more than nine days after the milk is produced, by which the milk should  
140 be sold;

141 (ii) the statement "Raw milk, no matter how carefully produced, may be unsafe.";

142 (iii) handling instructions to preserve quality and avoid contamination or spoilage; and

143 (iv) any other information required by rule;

144 (f) refrains from offering the milk for sale until:

145 (i) each batch of milk is tested for standard plate count and coliform count from an  
146 official sample taken at the self-owned retail store and tested by a third party certified by the  
147 department; and

148 (ii) the test results meet the minimum standards established for those tests;

149 (g) (i) maintains a database of the milk sales; and

150 (ii) makes the database available to the Department of Health during the self-owned  
151 retail store's business hours for purposes of epidemiological investigation;

- 152 (h) refrains from offering any pasteurized milk at the self-owned retail store;
- 153 (i) ensures that the plant and retail store complies with Title 4, Chapter 5, Utah
- 154 Wholesome Food Act, and the rules governing food establishments enacted under Section
- 155 4-5-9;
- 156 (j) participates in a hazard analysis critical control point system as established by the
- 157 United States Food and Drug Administration;
- 158 (k) conducts monthly tests on a sample taken from a batch of milk for:
- 159 (i) *Listeria monocytogenes*;
- 160 (ii) *Salmonella typhimurium*;
- 161 (iii) *Salmonella dublin*;
- 162 (iv) *Campylobacter jejuni*; and
- 163 (v) *E. Coli 0157:H7*; and
- 164 (l) complies with all applicable rules adopted as authorized by this chapter.
- 165 (4) The person conducting the tests required by Subsection (3) shall send a copy of the
- 166 test results to the department as soon as the test results are available.
- 167 (5) (a) The department shall adopt rules, as authorized by Section 4-3-2, governing the
- 168 sale of raw whole milk at a self-owned retail store.
- 169 (b) The rules adopted by the department shall include rules regarding:
- 170 (i) permits;
- 171 (ii) building and premises requirements;
- 172 (iii) sanitation and operating requirements, including bulk milk tanks requirements;
- 173 (iv) additional tests, including a test for pathogens;
- 174 (v) frequency of inspections, including random cooler checks;
- 175 (vi) recordkeeping; and
- 176 (vii) packaging and labeling.
- 177 (c) (i) The department shall establish a fee for the tests and inspections required by this
- 178 section and by rule by following the procedures and requirements of Section 63J-1-504.
- 179 (ii) Notwithstanding Section 63J-1-504, the department shall retain the fees as
- 180 dedicated credits and may only use the fees to administer and enforce this section.
- 181 (6) (a) The department shall suspend a permit issued under Section 4-3-8 if a producer
- 182 violates any provision of this section or any rules adopted as authorized by this section.

183 (b) The department may reissue a permit that has been suspended under Subsection  
 184 (6)(a) if the producer has complied with all of the requirements of this section and rules  
 185 adopted as authorized by this section.

186 ~~§~~→ [f] (7) For ~~[2008 and 2009]~~ 2014 and 2015 ~~←§~~, the Department of Health and  
 186a the Department of Agriculture  
 187 and Food shall report on or before November 30th to the Natural Resources, Agriculture, and  
 188 Environment Interim Committee [~~and the Health and Human Services Interim Committee~~] on  
 189 any health problems resulting from the sale of raw whole milk at self-owned retail stores.[H] ~~←§~~

190 [(8)] (7) (a) If any subsection of this section or the application of any subsection to any  
 191 person or circumstance is held invalid by a final decision of a court of competent jurisdiction,  
 192 the remainder of the section may not be given effect without the invalid subsection or  
 193 application.

194 (b) The provisions of this section may not be severed.

195 Section 2. Section **26-1-4** is amended to read:

196 **26-1-4. Department of Health created -- Policymaking responsibilities --**  
 197 **Consultation with local health departments -- Committee to evaluate health policies and**  
 198 **to review federal grants -- Committee responsibilities.**

199 (1) There is created the Department of Health, which has all of the policymaking  
 200 functions, regulatory and enforcement powers, rights, duties, and responsibilities of the  
 201 Division of Health, the Board of Health, the State Health Planning Development Agency, and  
 202 the Office of Health Care Financing. Unless otherwise specifically provided, when reference is  
 203 made in any statute of this state to the Board of Health, the Division of Health, the State Health  
 204 Planning Development Agency, or the Office of Health Care Financing, it refers to the  
 205 department. The department shall assume all of the policymaking functions, powers, rights,  
 206 duties, and responsibilities over the division, agency, and office previously vested in the  
 207 Department of Human Services and its executive director.

208 (2) In establishing public health policy, the department shall consult with the local  
 209 health departments established under Title 26A, Chapter 1, Local Health Departments.

210 (3) (a) As used in this Subsection (3):

211 (i) "Committee" means the committee established under Subsection (3)(b).

212 (ii) "Exempt application" means an application for a federal grant that meets the  
 213 criteria established under Subsection (3)(c)(iii).

214 (iii) "Expedited application" means an application for a federal grant that meets the  
215 criteria established under Subsection (3)(c)(iv).

216 (iv) "Federal grant" means a grant from the federal government that could provide  
217 funds for local health departments to help them fulfill their duties and responsibilities.

218 (v) "Reviewable application" means an application for a federal grant that is not an  
219 exempt application.

220 (b) The department shall establish a committee consisting of:

221 (i) the executive director, or the executive director's designee;

222 (ii) two representatives of the department, appointed by the executive director; and

223 (iii) three representatives of local health departments, appointed by all local health  
224 departments.

225 (c) The committee shall:

226 (i) evaluate:

227 (A) the allocation of public health resources between the department and local health  
228 departments; and

229 (B) policies that affect local health departments;

230 (ii) consider policy changes proposed by the department or local health departments;

231 (iii) establish criteria by which an application for a federal grant may be judged to  
232 determine whether it should be exempt from the requirements under Subsection (3)(d); and

233 (iv) establish criteria by which an application for a federal grant may be judged to  
234 determine whether committee review under Subsection (3)(d)(i) should be delayed until after  
235 the application is submitted because the application is required to be submitted under a  
236 timetable that makes committee review before it is submitted impracticable if the submission  
237 deadline is to be met.

238 (d) (i) The committee shall review the goals and budget for each reviewable  
239 application:

240 (A) before the application is submitted, except for an expedited application; and

241 (B) for an expedited application, after the application is submitted but before funds  
242 from the federal grant for which the application was submitted are disbursed or encumbered.

243 (ii) Funds from a federal grant pursuant to a reviewable application may not be  
244 disbursed or encumbered before the goals and budget for the federal grant are established by:



245 (A) a two-thirds vote of the committee, following the committee review under  
246 Subsection (3)(d)(i); or

247 (B) if two-thirds of the committee cannot agree on the goals and budget, the chair of  
248 the health advisory council, after consultation with the committee in a manner that the  
249 committee determines.

250 (e) An exempt application is exempt from the requirements of Subsection (3)(d).

251 ~~[(f) The committee shall report to the Legislature's Social Services Appropriations~~  
252 ~~Subcommittee and Political Subdivisions Interim Committee by November 30 of each year~~  
253 ~~regarding implementation of this Subsection (3).]~~

254 ~~[(g)]~~ (f) The department may use money from a federal grant to pay administrative  
255 costs incurred in implementing this Subsection (3).

256 Section 3. Section **26-1-36** is amended to read:

257 **26-1-36. Duty to establish program to reduce deaths and other harm from**  
258 **prescription opiates used for chronic noncancer pain.**

259 (1) As used in this section, "opiate" means any drug or other substance having an  
260 addiction-forming or addiction-sustaining liability similar to morphine or being capable of  
261 conversion into a drug having addiction-forming or addiction-sustaining liability.

262 (2) In addition to the duties listed in Section 26-1-30, the department shall develop and  
263 implement a two-year program in coordination with the Division of Professional Licensing, the  
264 Utah Labor Commission, and the Utah attorney general, to:

265 (a) investigate the causes of and risk factors for death and nonfatal complications of  
266 prescription opiate use and misuse in Utah for chronic pain by utilizing the Utah Controlled  
267 Substance Database created in Section 58-37f-201;

268 (b) study the risks, warning signs, and solutions to the risks associated with  
269 prescription opiate medications for chronic pain, including risks and prevention of misuse and  
270 diversion of those medications;

271 (c) provide education to health care providers, patients, insurers, and the general public  
272 on the appropriate management of chronic pain, including the effective use of medical  
273 treatment and quality care guidelines that are scientifically based and peer reviewed; and

274 (d) educate the public regarding:

275 (i) the purpose of the Controlled Substance Database established in Section

276 58-37f-201; and

277 (ii) the requirement that a person's name and prescription information be recorded on  
278 the database when the person fills a prescription for a schedule II, III, IV, or V controlled  
279 substance.

280 ~~[(3) The department shall report on the development and implementation of the~~  
281 ~~program required in Subsection (2) to the legislative Health and Human Services Interim~~  
282 ~~Committee and the legislative Business and Labor Interim Committee no later than the~~  
283 ~~November interim meetings in 2008 and 2009. Each report shall include:]~~

284 ~~[(a) recommendations on:]~~

285 ~~[(i) use of the Utah Controlled Substance Database created in Section 58-37f-201 to~~  
286 ~~identify and prevent:]~~

287 ~~[(A) misuse of opiates;]~~

288 ~~[(B) inappropriate prescribing; and]~~

289 ~~[(C) adverse outcomes of prescription opiate medications;]~~

290 ~~[(ii) interventions to prevent the diversion of prescription opiate medications; and]~~

291 ~~[(iii) medical treatment and quality care guidelines that are:]~~

292 ~~[(A) scientifically based; and]~~

293 ~~[(B) peer reviewed; and]~~

294 ~~[(b) (i) a measure of results against expectations under the program as of the date of the~~  
295 ~~report; and]~~

296 ~~[(ii) an analysis of the application of the program, use of the appropriated funds, and~~  
297 ~~the impact and results of the use of the funds.]~~

298 ~~[(4) The report provided under Subsection (3) for the 2008 interim shall also provide a~~  
299 ~~final cumulative analysis of the measurable effectiveness of the program implemented under~~  
300 ~~this section.]~~

301 Section 4. Section **26-1-37** is amended to read:

302 **26-1-37. Duty to establish standards for the electronic exchange of clinical health**  
303 **information.**

304 (1) For purposes of this section:

305 (a) "Affiliate" means an organization that directly or indirectly through one or more  
306 intermediaries controls, is controlled by, or is under common control with another

307 organization.

308 (b) "Clinical health information" shall be defined by the department by administrative  
309 rule adopted in accordance with Subsection (2).

310 (c) "Electronic exchange":

311 (i) includes:

312 (A) the electronic transmission of clinical health data via Internet or extranet; and

313 (B) physically moving clinical health information from one location to another using  
314 magnetic tape, disk, or compact disc media; and

315 (ii) does not include exchange of information by telephone or fax.

316 (d) "Health care provider" means a licensing classification that is either:

317 (i) licensed under Title 58, Occupations and Professions, to provide health care; or

318 (ii) licensed under Chapter 21, Health Care Facility Licensing and Inspection Act.

319 (e) "Health care system" shall include:

320 (i) affiliated health care providers;

321 (ii) affiliated third party payers; and

322 (iii) other arrangement between organizations or providers as described by the  
323 department by administrative rule.

324 (f) "Qualified network" means an entity that:

325 (i) is a non-profit organization;

326 (ii) is accredited by the Electronic Healthcare Network Accreditation Commission, or  
327 another national accrediting organization recognized by the department; and

328 (iii) performs the electronic exchange of clinical health information among multiple  
329 health care providers not under common control, multiple third party payers not under common  
330 control, the department, and local health departments.

331 (g) "Third party payer" means:

332 (i) all insurers offering health insurance who are subject to Section 31A-22-614.5; and

333 (ii) the state Medicaid program.

334 (2) (a) In addition to the duties listed in Section 26-1-30, the department shall, in  
335 accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act:

336 (i) define:

337 (A) "clinical health information" subject to this section; and

338 (B) "health system arrangements between providers or organizations" as described in  
339 Subsection (1)(e)(iii); and

340 (ii) adopt standards for the electronic exchange of clinical health information between  
341 health care providers and third party payers that are for treatment, payment, health care  
342 operations, or public health reporting, as provided for in 45 C.F.R. Parts 160, 162, and 164,  
343 Health Insurance Reform: Security Standards.

344 (b) The department shall coordinate its rule making authority under the provisions of  
345 this section with the rule making authority of the Insurance Department under Section  
346 31A-22-614.5. The department shall establish procedures for developing the rules adopted  
347 under this section, which ensure that the Insurance Department is given the opportunity to  
348 comment on proposed rules.

349 (3) (a) Except as provided in Subsection (3)(e), a health care provider or third party  
350 payer in Utah is required to use the standards adopted by the department under the provisions  
351 of Subsection (2) if the health care provider or third party payer elects to engage in an  
352 electronic exchange of clinical health information with another health care provider or third  
353 party payer.

354 (b) A health care provider or third party payer may disclose information to the  
355 department or a local health department, by electronic exchange of clinical health information,  
356 as permitted by Subsection 45 C.F.R. 164.512(b).

357 (c) When functioning in its capacity as a health care provider or payer, the department  
358 or a local health department may disclose clinical health information by electronic exchange to  
359 another health care provider or third party payer.

360 (d) An electronic exchange of clinical health information by a health care provider, a  
361 third party payer, the department, or a local health department is a disclosure for treatment,  
362 payment, or health care operations if it complies with Subsection (3)(a) or (c) and is for  
363 treatment, payment, or health care operations, as those terms are defined in 45 C.F.R. Parts  
364 160, 162, and 164.

365 (e) A health care provider or third party payer is not required to use the standards  
366 adopted by the department under the provisions of Subsection (2) if the health care provider or  
367 third party payer engage in the electronic exchange of clinical health information within a  
368 particular health care system.

369 (4) Nothing in this section shall limit the number of networks eligible to engage in the  
370 electronic data interchange of clinical health information using the standards adopted by the  
371 department under Subsection (2)(a)(ii).

372 (5) The department, a local health department, a health care provider, a third party  
373 payer, or a qualified network is not subject to civil liability for a disclosure of clinical health  
374 information if the disclosure is in accordance both with Subsection (3)(a) and with Subsection  
375 (3)(b), (3)(c), or (3)(d).

376 (6) Within a qualified network, information generated or disclosed in the electronic  
377 exchange of clinical health information is not subject to discovery, use, or receipt in evidence  
378 in any legal proceeding of any kind or character.

379 ~~[(7) The department shall report on the use of the standards for the electronic exchange~~  
380 ~~of clinical health information to the legislative Health and Human Services Interim Committee~~  
381 ~~no later than October 15 of each year. The report shall include publicly available information~~  
382 ~~concerning the costs and savings for the department, third party payers, and health care~~  
383 ~~providers associated with the standards for the electronic exchange of clinical health records.]~~

384 Section 5. Section **26-1-38** is amended to read:

385 **26-1-38. Local health emergency assistance program.**

386 (1) As used in this section:

387 (a) "Local health department" has the same meaning as defined in Section 26A-1-102.

388 (b) "Local health emergency" means an unusual event or series of events causing or  
389 resulting in a substantial risk or substantial potential risk to the health of a significant portion  
390 of the population within the boundary of a local health department.

391 (c) "Program" means the local health emergency assistance program that the  
392 department is required to establish under this section.

393 (d) "Program fund" means money that the Legislature appropriates to the department  
394 for use in the program and other money otherwise made available for use in the program.

395 (2) The department shall establish, to the extent of funds appropriated by the  
396 Legislature or otherwise made available to the program fund, a local health emergency  
397 assistance program.

398 (3) Under the program, the department shall:

399 (a) provide a method for a local health department to seek reimbursement from the

400 program fund for local health department expenses incurred in responding to a local health  
401 emergency;

402 (b) require matching funds from any local health department seeking reimbursement  
403 from the program fund;

404 (c) establish a method for apportioning money in the program fund to multiple local  
405 health departments when the total amount of concurrent requests for reimbursement by  
406 multiple local health departments exceeds the balance in the program fund; and

407 (d) establish by rule other provisions that the department considers necessary or  
408 advisable to implement the program.

409 [~~(4) Each September the department shall:~~]

410 [~~(a) submit to the Health and Human Services Interim Committee of the Legislature a  
411 written report summarizing program activity, including:~~]

412 [~~(i) a description of the requests for reimbursement from local health departments  
413 during the preceding 12 months;~~]

414 [~~(ii) the amount of each reimbursement made from the program fund to local health  
415 departments; and]~~

416 [~~(iii) the current balance of the program fund; and]~~

417 [~~(b) submit a copy of the report required under Subsection (4)(a) to the Social Services  
418 Appropriations Subcommittee.]~~

419 [~~(5)~~] (4) (a) (i) Subject to Subsection [~~(5)~~] (4)(a)(ii), the department shall use money in  
420 the program fund exclusively for purposes of the program.

421 (ii) The department may use money in the program fund to cover its costs of  
422 administering the program.

423 (b) Money that the Legislature appropriates to the program fund is nonlapsing.

424 (c) Any interest earned on money in the program fund shall be deposited to the General  
425 Fund.

426 Section 6. Section **26-4-28** is amended to read:

427 **26-4-28. Testing for suspected suicides -- Maintaining information -- Report to**  
428 **the Health and Human Services Interim Committee -- Compensation to deputy medical**  
429 **examiners.**

430 (1) In all cases where it is suspected that a death resulted from suicide, including

431 assisted suicide, the medical examiner shall endeavor to have the following tests conducted  
 432 upon samples taken from the body of the deceased:

433 (a) a test that detects all of the substances included in the volatiles panel of the Bureau  
 434 of Forensic Toxicology within the Department of Health;

435 (b) a test that detects all of the substances included in the drugs of abuse panel of the  
 436 Bureau of Forensic Toxicology within the Department of Health; and

437 (c) a test that detects all of the substances included in the prescription drug panel of the  
 438 Bureau of Forensic Toxicology within the Department of Health.

439 (2) The medical examiner shall maintain information regarding the types of substances  
 440 found present in the samples taken from the body of a person who is suspected to have died as  
 441 a result of suicide or assisted suicide.

442 [~~(3)(a) Beginning in 2008, on or before November 30 of each year, the Department of~~  
 443 ~~Health shall present a report on the information described in Subsection (2) to the Health and~~  
 444 ~~Human Services Interim Committee.]~~

445 [~~(b) The information described in Subsection (3)(a) may not contain any identifying~~  
 446 ~~information regarding any person to whom the information described in Subsection (2) relates.]~~

447 [~~(4)~~ (3) Within funds appropriated by the Legislature for this purpose, the medical  
 448 examiner shall provide compensation, at a standard rate determined by the medical examiner,  
 449 to a deputy medical examiner who collects samples for the purposes described in Subsection  
 450 (1).

451 **§→ [Section 7. Section 26-7-2 is amended to read:**

452 ~~26-7-2. Office of Health Disparities Reduction -- Duties.~~

453 ~~(1) As used in this section:~~

454 ~~(a) "Multicultural or minority health issue" means a health issue, including a mental~~  
 455 ~~and oral health issue, of particular interest to cultural, ethnic, racial, or other subpopulations,~~  
 456 ~~including:~~

457 ~~(i) disparities in:~~

458 ~~(A) disease incidence, prevalence, morbidity, mortality, treatment, and treatment~~  
 459 ~~response; and~~

460 ~~(B) access to care; and~~

461 ~~(ii) cultural competency in the delivery of health care. ←§~~

462 — ~~§→(b) "Office" means the Office of Health Disparities Reduction created in this section.~~  
 463 — ~~(2) There is created within the department the Office of Health Disparities Reduction.~~  
 464 — ~~(3) The office shall:~~  
 465 — ~~(a) promote and coordinate the research, data production, dissemination, education,~~  
 466 ~~and health promotion activities of the following that relate to a multicultural or minority health~~  
 467 ~~issue:~~  
 468 — ~~(i) the department;~~  
 469 — ~~(ii) local health departments;~~  
 470 — ~~(iii) local mental health authorities;~~  
 471 — ~~(iv) public schools;~~  
 472 — ~~(v) community-based organizations; and~~  
 473 — ~~(vi) other organizations within the state;~~  
 474 — ~~(b) assist in the development and implementation of one or more programs to address a~~  
 475 ~~multicultural or minority health issue;~~  
 476 — ~~(c) promote the dissemination and use of information on a multicultural or minority~~  
 477 ~~health issue by minority populations, health care providers, and others;~~  
 478 — ~~(d) seek federal funding and other resources to accomplish the office's mission;~~  
 479 — ~~(e) provide technical assistance to organizations within the state seeking funding to~~  
 480 ~~study or address a multicultural or minority health issue;~~  
 481 — ~~(f) develop and increase the capacity of the office to:~~  
 482 — ~~(i) ensure the delivery of qualified timely culturally appropriate translation services~~  
 483 ~~across department programs; and~~  
 484 — ~~(ii) provide, when appropriate, linguistically competent translation and communication~~  
 485 ~~services for limited English proficiency individuals; and~~  
 486 — ~~(g) provide staff assistance to any advisory committee created by the department to~~  
 487 ~~study a multicultural or minority health issue[; and];~~  
 488 — ~~[(h) annually report to the Legislature on its activities and accomplishments.]] ←§~~

489 Section 8. Section 26-18-3 is amended to read:

490 **26-18-3. Administration of Medicaid program by department -- Reporting to the**  
 491 **Legislature -- Disciplinary measures and sanctions -- Funds collected -- Eligibility**  
 492 **standards -- Internal audits -- Studies -- Health opportunity accounts.**



493 (1) The department shall be the single state agency responsible for the administration  
494 of the Medicaid program in connection with the United States Department of Health and  
495 Human Services pursuant to Title XIX of the Social Security Act.

496 (2) (a) The department shall implement the Medicaid program through administrative  
497 rules in conformity with this chapter, Title 63G, Chapter 3, Utah Administrative Rulemaking  
498 Act, the requirements of Title XIX, and applicable federal regulations.

499 (b) The rules adopted under Subsection (2)(a) shall include, in addition to other rules  
500 necessary to implement the program:

501 (i) the standards used by the department for determining eligibility for Medicaid  
502 services;

503 (ii) the services and benefits to be covered by the Medicaid program;

504 (iii) reimbursement methodologies for providers under the Medicaid program; and

505 (iv) a requirement that:

506 (A) a person receiving Medicaid services shall participate in the electronic exchange of  
507 clinical health records established in accordance with Section 26-1-37 unless the individual  
508 opts out of participation;

509 (B) prior to enrollment in the electronic exchange of clinical health records the enrollee  
510 shall receive notice of enrollment in the electronic exchange of clinical health records and the  
511 right to opt out of participation at any time; and

512 (C) beginning July 1, 2012, when the program sends enrollment or renewal information  
513 to the enrollee and when the enrollee logs onto the program's website, the enrollee shall receive  
514 notice of the right to opt out of the electronic exchange of clinical health records.

515 (3) (a) The department shall, in accordance with Subsection (3)(b), report to the Social  
516 Services Appropriations Subcommittee when the department:

517 (i) implements a change in the Medicaid State Plan;

518 (ii) initiates a new Medicaid waiver;

519 (iii) initiates an amendment to an existing Medicaid waiver;

520 (iv) applies for an extension of an application for a waiver or an existing Medicaid  
521 waiver; or

522 (v) initiates a rate change that requires public notice under state or federal law.

523 (b) The report required by Subsection (3)(a) shall:

- 524 (i) be submitted to the Social Services Appropriations Subcommittee prior to the
- 525 department implementing the proposed change; and
- 526 (ii) include:
  - 527 (A) a description of the department's current practice or policy that the department is
  - 528 proposing to change;
  - 529 (B) an explanation of why the department is proposing the change;
  - 530 (C) the proposed change in services or reimbursement, including a description of the
  - 531 effect of the change;
  - 532 (D) the effect of an increase or decrease in services or benefits on individuals and
  - 533 families;
  - 534 (E) the degree to which any proposed cut may result in cost-shifting to more expensive
  - 535 services in health or human service programs; and
  - 536 (F) the fiscal impact of the proposed change, including:
    - 537 (I) the effect of the proposed change on current or future appropriations from the
    - 538 Legislature to the department;
    - 539 (II) the effect the proposed change may have on federal matching dollars received by
    - 540 the state Medicaid program;
    - 541 (III) any cost shifting or cost savings within the department's budget that may result
    - 542 from the proposed change; and
    - 543 (IV) identification of the funds that will be used for the proposed change, including any
    - 544 transfer of funds within the department's budget.
- 545 ~~[(4)(a) The Department of Human Services shall report to the Legislative Social~~
- 546 ~~Services Appropriations Subcommittee no later than December 31, 2010 in accordance with~~
- 547 ~~Subsection (4)(b):]~~
- 548 ~~[(b) The report required by Subsection (4)(a) shall include:]~~
- 549 ~~[(i) changes made by the division or the department beginning July 1, 2010, that effect~~
- 550 ~~the Medicaid program, a waiver under the Medicaid program, or an interpretation of Medicaid~~
- 551 ~~services or funding, that relate to care for children and youth in the custody of the Division of~~
- 552 ~~Child and Family Services or the Division of Juvenile Justice Services;]~~
- 553 ~~[(ii) the history and impact of the changes under Subsection (4)(b)(i);]~~
- 554 ~~[(iii) the Department of Human Service's plans for addressing the impact of the~~

555 changes under Subsection ~~(4)(b)(i)~~; and]

556 [~~(iv)~~ ways to consolidate administrative functions within the Department of Human  
557 Services, the Department of Health, the Division of Child and Family Services, and the  
558 Division of Juvenile Justice Services to more efficiently meet the needs of children and youth  
559 with mental health and substance disorder treatment needs.]

560 [~~(5)~~ (4) Any rules adopted by the department under Subsection (2) are subject to  
561 review and reauthorization by the Legislature in accordance with Section 63G-3-502.

562 [~~(6)~~ (5) The department may, in its discretion, contract with the Department of Human  
563 Services or other qualified agencies for services in connection with the administration of the  
564 Medicaid program, including:

- 565 (a) the determination of the eligibility of individuals for the program;  
566 (b) recovery of overpayments; and  
567 (c) consistent with Section 26-20-13, and to the extent permitted by law and quality  
568 control services, enforcement of fraud and abuse laws.

569 [~~(7)~~ (6) The department shall provide, by rule, disciplinary measures and sanctions for  
570 Medicaid providers who fail to comply with the rules and procedures of the program, provided  
571 that sanctions imposed administratively may not extend beyond:

- 572 (a) termination from the program;  
573 (b) recovery of claim reimbursements incorrectly paid; and  
574 (c) those specified in Section 1919 of Title XIX of the federal Social Security Act.

575 [~~(8)~~ (7) Funds collected as a result of a sanction imposed under Section 1919 of Title  
576 XIX of the federal Social Security Act shall be deposited in the General Fund as dedicated  
577 credits to be used by the division in accordance with the requirements of Section 1919 of Title  
578 XIX of the federal Social Security Act.

579 [~~(9)~~ (8) (a) In determining whether an applicant or recipient is eligible for a service or  
580 benefit under this part or Chapter 40, Utah Children's Health Insurance Act, the department  
581 shall, if Subsection [~~(9)~~ (8)(b) is satisfied, exclude from consideration one passenger vehicle  
582 designated by the applicant or recipient.

583 (b) Before Subsection [~~(9)~~ (8)(a) may be applied:

584 (i) the federal government shall:

585 (A) determine that Subsection [~~(9)~~ (8)(a) may be implemented within the state's

586 existing public assistance-related waivers as of January 1, 1999;

587 (B) extend a waiver to the state permitting the implementation of Subsection [~~(9)~~]

588 (8)(a); or

589 (C) determine that the state's waivers that permit dual eligibility determinations for  
590 cash assistance and Medicaid are no longer valid; and

591 (ii) the department shall determine that Subsection [~~(9)~~] (8)(a) can be implemented  
592 within existing funding.

593 [~~(10)~~] (9) (a) For purposes of this Subsection [~~(10)~~] (9):

594 (i) "aged, blind, or has a disability" means an aged, blind, or disabled individual, as  
595 defined in 42 U.S.C. 1382c(a)(1); and

596 (ii) "spend down" means an amount of income in excess of the allowable income  
597 standard that shall be paid in cash to the department or incurred through the medical services  
598 not paid by Medicaid.

599 (b) In determining whether an applicant or recipient who is aged, blind, or has a  
600 disability is eligible for a service or benefit under this chapter, the department shall use 100%  
601 of the federal poverty level as:

602 (i) the allowable income standard for eligibility for services or benefits; and

603 (ii) the allowable income standard for eligibility as a result of spend down.

604 [~~(11)~~] (10) The department shall conduct internal audits of the Medicaid program.

605 [~~(12)~~] (11) In order to determine the feasibility of contracting for direct Medicaid  
606 providers for primary care services, the department shall:

607 (a) issue a request for information for direct contracting for primary services that shall  
608 provide that a provider shall exclusively serve all Medicaid clients:

609 (i) in a geographic area;

610 (ii) for a defined range of primary care services; and

611 (iii) for a predetermined total contracted amount; and

612 (b) by February 1, 2011, report to the Social Services Appropriations Subcommittee on  
613 the response to the request for information under Subsection [~~(12)~~] (11)(a).

614 [~~(13)~~] (12) (a) By December 31, 2010, the department shall:

615 (i) determine the feasibility of implementing a three year patient-centered medical  
616 home demonstration project in an area of the state using existing budget funds; and

617 (ii) report the department's findings and recommendations under Subsection [~~(13)~~]  
618 (12)(a)(i) to the Social Services Appropriations Subcommittee.

619 (b) If the department determines that the medical home demonstration project  
620 described in Subsection [~~(13)~~] (12)(a) is feasible, and the Social Services Appropriations  
621 Subcommittee recommends that the demonstration project be implemented, the department  
622 shall:

623 (i) implement the demonstration project; and

624 (ii) by December 1, 2012, make recommendations to the Social Services

625 Appropriations Subcommittee regarding the:

626 (A) continuation of the demonstration project;

627 (B) expansion of the demonstration project to other areas of the state; and

628 (C) cost savings incurred by the implementation of the demonstration project.

629 [~~(14)~~] (13) (a) The department may apply for and, if approved, implement a  
630 demonstration program for health opportunity accounts, as provided for in 42 U.S.C. Sec.  
631 1396u-8.

632 (b) A health opportunity account established under Subsection [~~(14)~~] (13)(a) shall be  
633 an alternative to the existing benefits received by an individual eligible to receive Medicaid  
634 under this chapter.

635 (c) Subsection [~~(14)~~] (13)(a) is not intended to expand the coverage of the Medicaid  
636 program.

637 Section 9. Section **26-18-4** is amended to read:

638 **26-18-4. Department standards for eligibility under Medicaid -- Funds for**  
639 **abortions.**

640 (1) The department may develop standards and administer policies relating to  
641 eligibility under the Medicaid program as long as they are consistent with Subsection  
642 26-18-3[~~(9)~~](8). An applicant receiving Medicaid assistance may be limited to particular types  
643 of care or services or to payment of part or all costs of care determined to be medically  
644 necessary.

645 (2) The department may not provide any funds for medical, hospital, or other medical  
646 expenditures or medical services to otherwise eligible persons where the purpose of the  
647 assistance is to perform an abortion, unless the life of the mother would be endangered if an

648 abortion were not performed.

649 (3) Any employee of the department who authorizes payment for an abortion contrary  
650 to the provisions of this section is guilty of a class B misdemeanor and subject to forfeiture of  
651 office.

652 (4) Any person or organization that, under the guise of other medical treatment,  
653 provides an abortion under auspices of the Medicaid program is guilty of a third degree felony  
654 and subject to forfeiture of license to practice medicine or authority to provide medical services  
655 and treatment.

656 Section 10. Section **26-18-10** is amended to read:

657 **26-18-10. Utah Medical Assistance Program -- Policies and standards.**

658 (1) The division shall develop a medical assistance program, which shall be known as  
659 the Utah Medical Assistance Program, for low income persons who are not eligible under the  
660 state plan for Medicaid under Title XIX of the Social Security Act or Medicare under Title  
661 XVIII of that act.

662 (2) Persons in the custody of prisons, jails, halfway houses, and other nonmedical  
663 government institutions are not eligible for services provided under this section.

664 (3) The department shall develop standards and administer policies relating to  
665 eligibility requirements, consistent with Subsection 26-18-3~~(9)~~(8), for participation in the  
666 program, and for payment of medical claims for eligible persons.

667 (4) The program shall be a payor of last resort. Before assistance is rendered the  
668 division shall investigate the availability of the resources of the spouse, father, mother, and  
669 adult children of the person making application.

670 (5) The department shall determine what medically necessary care or services are  
671 covered under the program, including duration of care, and method of payment, which may be  
672 partial or in full.

673 (6) The department may not provide public assistance for medical, hospital, or other  
674 medical expenditures or medical services to otherwise eligible persons where the purpose of  
675 the assistance is for the performance of an abortion, unless the life of the mother would be  
676 endangered if an abortion were not performed.

677 (7) The department may establish rules to carry out the provisions of this section.

678 Section 11. Section **26-18-103** is amended to read:

679 **26-18-103. DUR Board -- Responsibilities.**

680 The board shall:

681 (1) develop rules necessary to carry out its responsibilities as defined in this part;

682 (2) oversee the implementation of a Medicaid retrospective and prospective DUR  
683 program in accordance with this part, including responsibility for approving provisions of  
684 contractual agreements between the Medicaid program and any other entity that will process  
685 and review Medicaid drug claims and profiles for the DUR program in accordance with this  
686 part;687 (3) develop and apply predetermined criteria and standards to be used in retrospective  
688 and prospective DUR, ensuring that the criteria and standards are based on the compendia, and  
689 that they are developed with professional input, in a consensus fashion, with provisions for  
690 timely revision and assessment as necessary. The DUR standards developed by the board shall  
691 reflect the local practices of physicians in order to monitor:

692 (a) therapeutic appropriateness;

693 (b) overutilization or underutilization;

694 (c) therapeutic duplication;

695 (d) drug-disease contraindications;

696 (e) drug-drug interactions;

697 (f) incorrect drug dosage or duration of drug treatment; and

698 (g) clinical abuse and misuse;

699 (4) develop, select, apply, and assess interventions and remedial strategies for  
700 physicians, pharmacists, and recipients that are educational and not punitive in nature, in order  
701 to improve the quality of care;702 (5) disseminate information to physicians and pharmacists to ensure that they are aware  
703 of the board's duties and powers;704 (6) provide written, oral, or electronic reminders of patient-specific or drug-specific  
705 information, designed to ensure recipient, physician, and pharmacist confidentiality, and  
706 suggest changes in prescribing or dispensing practices designed to improve the quality of care;707 (7) utilize face-to-face discussions between experts in drug therapy and the prescriber  
708 or pharmacist who has been targeted for educational intervention;

709 (8) conduct intensified reviews or monitoring of selected prescribers or pharmacists;

710 (9) create an educational program using data provided through DUR to provide active  
711 and ongoing educational outreach programs to improve prescribing and dispensing practices,  
712 either directly or by contract with other governmental or private entities;

713 (10) provide a timely evaluation of intervention to determine if those interventions  
714 have improved the quality of care;

715 (11) publish an annual report, subject to public comment prior to its issuance, and  
716 submit that report to the United States Department of Health and Human Services by  
717 December 1 of each year. That report shall also be submitted to [~~legislative leadership,~~] the  
718 executive director, the president of the Utah Pharmaceutical Association, and the president of  
719 the Utah Medical Association by December 1 of each year. The report shall include:

720 (a) an overview of the activities of the board and the DUR program;

721 (b) a description of interventions used and their effectiveness, specifying whether the  
722 intervention was a result of underutilization or overutilization of drugs, without disclosing the  
723 identities of individual physicians, pharmacists, or recipients;

724 (c) the costs of administering the DUR program;

725 (d) any fiscal savings resulting from the DUR program;

726 (e) an overview of the fiscal impact of the DUR program to other areas of the Medicaid  
727 program such as hospitalization or long-term care costs;

728 (f) a quantifiable assessment of whether DUR has improved the recipient's quality of  
729 care;

730 (g) a review of the total number of prescriptions, by drug therapeutic class;

731 (h) an assessment of the impact of educational programs or interventions on  
732 prescribing or dispensing practices; and

733 (i) recommendations for DUR program improvement;

734 (12) develop a working agreement with related boards or agencies, including the State  
735 Board of Pharmacy, Physicians' Licensing Board, and SURS staff within the division, in order  
736 to clarify areas of responsibility for each, where those areas may overlap;

737 (13) establish a grievance process for physicians and pharmacists under this part, in  
738 accordance with Title 63G, Chapter 4, Administrative Procedures Act;

739 (14) publish and disseminate educational information to physicians and pharmacists  
740 concerning the board and the DUR program, including information regarding:



741 (a) identification and reduction of the frequency of patterns of fraud, abuse, gross  
742 overuse, inappropriate, or medically unnecessary care among physicians, pharmacists, and  
743 recipients;

744 (b) potential or actual severe or adverse reactions to drugs;

745 (c) therapeutic appropriateness;

746 (d) overutilization or underutilization;

747 (e) appropriate use of generics;

748 (f) therapeutic duplication;

749 (g) drug-disease contraindications;

750 (h) drug-drug interactions;

751 (i) incorrect drug dosage and duration of drug treatment;

752 (j) drug allergy interactions; and

753 (k) clinical abuse and misuse;

754 (15) develop and publish, with the input of the State Board of Pharmacy, guidelines  
755 and standards to be used by pharmacists in counseling Medicaid recipients in accordance with  
756 this part. The guidelines shall ensure that the recipient may refuse counseling and that the  
757 refusal is to be documented by the pharmacist. Items to be discussed as part of that counseling  
758 include:

759 (a) the name and description of the medication;

760 (b) administration, form, and duration of therapy;

761 (c) special directions and precautions for use;

762 (d) common severe side effects or interactions, and therapeutic interactions, and how to  
763 avoid those occurrences;

764 (e) techniques for self-monitoring drug therapy;

765 (f) proper storage;

766 (g) prescription refill information; and

767 (h) action to be taken in the event of a missed dose; and

768 (16) establish procedures in cooperation with the State Board of Pharmacy for  
769 pharmacists to record information to be collected under this part. The recorded information  
770 shall include:

771 (a) the name, address, age, and gender of the recipient;

772 (b) individual history of the recipient where significant, including disease state, known  
773 allergies and drug reactions, and a comprehensive list of medications and relevant devices;

774 (c) the pharmacist's comments on the individual's drug therapy;

775 (d) name of prescriber; and

776 (e) name of drug, dose, duration of therapy, and directions for use.

777 Section 12. Section **26-18-406** is amended to read:

778 **26-18-406. Medicaid waiver for community service pilot program.**

779 (1) For purposes of this section, "community service pilot program" is a program in  
780 which the department:

781 (a) identifies less than 100 Medicaid recipients who are capable of providing  
782 community services to others;

783 (b) exempts a Medicaid recipient who is not capable of providing community services  
784 from the requirements of the community service pilot program;

785 (c) identifies community services that the department will recognize for purposes of the  
786 pilot program; and

787 (d) requires an individual identified under Subsection (1)(a) who is receiving Medicaid  
788 services to perform a certain number of hours of community service as a condition of receiving  
789 Medicaid benefits.

790 (2) ~~[(a)]~~ The department shall develop a proposal to amend the state Medicaid plan to  
791 include a community service pilot program.

792 ~~[(b) The department shall present the proposal for the community service pilot program  
793 to the Legislative Health and Human Services Interim Committee on or before November 30,  
794 2011.]~~

795 (3) The department shall, by January 1, 2012, apply for a Medicaid waiver with the  
796 Centers for Medicare and Medicaid Services within the United States Department of Health  
797 and Human Services to implement a community service pilot program within the state  
798 Medicaid plan.

799 Section 13. Section **26-18-604** is amended to read:

800 **26-18-604. Division duties -- Reporting.**

801 (1) The division shall:

802 (a) develop and implement procedures relating to Medicaid funds and medical or

803 hospital assistance funds to ensure that providers do not receive:

804 (i) duplicate payments for the same goods or services;

805 (ii) payment for goods or services by resubmitting a claim for which:

806 (A) payment has been disallowed on the grounds that payment would be a violation of

807 federal or state law, administrative rule, or the state plan; and

808 (B) the decision to disallow the payment has become final;

809 (iii) payment for goods or services provided after a recipient's death, including payment

810 for pharmaceuticals or long-term care; or

811 (iv) payment for transporting an unborn infant;

812 (b) consult with the Centers for Medicaid and Medicare Services, other states, and the

813 Office of Inspector General for Medicaid Services, if one is created by statute, to determine and

814 implement best practices for discovering and eliminating fraud, waste, and abuse of Medicaid

815 funds and medical or hospital assistance funds;

816 (c) actively seek repayment from providers for improperly used or paid:

817 (i) Medicaid funds; and

818 (ii) medical or hospital assistance funds;

819 (d) coordinate, track, and keep records of all division efforts to obtain repayment of the

820 funds described in Subsection (1)(c), and the results of those efforts;

821 (e) keep Medicaid pharmaceutical costs as low as possible by actively seeking to obtain

822 pharmaceuticals at the lowest price possible, including, on a quarterly basis for the

823 pharmaceuticals that represent the highest 45% of state Medicaid expenditures for

824 pharmaceuticals and on an annual basis for the remaining pharmaceuticals:

825 (i) tracking changes in the price of pharmaceuticals;

826 (ii) checking the availability and price of generic drugs;

827 (iii) reviewing and updating the state's maximum allowable cost list; and

828 (iv) comparing pharmaceutical costs of the state Medicaid program to available

829 pharmacy price lists; and

830 (f) provide training, on an annual basis, to the employees of the division who make

831 decisions on billing codes, or who are in the best position to observe and identify upcoding, in

832 order to avoid and detect upcoding.

833 ~~[(2) At the October 2011 interim meeting of the Health and Human Services Interim~~

834 ~~Committee, the division shall report on the measures taken by the division to correct the~~  
835 ~~problems identified in, and to implement the recommendations made in, the December 2010~~  
836 ~~Performance Audit of Utah Medicaid Provider Cost Control published by the Office of~~  
837 ~~Legislative Auditor General.]~~

838 ~~[(3) Beginning in 2012, the division shall annually, before September 1, report to and~~  
839 ~~provide the Health and Human Services Interim Committee with information, including~~  
840 ~~statistical information, for the preceding fiscal year, regarding:]~~

841 (2) Each year, the division shall report the following to the Social Services

842 Appropriations Subcommittee:

843 (a) incidents of improperly used or paid Medicaid funds and medical or hospital  
844 assistance funds;

845 (b) division efforts to obtain repayment from providers of the funds described in  
846 Subsection ~~[(3)]~~ (2)(a);

847 (c) all repayments made of funds described in Subsection ~~[(3)]~~ (2)(a), including the  
848 total amount recovered; and

849 (d) the division's compliance with the recommendations made in the December 2010  
850 Performance Audit of Utah Medicaid Provider Cost Control published by the Office of  
851 Legislative Auditor General.

852 Section 14. Section **26-18a-3** is amended to read:

853 **26-18a-3. Purpose of committee.**

854 (1) The committee shall work to:

855 (a) provide financial assistance for initial medical expenses of children who need organ  
856 transplants;

857 (b) obtain the assistance of volunteer and public service organizations; and

858 (c) fund activities as the committee designates for the purpose of educating the public  
859 about the need for organ donors.

860 (2) (a) The committee is responsible for awarding financial assistance funded by the  
861 restricted account.

862 (b) The financial assistance awarded by the committee under Subsection (1)(a) shall be  
863 in the form of interest free loans. The committee may establish terms for repayment of the  
864 loans, including a waiver of the requirement to repay any awards if, in the committee's

865 judgment, repayment of the loan would impose an undue financial burden on the recipient.

866 (c) In making financial awards under Subsection (1)(a), the committee shall consider:

867 (i) need;

868 (ii) coordination with or enhancement of existing services or financial assistance,

869 including availability of insurance or other state aid;

870 (iii) the success rate of the particular organ transplant procedure needed by the child;

871 and

872 (iv) the extent of the threat to the child's life without the organ transplant.

873 (3) The committee may only provide the assistance described in this section to children

874 who have resided in Utah, or whose legal guardians have resided in Utah for at least six months

875 prior to the date of assistance under this section.

876 (4) (a) The committee may expend up to 5% of its annual appropriation for

877 administrative costs associated with the allocation of funds from the restricted account.

878 (b) The administrative costs shall be used for the costs associated with staffing the

879 committee and for State Tax Commission costs in implementing Section 59-10-1308.

880 [~~5) The committee shall make an annual report to the Social Services Appropriations~~

881 ~~Subcommittee regarding the programs and services funded by contributions to the restricted~~

882 ~~account.]~~

883 Section 15. Section **26-18b-101** is amended to read:

884 **26-18b-101. Organ Donation Contribution Fund created.**

885 (1) (a) There is created a restricted special revenue fund known as the Organ Donation

886 Contribution Fund.

887 (b) The Organ Donation Contribution Fund shall consist of:

888 (i) private contributions;

889 (ii) donations or grants from public or private entities;

890 (iii) voluntary donations collected under Sections 41-1a-230.5 and 53-3-214.7; and

891 (iv) interest and earnings on fund money.

892 (c) The cost of administering the Organ Donation Contribution Fund shall be paid from

893 money in the fund.

894 (2) The Department of Health shall:

895 (a) administer the funds deposited in the Organ Donation Contribution Fund; and

896 (b) select qualified organizations and distribute the funds in the Organ Donation  
897 Contribution Fund in accordance with Subsection (3)~~[-and]~~.

898 ~~[(c) make an annual report on the fund to the Social Services Appropriations~~  
899 ~~Subcommittee.]~~

900 (3) (a) The funds in the Organ Donation Contribution Fund may be distributed to a  
901 selected organization that:

- 902 (i) promotes and supports organ donation;
- 903 (ii) assists in maintaining and operating a statewide organ donation registry; and
- 904 (iii) provides donor awareness education.

905 (b) An organization that meets the criteria of Subsections (3)(a)(i) through (iii) may  
906 apply to the Department of Health, in a manner prescribed by the department, to receive a  
907 portion of the money contained in the Organ Donation Contribution Fund.

908 Section 16. Section **26-33a-104** is amended to read:

909 **26-33a-104. Purpose, powers, and duties of the committee.**

910 (1) The purpose of the committee is to direct a statewide effort to collect, analyze, and  
911 distribute health care data to facilitate the promotion and accessibility of quality and  
912 cost-effective health care and also to facilitate interaction among those with concern for health  
913 care issues.

914 (2) The committee shall:

915 (a) develop and adopt by rule, following public hearing and comment, a health data  
916 plan that shall among its elements:

917 (i) identify the key health care issues, questions, and problems amenable to resolution  
918 or improvement through better data, more extensive or careful analysis, or improved  
919 dissemination of health data;

920 (ii) document existing health data activities in the state to collect, organize, or make  
921 available types of data pertinent to the needs identified in Subsection (2)(a)(i);

922 (iii) describe and prioritize the actions suitable for the committee to take in response to  
923 the needs identified in Subsection (2)(a)(i) in order to obtain or to facilitate the obtaining of  
924 needed data, and to encourage improvements in existing data collection, interpretation, and  
925 reporting activities, and indicate how those actions relate to the activities identified under  
926 Subsection (2)(a)(ii);

927 (iv) detail the types of data needed for the committee's work, the intended data  
928 suppliers, and the form in which such data are to be supplied, noting the consideration given to  
929 the potential alternative sources and forms of such data and to the estimated cost to the  
930 individual suppliers as well as to the department of acquiring these data in the proposed  
931 manner; the plan shall reasonably demonstrate that the committee has attempted to maximize  
932 cost-effectiveness in the data acquisition approaches selected;

933 (v) describe the types and methods of validation to be performed to assure data validity  
934 and reliability;

935 (vi) explain the intended uses of and expected benefits to be derived from the data  
936 specified in Subsection (2)(a)(iv), including the contemplated tabulation formats and analysis  
937 methods; the benefits described shall demonstrably relate to one or more of the following:

938 (A) promoting quality health care;

939 (B) managing health care costs; or

940 (C) improving access to health care services;

941 (vii) describe the expected processes for interpretation and analysis of the data flowing  
942 to the committee; noting specifically the types of expertise and participation to be sought in  
943 those processes; and

944 (viii) describe the types of reports to be made available by the committee and the  
945 intended audiences and uses;

946 (b) have the authority to collect, validate, analyze, and present health data in  
947 accordance with the plan while protecting individual privacy through the use of a control  
948 number as the health data identifier;

949 (c) evaluate existing identification coding methods and, if necessary, require by rule  
950 that health data suppliers use a uniform system for identification of patients, health care  
951 facilities, and health care providers on health data they submit under this chapter; and

952 ~~[(d) report biennially to the governor and the Legislature on how the committee is~~  
953 ~~meeting its responsibilities under this chapter; and]~~

954 ~~[(e)]~~ (d) advise, consult, contract, and cooperate with any corporation, association, or  
955 other entity for the collection, analysis, processing, or reporting of health data identified by  
956 control number only in accordance with the plan.

957 (3) The committee may adopt rules to carry out the provisions of this chapter in

958 accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act.

959 (4) Except for data collection, analysis, and validation functions described in this  
960 section, nothing in this chapter shall be construed to authorize or permit the committee to  
961 perform regulatory functions which are delegated by law to other agencies of the state or  
962 federal governments or to perform quality assurance or medical record audit functions that  
963 health care facilities, health care providers, or third party payors are required to conduct to  
964 comply with federal or state law. The committee may not recommend or determine whether a  
965 health care provider, health care facility, third party payor, or self-funded employer is in  
966 compliance with federal or state laws including federal or state licensure, insurance,  
967 reimbursement, tax, malpractice, or quality assurance statutes or common law.

968 (5) Nothing in this chapter shall be construed to require a data supplier to supply health  
969 data identifying a patient by name or describing detail on a patient beyond that needed to  
970 achieve the approved purposes included in the plan.

971 (6) No request for health data shall be made of health care providers and other data  
972 suppliers until a plan for the use of such health data has been adopted.

973 (7) If a proposed request for health data imposes unreasonable costs on a data supplier,  
974 due consideration shall be given by the committee to altering the request. If the request is not  
975 altered, the committee shall pay the costs incurred by the data supplier associated with  
976 satisfying the request that are demonstrated by the data supplier to be unreasonable.

977 (8) After a plan is adopted as provided in Section 26-33a-106.1, the committee may  
978 require any data supplier to submit fee schedules, maximum allowable costs, area prevailing  
979 costs, terms of contracts, discounts, fixed reimbursement arrangements, capitations, or other  
980 specific arrangements for reimbursement to a health care provider.

981 (9) The committee may not publish any health data collected under Subsection (8) that  
982 would disclose specific terms of contracts, discounts, or fixed reimbursement arrangements, or  
983 other specific reimbursement arrangements between an individual provider and a specific  
984 payer.

985 (10) Nothing in Subsection (8) shall prevent the committee from requiring the  
986 submission of health data on the reimbursements actually made to health care providers from  
987 any source of payment, including consumers.

988 Section 17. Section **26-40-103** is amended to read:



989           **26-40-103. Creation and administration of the Utah Children's Health Insurance**  
990 **Program.**

991           (1) There is created the Utah Children's Health Insurance Program to be administered  
992 by the department in accordance with the provisions of:

993           (a) this chapter; and

994           (b) the State Children's Health Insurance Program, 42 U.S.C. Sec. 1397aa et seq.

995           (2) The department shall:

996           (a) prepare and submit the state's children's health insurance plan before May 1, 1998,  
997 and any amendments to the federal Department of Health and Human Services in accordance  
998 with 42 U.S.C. Sec. 1397ff; and

999           (b) make rules in accordance with Title 63G, Chapter 3, Utah Administrative  
1000 Rulemaking Act regarding:

1001           (i) eligibility requirements consistent with Subsection 26-18-3~~(9)~~(8);

1002           (ii) program benefits;

1003           (iii) the level of coverage for each program benefit;

1004           (iv) cost-sharing requirements for enrollees, which may not:

1005           (A) exceed the guidelines set forth in 42 U.S.C. Sec. 1397ee; or

1006           (B) impose deductible, copayment, or coinsurance requirements on an enrollee for  
1007 well-child, well-baby, and immunizations;

1008           (v) the administration of the program; and

1009           (vi) a requirement that:

1010           (A) enrollees in the program shall participate in the electronic exchange of clinical  
1011 health records established in accordance with Section 26-1-37 unless the enrollee opts out of  
1012 participation;

1013           (B) prior to enrollment in the electronic exchange of clinical health records the enrollee  
1014 shall receive notice of the enrollment in the electronic exchange of clinical health records and  
1015 the right to opt out of participation at any time; and

1016           (C) beginning July 1, 2012, when the program sends enrollment or renewal information  
1017 to the enrollee and when the enrollee logs onto the program's website, the enrollee shall receive  
1018 notice of the right to opt out of the electronic exchange of clinical health records.

1019           Section 18. Section **26-40-109** is amended to read:

1020           **26-40-109. Evaluation.**

1021           [(+) The department shall develop performance measures and annually evaluate the  
1022 program's performance.

1023           ~~[(2) The department shall report annually on its evaluation to the Health and Human  
1024 Services Interim Committee of the Legislature before November 1.]~~

1025           Section 19. Section **26-47-102** is amended to read:

1026           **26-47-102. Prescription Drug Assistance Program.**

1027           (1) No later than October 1, 2003, the department shall implement a Prescription Drug  
1028 Assistance Program. The program shall assist persons seeking information about how to obtain  
1029 prescription drugs at a reduced price or no cost. The program shall:

1030           (a) collect eligibility and enrollment information about programs that make  
1031 prescription drugs available to consumers at a reduced price or no cost;

1032           (b) provide information collected under Subsection (1)(a) to consumers upon request  
1033 via a toll-free phone line, the Internet, and mail;

1034           (c) inform pharmacists and other health care providers of the Prescription Drug  
1035 Assistance Program; and

1036           (d) assist consumers in completing applications to participate in programs identified  
1037 under Subsection (1)(a).

1038           (2) Any pharmaceutical manufacturer, distributor, or wholesaler operating in the state  
1039 shall:

1040           (a) notify the department of any program operated by it to provide prescription drugs to  
1041 consumers at a reduced price or no cost; and

1042           (b) provide the department with information about eligibility, enrollment, and benefits.

1043           (3) Pharmacies, as defined in Title 58, Chapter 17b, Pharmacy Practice Act, shall  
1044 notify their patients of the Prescription Drug Assistance Program. This notification shall  
1045 include displaying the program's toll-free number, and may include distributing a brochure or  
1046 oral communication.

1047           (4) The department may accept grants, gifts, and donations of money or property for  
1048 use by the Prescription Drug Assistance Program.

1049           ~~[(5) The department shall report to the Health and Human Services Interim Committee  
1050 and the Social Services Appropriations Subcommittee on the performance of the Prescription~~

1051 ~~Drug Assistance Program prior to the 2004 and 2005 Annual General Sessions of the~~  
1052 ~~Legislature.]~~

1053 Section 20. Section **26-47-103** is amended to read:

1054 **26-47-103. Department to award grants for assistance to persons with bleeding**  
1055 **disorders.**

1056 (1) For purposes of this section:

1057 (a) "Hemophilia services" means a program for medical care, including the costs of  
1058 blood transfusions, and the use of blood derivatives and blood clotting factors.

1059 (b) "Person with a bleeding disorder" means a person:

1060 (i) who is medically diagnosed with hemophilia or a bleeding disorder;

1061 (ii) who is not eligible for Medicaid or the Children's Health Insurance Program; and

1062 (iii) who has either:

1063 (A) insurance coverage that excludes coverage for hemophilia services;

1064 (B) exceeded the person's insurance plan's annual maximum benefits;

1065 (C) exceeded the person's annual or lifetime maximum benefits payable under Title  
1066 31A, Chapter 29, Comprehensive Health Insurance Pool Act; or

1067 (D) insurance coverage available under either private health insurance, Title 31A,  
1068 Chapter 29, Comprehensive Health Insurance Pool Act, Utah mini COBRA coverage under  
1069 Section 31A-22-722, or federal COBRA coverage, but the premiums for that coverage are  
1070 greater than a percentage of the person's annual adjusted gross income as established by the  
1071 department by administrative rule.

1072 (2) (a) Within appropriations specified by the Legislature for this purpose, the  
1073 department shall make grants to public and nonprofit entities who assist persons with bleeding  
1074 disorders with the cost of obtaining hemophilia services or the cost of insurance premiums for  
1075 coverage of hemophilia services.

1076 (b) Applicants for grants under this section:

1077 (i) shall be submitted to the department in writing; and

1078 (ii) shall comply with Subsection (3).

1079 (3) Applications for grants under this section shall include:

1080 (a) a statement of specific, measurable objectives, and the methods to be used to assess  
1081 the achievement of those objectives;

1082 (b) a description of the personnel responsible for carrying out the activities of the grant  
1083 along with a statement justifying the use of any grant funds for the personnel;

1084 (c) letters and other forms of evidence showing that efforts have been made to secure  
1085 financial and professional assistance and support for the services to be provided under the  
1086 grant;

1087 (d) a list of services to be provided by the applicant;

1088 (e) the schedule of fees to be charged by the applicant; and

1089 (f) other provisions as determined by the department.

1090 (4) The department may accept grants, gifts, and donations of money or property for  
1091 use by the grant program.

1092 (5) ~~(a)~~ The department shall establish rules in accordance with Title 63G, Chapter 3,  
1093 Utah Administrative Rulemaking Act, governing the application form, process, and criteria it  
1094 will use in awarding grants under this section.

1095 ~~[(b) The department shall submit an annual report on the implementation of the grant  
1096 program.]~~

1097 ~~[(i) by no later than November 1; and]~~

1098 ~~[(ii) to the Health and Human Services Interim Committee and the Social Services  
1099 Appropriations Subcommittee.]~~

1100 **§→ [Section 21. Section 26-52-202 is amended to read:**

1101 ~~———— 26-52-202. Autism Treatment Account Advisory Committee -- Membership --~~  
1102 **Time limit.**

1103 ~~———— (1) (a) There is created an Autism Treatment Account Advisory Committee consisting~~  
1104 **of six members appointed by the governor to two-year terms of office as follows:**

1105 ~~———— (i) one person holding a doctorate degree who has experience in treating persons with~~  
1106 **an autism spectrum disorder;**

1107 ~~———— (ii) one person who is a board-certified behavior analyst;~~

1108 ~~———— (iii) one person who is a physician licensed under Title 58, Chapter 67, Utah Medical~~  
1109 **Practice Act, or Title 58, Chapter 68, Utah Osteopathic Medical Practice Act, who has**  
1110 **completed a residency program in pediatrics;**

1111 ~~———— (iv) one person who is employed in the Department of Health; and~~

1112 ~~———— (v) two persons from the community who are familiar with autism spectrum disorders~~ ← **§**

1113 ~~§~~→and their effects, diagnosis, treatment, rehabilitation, and support needs, including:

1114 ——— (A) family members of a person with an autism spectrum disorder;

1115 ——— (B) representatives of an association which advocates for persons with an autism

1116 spectrum disorder; and

1117 ——— (C) specialists or professionals who work with persons with autism spectrum disorders.

1118 ——— (b) Notwithstanding the requirements of Subsection (1)(a), the governor shall, at the

1119 time of appointment or reappointment, adjust the length of terms to ensure that the terms of

1120 committee members are staggered so that approximately half of the committee is appointed

1121 every year.

1122 ——— (c) If a vacancy occurs in the committee membership for any reason, a replacement

1123 may be appointed for the unexpired term.

1124 ——— (2) The department shall provide staff support to the committee.

1125 ——— (3) (a) The committee shall elect a chair from the membership on an annual basis.

1126 ——— (b) A majority of the committee constitutes a quorum at any meeting, and, if a quorum

1127 exists, the action of the majority of members present shall be the action of the committee.

1128 ——— (c) The executive director may remove a committee member:

1129 ——— (i) if the member is unable or unwilling to carry out the member's assigned

1130 responsibilities; or

1131 ——— (ii) for good cause.

1132 ——— (4) The committee may, in accordance with Title 63G, Chapter 3, Utah Administrative

1133 Rulemaking Act, make rules governing the committee's activities, which rules shall:

1134 ——— (a) comply with the requirements of this title; and

1135 ——— (b) include:

1136 ——— (i) qualification criteria and procedures for selecting children who may qualify for

1137 assistance from the account;

1138 ——— (ii) qualifications, criteria, and procedures for evaluating the services and providers to

1139 include in the program, which shall include at least:

1140 ——— (A) applied behavior analysis provided by or supervised by a board certified behavior

1141 analyst or a licensed psychologist with equivalent university training and supervised

1142 experience;

1143 ——— (B) collaboration with existing telehealth networks to reach children in rural and ←§

1144 ~~§ under-served areas of the state; and~~  
 1145 ~~—— (C) methods to engage family members in the treatment process; and~~  
 1146 ~~—— (iii) provisions to address and avoid conflicts of interest that may arise in relation to the~~  
 1147 ~~committee's work.~~  
 1148 ~~—— (5) The committee shall meet as necessary to carry out its duties and shall meet upon a~~  
 1149 ~~call of the committee chair or a call of a majority of the committee members.~~  
 1150 ~~—— (6) The committee shall comply with the procedures and requirements of:~~  
 1151 ~~—— (a) Title 52, Chapter 4, Open and Public Meetings Act; and~~  
 1152 ~~—— (b) Title 63G, Chapter 2, Government Records Access and Management Act.~~  
 1153 ~~—— (7) Committee members shall receive no compensation or per diem allowance for their~~  
 1154 ~~services.~~  
 1155 ~~—— (8) (a) Not later than November 30 of each year, the committee shall provide a written~~  
 1156 ~~report summarizing the activities of the committee to: (i) the executive director [of the~~  
 1157 ~~department;]~~  
 1158 ~~—— [(ii) the Legislature's Health and Human Services Interim Committee; and]~~  
 1159 ~~—— [(iii) the Legislature's Social Services Appropriations Subcommittee.]~~  
 1160 ~~—— (b) The report under Subsection (8)(a) shall include:~~  
 1161 ~~—— (i) the number of children diagnosed with autism spectrum disorder who are receiving~~  
 1162 ~~services under this chapter;~~  
 1163 ~~—— (ii) the types of services provided to children under this chapter; and~~  
 1164 ~~—— (iii) results of any evaluations on the effectiveness of treatments and services provided~~  
 1165 ~~under this chapter.] ←§~~

1166 Section 22. Section 31A-22-626 is amended to read:

1167 **31A-22-626. Coverage of diabetes.**

1168 (1) As used in this section, "diabetes" includes individuals with:

1169 (a) complete insulin deficiency or type 1 diabetes;

1170 (b) insulin resistant with partial insulin deficiency or type 2 diabetes; and

1171 (c) elevated blood glucose levels induced by pregnancy or gestational diabetes.

1172 (2) The commissioner shall establish, by rule, minimum standards of coverage for  
 1173 diabetes for accident and health insurance policies that provide a health insurance benefit  
 1174 before July 1, 2000.

1175 (3) In making rules under Subsection (2), the commissioner shall require rules:  
 1176 (a) with durational limits, amount limits, deductibles, and coinsurance for the treatment  
 1177 of diabetes equitable or identical to coverage provided for the treatment of other illnesses or  
 1178 diseases; and

1179 (b) that provide coverage for:

1180 (i) diabetes self-management training and patient management, including medical  
 1181 nutrition therapy as defined by rule, provided by an accredited or certified program and referred  
 1182 by an attending physician within the plan and consistent with the health plan provisions for  
 1183 self-management education:

1184 (A) recognized by the federal Health Care Financing Administration; or

1185 (B) certified by the Department of Health; and

1186 (ii) the following equipment, supplies, and appliances to treat diabetes when medically  
 1187 necessary:

1188 (A) blood glucose monitors, including those for the legally blind;

1189 (B) test strips for blood glucose monitors;

1190 (C) visual reading urine and ketone strips;

1191 (D) lancets and lancet devices;

1192 (E) insulin;

1193 (F) injection aides, including those adaptable to meet the needs of the legally blind, and  
 1194 infusion delivery systems;

1195 (G) syringes;

1196 (H) prescriptive oral agents for controlling blood glucose levels; and

1197 (I) glucagon kits.

1198 ~~[(4) (a) Before October 1, 2003, the commissioner shall report to the Health and~~  
 1199 ~~Human Services Interim Committee on the effects of Section 31A-22-626. The report shall be~~  
 1200 ~~based on three years of data and shall include, to the extent possible:]~~

1201 ~~[(i) a review of the rules established under Subsection (3);]~~

1202 ~~[(ii) the change in availability of coverage resulting from this section;]~~

1203 ~~[(iii) the extent to which persons have been benefitted by the provisions of this section;~~  
 1204 ~~and]~~

1205 ~~[(iv) the impact of this section on premiums.]~~

1206 ~~[(b) The Legislature shall consider the results of the report under Subsection (4)(a)~~  
1207 ~~when determining whether to reauthorize the provisions of this section.]~~

1208 Section 23. Section **31A-22-633** is amended to read:

1209 **31A-22-633. Exemptions from standards.**

1210 Notwithstanding the provisions of Title 31A, Insurance Code, any accident and health  
1211 insurer or health maintenance organization may offer a choice of coverage that is less or  
1212 different than is otherwise required by applicable state law if:

1213 (1) the Department of Health offers a choice of coverage as part of a Medicaid waiver  
1214 under Title 26, Chapter 18, Medical Assistance Act, which includes:

1215 (a) less or different coverage than the basic coverage;

1216 (b) less or different coverage than is otherwise required in an insurance policy or health  
1217 maintenance organization contract under applicable state law; or

1218 (c) less or different coverage than required by Subsection 31A-22-605(4)(b); and

1219 (2) the choice of coverage offered by the carrier:

1220 (a) is the same or similar coverage as the coverage offered by the Department of Health  
1221 under Subsection (1);

1222 (b) is offered to the same or similar population as the coverage offered by the  
1223 Department of Health under Subsection (1); and

1224 (c) contains an explanation for each insured of coverage exclusions and limitations[;].

1225 ~~[(3) the commissioner and the executive director of the Department of Health shall~~  
1226 ~~report to the Health and Human Services Interim Committee prior to November 15 of each year~~  
1227 ~~concerning:]~~

1228 ~~[(a) the number of lives covered under any policy offered under the provisions of this~~  
1229 ~~section or under the Medicaid waiver described in Subsection (1);]~~

1230 ~~[(b) the claims experienced under the policies or Medicaid programs described in~~  
1231 ~~Subsection (3)(a);]~~

1232 ~~[(c) any cost shifting to the private sector for care not covered under the programs or~~  
1233 ~~policies described in Subsection (3)(a); and]~~

1234 ~~[(d) efforts or agreements between the Department of Health, the commissioner,~~  
1235 ~~insurers regulated under this chapter, and health care providers regarding combining publicly~~  
1236 ~~funded coverage with private, employer-based coverage to increase benefits and health care~~



1237 coverage.]

1238 Section 24. Section **35A-3-207** is amended to read:

1239 **35A-3-207. Community-based prevention programs.**

1240 (1) As used in this section:

1241 (a) "political subdivision" means a town, city, county, or school district;

1242 (b) "qualified sponsor" means a:

1243 (i) political subdivision;

1244 (ii) community nonprofit, religious, or charitable organization;

1245 (iii) regional or statewide nonprofit organization; or

1246 (iv) private for profit or nonprofit child care organization with experience and expertise

1247 in operating community-based prevention programs described in Subsection (2) and that are

1248 licensed under Title 62A, Chapter 2, Licensure of Programs and Facilities.

1249 (2) Within appropriations from the Legislature, the department may provide grants to  
1250 qualified sponsors for community-based prevention programs that:

1251 (a) support parents in their primary care giving role to children;

1252 (b) provide positive alternatives to idleness for school-aged children when school is not  
1253 in session; and

1254 (c) support other community-based prevention programs.

1255 (3) In awarding grants under this section, the department shall:

1256 (a) request proposals for funding from potential qualified sponsors; and

1257 (b) comply with the requirements of Subsection (4).

1258 (4) In awarding these grants, the department shall ensure that each dollar of funds from  
1259 political subdivisions or private funds is matched for each dollar received from the department.

1260 The value of in-kind contributions such as materials, supplies, paid labor, volunteer labor, and  
1261 the incremental increase in building maintenance and operation expenses incurred attributable  
1262 to the prevention program may be considered in meeting this match requirement.

1263 (5) In awarding a grant under this section, the department shall consider:

1264 (a) the cash portion of the proposed match in relation to the financial resources of the  
1265 qualified sponsor; and

1266 (b) the extent to which the qualified sponsor has:

1267 (i) consulted and collaborated with parents of children who are likely to participate,

1268 local parent-teacher organizations, and other parent organizations[, and the appropriate local  
1269 interagency council established under Section ~~63M-9-301~~];

1270 (ii) identified at risk factors that will be ameliorated through the proposed prevention  
1271 program;

1272 (iii) identified protective factors and developmental assets that will be supported and  
1273 strengthened through the proposed prevention program; and

1274 (iv) the financial support of parents and the organizations specified in Subsection  
1275 (5)(b)(i).

1276 (6) At least 50 percent of the grants awarded under this section shall be awarded to  
1277 organizations described in Subsection (1)(b)(iv).

1278 (7) No federal funds shall be used as matching funds under this act.

1279 Section 25. Section **51-9-201** is amended to read:

1280 **51-9-201. Creation of Tobacco Settlement Restricted Account.**

1281 (1) There is created within the General Fund a restricted account known as the  
1282 "Tobacco Settlement Restricted Account."

1283 (2) The account shall earn interest.

1284 (3) The account shall consist of:

1285 (a) on and after July 1, 2007, 60% of all funds of every kind that are received by the  
1286 state that are related to the settlement agreement that the state entered into with leading tobacco  
1287 manufacturers on November 23, 1998; and

1288 (b) interest earned on the account.

1289 (4) To the extent that funds will be available for appropriation in a given fiscal year,  
1290 those funds shall be appropriated from the account in the following order:

1291 (a) \$66,600 to the Office of the Attorney General for ongoing enforcement and defense  
1292 of the Tobacco Settlement Agreement;

1293 (b) \$18,500 to the State Tax Commission for ongoing enforcement of business  
1294 compliance with the Tobacco Tax Settlement Agreement;

1295 (c) \$10,452,900 to the Department of Health for the Children's Health Insurance  
1296 Program created in Section 26-40-103 and for restoration of dental benefits in the Children's  
1297 Health Insurance Program;

1298 (d) \$3,847,100 to the Department of Health for alcohol, tobacco, and other drug

1299 prevention, reduction, cessation, and control programs that promote unified messages and  
 1300 make use of media outlets, including radio, newspaper, billboards, and television, and with a  
 1301 preference in funding given to tobacco-related programs;

1302 (e) \$193,700 to the Administrative Office of the Courts and \$2,325,400 to the  
 1303 Department of Human Services for the statewide expansion of the drug court program;

1304 (f) \$4,000,000 to the State Board of Regents for the University of Utah Health Sciences  
 1305 Center to benefit the health and well-being of Utah citizens through in-state research,  
 1306 treatment, and educational activities; and

1307 (g) any remaining funds as directed by the Legislature through appropriation.

1308 ~~[(5) Each state agency identified in Subsection (4) shall provide an annual report on the~~  
 1309 ~~program and activities funded under Subsection (4) to:]~~

1310 ~~[(a) the Health and Human Services Interim Committee no later than September 1;~~  
 1311 ~~and]~~

1312 ~~[(b) the Social Services Appropriations Subcommittee.]~~

1313 Section 26. Section **53A-15-205** is amended to read:

1314 **53A-15-205. Disability Determination Services Advisory Council -- Membership**  
 1315 **-- Duties -- Requirements for DDDS.**

1316 (1) As used in this section, "council" means the Disability Determination Services  
 1317 Advisory Council created in Subsection (2).

1318 (2) There is created the Disability Determination Services Advisory Council to act as  
 1319 an advisory council to the State Board of Education regarding the Division of Disability  
 1320 Determination Services (DDDS) established under Chapter 24, Part 5, Division of Disability  
 1321 Determination Services.

1322 (3) The council is composed of the following members:

1323 (a) the administrator of DDDS;

1324 (b) a representative of the United States Department of Health and Human Services,  
 1325 Social Security Administration, appointed by the board; and

1326 (c) nine persons, appointed by the board in accordance with Subsections (5) and (6),  
 1327 who represent a cross section of:

1328 (i) persons with disabilities;

1329 (ii) advocates for persons with disabilities;

- 1330 (iii) health care providers;
- 1331 (iv) representatives of allied state and local agencies; and
- 1332 (v) representatives of the general public.
- 1333 (4) The members appointed under Subsections (3)(a) and (3)(b) serve as nonvoting
- 1334 members of the council.
- 1335 (5) In appointing the members described in Subsection (3)(c), the board shall:
- 1336 (a) solicit nominations from organizations and agencies that represent the interests of
- 1337 members described in that subsection; and
- 1338 (b) make every effort to create a balance in terms of geography, sex, race, ethnicity,
- 1339 and type of both mental and physical disabilities.
- 1340 (6) (a) In making initial appointments of members described in Subsection (3)(c), the
- 1341 board shall appoint three members for two-year terms, three members for four-year terms, and
- 1342 three members for six-year terms. All subsequent appointments are for four years.
- 1343 (b) The board shall fill any vacancy that occurs on the council for any reason by
- 1344 appointing a person for the unexpired term of the vacated member.
- 1345 (c) Council members are eligible for one reappointment and serve until their successors
- 1346 are appointed.
- 1347 (7) Five voting members of the council constitute a quorum. The action of a majority
- 1348 of a quorum represents the action of the council.
- 1349 (8) Members of the council serve without compensation but may be reimbursed for
- 1350 expenses incurred in the performance of their official duties.
- 1351 (9) (a) The council shall annually elect a chairperson from among the membership
- 1352 described, and shall adopt bylaws governing its activities.
- 1353 (b) The chairperson shall set the meeting agenda.
- 1354 (10) The council shall:
- 1355 (a) advise DDDS and the Social Security Administration regarding its practices and
- 1356 policies on the determination of claims for Social Security disability benefits;
- 1357 (b) participate in the development of new internal practices and procedures of DDDS
- 1358 and policies of the Social Security Administration regarding the evaluation of disability claims;
- 1359 (c) recommend changes to practices and policies to ensure that DDDS is responsive to
- 1360 individuals with a disability;

1361 (d) review the DDDS budget to ensure that it is adequate to effectively evaluate  
1362 disability claims and to meet the needs of persons with disabilities who have claims pending  
1363 with DDDS; and

1364 (e) review and recommend changes to policies and practices of allied state and federal  
1365 agencies, health care providers, and private community organizations.

1366 (11) The council shall annually report to the board~~[- the governor, and the Legislative~~  
1367 ~~Health and Human Services Interim Committee]~~ regarding its activities.

1368 (12) (a) To assist the council in its duties, DDDS shall provide the necessary staff  
1369 assistance to enable the council to make timely and effective recommendations.

1370 (b) Staff assistance may include:

1371 (i) distributing meeting agendas;

1372 (ii) advising the chairpersons of the council regarding relevant items for council  
1373 discussion; and

1374 (iii) providing reports, documents, budgets, memorandums, statutes, and regulations  
1375 regarding the management of DDDS.

1376 (c) Staff assistance shall include maintaining minutes.

1377 Section 27. Section **58-37f-801** is amended to read:

1378 **58-37f-801. Pilot program for real-time reporting for controlled substance**  
1379 **database -- Statewide implementation.**

1380 (1) As used in this section:

1381 (a) "Pilot area" means the areas of the state that the division determines to operate the  
1382 pilot program in, under Subsection (3), which may include:

1383 (i) the entire state; or

1384 (ii) geographical areas within the state.

1385 (b) "Pilot program" means the pilot program described in this section.

1386 (2) There is established a pilot program for real-time reporting of data to, and access to  
1387 data from, the database by a pharmacy, a pharmaceutical facility, or a prescribing practitioner  
1388 beginning on July 1, 2010, and ending on July 1, 2012.

1389 (3) In addition to fulfilling the requirements relating to the database on a statewide  
1390 basis, the division shall, in accordance with Subsection (4), upgrade, administer, and direct the  
1391 functioning of the database in geographical areas specified by the division, or on a statewide

1392 basis, in a manner that provides for real-time reporting of information entered into, and  
1393 accessed from, the database by a pharmacy or pharmaceutical facility.

1394 (4) The division shall, under state procurement laws, and with the technical assistance  
1395 of the Department of Technology Services, contract with a private entity to upgrade, operate,  
1396 and maintain the database in the pilot area.

1397 (5) (a) All provisions and requirements of the statewide database, described in the  
1398 other parts of this chapter, are applicable to the database in the pilot area, to the extent that they  
1399 do not conflict with the requirements of this section.

1400 (b) For purposes of the other parts of this chapter, and this section, the database in the  
1401 pilot area is considered part of the statewide database.

1402 (6) A pharmacy or pharmaceutical facility shall cooperate with the division, or the  
1403 division's designee, to provide real-time submission of, and access to, information for the  
1404 database:

1405 (a) in the pilot area; and

1406 (b) when the division implements the pilot program as a permanent program under  
1407 Subsection ~~[(10)]~~ (9), on a statewide basis.

1408 (7) The penalties and enforcement provisions described in the other parts of this  
1409 chapter apply to enforce the provisions of this section in relation to a pharmacy or  
1410 pharmaceutical facility that is located in, or operates in, the pilot area.

1411 (8) The division may make rules, in accordance with Title 63G, Chapter 3, Utah  
1412 Administrative Rulemaking Act, to provide for the real-time reporting of, and access to,  
1413 information in accordance with the requirements of this section.

1414 ~~[(9) During the Legislature's 2009 interim, the division shall report to the Health and  
1415 Human Services Interim Committee regarding:]~~

1416 ~~[(a) the implementation, operation, and impact of the pilot program established in this  
1417 section;]~~

1418 ~~[(b) the progress made by the division in implementing the pilot program on a  
1419 statewide basis;]~~

1420 ~~[(c) the advisability of, and projected costs of, implementing the pilot program on a  
1421 statewide basis; and]~~

1422 ~~[(d) the use of the database by prescribing practitioners.]~~

1423           ~~[(10)]~~ (9) The division shall, on or before July 1, 2012, implement the pilot program as  
1424 a permanent program on a statewide basis.

1425           ~~[(11)]~~ (10) (a) The division shall, through the private entity contracted with under  
1426 Subsection (4), provide, free of charge, to a pharmacy or pharmaceutical facility that is required  
1427 to comply with Subsection (6), software, software installation assistance, and training, that will  
1428 enable the pharmacy or pharmaceutical facility to comply with Subsection (6).

1429           (b) Notwithstanding Subsection ~~[(11)]~~ (10)(a), a pharmacy or pharmaceutical facility  
1430 required to comply with Subsection (6) may, instead of accepting installation of the software  
1431 provided by the division under Subsection ~~[(11)]~~ (10)(a), modify its own software in order to  
1432 comply with the requirements of Subsection (6), if the modification is made:

1433           (i) except as provided in Subsection ~~[(11)]~~ (10)(d), at the expense of the pharmacy or  
1434 pharmaceutical facility;

1435           (ii) in consultation with the division; and

1436           (iii) within six months after the division notifies the pharmacy or pharmaceutical  
1437 facility, in writing, of the division's intention to install the software described in Subsection  
1438 ~~[(11)]~~ (10)(a).

1439           (c) The division shall, through the private entity contracted with under Subsection (4),  
1440 cooperate with a pharmacy or pharmaceutical facility that is required to comply with  
1441 Subsection (6), to ensure that the installation and operation of the software described in  
1442 Subsection ~~[(11)]~~ (10)(a), or the provision of information from the pharmacy or pharmaceutical  
1443 facility to the database:

1444           (i) complies with the security standards described in 45 C.F.R. Parts 160, 162, and 164,  
1445 Health Insurance Reform: Security Standards;

1446           (ii) does not interfere with the proper functioning of the pharmacy's or pharmaceutical  
1447 facility's software or computer system; and

1448           (iii) in order to minimize changes in existing protocols, provides, to the extent  
1449 practicable, for the transmission of data in the same manner that pharmacies currently transmit  
1450 information to insurance companies.

1451           (d) The division may, within funds appropriated by the Legislature for this purpose,  
1452 reimburse a pharmacy for all or part of the costs of the in-house programming described in  
1453 Subsection ~~[(11)]~~ (10)(b), if:

- 1454 (i) the pharmacy requests the reimbursement, in writing;
- 1455 (ii) the pharmacy provides proof of the costs for the in-house programming to the
- 1456 division;
- 1457 (iii) the pharmacy requests the reimbursement prior to a deadline established by the
- 1458 division; and
- 1459 (iv) except as provided in Subsection ~~[(11)]~~ (10)(e), the division pays an equal
- 1460 reimbursement amount to each pharmacy that complies with Subsections ~~[(11)]~~ (10)(d)(i)
- 1461 through (iii).
- 1462 (e) The division may reimburse a pharmacy described in Subsection ~~[(11)]~~ (10)(d)(iv)
- 1463 for an amount that is less than the reimbursement paid to other pharmacies described in
- 1464 Subsection ~~[(11)]~~ (10)(d)(iv), if:
- 1465 (i) the proof of costs for in-house programming provided by the pharmacy establishes a
- 1466 cost less than the amount reimbursed to the other pharmacies; and
- 1467 (ii) the amount reimbursed to the pharmacy is equal to the amount established by the
- 1468 proof of costs for in-house programming submitted by the pharmacy.
- 1469 (f) Notwithstanding any other provision of this section, the division may, by rule, allow
- 1470 up to 24 hours for the reporting of data to the database by a non-resident pharmacy, as defined
- 1471 in Section 58-17b-102.

Section 28. Section **58-77-201** is amended to read:

**58-77-201. Board.**

- 1474 (1) There is created the Licensed Direct-entry Midwife Board consisting of:
- 1475 (a) four licensed Direct-entry midwives; and
- 1476 (b) one member of the general public.
- 1477 (2) The board shall be appointed and serve in accordance with Section 58-1-201.
- 1478 (3) (a) The duties and responsibilities of the board shall be in accordance with Sections
- 1479 58-1-202 and 58-1-203.
- 1480 (b) The board shall designate one of its members on a permanent or rotating basis to:
- 1481 (i) assist the division in reviewing complaints concerning the unlawful or
- 1482 unprofessional conduct of a licensed Direct-entry midwife; and
- 1483 (ii) advise the division in its investigation of these complaints.
- 1484 ~~[(c)(i) For the years 2006 through 2011, the board shall present an annual report to the~~



1485 Legislature's Health and Human Services Interim Committee describing the outcome data of  
 1486 licensed Direct-entry midwives practicing in Utah.]

1487 [ ~~(ii) The board shall base its report on data provided in large part from the Midwives'~~  
 1488 ~~Alliance of North America.~~]

1489 (4) A board member who has, under Subsection (3), reviewed a complaint or advised  
 1490 in its investigation may be disqualified from participating with the board when the board serves  
 1491 as a presiding officer in an adjudicative proceeding concerning the complaint.

1492 (5) Qualified faculty, board members, and other staff of Direct-entry midwifery  
 1493 learning institutions may serve as one or more of the licensed Directed-entry midwives on the  
 1494 board.

1495 **§→ [Section 29. Section 59-14-204 is amended to read:**

1496 ~~———— 59-14-204. Tax basis -- Rate -- Future increase -- Cigarette Tax Restricted~~  
 1497 ~~Account -- Appropriation and expenditure of revenues.~~

1498 ~~———— (1) Except for cigarettes described under Subsection 59-14-210(3), there is levied a tax~~  
 1499 ~~upon the sale, use, storage, or distribution of cigarettes in the state.~~

1500 ~~———— (2) The rates of the tax levied under Subsection (1) are, beginning on July 1, 2010:~~

1501 ~~———— (a) 8.5 cents on each cigarette, for all cigarettes weighing not more than three pounds~~  
 1502 ~~per thousand cigarettes; and~~

1503 ~~———— (b) 9.963 cents on each cigarette, for all cigarettes weighing in excess of three pounds~~  
 1504 ~~per thousand cigarettes.~~

1505 ~~———— (3) Except as otherwise provided under this chapter, the tax levied under Subsection~~  
 1506 ~~(1) shall be paid by any person who is the manufacturer, jobber, importer, distributor,~~  
 1507 ~~wholesaler, retailer, user, or consumer.~~

1508 ~~———— (4) The tax rates specified in this section shall be increased by the commission by the~~  
 1509 ~~same amount as any future reduction in the federal excise tax on cigarettes.~~

1510 ~~———— (5) (a) There is created within the General Fund a restricted account known as the~~  
 1511 ~~"Cigarette Tax Restricted Account."~~

1512 ~~———— (b) The Cigarette Tax Restricted Account consists of:~~

1513 ~~———— (i) the first \$7,950,000 of the revenues collected from a tax under this section; and~~

1514 ~~———— (ii) any other appropriations the Legislature makes to the Cigarette Tax Restricted~~  
 1515 ~~Account. ← §~~

1516 — ~~§(c) For each fiscal year beginning with fiscal year 2011-12 and subject to appropriation~~  
 1517 ~~by the Legislature, the Division of Finance shall distribute money from the Cigarette Tax~~  
 1518 ~~Restricted Account as follows:~~

1519 — ~~(i) \$250,000 to the Department of Health to be expended for a tobacco prevention and~~  
 1520 ~~control media campaign targeted towards children;~~

1521 — ~~(ii) \$2,900,000 to the Department of Health to be expended for tobacco prevention,~~  
 1522 ~~reduction, cessation, and control programs;~~

1523 — ~~(iii) \$2,000,000 to the University of Utah Health Sciences Center for the Huntsman~~  
 1524 ~~Cancer Institute to be expended for cancer research; and~~

1525 — ~~(iv) \$2,800,000 to the University of Utah Health Sciences Center to be expended for~~  
 1526 ~~medical education at the University of Utah School of Medicine.~~

1527 — ~~(d) In determining how to appropriate revenue deposited into the Cigarette Tax~~  
 1528 ~~Restricted Account that is not otherwise appropriated under Subsection (5)(c), the Legislature~~  
 1529 ~~shall give particular consideration to enhancing Medicaid provider reimbursement rates and~~  
 1530 ~~medical coverage for the uninsured.~~

1531 — ~~{(e) Any program or entity that receives funding under Subsection (5)(c) shall provide~~  
 1532 ~~an annual report to the Health and Human Services Interim Committee no later than September~~  
 1533 ~~1 of each year. The report shall include:}~~

1534 — ~~{(i) the amount funded;}~~

1535 — ~~{(ii) the amount expended;}~~

1536 — ~~{(iii) a description of the effectiveness of the program; and}~~

1537 — ~~{(iv) if the program is a tobacco cessation program, the report required in Section~~  
 1538 ~~51-9-203.} ←§~~

1539 Section 30. Section **62A-3-110** is amended to read:

1540 **62A-3-110. "Out and About" Homebound Transportation Assistance Fund.**

1541 (1) (a) There is created a restricted special revenue fund known as the "Out and About"  
 1542 Homebound Transportation Assistance Fund.

1543 (b) The "Out and About" Homebound Transportation Assistance Fund shall consist of:

1544 (i) private contributions;

1545 (ii) donations or grants from public or private entities;

1546 (iii) voluntary donations collected under Section 53-3-214.8; and

- 1547 (iv) interest and earnings on account money.
- 1548 (c) The cost of administering the "Out and About" Homebound Transportation  
1549 Assistance Fund shall be paid from money in the fund.
- 1550 (2) The Division of Aging and Adult Services in the Department of Human Services  
1551 shall:
- 1552 (a) administer the funds contained in the "Out and About" Homebound Transportation  
1553 Assistance Fund; and
- 1554 (b) select qualified organizations and distribute the funds in the "Out and About"  
1555 Homebound Transportation Assistance Fund in accordance with Subsection (3)~~[-and].~~  
1556 ~~[(c) make an annual report on the "Out and About" Homebound Transportation~~  
1557 ~~Assistance Fund to the Social Services Appropriations Subcommittee.]~~
- 1558 (3) (a) The division may distribute the funds in the "Out and About" Homebound  
1559 Transportation Assistance Fund to a selected organization that provides public transportation to  
1560 aging persons, high risk adults, or people with disabilities.
- 1561 (b) An organization that provides public transportation to aging persons, high risk  
1562 adults, or people with disabilities may apply to the Division of Aging and Adult Services, in a  
1563 manner prescribed by the division, to receive all or part of the money contained in the "Out and  
1564 About" Homebound Transportation Assistance Fund.
- 1565 Section 31. Section **62A-5-105** is amended to read:
- 1566 **62A-5-105. Division responsibilities -- Policy mediation.**
- 1567 (1) The division shall establish its rules in accordance with:
- 1568 (a) the policy of the Legislature as set forth by this chapter; and  
1569 (b) Title 63G, Chapter 3, Utah Administrative Rulemaking Act.
- 1570 (2) The division shall:
- 1571 (a) establish program policy for the division, the developmental center, and programs  
1572 and facilities operated by or under contract with the division;
- 1573 (b) establish rules for the assessment and collection of fees for programs within the  
1574 division;
- 1575 (c) no later than July 1, 2003, establish a graduated fee schedule based on ability to pay  
1576 and implement the schedule with respect to service recipients and their families where not  
1577 otherwise prohibited by federal law or regulation or not otherwise provided for in Section

1578 62A-5-109;

1579 (d) establish procedures to ensure that private citizens, consumers, private contract  
1580 providers, allied state and local agencies, and others are provided with an opportunity to  
1581 comment and provide input regarding any new policy or proposed revision to an existing  
1582 policy;

1583 (e) provide a mechanism for systematic and regular review of existing policy and for  
1584 consideration of policy changes proposed by the persons and agencies described under  
1585 Subsection (2)(d);

1586 (f) [(†)] establish and periodically review the criteria used to determine who may  
1587 receive services from the division and how the delivery of those services is prioritized within  
1588 available funding; [and]

1589 [~~(ii) make periodic recommendations based on the review conducted under Subsection~~  
1590 ~~(2)(f)(i) to the Health and Human Services Interim Committee beginning at or before the~~  
1591 ~~September 2002 meeting of the committee;~~]

1592 (g) review implementation and compliance by the division with policies established by  
1593 the board to ensure that the policies established by the Legislature in this chapter are carried  
1594 out; and

1595 (h) annually report to the executive director.

1596 (3) The executive director shall mediate any differences which arise between the  
1597 policies of the division and those of any other policy board or division in the department.

1598 Section 32. Section **62A-5a-104** is amended to read:

1599 **62A-5a-104. Powers of council.**

1600 (1) The council has authority, after local or individual efforts have failed, [~~including,~~  
1601 ~~with regard to persons under 22 years of age, actions by local interagency councils established~~  
1602 ~~under Section 63M-9-301,~~] to:

1603 (a) coordinate the appropriate transition of persons with disabilities who receive  
1604 services and support from one state agency to receive services and support from another state  
1605 agency;

1606 (b) coordinate policies governing the provision of services and support for persons  
1607 with disabilities by state agencies; and

1608 (c) consider issues regarding eligibility for services and support and, where possible,

1609 develop uniform eligibility standards for state agencies.

1610 (2) The council may receive appropriations from the Legislature to purchase services  
1611 and supports for persons with disabilities as the council deems appropriate.

1612 Section 33. Section **62A-15-103** is amended to read:

1613 **62A-15-103. Division -- Creation -- Responsibilities.**

1614 (1) There is created the Division of Substance Abuse and Mental Health within the  
1615 department, under the administration and general supervision of the executive director. The  
1616 division is the substance abuse authority and the mental health authority for this state.

1617 (2) The division shall:

1618 (a) (i) educate the general public regarding the nature and consequences of substance  
1619 abuse by promoting school and community-based prevention programs;

1620 (ii) render support and assistance to public schools through approved school-based  
1621 substance abuse education programs aimed at prevention of substance abuse;

1622 (iii) promote or establish programs for the prevention of substance abuse within the  
1623 community setting through community-based prevention programs;

1624 (iv) cooperate and assist other organizations and private treatment centers for substance  
1625 abusers, by providing them with essential materials for furthering programs of prevention and  
1626 rehabilitation of actual and potential substance abusers; and

1627 (v) promote or establish programs for education and certification of instructors to  
1628 educate persons convicted of driving under the influence of alcohol or drugs or driving with  
1629 any measurable controlled substance in the body;

1630 (b) (i) collect and disseminate information pertaining to mental health;

1631 (ii) provide direction over the state hospital including approval of its budget,  
1632 administrative policy, and coordination of services with local service plans;

1633 (iii) promulgate rules in accordance with Title 63G, Chapter 3, Utah Administrative  
1634 Rulemaking Act, to educate families concerning mental illness and promote family  
1635 involvement, when appropriate, and with patient consent, in the treatment program of a family  
1636 member; and

1637 (iv) promulgate rules in accordance with Title 63G, Chapter 3, Utah Administrative  
1638 Rulemaking Act, to direct that all individuals receiving services through local mental health  
1639 authorities or the Utah State Hospital be informed about and, if desired, provided assistance in

1640 completion of a declaration for mental health treatment in accordance with Section  
1641 62A-15-1002;

1642 (c) (i) consult and coordinate with local substance abuse authorities and local mental  
1643 health authorities regarding programs and services;

1644 (ii) provide consultation and other assistance to public and private agencies and groups  
1645 working on substance abuse and mental health issues;

1646 (iii) promote and establish cooperative relationships with courts, hospitals, clinics,  
1647 medical and social agencies, public health authorities, law enforcement agencies, education and  
1648 research organizations, and other related groups;

1649 (iv) promote or conduct research on substance abuse and mental health issues, and  
1650 submit to the governor and the Legislature recommendations for changes in policy and  
1651 legislation;

1652 (v) receive, distribute, and provide direction over public funds for substance abuse and  
1653 mental health services;

1654 (vi) monitor and evaluate programs provided by local substance abuse authorities and  
1655 local mental health authorities;

1656 (vii) examine expenditures of any local, state, and federal funds;

1657 (viii) monitor the expenditure of public funds by:

1658 (A) local substance abuse authorities;

1659 (B) local mental health authorities; and

1660 (C) in counties where they exist, the private contract provider that has an annual or  
1661 otherwise ongoing contract to provide comprehensive substance abuse or mental health  
1662 programs or services for the local substance abuse authority or local mental health authorities;

1663 (ix) contract with local substance abuse authorities and local mental health authorities  
1664 to provide a comprehensive continuum of services in accordance with division policy, contract  
1665 provisions, and the local plan;

1666 (x) contract with private and public entities for special statewide or nonclinical services  
1667 according to division rules;

1668 (xi) review and approve each local substance abuse authority's plan and each local  
1669 mental health authority's plan in order to ensure:

1670 (A) a statewide comprehensive continuum of substance abuse services;

1671 (B) a statewide comprehensive continuum of mental health services; and  
1672 (C) appropriate expenditure of public funds;  
1673 (xii) review and make recommendations regarding each local substance abuse  
1674 authority's contract with its provider of substance abuse programs and services and each local  
1675 mental health authority's contract with its provider of mental health programs and services to  
1676 ensure compliance with state and federal law and policy;  
1677 (xiii) monitor and ensure compliance with division rules and contract requirements;  
1678 and  
1679 (xiv) withhold funds from local substance abuse authorities, local mental health  
1680 authorities, and public and private providers for contract noncompliance, failure to comply  
1681 with division directives regarding the use of public funds, or for misuse of public funds or  
1682 money;  
1683 (d) assure that the requirements of this part are met and applied uniformly by local  
1684 substance abuse authorities and local mental health authorities across the state;  
1685 (e) require each local substance abuse authority and each local mental health authority  
1686 to submit its plan to the division by May 1 of each year; and  
1687 (f) conduct an annual program audit and review of each local substance abuse authority  
1688 in the state and its contract provider and each local mental health authority in the state and its  
1689 contract provider, including:  
1690 (i) a review and determination regarding whether:  
1691 (A) public funds allocated to local substance abuse authorities and local mental health  
1692 authorities are consistent with services rendered and outcomes reported by them or their  
1693 contract providers; and  
1694 (B) each local substance abuse authority and each local mental health authority is  
1695 exercising sufficient oversight and control over public funds allocated for substance abuse and  
1696 mental health programs and services; and  
1697 (ii) items determined by the division to be necessary and appropriate[;].  
1698 [~~(g) by July 1 of each year, provide to the Health and Human Services Interim~~  
1699 ~~Committee and the Social Services Appropriations Subcommittee a written report that~~  
1700 ~~includes;~~]  
1701 [~~(i) the annual audit and review;~~]

1702 ~~[(ii) the financial expenditures of each local substance abuse authority and its contract~~  
1703 ~~provider and each local mental health authority and its contract provider;]~~

1704 ~~[(iii) the status of the compliance of each local authority and its contract provider with~~  
1705 ~~its plan, state statutes, and the provisions of the contract awarded; and]~~

1706 ~~[(iv) whether audit guidelines established under Section 62A-15-110 and Subsection~~  
1707 ~~67-3-1(10) provide the division with sufficient criteria and assurances of appropriate~~  
1708 ~~expenditures of public funds; and]~~

1709 ~~[(h) if requested by the Health and Human Services Interim Committee or the Social~~  
1710 ~~Services Appropriations Subcommittee, provide an oral report as requested.]~~

1711 (3) (a) The division may refuse to contract with and may pursue its legal remedies  
1712 against any local substance abuse authority or local mental health authority that fails, or has  
1713 failed, to expend public funds in accordance with state law, division policy, contract  
1714 provisions, or directives issued in accordance with state law.

1715 (b) The division may withhold funds from a local substance abuse authority or local  
1716 mental health authority if the authority's contract with its provider of substance abuse or mental  
1717 health programs or services fails to comply with state and federal law or policy.

1718 (4) Before reissuing or renewing a contract with any local substance abuse authority or  
1719 local mental health authority, the division shall review and determine whether the local  
1720 substance abuse authority or local mental health authority is complying with its oversight and  
1721 management responsibilities described in Sections 17-43-201, 17-43-203, 17-43-303, and  
1722 17-43-309. Nothing in this Subsection (4) may be used as a defense to the responsibility and  
1723 liability described in Section 17-43-303 and to the responsibility and liability described in  
1724 Section 17-43-203.

1725 (5) In carrying out its duties and responsibilities, the division may not duplicate  
1726 treatment or educational facilities that exist in other divisions or departments of the state, but  
1727 shall work in conjunction with those divisions and departments in rendering the treatment or  
1728 educational services that those divisions and departments are competent and able to provide.

1729 (6) (a) The division may accept in the name of and on behalf of the state donations,  
1730 gifts, devises, or bequests of real or personal property or services to be used as specified by the  
1731 donor.

1732 (b) Those donations, gifts, devises, or bequests shall be used by the division in



1733 performing its powers and duties. Any money so obtained shall be considered private funds  
1734 and shall be deposited into an interest-bearing restricted special revenue fund to be used by the  
1735 division for substance abuse or mental health services. The state treasurer may invest the fund  
1736 and all interest shall remain with the fund.

1737 (7) The division shall annually review with each local substance abuse authority and  
1738 each local mental health authority the authority's statutory and contract responsibilities  
1739 regarding:

1740 (a) the use of public funds;

1741 (b) oversight responsibilities regarding public funds; and

1742 (c) governance of substance abuse and mental health programs and services.

1743 (8) The Legislature may refuse to appropriate funds to the division upon the division's  
1744 failure to comply with the provisions of this part.

1745 (9) If a local substance abuse authority contacts the division under Subsection  
1746 17-43-201(9) for assistance in providing treatment services to a pregnant woman or pregnant  
1747 minor, the division shall:

1748 (a) refer the pregnant woman or pregnant minor to a treatment facility that has the  
1749 capacity to provide the treatment services; or

1750 (b) otherwise ensure that treatment services are made available to the pregnant woman  
1751 or pregnant minor.

1752 Section 34. Section **62A-15-712** is amended to read:

1753 **62A-15-712. Responsibilities of the Division of Substance Abuse and Mental**  
1754 **Health.**

1755 (1) The division shall ensure that the requirements of this part are met and applied  
1756 uniformly by local mental health authorities across the state.

1757 (2) Because the division must, under Section 62A-15-103, contract with, review,  
1758 approve, and oversee local mental health authority plans, and withhold funds from local mental  
1759 health authorities and public and private providers for contract noncompliance or misuse of  
1760 public funds, the division shall:

1761 (a) require each local mental health authority to submit its plan to the division by May  
1762 1 of each year; and

1763 (b) conduct an annual program audit and review of each local mental health authority

1764 in the state, and its contract provider.

1765 ~~[(3) (a) The division shall:]~~

1766 ~~[(i) provide a written report to the Health and Human Services Interim Committee by~~  
1767 ~~July 1 of each year; and]~~

1768 ~~[(ii) provide an oral report to that committee, as requested.]~~

1769 ~~[(b) That report shall provide information regarding:]~~

1770 ~~[(i) the annual audit and review;]~~

1771 ~~[(ii) the financial expenditures of each local mental health authority and its contract~~  
1772 ~~provider;]~~

1773 ~~[(iii) the status of each local authority's and its contract provider's compliance with its~~  
1774 ~~plan, state statutes, and with the provisions of the contract awarded; and]~~

1775 ~~[(iv) whether audit guidelines established under Subsections 62A-15-713(2)(a) and~~  
1776 ~~67-3-1(10) provide the division with sufficient criteria and assurances of appropriate~~  
1777 ~~expenditures of public funds.]~~

1778 ~~[(4)] (3) The annual audit and review described in Subsection (2)(b) shall, in addition~~  
1779 ~~to items determined by the division to be necessary and appropriate, include a review and~~  
1780 ~~determination regarding whether or not:~~

1781 (a) public funds allocated to local mental health authorities are consistent with services  
1782 rendered and outcomes reported by it or its contract provider; and

1783 (b) each local mental health authority is exercising sufficient oversight and control over  
1784 public funds allocated for mental health programs and services.

1785 ~~[(5)] (4) The Legislature may refuse to appropriate funds to the division if the division~~  
1786 ~~fails to comply with the procedures and requirements of this section.~~

1787 Section 35. Section **63C-8-106** is amended to read:

1788 **63C-8-106. Rural residency training program.**

1789 (1) For purposes of this section:

1790 (a) "Physician" means:

1791 (i) a person licensed to practice medicine under Title 58, Chapter 67, Utah Medical  
1792 Practice Act or Title 58, Chapter 68, Utah Osteopathic Medical Practice Act; and

1793 (ii) a person licensed to practice dentistry under Title 58, Chapter 69, Dentist and  
1794 Dental Hygienist Practice Act.

1795 (b) "Rural residency training program" means an accredited clinical training program  
1796 as defined in Section 63C-8-101 which places a physician into a rural county for a part or all of  
1797 the physician's clinical training.

1798 (2) (a) Subject to appropriations from the Legislature, the council shall establish a pilot  
1799 program to place physicians into rural residency training programs.

1800 (b) The pilot program shall begin July 1, 2005 and sunset July 1, 2015, in accordance  
1801 with Section 63I-1-263.

1802 ~~[(3)(a) The council shall report to the Legislature's Health and Human Services Interim  
1803 Committee concerning the implementation of the pilot program and the success of the program  
1804 in increasing the retention or recruitment of physicians in rural counties in the state.]~~

1805 ~~[(b) The report required by this Subsection (3) shall be made by November 30 of each  
1806 year.]~~

1807 Section 36. Section **63I-1-263 (Effective 05/01/13)** is amended to read:

1808 **63I-1-263 (Effective 05/01/13). Repeal dates, Titles 63A to 63M.**

1809 (1) Section 63A-4-204, authorizing the Risk Management Fund to provide coverage to  
1810 any public school district which chooses to participate, is repealed July 1, 2016.

1811 (2) Section 63A-5-603, State Facility Energy Efficiency Fund, is repealed July 1, 2016.

1812 (3) Section 63C-8-106, rural residency training program, is repealed July 1, 2015.

1813 (4) Title 63C, Chapter 13, Prison Relocation and Development Authority Act, is  
1814 repealed July 1, 2014.

1815 (5) Subsection 63G-6a-1402(7) authorizing certain transportation agencies to award a  
1816 contract for a design-build transportation project in certain circumstances, is repealed July 1,  
1817 2015.

1818 (6) Title 63H, Chapter 4, Heber Valley Historic Railroad Authority, is repealed July 1,  
1819 2020.

1820 (7) The Resource Development Coordinating Committee, created in Section  
1821 63J-4-501, is repealed July 1, 2015.

1822 (8) Title 63M, Chapter 1, Part 4, Enterprise Zone Act, is repealed July 1, 2018.

1823 (9) (a) Title 63M, Chapter 1, Part 11, Recycling Market Development Zone Act, is  
1824 repealed January 1, 2021.

1825 (b) Subject to Subsection (9)(c), Sections 59-7-610 and 59-10-1007 regarding tax

1826 credits for certain persons in recycling market development zones, are repealed for taxable  
1827 years beginning on or after January 1, 2021.

1828 (c) A person may not claim a tax credit under Section 59-7-610 or 59-10-1007:

1829 (i) for the purchase price of machinery or equipment described in Section 59-7-610 or  
1830 59-10-1007, if the machinery or equipment is purchased on or after January 1, 2021; or

1831 (ii) for an expenditure described in Subsection 59-7-610(1)(b) or 59-10-1007(1)(b), if  
1832 the expenditure is made on or after January 1, 2021.

1833 (d) Notwithstanding Subsections (9)(b) and (c), a person may carry forward a tax credit  
1834 in accordance with Section 59-7-610 or 59-10-1007 if:

1835 (i) the person is entitled to a tax credit under Section 59-7-610 or 59-10-1007; and

1836 (ii) (A) for the purchase price of machinery or equipment described in Section  
1837 59-7-610 or 59-10-1007, the machinery or equipment is purchased on or before December 31,  
1838 2020; or

1839 (B) for an expenditure described in Subsection 59-7-610(1)(b) or 59-10-1007(1)(b), the  
1840 expenditure is made on or before December 31, 2020.

1841 (10) (a) Section 63M-1-2507, Health Care Compact is repealed on July 1, 2014.

1842 (b) (i) The Legislature shall, before reauthorizing the Health Care Compact:

1843 (A) direct the Health System Reform Task Force to evaluate the issues listed in  
1844 Subsection (10)(b)(ii), and by January 1, 2013 develop and recommend criteria for the  
1845 Legislature to use to negotiate the terms of the Health Care Compact; and

1846 (B) prior to July 1, 2014, seek amendments to the Health Care Compact among the  
1847 member states that the Legislature determines are appropriate after considering the  
1848 recommendations of the Health System Reform Task Force.

1849 (ii) The Health System Reform Task Force shall evaluate and develop criteria for the  
1850 Legislature regarding:

1851 (A) the impact of the Supreme Court ruling on the Affordable Care Act;

1852 (B) whether Utah is likely to be required to implement any part of the Affordable Care  
1853 Act prior to negotiating the compact with the federal government, such as Medicaid expansion  
1854 in 2014;

1855 (C) whether the compact's current funding formula, based on adjusted 2010 state  
1856 expenditures, is the best formula for Utah and other state compact members to use for

1857 establishing the block grants from the federal government;

1858 (D) whether the compact's calculation of current year inflation adjustment factor,  
1859 without consideration of the regional medical inflation rate in the current year, is adequate to  
1860 protect the state from increased costs associated with administering a state based Medicaid and  
1861 a state based Medicare program;

1862 (E) whether the state has the flexibility it needs under the compact to implement and  
1863 fund state based initiatives, or whether the compact requires uniformity across member states  
1864 that does not benefit Utah;

1865 (F) whether the state has the option under the compact to refuse to take over the federal  
1866 Medicare program;

1867 (G) whether a state based Medicare program would provide better benefits to the  
1868 elderly and disabled citizens of the state than a federally run Medicare program;

1869 (H) whether the state has the infrastructure necessary to implement and administer a  
1870 better state based Medicare program;

1871 (I) whether the compact appropriately delegates policy decisions between the  
1872 legislative and executive branches of government regarding the development and  
1873 implementation of the compact with other states and the federal government; and

1874 (J) the impact on public health activities, including communicable disease surveillance  
1875 and epidemiology.

1876 (11) The Crime Victim Reparations and Assistance Board, created in Section  
1877 63M-7-504, is repealed July 1, 2017.

1878 [~~(12) Title 63M, Chapter 9, Families, Agencies, and Communities Together for~~  
1879 ~~Children and Youth At Risk Act, is repealed July 1, 2016.~~]

1880 [~~(13)~~ (12) Title 63M, Chapter 11, Utah Commission on Aging, is repealed July 1,  
1881 2017.

1882 Section 37. Section **63J-1-201** is amended to read:

1883 **63J-1-201. Governor's proposed budget to Legislature -- Contents -- Preparation**  
1884 **-- Appropriations based on current tax laws and not to exceed estimated revenues.**

1885 (1) The governor shall deliver, not later than 30 days before the date the Legislature  
1886 convenes in the annual general session, a confidential draft copy of the governor's proposed  
1887 budget recommendations to the Office of the Legislative Fiscal Analyst according to the

1888 requirements of this section.

1889 (2) (a) When submitting a proposed budget, the governor shall, within the first three  
1890 days of the annual general session of the Legislature, submit to the presiding officer of each  
1891 house of the Legislature:

1892 (i) a proposed budget for the ensuing fiscal year;

1893 (ii) a schedule for all of the proposed changes to appropriations in the proposed budget,  
1894 with each change clearly itemized and classified; and

1895 (iii) as applicable, a document showing proposed changes in estimated revenues that  
1896 are based on changes in state tax laws or rates.

1897 (b) The proposed budget shall include:

1898 (i) a projection of the total estimated revenues and appropriations for the next fiscal  
1899 year;

1900 (ii) the source of changes to all direct, indirect, and in-kind matching funds for all  
1901 federal grants or assistance programs included in the budget;

1902 (iii) a plan of proposed changes to appropriations and estimated revenues for the next  
1903 fiscal year that is based upon the current fiscal year state tax laws and rates;

1904 (iv) an itemized estimate of the proposed changes to appropriations for:

1905 (A) the Legislative Department as certified to the governor by the president of the  
1906 Senate and the speaker of the House;

1907 (B) the Executive Department;

1908 (C) the Judicial Department as certified to the governor by the state court  
1909 administrator;

1910 (D) changes to salaries payable by the state under the Utah Constitution or under law  
1911 for lease agreements planned for the next fiscal year; and

1912 (E) all other changes to ongoing or one-time appropriations, including dedicated  
1913 credits, restricted funds, nonlapsing balances, grants, and federal funds;

1914 (v) for each line item, the average annual dollar amount of staff funding associated  
1915 with all positions that were vacant during the last fiscal year;

1916 (vi) deficits or anticipated deficits;

1917 (vii) the recommendations for each state agency for new full-time employees for the  
1918 next fiscal year, which shall also be provided to the State Building Board as required by

1919 Subsection 63A-5-103(2);

1920 (viii) any explanation that the governor may desire to make as to the important features

1921 of the budget and any suggestion as to methods for the reduction of expenditures or increase of

1922 the state's revenue; and

1923 (ix) information detailing certain fee increases as required by Section 63J-1-504.

1924 (3) For the purpose of preparing and reporting the proposed budget:

1925 (a) The governor shall require the proper state officials, including all public and higher

1926 education officials, all heads of executive and administrative departments and state institutions,

1927 bureaus, boards, commissions, and agencies expending or supervising the expenditure of the

1928 state money, and all institutions applying for state money and appropriations, to provide

1929 itemized estimates of changes in revenues and appropriations.

1930 (b) The governor may require the persons and entities subject to Subsection (3)(a) to

1931 provide other information under these guidelines and at times as the governor may direct,

1932 which may include a requirement for program productivity and performance measures, where

1933 appropriate, with emphasis on outcome indicators.

1934 (c) The governor may require representatives of public and higher education, state

1935 departments and institutions, and other institutions or individuals applying for state

1936 appropriations to attend budget meetings.

1937 (4) In submitting the budgets for the Departments of Health and Human Services and

1938 the Office of the Attorney General, the governor shall consider a separate recommendation in

1939 the governor's budget for changes in funds to be contracted to:

1940 (a) local mental health authorities under Section 62A-15-110;

1941 (b) local substance abuse authorities under Section 62A-15-110;

1942 (c) area agencies under Section 62A-3-104.2;

1943 (d) programs administered directly by and for operation of the Divisions of Substance

1944 Abuse and Mental Health and Aging and Adult Services;

1945 (e) local health departments under Title 26A, Chapter 1, Local Health Departments;

1946 and

1947 (f) counties for the operation of Children's Justice Centers under Section 67-5b-102.

1948 (5) (a) In making budget recommendations, the governor shall consider an amount

1949 sufficient to grant the following entities the same percentage increase for wages and benefits

1950 that the governor includes in the governor's budget for persons employed by the state:

1951 (i) local health departments, local mental health authorities, local substance abuse  
1952 authorities, and area agencies;

1953 (ii) local conservation districts and Utah Association of Conservation District  
1954 employees, as related to the budget for the Department of Agriculture; and

1955 (iii) employees of corporations that provide direct services under contract with:

1956 (A) the Utah State Office of Rehabilitation and the Division of Services for People  
1957 with Disabilities;

1958 (B) the Division of Child and Family Services; and

1959 (C) the Division of Juvenile Justice Services within the Department of Human  
1960 Services.

1961 (b) If the governor does not include in the governor's budget an amount sufficient to  
1962 grant an increase for any entity described in Subsection (5)(a), the governor shall include a  
1963 message to the Legislature regarding the governor's reason for not including that amount.

1964 [~~(6)(a) The Families, Agencies, and Communities Together Council may propose a~~  
1965 ~~budget recommendation to the governor for collaborative service delivery systems operated~~  
1966 ~~under Section 63M-9-402, as provided under Subsection 63M-9-201(4)(e).]~~

1967 [~~(b) The Legislature may, through a specific program schedule, designate funds~~  
1968 ~~appropriated for collaborative service delivery systems operated under Section 63M-9-402.]~~

1969 [(7)] (6) The governor shall include in the governor's budget the state's portion of the  
1970 budget for the Utah Communications Agency Network established in Title 63C, Chapter 7,  
1971 Utah Communications Agency Network Act.

1972 [(8)] (7) (a) The governor shall include a separate recommendation in the governor's  
1973 budget for funds to maintain the operation and administration of the Utah Comprehensive  
1974 Health Insurance Pool. In making the recommendation, the governor may consider:

1975 (i) actuarial analysis of growth or decline in enrollment projected over a period of at  
1976 least three years;

1977 (ii) actuarial analysis of the medical and pharmacy claims costs projected over a period  
1978 of at least three years;

1979 (iii) the annual Medical Care Consumer Price Index;

1980 (iv) the annual base budget for the pool established by the Business, Economic



1981 Development, and Labor Appropriations Subcommittee for each fiscal year;

1982 (v) the growth or decline in insurance premium taxes and fees collected by the State  
1983 Tax Commission and the Insurance Department; and

1984 (vi) the availability of surplus General Fund revenue under Section 63J-1-312 and  
1985 Subsection 59-14-204(5).

1986 (b) In considering the factors in Subsections [~~(8)~~] (7)(a)(i), (ii), and (iii), the governor  
1987 may consider the actuarial data and projections prepared for the board of the Utah  
1988 Comprehensive Health Insurance Pool as it develops the governor's financial statements and  
1989 projections for each fiscal year.

1990 [~~(9)~~] (8) (a) In submitting the budget for the Department of Public Safety, the governor  
1991 shall include a separate recommendation in the governor's budget for maintaining a sufficient  
1992 number of alcohol-related law enforcement officers to maintain the enforcement ratio equal to  
1993 or below the number specified in Subsection 32B-1-201(2).

1994 (b) If the governor does not include in the governor's budget an amount sufficient to  
1995 maintain the number of alcohol-related law enforcement officers described in Subsection [~~(9)~~]  
1996 (8)(a), the governor shall include a message to the Legislature regarding the governor's reason  
1997 for not including that amount.

1998 [~~(10)~~] (9) (a) The governor may revise all estimates, except those relating to the  
1999 Legislative Department, the Judicial Department, and those providing for the payment of  
2000 principal and interest to the state debt and for the salaries and expenditures specified by the  
2001 Utah Constitution or under the laws of the state.

2002 (b) The estimate for the Judicial Department, as certified by the state court  
2003 administrator, shall also be included in the budget without revision, but the governor may make  
2004 separate recommendations on the estimate.

2005 [~~(11)~~] (10) The total appropriations requested for expenditures authorized by the  
2006 budget may not exceed the estimated revenues from taxes, fees, and all other sources for the  
2007 next ensuing fiscal year.

2008 [~~(12)~~] (11) If any item of the budget as enacted is held invalid upon any ground, the  
2009 invalidity does not affect the budget itself or any other item in it.

2010 Section 38. **Repealer.**

2011 This bill repeals:

- 2012           Section **26-10b-105, Report on implementation.**
- 2013           Section **26-18-3.3, Study of privatization of eligibility determination.**
- 2014           Section **31A-29-113.5, Pilot Program for Chronic Disease and Pharmaceutical**
- 2015 **Management of Bleeding Disorders.**
- 2016           Section **63M-9-101, Title.**
- 2017           Section **63M-9-102, Purpose of chapter.**
- 2018           Section **63M-9-103, Definitions.**
- 2019           Section **63M-9-104, Relationship to political subdivisions.**
- 2020           Section **63M-9-201, Families, Agencies, and Communities Together State Council**
- 2021 **-- Composition -- Duties -- Interagency case management team.**
- 2022           Section **63M-9-202, Steering committee -- Membership -- Duties.**
- 2023           Section **63M-9-203, Staffing.**
- 2024           Section **63M-9-301, Local interagency council -- Composition -- Duties.**
- 2025           Section **63M-9-401, Prevention and early intervention programs -- Applicants --**
- 2026 **Selection process.**
- 2027           Section **63M-9-402, Plans for collaborative service delivery systems.**
- 2028           Section **63M-9-501, Evaluation of programs -- Report to legislative interim**
- 2029 **committee.**

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**Legislative Review Note**  
as of **2-15-13 11:17 AM**

**Office of Legislative Research and General Counsel**