1	HEALTH AND HUMAN SERVICES RECODIFICATION -
2	ADMINISTRATION, LICENSING, AND RECOVERY
3	SERVICES
4	2023 GENERAL SESSION
5	STATE OF UTAH
6	Chief Sponsor: Jacob L. Anderegg
7	House Sponsor: Raymond P. Ward
8 9	LONG TITLE
10	General Description:
11	This bill recodifies portions of the Utah Health Code and Utah Human Services Code.
12	Highlighted Provisions:
13	This bill:
14	 recodifies provisions regarding:
15	• the Department of Health and Human Services;
16	 licensing and certifications; and
17	 recovery services and child support administration; and
18	 makes technical and corresponding changes.
19	Money Appropriated in this Bill:
20	None
21	Other Special Clauses:
22	This bill provides coordination clauses.
23	This bill provides revisor instructions.
24	Utah Code Sections Affected:
25	AMENDS:
26	26B-1-102, as last amended by Laws of Utah 2022, Chapter 255
27	26B-1-204, as renumbered and amended by Laws of Utah 2022, Chapter 255
28	26B-2-101, as enacted by Laws of Utah 2022, Chapter 255

29	26B-9-101, as enacted by Laws of Utah 2022, Chapter 255
30	ENACTS:
31	26B-1-333, Utah Code Annotated 1953
32	26B-1-432 , Utah Code Annotated 1953
33	26B-1-433, Utah Code Annotated 1953
34	26B-9-401, Utah Code Annotated 1953
35	RENUMBERS AND AMENDS:
36	26B-1-214, (Renumbered from 26-1-10, as last amended by Laws of Utah 2022,
37	Chapter 255)
38	26B-1-215, (Renumbered from 62A-1-115, as enacted by Laws of Utah 1988, Chapter
39	1)
40	26B-1-216, (Renumbered from 62A-18-105, as last amended by Laws of Utah 2022,
41	Chapter 335)
42	26B-1-217 , (Renumbered from 26-1-35, as enacted by Laws of Utah 2000, Chapter 86)
43	26B-1-218 , (Renumbered from 26-1-44, as enacted by Laws of Utah 2022, Chapter 36)
44	26B-1-219, (Renumbered from 26-1-45, as enacted by Laws of Utah 2022, Chapter
45	189)
46	26B-1-220 , (Renumbered from 26-23-1, as last amended by Laws of Utah 1993,
47	Chapter 38)
48	26B-1-221 , (Renumbered from 26-23-2, as last amended by Laws of Utah 2008,
49	Chapter 382)
50	26B-1-222, (Renumbered from 26-23-3, as enacted by Laws of Utah 1981, Chapter
51	126)
52	26B-1-223, (Renumbered from 26-23-4, as enacted by Laws of Utah 1981, Chapter
53	126)
54	26B-1-224, (Renumbered from 26-23-6, as last amended by Laws of Utah 2022,
55	Chapter 457)

56	26B-1-225 , (Renumbered from 26-23-7, as last amended by Laws of Utah 2011,
57	Chapter 297)
58	26B-1-226, (Renumbered from 26-23-8, as enacted by Laws of Utah 1981, Chapter
59	126)
60	26B-1-227, (Renumbered from 26-23-9, as enacted by Laws of Utah 1981, Chapter
61	126)
62	26B-1-228, (Renumbered from 26-23-10, as last amended by Laws of Utah 2011,
63	Chapter 297)
64	26B-1-229, (Renumbered from 26-25-1, as last amended by Laws of Utah 2022,
65	Chapter 255)
66	26B-1-230 , (Renumbered from 26-68-102, as enacted by Laws of Utah 2021, Chapter
67	182)
68	26B-1-231, (Renumbered from 26B-1a-104, as enacted by Laws of Utah 2022, Chapter
69	245)
70	26B-1-232 , (Renumbered from 26B-1a-105, as renumbered and amended by Laws of
71	Utah 2022, Chapter 245 and last amended by Coordination Clause, Laws of Utah
72	2022, Chapter 245)
73	26B-1-233, (Renumbered from 26B-1a-106, as enacted by Laws of Utah 2022, Chapter
74	245 and last amended by Coordination Clause, Laws of Utah 2022, Chapter 245)
75	26B-1-234, (Renumbered from 62A-1-122, as last amended by Laws of Utah 2021,
76	Chapter 344)
77	26B-1-235, (Renumbered from 26-10-8, as last amended by Laws of Utah 2012,
78	Chapter 347)
79	26B-1-236, (Renumbered from 26-26-3, as last amended by Laws of Utah 2010,
80	Chapter 241
81	26B-1-237, (Renumbered from 26-18-605, as last amended by Laws of Utah 2015,
82	Chapter 135)

83	26B-1-238, (Renumbered from 62A-4a-211, as enacted by Laws of Utah 2014, Chapter
84	67)
85	26B-1-306 , (Renumbered from 26-8a-108, as last amended by Laws of Utah 2021,
86	Chapter 395)
87	26B-1-307 , (Renumbered from 26-8b-602, as last amended by Laws of Utah 2014,
88	Chapter 109)
89	26B-1-308 , (Renumbered from 26-9-4, as last amended by Laws of Utah 2017, Chapter
90	199)
91	26B-1-309, (Renumbered from 26-18-402, as last amended by Laws of Utah 2020,
92	Chapter 152)
93	26B-1-310, (Renumbered from 26-61a-109, as last amended by Laws of Utah 2019,
94	First Special Session, Chapter 5)
95	26B-1-311, (Renumbered from 26-18a-4, as last amended by Laws of Utah 2010,
96	Chapter 278)
97	26B-1-312, (Renumbered from 26-18b-101, as last amended by Laws of Utah 2021,
98	Chapter 378)
99	26B-1-313, (Renumbered from 26-21a-302, as last amended by Laws of Utah 2011,
100	Chapter 303)
101	26B-1-314, (Renumbered from 26-21a-304, as enacted by Laws of Utah 2016, Chapter
102	46)
103	26B-1-315, (Renumbered from 26-36b-208, as last amended by Laws of Utah 2021,
104	Chapter 367)
105	26B-1-316 , (Renumbered from 26-36d-207, as last amended by Laws of Utah 2020,
106	Fifth Special Session, Chapter 20)
107	26B-1-317 , (Renumbered from 26-37a-107, as last amended by Laws of Utah 2020,
108	Fifth Special Session, Chapter 20)
109	26B-1-318, (Renumbered from 26-50-201, as last amended by Laws of Utah 2013,

110	Chapter 400)
111	26B-1-319, (Renumbered from 26-54-102, as last amended by Laws of Utah 2019,
112	Chapter 405)
113	26B-1-320, (Renumbered from 26-54-102.5, as enacted by Laws of Utah 2019, Chapter
114	405)
115	26B-1-321, (Renumbered from 26-58-102, as enacted by Laws of Utah 2016, Chapter
116	71)
117	26B-1-322, (Renumbered from 26-67-205, as enacted by Laws of Utah 2020, Chapter
118	169)
119	26B-1-323, (Renumbered from 62A-3-110, as last amended by Laws of Utah 2013,
120	Chapters 167 and 400)
121	26B-1-324, (Renumbered from 62A-15-123, as last amended by Laws of Utah 2022,
122	Chapter 187)
123	26B-1-325, (Renumbered from 62A-15-1103, as last amended by Laws of Utah 2022,
124	Chapters 19 and 149)
125	26B-1-326, (Renumbered from 62A-15-1104, as enacted by Laws of Utah 2021,
126	Chapter 12)
127	26B-1-327, (Renumbered from 62A-15-1502, as last amended by Laws of Utah 2021,
128	Chapter 277)
129	26B-1-328, (Renumbered from 62A-15-1602, as last amended by Laws of Utah 2021,
130	Chapter 278)
131	26B-1-329, (Renumbered from 62A-15-1702, as enacted by Laws of Utah 2020,
132	Chapter 358 and last amended by Coordination Clause, Laws of Utah 2020, Chapter
133	358)
134	26B-1-330 , (Renumbered from 62A-5-206.5, as last amended by Laws of Utah 2016,
135	Chapter 300)
136	26B-1-331, (Renumbered from 62A-5-206.7, as enacted by Laws of Utah 2018,

137	Chapter 404)
138	26B-1-332 , (Renumbered from 26-35a-106, as last amended by Laws of Utah 2017,
139	Chapter 443)
140	26B-1-401 , (Renumbered from 26-1-11, as last amended by Laws of Utah 2022,
141	Chapter 255)
142	26B-1-402, (Renumbered from 26-1-41, as enacted by Laws of Utah 2020, Chapter
143	172)
144	26B-1-403 , (Renumbered from 26-7-13, as last amended by Laws of Utah 2022,
145	Chapter 415)
146	26B-1-404, (Renumbered from 26-8a-103, as last amended by Laws of Utah 2022,
147	Chapter 255)
148	26B-1-405 , (Renumbered from 26-8a-107, as last amended by Laws of Utah 2022,
149	Chapter 255)
150	26B-1-406, (Renumbered from 26-8a-251, as last amended by Laws of Utah 2019,
151	Chapter 349)
152	26B-1-407, (Renumbered from 26-8d-104, as last amended by Laws of Utah 2019,
153	Chapter 349)
154	26B-1-408, (Renumbered from 26-8d-105, as last amended by Laws of Utah 2019,
155	Chapter 349)
156	26B-1-409 , (Renumbered from 26-9f-103, as last amended by Laws of Utah 2022,
157	Chapter 255)
158	26B-1-410 , (Renumbered from 26-10b-106, as last amended by Laws of Utah 2022,
159	Chapter 255)
160	26B-1-411, (Renumbered from 26-18a-2, as last amended by Laws of Utah 2010,
161	Chapter 286)
162	26B-1-412 , (Renumbered from 26-21-3, as last amended by Laws of Utah 2022,
163	Chapter 255)

164	26B-1-413 , (Renumbered from 26-33a-104, as last amended by Laws of Utah 2016,
165	Chapter 74)
166	26B-1-414 , (Renumbered from 26-39-200, as last amended by Laws of Utah 2022,
167	Chapter 255)
168	26B-1-415, (Renumbered from 26-39-201, as last amended by Laws of Utah 2022,
169	Chapter 255)
170	26B-1-416, (Renumbered from 26-40-104, as last amended by Laws of Utah 2015,
171	Chapter 107)
172	26B-1-417, (Renumbered from 26-50-202, as last amended by Laws of Utah 2016,
173	Chapter 168)
174	26B-1-418, (Renumbered from 26-54-103, as last amended by Laws of Utah 2022,
175	Chapter 255)
176	26B-1-419 , (Renumbered from 26-46-103, as last amended by Laws of Utah 2017,
177	Chapter 126)
178	26B-1-420, (Renumbered from 26-61-201, as last amended by Laws of Utah 2022,
179	Chapter 452)
180	26B-1-421, (Renumbered from 26-61a-105, as last amended by Laws of Utah 2022,
181	Chapter 452)
182	26B-1-422, (Renumbered from 26-66-202, as enacted by Laws of Utah 2019, Chapter
183	34)
184	26B-1-423, (Renumbered from26-46a-104, as last amended by Laws of Utah 2022,
185	Chapter 255)
186	26B-1-424, (Renumbered from 26-67-202, as enacted by Laws of Utah 2015, Chapter
187	136)
188	26B-1-425, (Renumbered from 26-69-201, as enacted by Laws of Utah 2022, Chapter
189	224)
190	26B-1-426, (Renumbered from 62A-1-107, as last amended by Laws of Utah 2022,

191	Chapter 255)
192	26B-1-427 , (Renumbered from 62A-1-121, as last amended by Laws of Utah 2022,
193	Chapter 447)
194	26B-1-428 , (Renumbered from 26-7-10, as last amended by Laws of Utah 2022,
195	Chapter 255)
196	26B-1-429 , (Renumbered from 62A-5-202.5, as last amended by Laws of Utah 2021,
197	Chapter 355)
198	26B-1-430 , (Renumbered from 62A-5a-103, as last amended by Laws of Utah 2016,
199	Chapter 271)
200	26B-1-431 , (Renumbered from 62A-15-605, as last amended by Laws of Utah 2020,
201	Chapter 304)
202	26B-1-501 , (Renumbered from 62A-16-102, as last amended by Laws of Utah 2022,
203	Chapter 335)
204	26B-1-502, (Renumbered from 62A-16-201, as last amended by Laws of Utah 2021,
205	Chapter 231)
206	26B-1-503 , (Renumbered from 62A-16-202, as last amended by Laws of Utah 2021,
207	Chapter 231)
208	26B-1-504, (Renumbered from 62A-16-203, as last amended by Laws of Utah 2021,
209	Chapter 231)
210	26B-1-505, (Renumbered from 62A-16-204, as last amended by Laws of Utah 2021,
211	Chapter 231)
212	26B-1-506 , (Renumbered from 62A-16-301, as last amended by Laws of Utah 2021,
213	Chapter 231)
214	26B-1-507 , (Renumbered from 62A-16-302, as last amended by Laws of Utah 2022,
215	Chapter 274)
216	26B-2-102, (Renumbered from 62A-2-102, as last amended by Laws of Utah 1998,
217	Chapter 358)

218	26B-2-103 , (Renumbered from 62A-2-103, as last amended by Laws of Utah 1998,
219	Chapter 358)
220	26B-2-104 , (Renumbered from 62A-2-106, as last amended by Laws of Utah 2021,
221	Chapter 400)
222	26B-2-105 , (Renumbered from 62A-2-108, as last amended by Laws of Utah 2017,
223	Chapter 78)
224	26B-2-106 , (Renumbered from 62A-2-109, as last amended by Laws of Utah 2009,
225	Chapter 75)
226	26B-2-107 , (Renumbered from 62A-2-118, as last amended by Laws of Utah 2021,
227	Chapter 400)
228	26B-2-108, (Renumbered from 62A-2-119, as enacted by Laws of Utah 1998, Chapter
229	358)
230	26B-2-109, (Renumbered from 62A-2-124, as enacted by Laws of Utah 2021, Chapter
231	400)
232	26B-2-110 , (Renumbered from 62A-2-113, as last amended by Laws of Utah 2018,
233	Chapter 93)
234	26B-2-111 , (Renumbered from 62A-2-111, as last amended by Laws of Utah 2008,
235	Chapter 382)
236	26B-2-112 , (Renumbered from 62A-2-112, as last amended by Laws of Utah 2021,
237	Chapter 117)
238	26B-2-113 , (Renumbered from 62A-2-116, as last amended by Laws of Utah 2022,
239	Chapter 468)
240	26B-2-114, (Renumbered from 62A-2-115, as last amended by Laws of Utah 2009,
241	Chapter 75)
242	26B-2-115 , (Renumbered from 62A-2-110, as last amended by Laws of Utah 2005,
243	Chapter 188)
244	26B-2-116, (Renumbered from 62A-2-108.1, as last amended by Laws of Utah 2019,

245	Chapters 187 and 316)
246	26B-2-117 , (Renumbered from 62A-2-108.2, as last amended by Laws of Utah 2014,
247	Chapter 240)
248	26B-2-118 , (Renumbered from 62A-2-108.4, as enacted by Laws of Utah 2016,
249	Chapter 342)
250	26B-2-119 , (Renumbered from 62A-2-108.8, as last amended by Laws of Utah 2021,
251	Chapter 262)
252	26B-2-120 , (Renumbered from 62A-2-120, as last amended by Laws of Utah 2022,
253	Chapters 185, 335, 430, and 468)
254	26B-2-121 , (Renumbered from 62A-2-121, as last amended by Laws of Utah 2022,
255	Chapters 255, 255, and 335)
256	26B-2-122 , (Renumbered from 62A-2-122, as last amended by Laws of Utah 2016,
257	Chapter 348)
258	26B-2-123, (Renumbered from 62A-2-123, as last amended by Laws of Utah 2022,
259	Chapter 468)
260	26B-2-124, (Renumbered from 62A-2-125, as enacted by Laws of Utah 2021, Chapter
261	117)
262	26B-2-125, (Renumbered from 62A-2-128, as enacted by Laws of Utah 2022, Chapter
263	468)
264	26B-2-126, (Renumbered from 62A-2-108.5, as last amended by Laws of Utah 2017,
265	Chapter 148)
266	26B-2-127, (Renumbered from 62A-2-108.6, as last amended by Laws of Utah 2022,
267	Chapters 287, 326 and renumbered and amended by Laws of Utah 2022, Chapter
268	334 and last amended by Coordination Clause, Laws of Utah 2022, Chapter 334)
269	26B-2-128, (Renumbered from 62A-2-116.5, as enacted by Laws of Utah 2017,
270	Chapter 29)
271	26B-2-129 , (Renumbered from 62A-2-117, as last amended by Laws of Utah 2017,

272	Chapter 209)
273	26B-2-130 , (Renumbered from 62A-2-117.5, as last amended by Laws of Utah 2022,
274	Chapter 335)
275	26B-2-131 , (Renumbered from 62A-2-127, as renumbered and amended by Laws of
276	Utah 2022, Chapter 334)
277	26B-2-132 , (Renumbered from 62A-2-115.2, as renumbered and amended by Laws of
278	Utah 2022, Chapter 334)
279	26B-2-133, (Renumbered from 62A-2-115.1, as last amended by Laws of Utah 2022,
280	Chapter 415 and renumbered and amended by Laws of Utah 2022, Chapter 334)
281	26B-2-201, (Renumbered from 26-21-2, as last amended by Laws of Utah 2022,
282	Chapter 255)
283	26B-2-202, (Renumbered from 26-21-6, as last amended by Laws of Utah 2016,
284	Chapter 74)
285	26B-2-203, (Renumbered from 26-21-2.1, as last amended by Laws of Utah 2022,
286	Chapter 452)
287	26B-2-204, (Renumbered from 26-21-6.5, as last amended by Laws of Utah 2018,
288	Chapter 282)
289	26B-2-205, (Renumbered from 26-21-7, as last amended by Laws of Utah 2019,
290	Chapter 349)
291	26B-2-206, (Renumbered from 26-21-8, as last amended by Laws of Utah 2016,
292	Chapter 74)
293	26B-2-207, (Renumbered from 26-21-9, as last amended by Laws of Utah 2011,
294	Chapter 297)
295	26B-2-208, (Renumbered from 26-21-11, as last amended by Laws of Utah 1997,
296	Chapter 209)
297	26B-2-209, (Renumbered from 26-21-11.1, as last amended by Laws of Utah 2018,
298	Chapter 203)

299	26B-2-210 , (Renumbered from 26-21-12, as last amended by Laws of Utah 1997,
300	Chapter 209)
301	26B-2-211, (Renumbered from 26-21-13, as last amended by Laws of Utah 1990,
302	Chapter 114)
303	26B-2-212, (Renumbered from 26-21-13.5, as last amended by Laws of Utah 2011,
304	Chapter 366)
305	26B-2-213, (Renumbered from 26-21-13.6, as enacted by Laws of Utah 1995, Chapter
306	321)
307	26B-2-214, (Renumbered from 26-21-14, as last amended by Laws of Utah 1990,
308	Chapter 114)
309	26B-2-215, (Renumbered from 26-21-15, as last amended by Laws of Utah 1990,
310	Chapter 114)
311	26B-2-216, (Renumbered from 26-21-16, as last amended by Laws of Utah 2009,
312	Chapter 347)
313	26B-2-217, (Renumbered from 26-21-17, as last amended by Laws of Utah 1990,
314	Chapter 114)
315	26B-2-218, (Renumbered from 26-21-19, as last amended by Laws of Utah 1985,
316	Chapter 242)
317	26B-2-219, (Renumbered from 26-21-20, as last amended by Laws of Utah 2009,
318	Chapter 11)
319	26B-2-220, (Renumbered from 26-21-21, as enacted by Laws of Utah 1992, Chapter
320	31)
321	26B-2-221 , (Renumbered from 26-21-22, as last amended by Laws of Utah 2022,
322	Chapter 415)
323	26B-2-222, (Renumbered from 26-21-23, as last amended by Laws of Utah 2017,
324	Chapter 443)
325	26B-2-223, (Renumbered from 26-21-24, as enacted by Laws of Utah 2008, Chapter

326	347)	
327		26B-2-224 , (Renumbered from 26-21-25, as last amended by Laws of Utah 2010,
328	Chapte	er 218)
329		26B-2-225 , (Renumbered from 26-21-26, as last amended by Laws of Utah 2022,
330	Chapte	er 415)
331		26B-2-226 , (Renumbered from 26-21-27, as last amended by Laws of Utah 2021,
332	Chapte	er 353)
333		26B-2-227 , (Renumbered from 26-21-28, as enacted by Laws of Utah 2016, Chapter
334	357)	
335		26B-2-228 , (Renumbered from 26-21-29, as last amended by Laws of Utah 2020,
336	Chapte	er 222)
337		26B-2-229 , (Renumbered from 26-21-30, as enacted by Laws of Utah 2018, Chapter
338	157)	
339		26B-2-230 , (Renumbered from 26-21-31, as last amended by Laws of Utah 2019,
340	Chapte	er 445)
341		26B-2-231 , (Renumbered from 26-21-32, as enacted by Laws of Utah 2019, Chapter
342	262)	
343		26B-2-232 , (Renumbered from 26-21-33, as enacted by Laws of Utah 2020, Chapter
344	251)	
345		26B-2-233 , (Renumbered from 26-21-34, as last amended by Laws of Utah 2020, Fifth
346	Specia	l Session, Chapter 4)
347		26B-2-234 , (Renumbered from 26-21-35, as enacted by Laws of Utah 2021, Chapter
348	146)	
349		26B-2-235 , (Renumbered from 26-21c-103, as enacted by Laws of Utah 2020, Chapter
350	406)	
351		26B-2-236 , (Renumbered from 26-21-303, as enacted by Laws of Utah 2016, Chapter
352	141)	

353	26B-2-237 , (Renumbered from 26-21-305, as enacted by Laws of Utah 2018, Chapter
354	220)
355	26B-2-238 , (Renumbered from 26-21-201, as enacted by Laws of Utah 2012, Chapter
356	328)
357	26B-2-239 , (Renumbered from 26-21-202, as enacted by Laws of Utah 2012, Chapter
358	328)
359	26B-2-240 , (Renumbered from 26-21-204, as last amended by Laws of Utah 2022,
360	Chapters 335 and 415)
361	26B-2-241, (Renumbered from 26-21-209, as last amended by Laws of Utah 2015,
362	Chapter 307)
363	26B-2-301 , (Renumbered from 62A-3-202, as last amended by Laws of Utah 2022,
364	Chapter 415)
365	26B-2-302 , (Renumbered from 62A-3-201, as last amended by Laws of Utah 2018,
366	Chapter 60)
367	26B-2-303 , (Renumbered from 62A-3-203, as last amended by Laws of Utah 2018,
368	Chapter 60)
369	26B-2-304 , (Renumbered from 62A-3-204, as last amended by Laws of Utah 2018,
370	Chapter 60)
371	26B-2-305 , (Renumbered from 62A-3-205, as last amended by Laws of Utah 2018,
372	Chapter 60)
373	26B-2-306 , (Renumbered from 62A-3-206, as last amended by Laws of Utah 2018,
374	Chapter 60)
375	26B-2-307 , (Renumbered from 62A-3-207, as last amended by Laws of Utah 2018,
376	Chapter 60)
377	26B-2-308 , (Renumbered from 62A-3-208, as last amended by Laws of Utah 2018,
378	Chapter 60)
379	26B-2-309 , (Renumbered from 62A-3-209, as enacted by Laws of Utah 2018, Chapter

380	220)
381	26B-2-401 , (Renumbered from 26-39-102, as last amended by Laws of Utah 2022,
382	Chapters 21 and 255)
383	26B-2-402 , (Renumbered from 26-39-301, as last amended by Laws of Utah 2022,
384	Chapters 21 and 255)
385	26B-2-403, (Renumbered from 26-39-401, as last amended by Laws of Utah 2022,
386	Chapter 21)
387	26B-2-404, (Renumbered from 26-39-402, as last amended by Laws of Utah 2022,
388	Chapters 21, 255, and 335)
389	26B-2-405, (Renumbered from 26-39-403, as last amended by Laws of Utah 2022,
390	Chapter 21)
391	26B-2-406, (Renumbered from 26-39-404, as last amended by Laws of Utah 2020,
392	Chapter 150)
393	26B-2-407 , (Renumbered from 26-39-405, as enacted by Laws of Utah 2022, Chapter
394	194)
395	26B-2-408 , (Renumbered from 26-39-501, as last amended by Laws of Utah 2015,
396	Chapter 220)
397	26B-2-409 , (Renumbered from 26-39-601, as last amended by Laws of Utah 2008,
398	Chapter 382 and renumbered and amended by Laws of Utah 2008, Chapter 111)
399	26B-2-410 , (Renumbered from 26-39-602, as renumbered and amended by Laws of
400	Utah 2008, Chapter 111)
401	26B-2-501, (Renumbered from 26-71-101, as enacted by Laws of Utah 2022, Chapter
402	279)
403	26B-2-502, (Renumbered from 26-71-102, as enacted by Laws of Utah 2022, Chapter
404	279)
405	26B-2-503, (Renumbered from 26-71-103, as enacted by Laws of Utah 2022, Chapter
406	279)

407		26B-2-504 , (Renumbered from 26-71-104, as enacted by Laws of Utah 2022, Chapter
408	279)	
409		26B-2-505 , (Renumbered from 26-71-105, as enacted by Laws of Utah 2022, Chapter
410	279)	
411		26B-2-506 , (Renumbered from 26-71-106, as enacted by Laws of Utah 2022, Chapter
412	279)	
413		26B-2-507 , (Renumbered from 26-71-107, as enacted by Laws of Utah 2022, Chapter
414	279)	
415		26B-2-601 , (Renumbered from 26-21a-101, as enacted by Laws of Utah 1991, Chapter
416	126)	
417		26B-2-602 , (Renumbered from 26-21a-203, as last amended by Laws of Utah 2018,
418	Chapte	er 217)
419		26B-2-603 , (Renumbered from 26-21a-204, as last amended by Laws of Utah 2001,
420	Chapte	er 286)
421		26B-2-604 , (Renumbered from 26-21a-205, as last amended by Laws of Utah 2018,
422	Chapte	er 217)
423		26B-2-605 , (Renumbered from 26-21a-206, as enacted by Laws of Utah 2018, Chapter
424	217)	
425		26B-2-606 , (Renumbered from 26-21a-301, as enacted by Laws of Utah 1991, Chapter
426	126)	
427		26B-9-102 , (Renumbered from 62A-11-101, as enacted by Laws of Utah 1988, Chapter
428	1)	
429		26B-9-103 , (Renumbered from 62A-11-102, as enacted by Laws of Utah 1988, Chapter
430	1)	
431		26B-9-104 , (Renumbered from 62A-11-104, as last amended by Laws of Utah 2015,
432	Chapte	er 45)
433		26B-9-105 , (Renumbered from 62A-11-104.1, as last amended by Laws of Utah 2008,

434	Chapter 382)
435	26B-9-106 , (Renumbered from 62A-11-105, as last amended by Laws of Utah 2008,
436	Chapter 382)
437	26B-9-107 , (Renumbered from 62A-11-106, as last amended by Laws of Utah 1994,
438	Chapter 140)
439	26B-9-108 , (Renumbered from 62A-11-107, as last amended by Laws of Utah 2008,
440	Chapter 3)
441	26B-9-109, (Renumbered from 62A-11-108, as last amended by Laws of Utah 1997,
442	Chapter 232)
443	26B-9-110, (Renumbered from 62A-11-111, as last amended by Laws of Utah 2011,
444	Chapter 366)
445	26B-9-111, (Renumbered from 62A-1-117, as enacted by Laws of Utah 1997, Chapter
446	174)
447	26B-9-112 , (Renumbered from 62A-11-703, as renumbered and amended by Laws of
448	Utah 2008, Chapter 73)
449	26B-9-113 , (Renumbered from 62A-11-704, as enacted by Laws of Utah 2008, Chapter
450	73)
451	26B-9-201, (Renumbered from 62A-11-303, as last amended by Laws of Utah 2008,
452	Chapters 3 and 382)
453	26B-9-202, (Renumbered from 62A-11-302, as enacted by Laws of Utah 1988, Chapter
454	1)
455	26B-9-203, (Renumbered from 62A-11-303.5, as enacted by Laws of Utah 2002,
456	Chapter 60)
457	26B-9-204 , (Renumbered from 62A-11-303.7, as last amended by Laws of Utah 2019,
458	Chapter 285)
459	26B-9-205 , (Renumbered from 62A-11-304.1, as last amended by Laws of Utah 2009,
460	Chapter 212)

461	26B-9-206 , (Renumbered from 62A-11-304.2, as last amended by Laws of Utah 2021,
462	Chapter 262)
463	26B-9-207 , (Renumbered from 62A-11-304.4, as last amended by Laws of Utah 2022,
464	Chapter 335)
465	26B-9-208, (Renumbered from 62A-11-304.5, as enacted by Laws of Utah 1997,
466	Chapter 232)
467	26B-9-209 , (Renumbered from 62A-11-305, as last amended by Laws of Utah 2015,
468	Chapter 45)
469	26B-9-210 , (Renumbered from 62A-11-306.1, as last amended by Laws of Utah 1997,
470	Chapter 232)
471	26B-9-211, (Renumbered from 62A-11-306.2, as enacted by Laws of Utah 2007,
472	Chapter 282)
473	26B-9-212 , (Renumbered from 62A-11-307.1, as last amended by Laws of Utah 2017,
474	Chapter 156)
475	26B-9-213, (Renumbered from 62A-11-307.2, as last amended by Laws of Utah 1997,
476	Chapters 174 and 232)
477	26B-9-214 , (Renumbered from 62A-11-312.5, as last amended by Laws of Utah 2008,
478	Chapter 3)
479	26B-9-215, (Renumbered from 62A-11-313, as last amended by Laws of Utah 1989,
480	Chapter 62)
481	26B-9-216, (Renumbered from 62A-11-315.5, as enacted by Laws of Utah 1997,
482	Chapter 232)
483	26B-9-217 , (Renumbered from 62A-11-316, as last amended by Laws of Utah 1988,
484	Chapter 203)
485	26B-9-218 , (Renumbered from 62A-11-319, as enacted by Laws of Utah 1988, Chapter
486	1)
487	26B-9-219 , (Renumbered from 62A-11-320, as last amended by Laws of Utah 1997,

488	Chapter 232)
489	26B-9-220 , (Renumbered from 62A-11-320.5, as repealed and reenacted by Laws of
490	Utah 1997, Chapter 232)
491	26B-9-221, (Renumbered from 62A-11-320.6, as enacted by Laws of Utah 1997,
492	Chapter 232)
493	26B-9-222, (Renumbered from 62A-11-320.7, as enacted by Laws of Utah 1997,
494	Chapter 232)
495	26B-9-223, (Renumbered from 62A-11-321, as enacted by Laws of Utah 1988, Chapter
496	1)
497	26B-9-224, (Renumbered from 62A-11-326, as last amended by Laws of Utah 2010,
498	Chapter 285)
499	26B-9-225, (Renumbered from 62A-11-326.1, as last amended by Laws of Utah 2001,
500	Chapter 116)
501	26B-9-226, (Renumbered from 62A-11-326.2, as last amended by Laws of Utah 2001,
502	Chapter 116)
503	26B-9-227, (Renumbered from 62A-11-326.3, as last amended by Laws of Utah 2008,
504	Chapter 382)
505	26B-9-228 , (Renumbered from 62A-11-327, as repealed and reenacted by Laws of Utah
506	1997, Chapter 232)
507	26B-9-229, (Renumbered from 62A-11-328, as last amended by Laws of Utah 2021,
508	Chapter 367)
509	26B-9-230 , (Renumbered from 62A-11-333, as last amended by Laws of Utah 2008,
510	Chapters 3 and 382)
511	26B-9-231, (Renumbered from 62A-11-334, as enacted by Laws of Utah 2021, Chapter
512	132)
513	26B-9-301 , (Renumbered from 62A-11-401, as last amended by Laws of Utah 2008,
514	Chapters 3 and 73)

515	26B-9-302, (Renumbered from 62A-11-402, as enacted by Laws of Utah 1988, Chapter
516	1)
517	26B-9-303 , (Renumbered from 62A-11-403, as last amended by Laws of Utah 2007,
518	Chapter 131)
519	26B-9-304 , (Renumbered from 62A-11-404, as repealed and reenacted by Laws of Utah
520	1997, Chapter 232)
521	26B-9-305, (Renumbered from 62A-11-405, as last amended by Laws of Utah 1997,
522	Chapter 232)
523	26B-9-306, (Renumbered from 62A-11-406, as last amended by Laws of Utah 2000,
524	Chapter 161)
525	26B-9-307 , (Renumbered from 62A-11-407, as last amended by Laws of Utah 2008,
526	Chapter 382)
527	26B-9-308, (Renumbered from 62A-11-408, as last amended by Laws of Utah 1997,
528	Chapter 232)
529	26B-9-309, (Renumbered from 62A-11-409, as last amended by Laws of Utah 1997,
530	Chapter 232)
531	26B-9-310 , (Renumbered from 62A-11-410, as enacted by Laws of Utah 1988, Chapter
532	1)
533	26B-9-311, (Renumbered from 62A-11-411, as enacted by Laws of Utah 1988, Chapter
534	1)
535	26B-9-312, (Renumbered from 62A-11-413, as enacted by Laws of Utah 1988, Chapter
536	1)
537	26B-9-313, (Renumbered from 62A-11-414, as enacted by Laws of Utah 1988, Chapter
538	1)
539	26B-9-402, (Renumbered from 62A-11-501, as last amended by Laws of Utah 1997,
540	Chapter 232)
541	26B-9-403, (Renumbered from 62A-11-502, as last amended by Laws of Utah 2007,

542	Chapter 131)
543	26B-9-404 , (Renumbered from 62A-11-503, as repealed and reenacted by Laws of Utah
544	1997, Chapter 232)
545	26B-9-405 , (Renumbered from 62A-11-504, as last amended by Laws of Utah 1998,
546	Chapter 188)
547	26B-9-406, (Renumbered from 62A-11-505, as enacted by Laws of Utah 1997, Chapter
548	232)
549	26B-9-407, (Renumbered from 62A-11-506, as last amended by Laws of Utah 2000,
550	Chapter 161)
551	26B-9-408, (Renumbered from 62A-11-507, as enacted by Laws of Utah 1997, Chapter
552	232)
553	26B-9-409, (Renumbered from 62A-11-508, as enacted by Laws of Utah 1997, Chapter
554	232)
555	26B-9-410, (Renumbered from 62A-11-509, as enacted by Laws of Utah 1997, Chapter
556	232)
557	26B-9-411, (Renumbered from 62A-11-510, as enacted by Laws of Utah 1997, Chapter
558	232)
559	26B-9-412, (Renumbered from 62A-11-511, as enacted by Laws of Utah 1997, Chapter
560	232)
561	26B-9-501, (Renumbered from 62A-11-602, as enacted by Laws of Utah 2007, Chapter
562	338)
563	26B-9-502 , (Renumbered from 62A-11-603, as last amended by Laws of Utah 2008,
564	Chapter 382)
565	26B-9-503 , (Renumbered from 62A-11-604, as enacted by Laws of Utah 2007, Chapter
566	338)
567	Utah Code Sections Affected by Coordination Clause:
568	26-8a-103, as last amended by Laws of Utah 2022, Chapter 255

569	26-8a-107, as last amended by Laws of Utah 2022, Chapter 255
570	26-8a-602, as enacted by Laws of Utah 2019, Chapter 262
571	26-21-305, as enacted by Laws of Utah 2018, Chapter 220
572	26-39-200, as last amended by Laws of Utah 2022, Chapter 255
573	26-61-201, as last amended by Laws of Utah 2022, Chapter 452
574	26-61a-109, as last amended by Laws of Utah 2019, First Special Session, Chapter 5
575	26-66-202, as enacted by Laws of Utah 2019, Chapter 34
576	26-66-204 , Utah Code Annotated 1953
577	26B-1-333, Utah Code Annotated 1953
578	26B-1-433, Utah Code Annotated 1953
579	
580	Be it enacted by the Legislature of the state of Utah:
581	Section 1. Section 26B-1-102 is amended to read:
582	CHAPTER 1. DEPARTMENT OF HEALTH AND HUMAN SERVICES
583	Part 1. General Provisions
584	26B-1-102. Definitions.
585	As used in this title:
506	
586	(1) "Department" means the Department of Health and Human Services created in
586 587	(1) "Department" means the Department of Health and Human Services created in Section 26B-1-201.
587	Section 26B-1-201.
587 588	Section 26B-1-201. [(2) "Stabilization services" means in-home services provided to a child with, or who is
587 588 589	Section 26B-1-201. [(2) "Stabilization services" means in-home services provided to a child with, or who is at risk for, complex emotional and behavioral needs, including teaching the child's parent or
587 588 589 590	Section 26B-1-201. [(2) "Stabilization services" means in-home services provided to a child with, or who is at risk for, complex emotional and behavioral needs, including teaching the child's parent or guardian skills to improve family functioning.]
587 588 589 590 591	Section 26B-1-201. [(2) "Stabilization services" means in-home services provided to a child with, or who is at risk for, complex emotional and behavioral needs, including teaching the child's parent or guardian skills to improve family functioning:] (2) "Executive director" means the executive director of the department appointed
587 588 589 590 591 592	Section 26B-1-201. [(2) "Stabilization services" means in-home services provided to a child with, or who is at risk for, complex emotional and behavioral needs, including teaching the child's parent or guardian skills to improve family functioning.] (2) "Executive director" means the executive director of the department appointed under Section 26B-1-203.
587 588 589 590 591 592 593	Section 26B-1-201. [(2) "Stabilization services" means in-home services provided to a child with, or who is at risk for, complex emotional and behavioral needs, including teaching the child's parent or guardian skills to improve family functioning.] (2) "Executive director" means the executive director of the department appointed under Section 26B-1-203. (3) "Local health department" means the same as that term is defined in Section

596	state, a territory, a political subdivision of a state or territory, an Indian tribe, or a person acting
597	under a grant of authority from or a contract with such an agency, that is responsible for public
598	health matters as part of the agency or authority's official mandate.
599	[(4) "System of care" means a broad, flexible array of services and supports that:]
600	[(a) serve a child with or who is at risk for complex emotional and behavioral needs;]
601	[(b) are community based;]
602	[(c) are informed about trauma;]
603	[(d) build meaningful partnerships with families and children;]
604	[(e) integrate service planning, service coordination, and management across state and
605	local entities;]
606	[(f) include individualized case planning;]
607	[(g) provide management and policy infrastructure that supports a coordinated network
608	of interdepartmental service providers, contractors, and service providers who are outside of
609	the department; and]
610	[(h) are guided by the type and variety of services needed by a child with or who is at
611	risk for complex emotional and behavioral needs and by the child's family.]
612	Section 2. Section 26B-1-204 is amended to read:
613	Part 2. Department of Health and Human Services
614	26B-1-204. Creation of boards, divisions, and offices Power to organize
615	department.
616	(1) The executive director shall make rules in accordance with Title 63G, Chapter 3,
617	Utah Administrative Rulemaking Act, and not inconsistent with law for:
	- ····· - ····························
618	(a) the administration and government of the department;
618 619	
	(a) the administration and government of the department;
619	(a) the administration and government of the department;(b) the conduct of the department's employees; and

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623	the Department of Health and Human Services:
624	(a) Board of Aging and Adult Services;
625	(b) Utah State Developmental Center Board;
626	[(c) Health Advisory Council;]
627	[(d)] (c) Health Facility Committee;
628	[(e)] (d) State Emergency Medical Services Committee;
629	[(f)] <u>(e)</u> Air Ambulance Committee;
630	[(g)] <u>(f)</u> Health Data Committee;
631	[(h)] (g) Utah Health Care Workforce Financial Assistance Program Advisory
632	Committee;
633	[(i)] (h) Residential Child Care Licensing Advisory Committee;
634	[(j)] <u>(i)</u> Child Care Center Licensing Committee;
635	[(k)] <u>(j)</u> Primary Care Grant Committee;
636	[(1)] (k) Adult Autism Treatment Program Advisory Committee;
637	[(m)] (1) Youth Electronic Cigarette, Marijuana, and Other Drug Prevention
638	Committee; and
639	[(m)] (m) any boards, councils, or committees that are created by statute in $[:]$ this title.
640	[(i) this title;]
641	[(ii) Title 26, Utah Health Code; or]
642	[(iii) Title 62A, Utah Human Services Code.]
643	(3) The following divisions are created within the Department of Health and Human
644	Services:
645	(a) relating to operations:
646	(i) the Division of Finance and Administration;
647	(ii) the Division of Licensing and Background Checks;
648	(iii) the Division of Customer Experience;
6.4.0	

649 (iv) the Division of Data, Systems, and Evaluation; and

 650 651 652 653 654 655 	 (v) the Division of Continuous Quality Improvement; (b) relating to healthcare administration: (i) the Division of Integrated Healthcare, which shall include responsibility for: (A) the state's medical assistance programs; and (B) behavioral health programs described in [Title 62A, Chapter 15, Substance Abuse
652 653 654	 (i) the Division of Integrated Healthcare, which shall include responsibility for: (A) the state's medical assistance programs; and (B) behavioral health programs described in [Title 62A, Chapter 15, Substance Abuse
653 654	(A) the state's medical assistance programs; and(B) behavioral health programs described in [Title 62A, Chapter 15, Substance Abuse
654	(B) behavioral health programs described in [Title 62A, Chapter 15, Substance Abuse
655	and Mental Health Act;] Chapter 5, Health Care - Substance Use and Mental Health;
000	
656	(ii) the Division of Aging and Adult Services; and
657	(iii) the Division of Services for People with Disabilities; and
658	(c) relating to community health and well-being:
659	(i) the Division of Child and Family Services;
660	(ii) the Division of Family Health;
661	(iii) the Division of Population Health;
662	(iv) the Division of Juvenile Justice and Youth Services; and
663	(v) the Office of Recovery Services.
664	(4) The executive director may establish offices and bureaus to facilitate management
665	of the department as required by, and in accordance with[:] this title.
666	[(a) this title;]
667	[(b) Title 26, Utah Health Code; and]
668	[(c) Title 62A, Utah Human Services Code.]
669	(5) From July 1, 2022, through June 30, 2023, the executive director may adjust the
670	organizational structure relating to the department, including the organization of the
671	department's divisions and offices, notwithstanding the organizational structure described in[:]
672	this title.
673	[(a) this title;]
674	[(b) Title 26, Utah Health Code; or]
675	[(c) Title 62A, Utah Human Services Code.]
676	Section 3. Section 26B-1-214, which is renumbered from Section 26-1-10 is

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677 renumbered and amended to read:

678 [26-1-10]. **<u>26B-1-214.</u>** Executive director -- Enforcement powers. 679 Subject to the restrictions in this title and to the extent permitted by state law, the 680 executive director is empowered to issue orders to enforce state laws and rules established by 681 the department except where the enforcement power is given to a committee created under 682 Section 26B-1-204. Section 4. Section 26B-1-215, which is renumbered from Section 62A-1-115 is 683 684 renumbered and amended to read: 685 [62A-1-115]. 26B-1-215. Actions on behalf of department -- Party in 686 interest. 687 (1) The executive director, each of the department's boards, divisions, offices, and the 688 director of each division or office, shall, in the exercise of any power, duty, or function under 689 any statute of this state, is considered to be acting on behalf of the department. 690 (2) The department, through the executive director or through any of the department's 691 boards, divisions, offices, or directors, shall be considered the party in interest in all actions at 692 law or in equity, where the department or any constituent, board, division, office, or official 693 thereof is authorized by any statute of the state to be a party to any legal action. 694 Section 5. Section 26B-1-216, which is renumbered from Section 62A-18-105 is 695 renumbered and amended to read: 696 [62A-18-105]. 26B-1-216. Powers and duties of the department -- Quality 697 and design. 698 The [office] department shall: 699 (1) monitor and evaluate the quality of services provided by the department including: 700 (a) in accordance with [Title 62A, Chapter 16, Fatality Review Act,] Part 5, Fatality 701 Review, monitoring, reviewing, and making recommendations relating to a fatality review; 702 (b) overseeing the duties of the child protection ombudsman appointed under Section 703 80-2-1104; and

704	(c) conducting internal evaluations of the quality of services provided by the
705	department and service providers contracted with the department;
706	(2) conduct investigations described in Section 80-2-703; and
707	(3) [assist the department in developing] develop an integrated human services system
708	and [implementing] implement a system of care by:
709	(a) designing and implementing a comprehensive continuum of services for individuals
710	who receive services from the department or a service provider contracted with the department;
711	(b) establishing and maintaining department contracts with public and private service
712	providers;
713	(c) establishing standards for the use of service providers who contract with the
714	department;
715	(d) coordinating a service provider network to be used within the department to ensure
716	individuals receive the appropriate type of services;
717	(e) centralizing the department's administrative operations; and
718	(f) integrating, analyzing, and applying department-wide data and research to monitor
719	the quality, effectiveness, and outcomes of services provided by the department.
720	Section 6. Section 26B-1-217 , which is renumbered from Section 26-1-35 is
721	renumbered and amended to read:
722	[26-1-35]. <u>26B-1-217.</u> Content and form of certificates and reports.
723	(1) Certificates, certifications, forms, reports, other documents and records, and the
724	form of communication between persons required by this title shall be prepared in the form
725	prescribed by department rule.
726	(2) Certificates, certifications, forms, reports, or other documents and records, and
727	communications between persons required by this title may be signed, filed, verified,
728	registered, and stored by photographic, electronic, or other means as prescribed by department
729	rule.
730	Section 7. Section 26B-1-218, which is renumbered from Section 26-1-44 is

731	renumbered and amended to read:
732	[26-1-44]. <u>26B-1-218.</u> Intergenerational poverty mitigation reporting.
733	(1) As used in this section:
734	(a) "Cycle of poverty" means the same as that term is defined in Section 35A-9-102.
735	(b) "Intergenerational poverty" means the same as that term is defined in Section
736	35A-9-102.
737	(2) On or before October 1 of each year, the department shall provide an annual report
738	to the Department of Workforce Services for inclusion in the intergenerational poverty report
739	described in Section 35A-9-202.
740	(3) The report shall:
741	(a) describe policies, procedures, and programs that the department has implemented or
742	modified to help break the cycle of poverty and end welfare dependency for children in the
743	state affected by intergenerational poverty; and
744	(b) contain recommendations to the Legislature on how to address issues relating to
745	breaking the cycle of poverty and ending welfare dependency for children in the state affected
746	by intergenerational poverty.
747	Section 8. Section 26B-1-219, which is renumbered from Section 26-1-45 is
748	renumbered and amended to read:
749	[26-1-45]. <u>26B-1-219.</u> Requirements for issuing, recommending, or facilitating
750	rationing criteria.
751	(1) As used in this section:
752	(a) "Health care resource" means:
753	(i) health care as defined in Section 78B-3-403;
754	(ii) a prescription drug as defined in Section 58-17b-102;
755	(iii) a prescription device as defined in Section 58-17b-102;
756	(iv) a nonprescription drug as defined in Section 58-17b-102; or
757	(v) any supply or treatment that is intended for use in the course of providing health

758	care as defined in Section 78B-3-403.
759	(b) (i) "Rationing criteria" means any requirement, guideline, process, or
760	recommendation regarding:
761	(A) the distribution of a scarce health care resource; or
762	(B) qualifications or criteria for a person to receive a scarce health care resource.
763	(ii) "Rationing criteria" includes crisis standards of care with respect to any health care
764	resource.
765	(c) "Scarce health care resource" means a health care resource:
766	(i) for which the need for the health care resource in the state or region significantly
767	exceeds the available supply of that health care resource in that state or region;
768	(ii) that, based on the circumstances described in Subsection (1)(c)(i), is distributed or
769	provided using written requirements, guidelines, processes, or recommendations as a factor in
770	the decision to distribute or provide the health care resource; and
771	(iii) that the federal government has allocated to the state to distribute.
772	(2) (a) On or before July 1, 2022, the department shall make rules in accordance with
773	Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to establish a procedure that the
774	department will follow to adopt, modify, require, facilitate, or recommend rationing criteria.
775	(b) Beginning July 1, 2022, the department may not adopt, modify, require, facilitate,
776	or recommend rationing criteria unless the department follows the procedure established by the
777	department under Subsection (2)(a).
778	(3) The procedures developed by the department under Subsection (2) shall include, at
779	a minimum:
780	(a) a requirement that the department notify the following individuals in writing before
781	rationing criteria are issued, are recommended, or take effect:
782	(i) the Administrative Rules Review and General Oversight Committee created in
783	Section 63G-3-501;
784	(ii) the governor or the governor's designee;

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785	(iii) the president of the Senate or the president's designee;
786	(iv) the speaker of the House of Representatives or the speaker's designee;
787	(v) the executive director or the executive director's designee; and
788	(vi) if rationing criteria affect hospitals in the state, a representative of an association
789	representing hospitals throughout the state, as designated by the executive director; and
790	(b) procedures for an emergency circumstance which shall include, at a minimum:
791	(i) a description of the circumstances under which emergency procedures described in
792	this Subsection (3)(b) may be used; and
793	(ii) a requirement that the department notify the individuals described in Subsections
794	(3)(a)(i) through (vi) as soon as practicable, but no later than 48 hours after the rationing
795	criteria take effect.
796	(4) (a) Within 30 days after March 22, 2022, the department shall send to the
797	Administrative Rules Review and General Oversight Committee all rationing criteria that:
798	(i) were adopted, modified, required, facilitated, or recommended by the department
799	prior to March 22, 2022; and
800	(ii) on March 22, 2022, were in effect and in use to distribute or qualify a person to
801	receive scarce health care resources.
802	(b) During the 2022 interim, the Administrative Rules Review and General Oversight
803	Committee shall, under Subsection 63G-3-501(3)(d)(i), review each of the rationing criteria
804	submitted by the department under Subsection (4)(a).
805	(5) The requirements described in this section and rules made under this section shall
806	apply regardless of whether rationing criteria:
807	(a) have the force and effect of law, or is solely advisory, informative, or descriptive;
808	(b) are carried out or implemented directly or indirectly by the department or by other
809	individuals or entities; or
810	(c) are developed solely by the department or in collaboration with other individuals or
~	

811 entities.

812	(6) This section:
813	(a) may not be suspended under Section 53-2a-209 or any other provision of state law
814	relating to a state of emergency;
815	(b) does not limit a private entity from developing or implementing rationing criteria;
816	and
817	(c) does not require the department to adopt, modify, require, facilitate, or recommend
818	rationing criteria that the department does not determine to be necessary or appropriate.
819	(7) Subsection (2) does not apply to rationing criteria that are adopted, modified,
820	required, facilitated, or recommended by the department:
821	(a) through the regular, non-emergency rulemaking procedure described in Section
822	63G-3-301;
823	(b) if the modification is solely to correct a technical error in rationing criteria such as
824	correcting obvious errors and inconsistencies including those involving punctuation,
825	capitalization, cross references, numbering, and wording;
826	(c) to the extent that compliance with this section would result in a direct violation of
827	federal law;
828	(d) that are necessary for administration of the Medicaid program;
829	(e) if state law explicitly authorizes the department to engage in rulemaking to
830	establish rationing criteria; or
831	(f) if rationing criteria are authorized directly through a general appropriation bill that
832	is validly enacted.
833	Section 9. Section 26B-1-220, which is renumbered from Section 26-23-1 is
834	renumbered and amended to read:
835	[26-23-1]. <u>26B-1-220.</u> Legal advice and representation for department.
836	(1) The attorney general shall be the legal adviser for the department and the executive
837	director and shall defend them in all actions and proceedings brought against either of them.
838	The county attorney of the county in which a cause of action arises or a public offense occurs

839	shall bring any civil action requested by the executive director to abate a condition which exists
840	in violation of the public health laws or standards, orders, and rules of the department as
841	provided in Section [26-23-6] <u>26B-1-224</u> .
842	(2) The district attorney or county attorney having criminal jurisdiction shall prosecute
843	for the violation of the public health laws or standards, orders, and rules of the department as
844	provided in Section [26-23-6] <u>26B-1-224</u> .
845	(3) If the county attorney or district attorney fails to act, the executive director may
846	bring any such action and shall be represented by the attorney general or, with the approval of
847	the attorney general, by special counsel.
848	Section 10. Section 26B-1-221 , which is renumbered from Section 26-23-2 is
849	renumbered and amended to read:
850	[26-23-2]. <u>26B-1-221</u> . Administrative review of actions of department or
851	director.
852	Any person aggrieved by any action or inaction of the department or its executive
853	director may request an adjudicative proceeding by following the procedures and requirements
854	of Title 63G, Chapter 4, Administrative Procedures Act.
855	Section 11. Section 26B-1-222 , which is renumbered from Section 26-23-3 is
856	renumbered and amended to read:
857	[26-23-3]. <u>26B-1-222.</u> Violation of public health laws or orders unlawful.
858	It shall be unlawful for any person, association, or corporation, and the officers thereof:
859	(1) to willfully violate, disobey, or disregard the provisions of the public health laws or
860	the terms of any lawful notice, order, standard, rule, or regulation issued thereunder; [or]
861	(2) to fail to remove or abate from private property under the person's control at [his]
862	the person's own expense, within 48 hours, or such other reasonable time as the health
863	authorities shall determine, after being ordered to do so by the health authorities, any nuisance,
864	source of filth, cause of sickness, dead animal, health hazard, or sanitation violation within the
865	jurisdiction and control of the department, whether the person, association, or corporation shall

866	be the owner, tenant, or occupant of such property; provided, however, when any such
867	condition is due to an act of God, it shall be removed at public expense; [or]
868	(3) to pay, give, present, or otherwise convey to any officer or employee of the
869	department any gift, remuneration or other consideration, directly or indirectly, which such
870	officer or employee is forbidden to receive by the provisions of [this chapter] Sections
871	<u>26B-1-220 and 26B-1-228; or</u>
872	(4) to fail to make or file reports required by law or rule of the department relating to
873	the existence of disease or other facts and statistics relating to the public health.
874	Section 12. Section 26B-1-223, which is renumbered from Section 26-23-4 is
875	renumbered and amended to read:
876	[26-23-4]. <u>26B-1-223.</u> Unlawful acts by department officers and employees.
877	It shall be unlawful for any officer or employee of the department:
878	(1) [To] to accept any gift, remuneration, or other consideration, directly or indirectly,
879	for an incorrect or improper performance of the duties imposed upon [him] the officer or
880	employee by or in behalf of the department or by the provisions of [this chapter.] Sections
881	<u>26B-1-220 and 26B-1-228; or</u>
882	(2) [To] to perform any work, labor, or services other than the duties assigned to [him]
883	the officer or employee on behalf of the department during the hours such officer or employee
884	is regularly employed by the department, or to perform [his] the officer or employee's duties as
885	an officer or employee of the department under any condition or arrangement that involves a
886	violation of this or any other law of the state.
887	Section 13. Section 26B-1-224, which is renumbered from Section 26-23-6 is
888	renumbered and amended to read:
889	[26-23-6]. <u>26B-1-224.</u> Criminal and civil penalties and liability for violations.
890	(1) (a) Any person, association, corporation, or an officer of a person, an association, or
891	a corporation, who violates any provision of [this chapter] Section 26B-1-222 or 26B-1-223, or

892 lawful orders of the department or a local health department in a criminal proceeding is guilty

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of a class B misdemeanor for the first violation, and for any subsequent similar violation within
two years, is guilty of a class A misdemeanor, except this section does not establish the

criminal penalty for a violation of Section [$\frac{26-23-5.5}{26B-8-134}$ or Section [$\frac{26-8a-502.1}{26-8a-502.1}$]

896 <u>26B-4-128</u>.

(b) Conviction in a criminal proceeding does not preclude the department or a local
health department from assessment of any civil penalty, administrative civil money penalty or
to deny, revoke, condition, or refuse to renew a permit, license, or certificate or to seek other
injunctive or equitable remedies.

901 (2) (a) Subject to Subsections (2)(c) and (d), any association, corporation, or an officer
902 of an association or a corporation, who violates any provision of this title or lawful orders of
903 the department or a local health department, or rules adopted under this title by the department:

904 (i) may be assessed, in a judicial civil proceeding, a penalty not to exceed the sum of905 \$5,000 per violation; or

(ii) may be assessed, in an administrative action in accordance with Title 63G, Chapter
4, Administrative Procedures Act, or similar procedures adopted by local or county
government, a penalty not to exceed the sum of \$5,000 per violation.

(b) Subject to Subsections (2)(c) and (d), an individual who violates any provision of
this title or lawful orders of the department or a local health department, or rules adopted under
this title by the department:

912 (i) may be assessed, in a judicial civil proceeding, a penalty not to exceed the sum of913 \$150 per violation; or

(ii) may be assessed, in an administrative action in accordance with Title 63G, Chapter
4, Administrative Procedures Act, or similar procedures adopted by local or county
government, a penalty not to exceed the sum of \$150 per violation.

917 (c) (i) Except as provided in Subsection (2)(c)(ii), a penalty described in Subsection
918 (2)(a) or (b) may only be assessed against the same individual, association, or corporation one
919 time in a calendar week.

920 (ii) Notwithstanding Subsection (2)(c)(i), an individual, an association, a corporation, 921 or an officer of an association or a corporation, who willfully disregards or recklessly violates a 922 provision of this title or lawful orders of the department or a local health department, or rules 923 adopted under this title by the department, may be assessed a penalty as described in 924 Subsection (2)(a) for each day of violation if it is determined that the violation is likely to result 925 in a serious threat to public health. 926 (d) Upon reasonable cause shown in judicial civil proceeding or an administrative 927 action, a penalty imposed under this Subsection (2) may be waived or reduced. 928 (3) Assessment of any civil penalty or administrative penalty does not preclude the 929 department or a local health department from seeking criminal penalties or to deny, revoke, 930 impose conditions on, or refuse to renew a permit, license, or certificate or to seek other 931 injunctive or equitable remedies. 932 (4) In addition to any penalties imposed under Subsection (1), a person, association, 933 corporation, or an officer of a person, an association, or a corporation, is liable for any expense 934 incurred by the department in removing or abating any health or sanitation violations, including 935 any nuisance, source of filth, cause of sickness, or dead animal. 936 Section 14. Section 26B-1-225, which is renumbered from Section 26-23-7 is 937 renumbered and amended to read: 938 26B-1-225. Application of enforcement procedures and penalties. [26-23-7]. 939 Enforcement procedures and penalties provided in [this chapter] Sections 26B-1-222 940 through 26B-1-224 do not apply to other chapters in this title which provide for specific 941 enforcement procedures and penalties. 942 Section 15. Section **26B-1-226**, which is renumbered from Section 26-23-8 is 943 renumbered and amended to read: 944 26B-1-226. Representatives of department authorized to enter [26-23-8]. 945 regulated premises. 946 (1) Authorized representatives of the department upon presentation of appropriate

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- 947 identification shall be authorized to enter upon the premises of properties regulated under this
 948 title to perform routine inspections to [insure] ensure compliance with rules adopted by the
 949 department.
- 950 (2) This section does not authorize the department to inspect private dwellings.

951 Section 16. Section **26B-1-227**, which is renumbered from Section 26-23-9 is 952 renumbered and amended to read:

953 [26-23-9]. <u>26B-1-227.</u> Authority of department as to functions transferred
954 from other agencies.

955 (1) (a) If functions transferred from other agencies are vested by this code in the
956 department, the department shall be the successor in every way, with respect to such functions,
957 except as otherwise provided by this code.

958 (b) Every act done in the exercise of such functions by the department shall have the 959 same force and effect as if done by the agency in which the functions were previously vested.

960 (2) Whenever any such agency is referred to or designated by law, contract, or other961 document, the reference or designation shall apply to the department.

962 Section 17. Section 26B-1-228, which is renumbered from Section 26-23-10 is
963 renumbered and amended to read:

964 [26-23-10]. <u>26B-1-228.</u> Religious exemptions from code -- Regulation of
 965 state-licensed healing system practice unaffected by code.

966 (1) (a) Except as provided in Subsection (1)(b), nothing in this code shall be construed
967 to compel any person to submit to any medical or dental examination or treatment under the
968 authority of this code when such person, or the parent or guardian of any such person objects to
969 such examination or treatment on religious grounds, or to permit any discrimination against
970 such person on account of such objection.

(b) An exemption from medical or dental examination, described in Subsection (1)(a),
may not be granted if the executive director has reasonable cause to suspect a substantial
menace to the health of other persons exposed to contact with the unexamined person.

974	(2) Nothing in this code shall be construed as authorizing the supervision, regulation,
975	or control of the remedial care or treatment of residents in any home or institution conducted
976	for those who rely upon treatment by prayer or spiritual means in accordance with the creed or
977	tenets of any well recognized church or religious denomination, provided the statutes and
978	regulations on sanitation are complied with.
979	(3) Nothing in this code shall be construed or used to amend any statute now in force
980	pertaining to the scope of practice of any state-licensed healing system.
981	Section 18. Section 26B-1-229, which is renumbered from Section 26-25-1 is
982	renumbered and amended to read:
983	[26-25-1]. <u>26B-1-229.</u> Authority to provide data on treatment and condition of
984	persons to designated agencies Immunity from liability Information considered
985	privileged communication Information held in confidence Penalties for violation.
986	(1) As used in this section:
987	(a) "Health care facility" means the same as that term is defined in Section 26B-2-201.
988	(b) "Health care provider" means the same as that term is defined in Section
989	<u>78B-3-403.</u>
990	[(1)] (2) Any person, health facility, or other organization may, without incurring
991	liability, provide the following information to the persons and entities described in Subsection
992	[(2)] <u>(3)</u> :
993	(a) information as determined by the state registrar of vital records appointed under
994	[Title 26, Chapter 2, Utah Vital Statistics Act] Chapter 8, Part 1, Vital Statistics;
995	(b) interviews;
996	(c) reports;
997	(d) statements;
998	(e) memoranda;
999	(f) familial information; and
1000	(g) other data relating to the condition and treatment of any person.

1001	$\left[\frac{(2)}{(2)}\right]$ The information described in Subsection $\left[\frac{(1)}{(2)}\right]$ may be provided to:
1002	(a) the department and local health departments;
1003	(b) the Division of Integrated Healthcare within the [Department of Health and Human
1004	Services] department;
1005	(c) scientific and health care research organizations affiliated with institutions of higher
1006	education;
1007	(d) the Utah Medical Association or any of its allied medical societies;
1008	(e) peer review committees;
1009	(f) professional review organizations;
1010	(g) professional societies and associations; and
1011	(h) any health facility's in-house staff committee for the uses described in Subsection
1012	[(3)] (4).
1013	[(3)] (4) The information described in Subsection $[(1)]$ (2) may be provided for the
1014	following purposes:
1015	(a) study and advancing medical research, with the purpose of reducing the incidence
1016	of disease, morbidity, or mortality; or
1017	(b) the evaluation and improvement of hospital and health care rendered by hospitals,
1018	health facilities, or health care providers.
1019	[(4)] (5) Any person may, without incurring liability, provide information, interviews,
1020	reports, statements, memoranda, or other information relating to the ethical conduct of any
1021	health care provider to peer review committees, professional societies and associations, or any
1022	in-hospital staff committee to be used for purposes of intraprofessional society or association
1023	discipline.
1024	[(5)] (6) No liability may arise against any person or organization as a result of:
1025	(a) providing information or material authorized in this section;
1026	(b) releasing or publishing findings and conclusions of groups referred to in this
1027	section to advance health research and health education; or

1028	(c) releasing or publishing a summary of these studies in accordance with this [chapter]
1029	section.
1030	[(6) As used in this chapter:]
1031	[(a) "health care provider" has the meaning set forth in Section 78B-3-403; and]
1032	[(b) "health care facility" has the meaning set forth in Section 26-21-2.]
1033	(7) (a) The information described in Subsection (2) that is provided to the entities
1034	described in Subsection (3):
1035	(i) shall be used and disclosed by the entities described in Subsection (3) in accordance
1036	with this section; and
1037	(ii) is not subject to Title 63G, Chapter 2, Government Records Access and
1038	Management Act.
1039	(b) The Office of Substance Use and Mental Health, scientific and health care research
1040	organizations affiliated with institutions of higher education, the Utah Medical Association or
1041	any of the Utah Medical Association's allied medical societies, peer review committees,
1042	professional review organizations, professional societies and associations, or any health
1043	facility's in-house staff committee may only use or publish the information or material received
1044	or gathered under this section for the purpose of study and advancing medical research or
1045	medical education in the interest of reducing the incidence of disease, morbidity, or mortality,
1046	except that a summary of studies conducted in accordance with this section may be released by
1047	those groups for general publication.
1048	(8) All information, interviews, reports, statements, memoranda, or other data
1049	furnished by reason of this section, and any findings or conclusions resulting from those studies
1050	are privileged communications and are not subject to discovery, use, or receipt in evidence in
1051	any legal proceeding of any kind or character.
1052	(9) (a) All information described in Subsection (2) that is provided to a person or
1053	organization described in Subsection (3) shall be held in strict confidence by that person or
1054	organization, and any use, release, or publication resulting therefrom shall be made only for the

1055	purposes described in Subsections (4) and (7) and shall preclude identification of any
1056	individual or individuals studied.
1057	(b) Notwithstanding Subsection (9)(a), the department's use and disclosure of
1058	information is not governed by this section.
1059	(10) (a) Any use, release, or publication, negligent or otherwise, contrary to the
1060	provisions of this section is a class B misdemeanor.
1061	(b) Subsection (10)(a) does not relieve the person or organization responsible for such
1062	use, release, or publication from civil liability.
1063	Section 19. Section 26B-1-230, which is renumbered from Section 26-68-102 is
1064	renumbered and amended to read:
1065	[26-68-102]. <u>26B-1-230.</u> Governmental entities prohibited from requiring
1066	a COVID-19 vaccine.
1067	(1) As used in this section:
1068	(a) "Governmental entity" means the same as that term is defined in Section
1069	63D-2-102.
1070	(b) "Emergency COVID-19 vaccine" means a substance that is:
1071	(i) authorized for use by the United States Food and Drug Administration under an
1072	emergency use authorization under 21 U.S.C. Sec. 360bbb-3;
1073	(ii) injected into or otherwise administered to an individual; and
1074	(iii) intended to immunize an individual against COVID-19 as defined in Section
1075	78B-4-517.
1076	(2) Except as provided in Subsection (4), a governmental entity may not require,
1077	directly or indirectly, that an individual receive an emergency COVID-19 vaccine.
1078	(3) The prohibited activities under Subsection (2) include:
1079	(a) making rules that require, directly or indirectly, that an individual receive an
1080	emergency COVID-19 vaccine;
1081	(b) requiring that an individual receive an emergency COVID-19 vaccine as a

1082	condition of:
1083	(i) employment;
1084	(ii) participation in an activity of the governmental entity, including outside or
1085	extracurricular activities; or
1086	(iii) attendance at events that are hosted or sponsored by the governmental entity; and
1087	(c) any action that a reasonable person would not be able to deny without significant
1088	harm to the individual.
1089	(4) Subsection (2) does not include:
1090	(a) facilitating the distribution, dispensing, administration, coordination, or provision
1091	of an emergency COVID-19 vaccine;
1092	(b) an employee of a governmental entity who is:
1093	(i) acting in a public health or medical setting; and
1094	(ii) required to receive vaccinations in order to perform the employee's assigned duties
1095	and responsibilities; or
1096	(c) enforcement by a governmental entity of a non-discretionary requirement under
1097	federal law.
1098	(5) This section may not be suspended or modified by the governor or any other chief
1099	executive officer under Title 53, Chapter 2a, Emergency Management Act.
1100	Section 20. Section 26B-1-231, which is renumbered from Section 26B-1a-104 is
1101	renumbered and amended to read:
1102	[26B-1a-104]. <u>26B-1-231.</u> Office of American Indian-Alaska Native Health
1103	and Family Services Creation Director Purpose Duties.
1104	(1) (a) "Director" means the director of the office appointed under Subsection (3).
1105	(b) "Office" means the Office of American Indian-Alaska Native Health and Family
1106	Services created in Subsection (2).
1107	(2) There is created within the department the Office of American Indian-Alaska
1108	Native Health and Family Services.

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1109	(3) The executive director shall appoint a director of the office who:
1110	(a) has a bachelor's degree from an accredited university or college;
1111	(b) is experienced in administration; and
1112	(c) is knowledgeable about the areas of American Indian-Alaska Native practices.
1113	(4) (a) The director is the administrative head of the office and shall serve under the
1114	supervision of the executive director.
1115	(b) The executive director may hire staff as necessary to carry out the duties of the
1116	office described in Subsection (5)(b).
1117	(5) (a) The purpose of the office is to oversee and coordinate department services for
1118	Utah's American Indian-Alaska Native populations.
1119	(b) The office shall:
1120	[(1)] (i) oversee and coordinate department services for Utah's American Indian-Alaska
1121	Native populations;
1122	[(2)] (ii) conduct regular and meaningful consultation with Indian tribes when there is a
1123	proposed department action that has an impact on an Indian tribe as a sovereign entity;
1124	[(3)] (iii) monitor agreements between the department and Utah's American
1125	Indian-Alaska Native populations; and
1126	[(4)] (iv) oversee the health liaison appointed under Section 26B-1-232 and ICWA
1127	liaison appointed under Section 26B-1-233.
1128	Section 21. Section 26B-1-232, which is renumbered from Section 26B-1a-105 is
1129	renumbered and amended to read:
1130	[26B-1a-105]. <u>26B-1-232.</u> American Indian-Alaska Native Health Liaison
1131	Appointment Duties.
1132	(1) (a) "Director" means the director of the Office of American Indian-Alaska Native
1133	Health and Family Services appointed under Section 26B-1-231.
1134	(b) "Health care" means care, treatment, service, or a procedure to improve, maintain,
1135	diagnose, or otherwise affect an individual's physical or mental condition.

1136	(c) "Health liaison" means the American Indian-Alaska Native Health Liaison
1137	appointed under Subsection (2).
1138	$\left[\frac{(1)}{2}\right]$ (a) The executive director shall appoint an individual as the American
1139	Indian-Alaska Native Health Liaison.
1140	(b) The health liaison shall serve under the supervision of the director.
1141	$\left[\frac{(2)}{(3)}\right]$ The health liaison shall:
1142	(a) promote and coordinate collaborative efforts between the department and Utah's
1143	American Indian-Alaska Native population to improve the availability and accessibility of
1144	quality health care impacting Utah's American Indian-Alaska Native populations on and off
1145	reservations;
1146	(b) interact with the following to improve health disparities for Utah's American
1147	Indian-Alaska Native populations:
1148	(i) tribal health programs;
1149	(ii) local health departments;
1150	(iii) state agencies and officials; and
1151	(iv) providers of health care in the private sector;
1152	(c) facilitate education, training, and technical assistance regarding public health and
1153	medical assistance programs to Utah's American Indian-Alaska Native populations; and
1154	(d) staff an advisory board by which Utah's tribes may consult with state and local
1155	agencies for the development and improvement of public health programs designed to address
1156	improved health care for Utah's American Indian-Alaska Native populations on and off the
1157	reservation.
1158	(4) The health liaison shall annually report the liaison's activities and accomplishments
1159	to the Native American Legislative Liaison Committee created in Section 36-22-1.
1160	Section 22. Section 26B-1-233, which is renumbered from Section 26B-1a-106 is
1161	renumbered and amended to read:
1162	[26B 1a 106] 26B 1 233 Indian Child Walfara Act Liaisan

1162 [26B-1a-106]. 26B-1-233. Indian Child Welfare Act Liaison --

1163	Appointment Qualifications Duties.
1164	(1) As used in this section:
1165	(a) "Director" means the director of the Office of American Indian-Alaska Native
1166	Health and Family Services appointed under Section 26B-1-231.
1167	(b) "ICWA liaison" means the Indian Child Welfare Act Liaison appointed under
1168	Subsection (2).
1169	[(1)] (2) (a) The executive director shall appoint an individual as the Indian Child
1170	Welfare Act Liaison who:
1171	(i) has a bachelor's degree from an accredited university or college; and
1172	(ii) is knowledgeable about the areas of child and family services and Indian tribal
1173	child rearing practices.
1174	(b) The ICWA liaison shall serve under the supervision of the director.
1175	$\left[\frac{(2)}{(3)}\right]$ The ICWA liaison shall:
1176	(a) act as a liaison between the department and Utah's American Indian populations
1177	regarding child and family services;
1178	(b) provide training to department employees regarding the requirements and
1179	implementation of the Indian Child Welfare Act, 25 U.S.C. Secs. 1901-1963;
1180	(c) develop and facilitate education and technical assistance programs for Utah's
1181	American Indian populations regarding available child and family services;
1182	(d) promote and coordinate collaborative efforts between the department and Utah's
1183	American Indian population to improve the availability and accessibility of quality child and
1184	family services for Utah's American Indian populations; and
1185	(e) interact with the following to improve delivery and accessibility of child and family
1186	services for Utah's American Indian populations:
1187	(i) state agencies and officials; and
1188	(ii) providers of child and family services in the public and private sector.
1180	(4) The ICWA ligison shall annually report the ligison's activities and accomplishments

1189 (4) The ICWA liaison shall annually report the liaison's activities and accomplishments

1190	to the Native American Legislative Liaison Committee created in Section 36-22-1.
1191	Section 23. Section 26B-1-234, which is renumbered from Section 62A-1-122 is
1192	renumbered and amended to read:
1193	[62A-1-122]. <u>26B-1-234.</u> Handling of child sexual abuse material.
1194	(1) As used in this section:
1195	(a) "Child pornography" means the same as that term is defined in Section 76-5b-103.
1196	(b) "Secure" means to prevent and prohibit access, electronic upload, transmission, or
1197	transfer of an image.
1198	(2) The department or a division within the department may not retain child
1199	pornography longer than is necessary to comply with the requirements of this section.
1200	(3) When the department or a division within the department obtains child
1201	pornography as a result of an employee unlawfully viewing child pornography, the department
1202	or division shall consult with and follow the guidance of the Division of Human Resource
1203	Management regarding personnel action and local law enforcement regarding retention of the
1204	child pornography.
1205	(4) When the department or a division within the department obtains child
1206	pornography as a result of a report or an investigation, the department or division shall
1207	immediately secure the child pornography, or the electronic device if the child pornography is
1208	digital, and contact the law enforcement office that has jurisdiction over the area where the
1209	division's case is located.
1210	Section 24. Section 26B-1-235, which is renumbered from Section 26-10-8 is
1211	renumbered and amended to read:
1212	[26-10-8]. 26B-1-235. Request for proposal required for non-state supplied
1213	services.
1214	(1) As used in this section:
1215	(a) "AED" means the same as that term is defined in Section <u>26B-4-301</u> .
1216	(b) "Office" means the Office of Emergency Medical Services and Preparedness within

1217	the department.
1218	(c) "Sudden cardiac arrest" means the same as that term is defined in Section
1219	<u>26B-4-301.</u>
1220	[(1)] (2) Funds provided to the department through Sections 51-9-201 and 59-14-204
1221	to be used to provide services, shall be awarded to non-governmental entities based on a
1222	competitive process consistent with Title 63G, Chapter 6a, Utah Procurement Code.
1223	[(2)] (3) Beginning July 1, 2010, and not more than every five years thereafter, the
1224	department shall issue requests for proposals for new or renewing contracts to award funding
1225	for programs under Subsection (1).
1226	Section 25. Section 26B-1-236, which is renumbered from Section 26-26-3 is
1227	renumbered and amended to read:
1228	[26-26-3]. <u>26B-1-236.</u> Experimental animals Authorization Minimum
1229	period of impoundment Requirements Fees Records Revocation Rulemaking
1230	and investigation.
1231	(1) As used in this section, "institution" means any school or college of agriculture,
1232	veterinary medicine, medicine, pharmacy, or dentistry or other educational, hospital, or
1233	scientific establishment properly concerned with the investigation of or instruction concerning
1234	the structure or functions of living organisms, the cause, prevention, control, or cure of diseases
1235	or abnormal condition of human beings or animals.
1236	(2) (a) Institutions may apply to the department for authorization to obtain animals
1237	from establishments maintained for the impounding, care, and disposal of animals seized by
1238	lawful authority.
1239	(b) If, after an investigation under Subsection (2)(a), the department finds that the
1240	institution meets the requirements of this section and the department's rules and that the public
1241	interest will be served thereby, the department may authorize the institution to obtain animals
1242	under this section.
1243	$\left[\frac{(1)}{(3)}\right]$ Subject to Subsection $\left[\frac{(2)}{(2)}\right]$ (4), the governing body of the county or

1244	municipality in which an establishment is located may make available to an authorized
1245	institution as many impounded animals in that establishment as the institution may request.
1246	[(2)] (4) A governing body described in Subsection $[(1)]$ (3) may not make an
1247	impounded animal available to an institution, unless:
1248	(a) the animal has been legally impounded for the longer of:
1249	(i) at least five days; or
1250	(ii) the minimum period provided for by local ordinance;
1251	(b) the animal has not been claimed or redeemed by:
1252	(i) the animal's owner; or
1253	(ii) any other person entitled to claim or redeem the animal; and
1254	(c) the establishment has made a reasonable effort to:
1255	(i) find the rightful owner of the animal, including checking if the animal has a tag or
1256	microchip; and
1257	(ii) if the owner is not found, make the animal available to others during the impound
1258	period.
1259	(5) Owners of animals who voluntarily provide their animals to an establishment may,
1260	by signature, determine whether or not the animal may be provided to an institution or used for
1261	research or educational purposes.
1262	(6) The authorized institution shall provide, at the authorized institution's own expense,
1263	for the transportation of such animals from the establishment to the institution and shall use
1264	them only in the conduct of scientific and educational activities and for no other purpose.
1265	(7) (a) The institution shall reimburse the establishment for animals received.
1266	(b) The fee described in Subsection (7)(a) shall be, at a minimum, \$15 for cats and \$20
1267	for dogs.
1268	(c) The fee described in Subsection (7)(a) shall be increased as determined by the
1269	department, based on fluctuations or changes in the Consumer Price Index.
1270	(8) Each institution shall keep a public record of all animals received and disposed of.

1271	(9) The department, upon 15 days written notice and an opportunity to be heard, may
1272	revoke an institution's authorization if the institution has violated any provision of this section,
1273	or has failed to comply with the conditions required by the department with respect to the
1274	issuance of authorization.
1275	(10) In carrying out the provisions of this section, the department may adopt rules for:
1276	(a) controlling the humane use of animals;
1277	(b) diagnosis and treatment of human and animal diseases;
1278	(c) advancement of veterinary, dental, medical, and biological sciences; and
1279	(d) testing, improvement, and standardization of laboratory specimens, biologic
1280	projects, pharmaceuticals, and drugs.
1281	(11) The department may inspect or investigate any institution that applies for or is
1282	authorized to obtain animals.
1283	Section 26. Section 26B-1-237, which is renumbered from Section 26-18-605 is
1284	renumbered and amended to read:
1285	[26-18-605]. <u>26B-1-237.</u> Utah Office of Internal Audit.
1286	The Utah Office of Internal Audit:
1287	(1) may not be placed within the division;
1288	(2) shall be placed directly under, and report directly to, the executive director of the
1289	Department of Health; and
1290	(3) shall have full access to all records of the division.
1291	Section 27. Section 26B-1-238, which is renumbered from Section 62A-4a-211 is
1292	renumbered and amended to read:
1293	[62A-4a-211]. <u>26B-1-238.</u> Normalizing lives of children Responsibilities
1294	of the Division of Child and Family Services.
1295	(1) As used in this section:
1296	(a) "Activity" means an extracurricular, enrichment, or social activity.
1297	(b) "Age-appropriate" means a type of activity that is generally accepted as suitable for

1298	a child of the same age or level of maturity, based on the development of cognitive, emotional,
1299	physical, and behavioral capacity that is typical for the child's age or age group.
1300	(c) "Caregiver" means a person with whom a child is placed in an out-of-home
1301	placement.
1302	(d) "Division" means the Division of Child and Family Services.
1303	(e) "Out-of-home placement" means the placement of a child in the division's custody
1304	outside of the child's home, including placement in a foster home, a residential treatment
1305	program, proctor care, or with kin.
1306	(f) "Reasonable and prudent parent standard" means the standard characterized by
1307	careful and sensible parental decisions to maintain a child's health, safety, and best interest
1308	while at the same time encouraging the child's emotional and developmental growth.
1309	[(1)] (2) A child who comes into care under this chapter is entitled to participate in
1310	age-appropriate activities for the child's emotional well-being and development of valuable
1311	life-coping skills.
1312	$\left[\frac{(2)}{(3)}\right]$ The division shall make efforts to normalize the lives of children in the
1313	division's custody and to empower a caregiver to approve or disapprove a child's participation
1314	in activities based on the caregiver's own assessment using a reasonable and prudent parent
1315	standard, without prior approval of the division.
1316	$\left[\frac{(3)}{(4)}\right]$ The division shall allow a caregiver to make important decisions, similar to
1317	the decisions that a parent is entitled to make, regarding the child's participation in activities.
1318	Section 28. Section 26B-1-306, which is renumbered from Section 26-8a-108 is
1319	renumbered and amended to read:
1320	Part 3. Funds and Accounts
1321	[26-8a-108]. <u>26B-1-306.</u> Emergency Medical Services System Account.
1322	(1) There is created within the General Fund a restricted account known as the
1323	"Emergency Medical Services System Account."
1324	(2) The account consists of:

1325	(a) interest earned on the account;
1326	(b) appropriations made by the Legislature; and
1327	(c) contributions deposited into the account in accordance with Section 41-1a-230.7.
1328	(3) The department shall use:
1329	(a) an amount equal to 25% of the money in the account for administrative costs
1330	related to [this chapter] Chapter 4, Part 1, Utah Emergency Medical Services System;
1331	(b) an amount equal to 75% of the money in the account for grants awarded in
1332	accordance with [Subsection 26-8a-207(3)] Section 26B-4-107; and
1333	(c) all money received from the revenue source in Subsection (2)(c) for grants awarded
1334	in accordance with [Subsection 26-8a-207(3)] Section 26B-4-107.
1335	Section 29. Section 26B-1-307, which is renumbered from Section 26-8b-602 is
1336	renumbered and amended to read:
1337	[26-8b-602]. <u>26B-1-307.</u> Automatic External Defibrillator Restricted
1.0.0	
1338	Account.
1338 1339	(1) As used in this section:
1339	(1) As used in this section:
1339 1340	 (1) As used in this section: (a) "AED" means the same as that term is defined in Section 26B-4-301.
1339 1340 1341	 (1) As used in this section: (a) "AED" means the same as that term is defined in Section 26B-4-301. (b) "Office" means the Office of Emergency Medical Services and Preparedness within
1339 1340 1341 1342	 (1) As used in this section: (a) "AED" means the same as that term is defined in Section 26B-4-301. (b) "Office" means the Office of Emergency Medical Services and Preparedness within the department.
1339 1340 1341 1342 1343	 (1) As used in this section: (a) "AED" means the same as that term is defined in Section 26B-4-301. (b) "Office" means the Office of Emergency Medical Services and Preparedness within the department. (c) "Sudden cardiac arrest" means the same as that term is defined in Section
 1339 1340 1341 1342 1343 1344 	 (1) As used in this section: (a) "AED" means the same as that term is defined in Section 26B-4-301. (b) "Office" means the Office of Emergency Medical Services and Preparedness within the department. (c) "Sudden cardiac arrest" means the same as that term is defined in Section 26B-4-301.
 1339 1340 1341 1342 1343 1344 1345 	 (1) As used in this section: (a) "AED" means the same as that term is defined in Section 26B-4-301. (b) "Office" means the Office of Emergency Medical Services and Preparedness within the department. (c) "Sudden cardiac arrest" means the same as that term is defined in Section 26B-4-301. 26B-4-301. [(1) (a)] (2) (a) There is created a restricted account within the General Fund known as
 1339 1340 1341 1342 1343 1344 1345 1346 	 (1) As used in this section: (a) "AED" means the same as that term is defined in Section 26B-4-301. (b) "Office" means the Office of Emergency Medical Services and Preparedness within the department. (c) "Sudden cardiac arrest" means the same as that term is defined in Section 26B-4-301. [(1) (a)] (2) (a) There is created a restricted account within the General Fund known as the "Automatic External Defibrillator Restricted Account" to provide AEDs to entities under
1339 1340 1341 1342 1343 1344 1345 1346 1347	 (1) As used in this section: (a) "AED" means the same as that term is defined in Section 26B-4-301. (b) "Office" means the Office of Emergency Medical Services and Preparedness within the department. (c) "Sudden cardiac arrest" means the same as that term is defined in Section 26B-4-301. 26B-4-301. [(1)(a)] (2) (a) There is created a restricted account within the General Fund known as the "Automatic External Defibrillator Restricted Account" to provide AEDs to entities under Subsection (4).
 1339 1340 1341 1342 1343 1344 1345 1346 1347 1348 	 (1) As used in this section: (a) "AED" means the same as that term is defined in Section 26B-4-301. (b) "Office" means the Office of Emergency Medical Services and Preparedness within the department. (c) "Sudden cardiac arrest" means the same as that term is defined in Section 26B-4-301. 26B-4-301. [(1) (a)] (2) (a) There is created a restricted account within the General Fund known as the "Automatic External Defibrillator Restricted Account" to provide AEDs to entities under Subsection (4). (b) The director of the [bureau] office shall administer the account in accordance with

1352	the Legislature.
1353	(3) The director of the [bureau] office shall distribute funds deposited in the account to
1354	eligible entities, under Subsection (4), for the purpose of purchasing:
1355	(a) an AED;
1356	(b) an AED carrying case;
1357	(c) a wall-mounted AED cabinet; or
1358	(d) an AED sign.
1359	(4) Upon appropriation, the director of the [bureau] office shall distribute funds
1360	deposited in the account, for the purpose of purchasing items under Subsection (3), to:
1361	(a) a municipal department of safety that routinely responds to incidents, or potential
1362	incidents, of sudden cardiac arrest;
1363	(b) a municipal or county law enforcement agency that routinely responds to incidents,
1364	or potential incidents, of sudden cardiac arrest;
1365	(c) a state law enforcement agency that routinely responds to incidents, or potential
1366	incidents, of sudden cardiac arrest;
1367	(d) a school that offers instruction to grades kindergarten through 6;
1368	(e) a school that offers instruction to grades 7 through 12; or
1369	(f) a state institution of higher education.
1370	(5) The director of the [bureau] office shall distribute funds under this section to a
1371	municipality only if the municipality provides a match in funding for the total cost of items
1372	under Subsection (3):
1373	(a) of 50% for the municipality, if the municipality is a city of first, second, or third
1374	class under Section 10-2-301; or
1375	(b) of 75% for the municipality, other than a municipality described in Subsection
1376	(5)(a).
1377	(6) The director of the [bureau] office shall distribute funds under this section to a
1378	county only if the county provides a match in funding for the total cost of items under

1379	Subsection (3):
1380	(a) of 50% for the county, if the county is a county of first, second, or third class under
1381	Section 17-50-501; or
1382	(b) of 75% for the county, other than a county described in Subsection $(6)(a)$.
1383	(7) In accordance with rules made by the [bureau] office, an entity described in
1384	Subsection (4) may apply to the director of the [bureau] office to receive a distribution of funds
1385	from the account by filing an application with the [bureau] office on or before October 1 of
1386	each year.
1387	Section 30. Section 26B-1-308, which is renumbered from Section 26-9-4 is
1388	renumbered and amended to read:
1389	[26-9-4]. <u>26B-1-308.</u> Rural Health Care Facilities Account Source of
1390	revenues Interest Distribution of revenues Expenditure of revenues Unexpended
1391	revenues lapse into the General Fund.
1392	(1) As used in this section:
1393	(a) "Emergency medical services" is as defined in Section [26-8a-102] 26B-4-101.
1394	(b) "Federally qualified health center" is as defined in 42 U.S.C. Sec. 1395x.
1395	(c) "Fiscal year" means a one-year period beginning on July 1 of each year.
1396	(d) "Freestanding urgent care center" is as defined in Section 59-12-801.
1397	(e) "Nursing care facility" is as defined in Section [26-21-2] 26B-2-201.
1398	(f) "Rural city hospital" is as defined in Section 59-12-801.
1399	(g) "Rural county health care facility" is as defined in Section 59-12-801.
1400	(h) "Rural county hospital" is as defined in Section 59-12-801.
1401	(i) "Rural county nursing care facility" is as defined in Section 59-12-801.
1402	(j) "Rural emergency medical services" is as defined in Section 59-12-801.
1403	(k) "Rural health clinic" is as defined in 42 U.S.C. Sec. 1395x.
1404	(2) There is created a restricted account within the General Fund known as the "Rural
1405	Health Care Facilities Account."

1406	(3) (a) The restricted account shall be funded by amounts appropriated by the
1407	Legislature.
1408	(b) Any interest earned on the restricted account shall be deposited into the General
1409	Fund.
1410	(4) Subject to Subsections (5) and (6), the State Tax Commission shall for a fiscal year
1411	distribute money deposited into the restricted account to each:
1412	(a) county legislative body of a county that, on January 1, 2007, imposes a tax in
1413	accordance with Section 59-12-802 and has not repealed the tax; or
1414	(b) city legislative body of a city that, on January 1, 2007, imposes a tax in accordance
1415	with Section 59-12-804 and has not repealed the tax.
1416	(5) (a) Subject to Subsection (6), for purposes of the distribution required by
1417	Subsection (4), the State Tax Commission shall:
1418	(i) estimate for each county and city described in Subsection (4) the amount by which
1419	the revenues collected from the taxes imposed under Sections 59-12-802 and 59-12-804 for
1420	fiscal year 2005-06 would have been reduced had:
1421	(A) the amendments made by Laws of Utah 2007, Chapter 288, Sections 25 and 26, to
1422	Sections 59-12-802 and 59-12-804 been in effect for fiscal year 2005-06; and
1423	(B) each county and city described in Subsection (4) imposed the tax under Sections
1424	59-12-802 and 59-12-804 for the entire fiscal year 2005-06;
1425	(ii) (A) for fiscal years ending before fiscal year 2018, calculate a percentage for each
1426	county and city described in Subsection (4) by dividing the amount estimated for each county
1427	and city in accordance with Subsection (5)(a)(i) by \$555,000; and
1428	(B) beginning in fiscal year 2018, calculate a percentage for each county and city
1429	described in Subsection (4) by dividing the amount estimated for each county and city in
1430	accordance with Subsection (5)(a)(i) by \$218,809.33;
1431	(iii) distribute to each county and city described in Subsection (4) an amount equal to
1432	the product of:

1433	(A) the percentage calculated in accordance with Subsection (5)(a)(ii); and
1434	(B) the amount appropriated by the Legislature to the restricted account for the fiscal
1435	year.
1436	(b) The State Tax Commission shall make the estimations, calculations, and
1437	distributions required by Subsection (5)(a) on the basis of data collected by the State Tax
1438	Commission.
1439	(6) If a county legislative body repeals a tax imposed under Section 59-12-802 or a city
1440	legislative body repeals a tax imposed under Section 59-12-804:
1441	(a) the commission shall determine in accordance with Subsection (5) the distribution
1442	that, but for this Subsection (6), the county legislative body or city legislative body would
1443	receive; and
1444	(b) after making the determination required by Subsection (6)(a), the commission shall:
1445	(i) if the effective date of the repeal of a tax imposed under Section 59-12-802 or
1446	59-12-804 is October 1:
1447	(A) (I) distribute to the county legislative body or city legislative body 25% of the
1448	distribution determined in accordance with Subsection (6)(a); and
1449	(II) deposit 75% of the distribution determined in accordance with Subsection (6)(a)
1450	into the General Fund; and
1451	(B) beginning with the first fiscal year after the effective date of the repeal and for each
1452	subsequent fiscal year, deposit the entire amount of the distribution determined in accordance
1453	with Subsection (6)(a) into the General Fund;
1454	(ii) if the effective date of the repeal of a tax imposed under Section 59-12-802 or
1455	59-12-804 is January 1:
1456	(A) (I) distribute to the county legislative body or city legislative body 50% of the
1457	distribution determined in accordance with Subsection (6)(a); and
1458	(II) deposit 50% of the distribution determined in accordance with Subsection (6)(a)
1459	into the General Fund; and

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1460 (B) beginning with the first fiscal year after the effective date of the repeal and for each 1461 subsequent fiscal year, deposit the entire amount of the distribution determined in accordance 1462 with Subsection (6)(a) into the General Fund; 1463 (iii) if the effective date of the repeal of a tax imposed under Section 59-12-802 or 1464 59-12-804 is April 1: 1465 (A) (I) distribute to the county legislative body or city legislative body 75% of the 1466 distribution determined in accordance with Subsection (6)(a); and 1467 (II) deposit 25% of the distribution determined in accordance with Subsection (6)(a) 1468 into the General Fund; and 1469 (B) beginning with the first fiscal year after the effective date of the repeal and for each 1470 subsequent fiscal year, deposit the entire amount of the distribution determined in accordance 1471 with Subsection (6)(a) into the General Fund; or 1472 (iv) if the effective date of the repeal of a tax imposed under Section 59-12-802 or 1473 59-12-804 is July 1, beginning on that effective date and for each subsequent fiscal year, 1474 deposit the entire amount of the distribution determined in accordance with Subsection (6)(a) 1475 into the General Fund. 1476 (7) (a) Subject to Subsection (7)(b) and Section 59-12-802, a county legislative body 1477 shall distribute the money the county legislative body receives in accordance with Subsection 1478 (5) or (6): 1479 (i) for a county of the third or fourth class, to fund rural county health care facilities in that county; and 1480 1481 (ii) for a county of the fifth or sixth class, to fund: 1482 (A) rural emergency medical services in that county; 1483 (B) federally qualified health centers in that county; 1484 (C) freestanding urgent care centers in that county; 1485 (D) rural county health care facilities in that county;

1486 (E) rural health clinics in that county; or

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1487 (F) a combination of Subsections (7)(a)(ii)(A) through (E). 1488 (b) A county legislative body shall distribute the money the county legislative body 1489 receives in accordance with Subsection (5) or (6) to a center, clinic, facility, or service 1490 described in Subsection (7)(a) as determined by the county legislative body. 1491 (c) A center, clinic, facility, or service that receives a distribution in accordance with 1492 this Subsection (7) shall expend that distribution for the same purposes for which money 1493 collected from a tax under Section 59-12-802 may be expended. 1494 (8) (a) Subject to Subject to Subjection (8)(b), a city legislative body shall distribute the money 1495 the city legislative body receives in accordance with Subsection (5) or (6) to fund rural city 1496 hospitals in that city. 1497 (b) A city legislative body shall distribute a percentage of the money the city legislative 1498 body receives in accordance with Subsection (5) or (6) to each rural city hospital described in 1499 Subsection (8)(a) equal to the same percentage that the city legislative body distributes to that 1500 rural city hospital in accordance with Section 59-12-805 for the calendar year ending on the 1501 December 31 immediately preceding the first day of the fiscal year for which the city 1502 legislative body receives the distribution in accordance with Subsection (5) or (6). 1503 (c) A rural city hospital that receives a distribution in accordance with this Subsection 1504 (8) shall expend that distribution for the same purposes for which money collected from a tax 1505 under Section 59-12-804 may be expended. 1506 (9) Any money remaining in the Rural Health Care Facilities Account at the end of a 1507 fiscal year after the State Tax Commission makes the distributions required by this section 1508 shall lapse into the General Fund. 1509 Section 31. Section 26B-1-309, which is renumbered from Section 26-18-402 is 1510 renumbered and amended to read: 1511 [26-18-402]. 26B-1-309. Medicaid Restricted Account. 1512 (1) There is created a restricted account in the General Fund known as the "Medicaid 1513 Restricted Account."

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1514	(2) (a) Except as provided in Subsection (3), the following shall be deposited into the
1515	Medicaid Restricted Account:
1516	(i) any general funds appropriated to the department for the state plan for medical
1517	assistance or for the Division of Health Care Financing that are not expended by the
1518	department in the fiscal year for which the general funds were appropriated and which are not
1519	otherwise designated as nonlapsing shall lapse into the Medicaid Restricted Account;
1520	(ii) any unused state funds that are associated with the Medicaid program, as defined in
1521	Section [26-18-2] 26B-3-101, from the Department of Workforce Services [and the
1522	Department of Human Services]; and
1523	(iii) any penalties imposed and collected under:
1524	(A) Section 17B-2a-818.5;
1525	(B) Section 19-1-206;
1526	(C) Section $63A-5b-607$;
1527	(D) Section $63C-9-403$;
1528	(E) Section $72-6-107.5$; or
1529	(F) Section 79-2-404.
1530	(b) The account shall earn interest and all interest earned shall be deposited into the
1531	account.
1532	(c) The Legislature may appropriate money in the restricted account to fund programs
1533	that expand medical assistance coverage and private health insurance plans to low income
1534	persons who have not traditionally been served by Medicaid, including the Utah Children's
1535	Health Insurance Program created in [Chapter 40, Utah Children's Health Insurance Act]
1536	<u>Section 26B-3-902</u> .
1537	(3) (a) For fiscal years 2008-09, 2009-10, 2010-11, 2011-12, and 2012-13 the
1538	following funds are nonlapsing:
1539	$\left[\frac{(a)}{(a)}\right]$ any general funds appropriated to the department for the state plan for medical
1540	assistance, or for the Division of Health Care Financing that are not expended by the

1541	department in the fiscal year in which the general funds were appropriated; and
1542	[(b)] (ii) funds described in Subsection (2)(a)(ii).
1543	(b) For fiscal years 2019-20, 2020-21, 2021-22, and 2022-23, the funds described in
1544	Subsections (2)(a)(ii) and (3)(a)(i) are nonlapsing.
1545	Section 32. Section 26B-1-310 , which is renumbered from Section 26-61a-109 is
1546	renumbered and amended to read:
1547	[26-61a-109]. <u>26B-1-310.</u> Qualified Patient Enterprise Fund Creation
1548	Revenue neutrality.
1549	(1) There is created an enterprise fund known as the "Qualified Patient Enterprise
1550	Fund."
1551	(2) The fund created in this section is funded from:
1552	(a) money the department deposits into the fund under [this chapter] Chapter 4, Part 2,
1553	Cannabinoid Research and Medical Cannabis;
1554	(b) appropriations the Legislature makes to the fund; and
1555	(c) the interest described in Subsection (3).
1556	(3) Interest earned on the fund shall be deposited into the fund.
1557	(4) The department may only use money in the fund to fund the department's
1558	responsibilities under [this chapter] Chapter 4, Part 2, Cannabinoid Research and Medical
1559	<u>Cannabis</u> .
1560	(5) The department shall set fees authorized under [this chapter] Chapter 4, Part 2,
1561	Cannabinoid Research and Medical Cannabis in amounts that the department anticipates are
1562	necessary, in total, to cover the department's cost to implement [this chapter] Chapter 4, Part 2,
1563	Cannabinoid Research and Medical Cannabis.
1564	Section 33. Section 26B-1-311 , which is renumbered from Section 26-18a-4 is
1565	renumbered and amended to read:
1566	[26-18a-4]. <u>26B-1-311.</u> Creation of Kurt Oscarson Children's Organ
1567	Transplant Account.

1568	(1) (a) There is created a restricted account within the General Fund known as the
1569	"Kurt Oscarson Children's Organ Transplant Account."
1570	(b) Private contributions received under this section and Section 59-10-1308 shall be
1571	deposited into the restricted account to be used only for the programs and purposes described in
1572	Section [26-18a-3] <u>26B-1-411</u> .
1573	(2) Money shall be appropriated from the restricted account to the [committee] Kurt
1574	Oscarson Children's Organ Transplant Coordinating Committee created in Section 26B-1-411,
1575	in accordance with Title 63J, Chapter 1, Budgetary Procedures Act.
1576	(3) In addition to funds received under Section 59-10-1308, the [committee] Kurt
1577	Oscarson Children's Organ Transplant Coordinating Committee created in Section 26B-1-411
1578	may accept transfers, grants, gifts, bequests, or any money made available from any source to
1579	implement [this chapter] the programs and purposes described in Section 26B-1-411.
1580	Section 34. Section 26B-1-312, which is renumbered from Section 26-18b-101 is
1581	renumbered and amended to read:
1582	[26-18b-101]. <u>26B-1-312.</u> Allyson Gamble Organ Donation Contribution
1583	Fund created.
1584	(1) (a) There is created an expendable special revenue fund known as the "Allyson
1585	Gamble Organ Donation Contribution Fund."
1586	(b) The Allyson Gamble Organ Donation Contribution Fund shall consist of:
1587	(i) private contributions;
1588	(ii) donations or grants from public or private entities;
1589	(iii) voluntary donations collected under Sections 41-1a-230.5 and 53-3-214.7;
1590	(iv) contributions deposited into the account in accordance with Section 41-1a-422;
1591	and
1592	(v) interest and earnings on fund money.
1593	(c) The cost of administering the Allyson Gamble Organ Donation Contribution Fund
1594	shall be paid from money in the fund.

1595	(2) The [Department of Health] <u>department</u> shall:
1596	(a) administer the funds deposited in the Allyson Gamble Organ Donation Contribution
1597	Fund; and
1598	(b) select qualified organizations and distribute the funds in the Allyson Gamble Organ
1599	Donation Contribution Fund in accordance with Subsection (3).
1600	(3) (a) The funds in the Allyson Gamble Organ Donation Contribution Fund may be
1601	distributed to a selected organization that:
1602	(i) promotes and supports organ donation;
1603	(ii) assists in maintaining and operating a statewide organ donation registry; and
1604	(iii) provides donor awareness education.
1605	(b) An organization that meets the criteria of Subsections (3)(a)(i) through (iii) may
1606	apply to the [Department of Health] department, in a manner prescribed by the department, to
1607	receive a portion of the money contained in the Allyson Gamble Organ Donation Contribution
1608	Fund.
1609	(4) The [Department of Health] department may expend funds in the account to pay the
1610	costs of administering the fund and issuing or reordering the Donate Life support special group
1611	license plate and decals.
1612	Section 35. Section 26B-1-313 , which is renumbered from Section 26-21a-302 is
1613	renumbered and amended to read:
1614	[26-21a-302]. <u>26B-1-313.</u> Cancer Research Restricted Account.
1615	(1) As used in this section, "account" means the Cancer Research Restricted Account
1616	created by this section.
1617	(2) There is created in the General Fund a restricted account known as the "Cancer
1618	Research Restricted Account."
1619	(3) The account shall be funded by:
1620	(a) contributions deposited into the account in accordance with Section 41-1a-422;
1621	(b) private contributions;

1622 (c) donations or grants from public or private entities; and 1623 (d) interest and earnings on fund money. 1624 (4) The department shall distribute funds in the account to one or more charitable 1625 organizations that: 1626 (a) qualify as being tax exempt under Section 501(c)(3) of the Internal Revenue Code; 1627 (b) have been designated as an official cancer center of the state; 1628 (c) is a National Cancer Institute designated cancer center; and 1629 (d) have as part of its primary mission: 1630 (i) cancer research programs in basic science, translational science, population science, 1631 and clinical research to understand cancer from its beginnings; and 1632 (ii) the dissemination and use of knowledge developed by the research described in 1633 Subsection (4)(d)(i) for the creation and improvement of cancer detection, treatments, 1634 prevention, and outreach programs. 1635 (5) (a) An organization described in Subsection (4) may apply to the department to 1636 receive a distribution in accordance with Subsection (4). 1637 (b) An organization that receives a distribution from the department in accordance with 1638 Subsection (4) shall expend the distribution only to conduct cancer research for the purpose of 1639 making improvements in cancer treatments, cures, detection, and prevention of cancer at the 1640 molecular and genetic levels. 1641 (c) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the 1642 department may make rules providing procedures for an organization to apply to the 1643 department to receive a distribution under Subsection (4). 1644 Section 36. Section 26B-1-314, which is renumbered from Section 26-21a-304 is 1645 renumbered and amended to read: 1646 [26-21a-304]. 26B-1-314. Children with Cancer Support Restricted 1647 Account. 1648 (1) As used in this section, "account" means the Children with Cancer Support

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1649	Restricted Account created in this section.
1650	(2) There is created in the General Fund a restricted account known as the "Children
1651	with Cancer Support Restricted Account."
1652	(3) The account shall be funded by:
1653	(a) contributions deposited into the account in accordance with Section 41-1a-422;
1654	(b) private contributions;
1655	(c) donations or grants from public or private entities; and
1656	(d) interest and earnings on account money.
1657	(4) Upon appropriation by the Legislature, the department shall distribute funds in the
1658	account to one or more charitable organizations that:
1659	(a) qualify as tax exempt under Section 501(c)(3), Internal Revenue Code;
1660	(b) are hospitals for children's tertiary care with board certified pediatric hematologist
1661	oncologists treating children, both on an inpatient and outpatient basis, with blood disorders
1662	and cancers from throughout the state;
1663	(c) are members of a national organization devoted exclusively to childhood and
1664	adolescent cancer research;
1665	(d) have pediatric nurses trained in hematology oncology;
1666	(e) participate in one or more pediatric cancer clinical trials; and
1667	(f) have programs that provide assistance to children with cancer.
1668	(5) (a) An organization described in Subsection (4) may apply to the department to
1669	receive a distribution in accordance with Subsection (4).
1670	(b) An organization that receives a distribution from the department in accordance with
1671	Subsection (4) may expend the distribution only to create or support programs that provide
1672	assistance to children with cancer.
1673	(c) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the
1674	department may make rules providing procedures for an organization to apply to the
1675	department to receive a distribution under Subsection (4).

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1676	Section 37. Section 26B-1-315, which is renumbered from Section 26-36b-208 is
1677	renumbered and amended to read:
1678	[26-36b-208]. <u>26B-1-315.</u> Medicaid Expansion Fund.
1679	(1) There is created an expendable special revenue fund known as the "Medicaid
1680	Expansion Fund."
1681	(2) The fund consists of:
1682	(a) assessments collected under [this chapter] Chapter 3, Part 5, Inpatient Hospital
1683	Assessment;
1684	(b) intergovernmental transfers under Section [26-36b-206] 26B-3-508;
1685	(c) savings attributable to the health coverage improvement program, as defined in
1686	Section 26B-3-501, as determined by the department;
1687	(d) savings attributable to the enhancement waiver program, as defined in Section
1688	<u>26B-3-501</u> , as determined by the department;
1689	(e) savings attributable to the Medicaid waiver expansion, as defined in Section
1690	<u>26B-3-501</u> , as determined by the department;
1691	(f) savings attributable to the inclusion of psychotropic drugs on the preferred drug list
1692	under Subsection $\left[\frac{26-18-2.4(3)}{26B-3-105(3)}\right]$ as determined by the department;
1693	(g) revenues collected from the sales tax described in Subsection 59-12-103(12);
1694	(h) gifts, grants, donations, or any other conveyance of money that may be made to the
1695	fund from private sources;
1696	(i) interest earned on money in the fund; and
1697	(j) additional amounts as appropriated by the Legislature.
1698	(3) (a) The fund shall earn interest.
1699	(b) All interest earned on fund money shall be deposited into the fund.
1700	(4) (a) A state agency administering the provisions of [this chapter] Chapter 3, Part 5,
1701	Inpatient Hospital Assessment, may use money from the fund to pay the costs, not otherwise
1702	paid for with federal funds or other revenue sources, of:

1703	(i) the health coverage improvement program <u>as defined in Section 26B-3-501</u> ;
1704	(ii) the enhancement waiver program as defined in Section 26B-3-501;
1705	(iii) a Medicaid waiver expansion as defined in Section 26B-3-501; and
1706	(iv) the outpatient upper payment limit supplemental payments under Section
1707	[26-36b-210] <u>26B-3-511</u> .
1708	(b) A state agency administering the provisions of [this chapter] Chapter 3, Part 5,
1709	Inpatient Hospital Assessment, may not use:
1710	(i) funds described in Subsection (2)(b) to pay the cost of private outpatient upper
1711	payment limit supplemental payments; or
1712	(ii) money in the fund for any purpose not described in Subsection (4)(a).
1713	Section 38. Section 26B-1-316, which is renumbered from Section 26-36d-207 is
1714	renumbered and amended to read:
1715	[26-36d-207]. <u>26B-1-316.</u> Hospital Provider Assessment Expendable
1716	Revenue Fund.
1717	(1) There is created an expendable special revenue fund known as the "Hospital
1718	Provider Assessment Expendable Revenue Fund."
1719	(2) The fund shall consist of:
1720	(a) the assessments collected by the department under [this chapter] Chapter 3, Part 7,
1721	Hospital Provider Assessment;
1722	(b) any interest and penalties levied with the administration of [this chapter] Chapter 3,
1723	Part 7, Hospital Provider Assessment; and
1724	(c) any other funds received as donations for the fund and appropriations from other
1725	sources.
1726	
	(3) Money in the fund shall be used:
1727	 (3) Money in the fund shall be used: (a) to support capitated rates consistent with Subsection [26-36d-203] 26B-3-705(1)(d)
1727 1728	

1730	<u>26B-3-701</u> , through a mistake made under [this chapter] Chapter 3, Part 7, Hospital Provider
1731	Assessment.
1732	(4) (a) Subject to Subsection (4)(b), for the fiscal year beginning July 1, 2019, and
1733	ending July 1, 2020, any fund balance in excess of the amount necessary to pay for the costs
1734	described in Subsection (3) shall be deposited into the General Fund.
1735	(b) Subsection (4)(a) applies only to funds that were appropriated by the Legislature
1736	from the General Fund to the fund and the interest and penalties deposited into the fund under
1737	Subsection (2)(b).
1738	Section 39. Section 26B-1-317, which is renumbered from Section 26-37a-107 is
1739	renumbered and amended to read:
1740	[26-37a-107]. <u>26B-1-317.</u> Ambulance Service Provider Assessment
1741	Expendable Revenue Fund.
1742	(1) There is created an expendable special revenue fund known as the "Ambulance
1743	Service Provider Assessment Expendable Revenue Fund."
1744	(2) The fund shall consist of:
1745	(a) the assessments collected by the division under [this chapter] Chapter 3, Part 8,
1746	Ambulance Service Provider Assessment;
1747	(b) the penalties collected by the division under [this chapter] Chapter 3, Part 8,
1748	Ambulance Service Provider Assessment;
1749	(c) donations to the fund; and
1750	(d) appropriations by the Legislature.
1751	(3) Money in the fund shall be used:
1752	(a) to support fee-for-service rates; and
1753	(b) to reimburse money to an ambulance service provider, as defined in Section
1754	<u>26B-3-801</u> , that is collected by the division from the ambulance service provider through a
1755	mistake made under [this chapter] Chapter 3, Part 8, Ambulance Service Provider Assessment.
1756	(4) (a) Subject to Subsection (4)(b), for the fiscal year beginning July 1, 2019, and

1757	ending July 1, 2020, any fund balance in excess of the amount necessary to pay for the costs
1758	described in Subsection (3) shall be deposited into the General Fund.
1759	(b) Subsection (4)(a) applies only to funds that were appropriated by the Legislature
1760	from the General Fund to the fund and the penalties deposited into the fund under Subsection
1761	(2)(b).
1762	Section 40. Section 26B-1-318, which is renumbered from Section 26-50-201 is
1763	renumbered and amended to read:
1764	[26-50-201]. <u>26B-1-318.</u> Traumatic Brain Injury Fund Creation
1765	Administration Uses.
1766	(1) There is created an expendable special revenue fund [entitled] known as the
1767	<u>"</u> Traumatic Brain Injury Fund. <u>"</u>
1768	(2) The fund shall consist of:
1769	(a) gifts, grants, donations, or any other conveyance of money that may be made to the
1770	fund from private sources; and
1771	(b) additional amounts as appropriated by the Legislature.
1772	(3) The fund shall be administered by the executive director.
1773	(4) Fund money may be used to:
1774	(a) educate the general public and professionals regarding understanding, treatment,
1775	and prevention of traumatic brain injury;
1776	(b) provide access to evaluations and coordinate short-term care to assist an individual
1777	in identifying services or support needs, resources, and benefits for which the individual may
1778	be eligible;
1779	(c) develop and support an information and referral system for persons with a traumatic
1780	brain injury and their families; and
1781	(d) provide grants to persons or organizations to provide the services described in
1782	Subsections (4)(a), (b), and (c).
1783	(5) Not less that 50% of the fund shall be used each fiscal year to directly assist

1784	individuals who meet the qualifications described in Subsection (6).
1785	(6) An individual who receives services either paid for from the fund, or through an
1786	organization under contract with the fund, shall:
1787	(a) be a resident of Utah;
1788	(b) have been diagnosed by a qualified professional as having a traumatic brain injury
1789	which results in impairment of cognitive or physical function; and
1790	(c) have a need that can be met within the requirements of this [chapter] section.
1791	(7) The fund may not duplicate any services or support mechanisms being provided to
1792	an individual by any other government or private agency.
1793	(8) All actual and necessary operating expenses for the [committee] Traumatic Brain
1794	Injury Advisory Committee created in Section 26B-1-417 and staff shall be paid by the fund.
1795	(9) The fund may not be used for medical treatment, long-term care, or acute care.
1796	Section 41. Section 26B-1-319 , which is renumbered from Section 26-54-102 is
1797	renumbered and amended to read:
1798	[26-54-102]. <u>26B-1-319.</u> Spinal Cord and Brain Injury Rehabilitation
1799	Fund Creation Administration Uses.
1800	(1) As used in this section, a "qualified IRC 501(c)(3) charitable clinic" means a
1801	professional medical clinic that:
1802	(a) provides rehabilitation services to individuals in the state:
1803	(i) who have a traumatic spinal cord or brain injury that tends to be nonprogressive or
1804	nondeteriorating; and
1805	(ii) who require post-acute care;
1806	(b) employs licensed therapy clinicians;
1807	(c) has at least five years experience operating a post-acute care rehabilitation clinic in
1808	the state; and
1809	(d) has obtained tax-exempt status under Internal Revenue Code, 26 U.S.C. Sec.
1810	501(c)(3).

1811	(2) There is created an expendable special revenue fund known as the "Spinal Cord and
1812	Brain Injury Rehabilitation Fund."
1813	(3) The fund shall consist of:
1814	(a) gifts, grants, donations, or any other conveyance of money that may be made to the
1815	fund from private sources;
1816	(b) a portion of the impound fee as designated in Section 41-6a-1406;
1817	(c) the fees collected by the Motor Vehicle Division under Subsections 41-1a-1201(9)
1818	and 41-22-8(3); and
1819	(d) amounts appropriated by the Legislature.
1820	(4) The fund shall be administered by the executive director of the department, in
1821	consultation with the advisory committee created in Section [$\frac{26-54-103}{26B-1-418}$]
1822	(5) Fund money shall be used to:
1823	(a) assist one or more qualified IRC 501(c)(3) charitable clinics to provide
1824	rehabilitation services to individuals who have a traumatic spinal cord or brain injury that tends
1825	to be nonprogressive or nondeteriorating, including:
1826	(i) physical, occupational, and speech therapy; and
1827	(ii) equipment for use in the qualified charitable clinic; and
1828	(b) pay for operating expenses of the [advisory committee] Spinal Cord and Brain
1829	Injury Rehabilitation Fund and Pediatric Neuro-Rehabilitation Fund Advisory Committee
1830	created by Section [26-54-103] 26B-1-418, including the advisory committee's staff.
1831	Section 42. Section 26B-1-320 , which is renumbered from Section 26-54-102.5 is
1832	renumbered and amended to read:
1833	[26-54-102.5]. <u>26B-1-320.</u> Pediatric Neuro-Rehabilitation Fund Creation
1834	Administration Uses.
1835	(1) As used in this section, a "qualified IRC $501(c)(3)$ charitable clinic" means a
1836	professional medical clinic that:
1837	(a) provides services for children in the state:

 (i) with neurological conditions, including: (A) cerebral palsy; and (B) spina bifida; and (ii) a large increase of the second second	clinic in
1840 (B) spina bifida; and	clinic in
	clinic in
1841 (ii) who require post-acute care;	clinic in
1842 (b) employs licensed therapy clinicians;	clinic in
1843 (c) has at least five years experience operating a post-acute care rehabilitation	
1844 the state; and	
1845 (d) has obtained tax-exempt status under Internal Revenue Code, 26 U.S.C. So	÷C.
1846 $501(c)(3)$.	
1847 (2) There is created an expendable special revenue fund known as the "Pediate	ic
1848 Neuro-Rehabilitation Fund."	
1849(3) The fund shall consist of:	
1850 (a) gifts, grants, donations, or any other conveyance of money that may be ma	de to the
1851 fund from private sources; and	
1852 (b) amounts appropriated to the fund by the Legislature.	
1853 (4) The fund shall be administered by the executive director of the department	, in
1854 consultation with the advisory committee created in Section $[\frac{26-54-103}{26B-1-418}]$	
1855 (5) Fund money shall be used to:	
1856 (a) assist one or more qualified IRC 501(c)(3) charitable clinics to provide physical end of the second secon	sical or
1857 occupational therapy to children with neurological conditions; and	
1858 (b) pay for operating expenses of the [advisory committee] Spinal Cord and B	rain
1859 Injury Rehabilitation Fund and Pediatric Neuro-Rehabilitation Fund Advisory Commi	<u>ttee</u>
1860 created by Section $[\frac{26-54-103}{26B-1-418}]$, including the advisory committee's staff.	
1861 Section 43. Section 26B-1-321 , which is renumbered from Section 26-58-102	is
1862 renumbered and amended to read:	
1863 [26-58-102]. <u>26B-1-321.</u> Children with Heart Disease Support Re	stricted
1864 Account Creation Administration Uses.	

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1865	(1) As used in this section, "account" means the Children with Heart Disease Support
1866	Restricted Account created in Subsection (2).
1867	(2) There is created in the General Fund a restricted account known as the "Children
1868	with Heart Disease Support Restricted Account."
1869	(3) The account shall be funded by:
1870	(a) contributions deposited into the account in accordance with Section 41-1a-422;
1871	(b) private contributions;
1872	(c) donations or grants from public or private entities; and
1873	(d) interest and earnings on fund money.
1874	(4) The Legislature shall appropriate money in the account to the department.
1875	(5) Upon appropriation, the department shall distribute funds in the account to one or
1876	more charitable organizations that:
1877	(a) qualify as being tax exempt under Section 501(c)(3), Internal Revenue Code; and
1878	(b) have programs that provide awareness, education, support services, and advocacy
1879	for and on behalf of children with heart disease.
1880	(6) (a) An organization described in Subsection (5) may apply to the department to
1881	receive a distribution in accordance with Subsection (5).
1882	(b) An organization that receives a distribution from the department in accordance with
1883	Subsection (5) shall expend the distribution only to provide awareness, education, support
1884	services, and advocacy for and on behalf of children with heart disease.
1885	(c) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the
1886	department may make rules providing procedures for an organization to apply to the
1887	department to receive a distribution under Subsection (5).
1888	(7) In accordance with Section $63J-1-602.1$, appropriations from the account are
1889	nonlapsing.
1890	Section 44. Section 26B-1-322, which is renumbered from Section 26-67-205 is
1801	ranumbered and amended to read:

1891 renumbered and amended to read:

1892	[26-67-205]. <u>26B-1-322.</u> Adult Autism Treatment Account.
1893	(1) There is created within the General Fund a restricted account known as the "Adult
1894	Autism Treatment Account."
1895	(2) The account consists of:
1896	(a) gifts, grants, donations, or any other conveyance of money that may be made to the
1897	[fund] <u>account</u> from private sources;
1898	(b) interest earned on money in the account; and
1899	(c) money appropriated to the account by the Legislature.
1900	(3) Money from the [fund] $\underline{\text{account}}$ shall be used only to:
1901	(a) fund grants awarded by the department under Section $[26-67-201]$ 26B-4-602; and
1902	(b) pay the [advisory committee's] operating expenses of the Adult Autism Treatment
1903	Program Advisory Committee created in Section 26B-1-204, including the cost of advisory
1904	committee staff if approved by the executive director.
1905	(4) The state treasurer shall invest the money in the account in accordance with Title
1906	51, Chapter 7, State Money Management Act.
1907	Section 45. Section 26B-1-323, which is renumbered from Section 62A-3-110 is
1908	renumbered and amended to read:
1909	[62A-3-110]. <u>26B-1-323.</u> Out and About Homebound Transportation
1910	Assistance Fund Creation Administration Uses.
1911	(1) (a) There is created an expendable special revenue fund known as the "Out and
1912	About["] Homebound Transportation Assistance Fund."
1913	(b) The ["]Out and About["] Homebound Transportation Assistance Fund shall consist
1914	of:
1915	(i) private contributions;
1916	(ii) donations or grants from public or private entities;
1917	(iii) voluntary donations collected under Section 53-3-214.8; and
1918	(iv) interest and earnings on account money.

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1919 (c) The cost of administering the ["]Out and About["] Homebound Transportation 1920 Assistance Fund shall be paid from money in the fund. 1921 (2) The Division of Aging and Adult Services in the [Department of Human Services] 1922 department shall: 1923 (a) administer the funds contained in the ["]Out and About["] Homebound 1924 Transportation Assistance Fund; and 1925 (b) select qualified organizations and distribute the funds in the ["]Out and About["] 1926 Homebound Transportation Assistance Fund in accordance with Subsection (3). 1927 (3) (a) The division may distribute the funds in the ["]Out and About["] Homebound 1928 Transportation Assistance Fund to a selected organization that provides public transportation to 1929 aging persons, high risk adults, or people with disabilities. 1930 (b) An organization that provides public transportation to aging persons, high risk 1931 adults, or people with disabilities may apply to the Division of Aging and Adult Services, in a 1932 manner prescribed by the division, to receive all or part of the money contained in the ["]Out 1933 and About["] Homebound Transportation Assistance Fund. 1934 Section 46. Section 26B-1-324, which is renumbered from Section 62A-15-123 is 1935 renumbered and amended to read: 1936 [62A-15-123]. 26B-1-324. Statewide Behavioral Health Crisis Response 1937 Account -- Creation -- Administration -- Permitted uses. 1938 (1) There is created a restricted account within the General Fund known as the 1939 "Statewide Behavioral Health Crisis Response Account," consisting of: 1940 (a) money appropriated or otherwise made available by the Legislature; and 1941 (b) contributions of money, property, or equipment from federal agencies, political 1942 subdivisions of the state, or other persons. 1943 (2) (a) Subject to appropriations by the Legislature and any contributions to the account 1944 described in Subsection (1)(b), the division shall disburse funds in the account only for the 1945 purpose of support or implementation of services or enhancements of those services in order to

1946	rapidly, efficiently, and effectively deliver 988 services in the state.
1947	(b) Funds distributed from the account to county local mental health and substance
1948	abuse authorities for the provision of crisis services are not subject to the 20% county match
1949	described in Sections 17-43-201 and 17-43-301.
1950	(c) Except as provided in Subsection (2)(d), the division shall prioritize expending
1951	funds from the account as follows:
1952	(i) the Statewide Mental Health Crisis Line, as defined in Section [62A-15-1301]
1953	<u>26B-5-610</u> , including coordination with 911 emergency service, as defined in Section
1954	69-2-102, and coordination with local substance abuse authorities as described in Section
1955	17-43-201, and local mental health authorities, described in Section 17-43-301;
1956	(ii) mitigation of any negative impacts on 911 emergency service from 988 services;
1957	(iii) mobile crisis outreach teams as defined in Section [62A-15-1401] 26B-5-609,
1958	distributed in accordance with rules made by the division in accordance with Title 63G,
1959	Chapter 3, Utah Administrative Rulemaking Act;
1960	(iv) behavioral health receiving centers as defined in Section [62A-15-118] 26B-5-114;
1961	(v) stabilization services as described in Section [$\frac{62A-1-104}{26B-1-102}$; and
1962	(vi) mental health crisis services, as defined in Section 26B-5-101, provided by local
1963	substance abuse authorities as described in Section 17-43-201 and local mental health
1964	authorities described in Section 17-43-301 to provide prolonged mental health services for up
1965	to 90 days after the day on which an individual experiences a mental health crisis as defined in
1966	<u>Section 26B-5-101</u> .
1967	(d) If the Legislature appropriates money to the account for a purpose described in
1968	Subsection (2)(c), the division shall use the appropriation for that purpose.
1969	(3) Subject to appropriations by the Legislature and any contributions to the account
1970	described in Subsection (1)(b), the division may expend funds in the account for administrative
1971	costs that the division incurs related to administering the account.
1972	(4) The division director shall submit and make available to the public a report before

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1973	December of each year to the Behavioral Health Crisis Response Commission, as defined in
1974	Section 63C-18-202, the Social Services Appropriations Subcommittee, and the Legislative
1975	Management Committee that includes:
1976	(a) the amount of each disbursement from the account;
1977	(b) the recipient of each disbursement, the goods and services received, and a
1978	description of the project funded by the disbursement;
1979	(c) any conditions placed by the division on the disbursements from the account;
1980	(d) the anticipated expenditures from the account for the next fiscal year;
1981	(e) the amount of any unexpended funds carried forward;
1982	(f) the number of Statewide Mental Health Crisis Line calls received;
1983	(g) the progress towards accomplishing the goals of providing statewide mental health
1984	crisis service; and
1985	(h) other relevant justification for ongoing support from the account.
1986	Section 47. Section 26B-1-325, which is renumbered from Section 62A-15-1103 is
1987	renumbered and amended to read:
1988	[62A-15-1103]. <u>26B-1-325.</u> Governor's Suicide Prevention Fund Creation
1989	Administration Uses.
1990	(1) There is created an expendable special revenue fund known as the "Governor's
1991	Suicide Prevention Fund."
1992	(2) The fund shall consist of donations described in Section 41-1a-422, gifts, grants,
1993	and bequests of real property or personal property made to the fund.
1994	(3) A donor to the fund may designate a specific purpose for the use of the donor's
1995	donation, if the designated purpose is described in Subsection (4).
1996	(4) (a) Subject to Subsection (3), money in the fund shall be used for the following
1997	activities:
1998	(i) efforts to directly improve mental health crisis response;

1999 (ii) efforts that directly reduce risk factors associated with suicide; and

2000	(iii) efforts that directly enhance known protective factors associated with suicide
2001	reduction.
2002	(b) Efforts described in Subsections (4)(a)(ii) and (iii) include the components of the
2003	state suicide prevention program described in Subsection [62A-15-1101] 26B-5-611(3).
2004	(5) The [division] Office of Substance Use and Mental Health shall establish a grant
2005	application and review process for the expenditure of money from the fund.
2006	(6) The grant application and review process shall describe:
2007	(a) requirements to complete a grant application;
2008	(b) requirements to receive funding;
2009	(c) criteria for the approval of a grant application;
2010	(d) standards for evaluating the effectiveness of a project proposed in a grant
2011	application; and
2012	(e) support offered by the [division] office to complete a grant application.
2013	(7) The [division] Office of Substance Use and Mental Health shall:
2014	(a) review a grant application for completeness;
2015	(b) make a recommendation to the governor or the governor's designee regarding a
2016	grant application;
2017	(c) send a grant application to the governor or the governor's designee for evaluation
2018	and approval or rejection;
2019	(d) inform a grant applicant of the governor or the governor's designee's determination
2020	regarding the grant application; and
2021	(e) direct the fund administrator to release funding for grant applications approved by
2022	the governor or the governor's designee.
2023	(8) The state treasurer shall invest the money in the fund under Title 51, Chapter 7,
2024	State Money Management Act, except that all interest or other earnings derived from money in
2025	the fund shall be deposited into the fund.
2026	(9) Money in the fund may not be used for the Office of the Governor's administrative

2027	expenses that are normally provided for by legislative appropriation.
2028	(10) The governor or the governor's designee may authorize the expenditure of fund
2029	money in accordance with this section.
2030	(11) The governor shall make an annual report to the Legislature regarding the status of
2031	the fund, including a report on the contributions received, expenditures made, and programs
2032	and services funded.
2033	Section 48. Section 26B-1-326 , which is renumbered from Section 62A-15-1104 is
2034	renumbered and amended to read:
2035	[62A-15-1104]. <u>26B-1-326.</u> Suicide Prevention and Education Fund.
2036	(1) There is created an expendable special revenue fund known as the Suicide
2037	Prevention and Education Fund.
2038	(2) The fund shall consist of funds transferred from the Concealed Weapons Account
2039	in accordance with Subsection 53-5-707(5)(d).
2040	(3) Money in the fund shall be used for suicide prevention efforts that include a focus
2041	on firearm safety as related to suicide prevention.
2042	(4) The [division] Office of Substance Use and Mental Health shall establish a process
2043	by rule in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, for the
2044	expenditure of money from the fund.
2045	(5) The [division] Office of Substance Use and Mental Health shall make an annual
2046	report to the Legislature regarding the status of the fund, including a report detailing amounts
2047	received, expenditures made, and programs and services funded.
2048	Section 49. Section 26B-1-327, which is renumbered from Section 62A-15-1502 is
2049	renumbered and amended to read:
2050	[62A-15-1502]. <u>26B-1-327.</u> Survivors of Suicide Loss Account.
2051	(1) As used in this section:
2052	(a) (i) "Cohabitant" means an individual who lives with another individual.
2053	(ii) "Cohabitant" does not include a relative.

2054	(b) "Relative" means father, mother, husband, wife, son, daughter, sister, brother,
2055	grandfather, grandmother, uncle, aunt, nephew, niece, grandson, granddaughter, first cousin,
2056	mother-in-law, father-in-law, brother-in-law, sister-in-law, son-in-law, or daughter-in-law.
2057	[(1)] (2) (a) There is created a restricted account within the General Fund known as the
2058	"Survivors of Suicide Loss Account."
2059	[(2)] (b) The [division] Office of Substance Use and Mental Health shall administer the
2060	account in accordance with this part.
2061	(3) The account shall consist of:
2062	(a) money appropriated to the account by the Legislature; and
2063	(b) interest earned on money in the account.
2064	(4) Upon appropriation, the [division] Office of Substance Use and Mental Health shall
2065	award grants from the account to a person who provides, for no or minimal cost:
2066	(a) clean-up of property affected or damaged by an individual's suicide, as
2067	reimbursement for the costs incurred for the clean-up; and
2068	(b) bereavement services to a relative, legal guardian, or cohabitant of an individual
2069	who dies by suicide.
2070	(5) Before November 30 of each year, the [division] Office of Substance Use and
2071	Mental Health shall report to the Health and Human Services Interim Committee regarding the
2072	status of the account and expenditures made from the account.
2073	Section 50. Section 26B-1-328, which is renumbered from Section 62A-15-1602 is
2074	renumbered and amended to read:
2075	[62A-15-1602]. <u>26B-1-328.</u> Psychiatric and Psychotherapeutic Consultation
2076	Program Account Creation Administration Uses.
2077	(1) As used in this section:
2078	(a) "Child care" means the child care services defined in Section 35A-3-102 for a child
2079	during early childhood.
2080	(b) "Child care provider" means a person who provides child care or mental health

2081	support or interventions to a child during early childhood.
2082	(c) "Child mental health care facility" means a facility that provides licensed mental
2083	health care programs and services to children and families and employs a child mental health
2084	therapist.
2085	(d) "Child mental health therapist" means a mental health therapist who:
2086	(i) is knowledgeable and trained in early childhood mental health; and
2087	(ii) provides mental health services to children during early childhood.
2088	(e) "Division" means the Division of Integrated Healthcare within the department.
2089	(f) "Early childhood" means the time during which a child is zero to six years old.
2090	(g) "Early childhood psychotherapeutic telehealth consultation" means a consultation
2091	regarding a child's mental health care during the child's early childhood between a child care
2092	provider or a mental health therapist and a child mental health therapist that is focused on
2093	psychotherapeutic and psychosocial interventions and is completed through the use of
2094	electronic or telephonic communication.
2095	(h) "Health care facility" means a facility that provides licensed health care programs
2096	and services and employs at least two psychiatrists, at least one of whom is a child psychiatrist.
2097	(i) "Primary care provider" means:
2098	(i) an individual who is licensed to practice as an advanced practice registered nurse
2099	under Title 58, Chapter 31b, Nurse Practice Act;
2100	(ii) a physician as defined in Section 58-67-102; or
2101	(iii) a physician assistant as defined in Section 58-70a-102.
2102	(j) "Psychiatrist" means a physician who is board eligible for a psychiatry
2103	specialization recognized by the American Board of Medical Specialists or the American
2104	Osteopathic Association's Bureau of Osteopathic Specialists.
2105	(k) "Telehealth psychiatric consultation" means a consultation regarding a patient's
2106	mental health care, including diagnostic clarification, medication adjustment, or treatment
2107	planning, between a primary care provider and a psychiatrist that is completed through the use

2109	of electronic on televice communication
2108	of electronic or telephonic communication.
2109	[(1)] (2) There is created a restricted account within the General Fund known as the
2110	"Psychiatric and Psychotherapeutic Consultation Program Account."
2111	[(2)] (3) (a) The [division] Office of Substance Use and Mental Health shall administer
2112	the account in accordance with this [part] section.
2113	[(3)] (b) The account shall consist of:
2114	[(a)] (i) money appropriated to the account by the Legislature; and
2115	[(b)] (ii) interest earned on money in the account.
2116	(4) Upon appropriation, the [division] Office of Substance Use and Mental Health shall
2117	award grants from the account to:
2118	(a) at least one health care facility to implement a program that provides a primary care
2119	provider access to a telehealth psychiatric consultation when the primary care provider is
2120	evaluating a patient for or providing a patient mental health treatment; and
2121	(b) at least one child mental health care facility to implement a program that provides
2122	access to an early childhood psychotherapeutic telehealth consultation to:
2123	(i) a mental health therapist as defined in Section $58-60-102$ when the mental health
2124	therapist is evaluating a child for or providing a child mental health treatment; or
2125	(ii) a child care provider when the child care provider is providing child care to a child.
2126	(5) The [division] Office of Substance Use and Mental Health may award and
2127	distribute grant money to a health care facility or child mental health care facility only if the
2128	health care facility or child mental health care facility:
2129	(a) is located in the state; and
2130	(b) submits an application in accordance with Subsection (6).
2131	(6) An application for a grant under this section shall include:
2132	(a) the number of psychiatrists employed by the health care facility or the number of
2133	child mental health therapists employed by the child mental health care facility;
2134	(b) the health care facility's or child mental health care facility's plan to implement the

telehealth psychiatric consultation program or the early childhood psychotherapeutic telehealthconsultation program described in Subsection (4);

(c) the estimated cost to implement the telehealth psychiatric consultation program or
the early childhood psychotherapeutic telehealth consultation program described in Subsection
(4);

(d) any plan to use one or more funding sources in addition to a grant under this section
to implement the telehealth psychiatric consultation program or the early childhood
psychotherapeutic telehealth consultation program described in Subsection (4):

(e) the amount of grant money requested to fund the telehealth psychiatric consultation
program or the early childhood psychotherapeutic telehealth consultation program described in
Subsection (4); and

(f) any existing or planned contract or partnership between the health care facility and
another person to implement the telehealth psychiatric consultation program or the early
childhood psychotherapeutic telehealth consultation program described in Subsection (4).

(7) A health care facility or child mental health care facility that receives grant money
under this section shall file a report with the division before October 1 of each year that details
for the immediately preceding calendar year:

(a) the type and effectiveness of each service provided in the telehealth psychiatricprogram or the early childhood psychotherapeutic telehealth consultation program;

(b) the utilization of the telehealth psychiatric program or the early childhood
psychotherapeutic telehealth consultation program based on metrics or categories determined
by the division;

(c) the total amount expended from the grant money; and

(d) the intended use for grant money that has not been expended.

2159 (8) Before November 30 of each year, the [division] department shall report to the
2160 Health and Human Services Interim Committee regarding:

2161

(a) the status of the account and expenditures made from the account; and

2162	(b) a summary of any report provided to the division under Subsection (7).
2163	Section 51. Section 26B-1-329, which is renumbered from Section 62A-15-1702 is
2164	renumbered and amended to read:
2165	[62A-15-1702]. <u>26B-1-329.</u> Mental Health Services Donation Fund.
2166	(1) As used in this section:
2167	(a) "Mental health therapist" means the same as that term is defined in Section
2168	<u>58-60-102.</u>
2169	(b) "Mental health therapy" means treatment or prevention of a mental illness,
2170	including:
2171	(i) conducting a professional evaluation of an individual's condition of mental health,
2172	mental illness, or emotional disorder consistent with standards generally recognized by mental
2173	health therapists;
2174	(ii) establishing a diagnosis in accordance with established written standards generally
2175	recognized by mental health therapists;
2176	(iii) prescribing a plan or medication for the prevention or treatment of a condition of a
2177	mental illness or an emotional disorder; and
2178	(iv) engaging in the conduct of professional intervention, including psychotherapy by
2179	the application of established methods and procedures generally recognized by mental health
2180	therapists.
2181	(c) "Qualified individual" means an individual who:
2182	(i) is experiencing a mental health crisis; and
2183	(ii) calls a local mental health crisis line as defined in Section 26B-5-610 or the
2184	statewide mental health crisis line as defined in Section 26B-5-610.
2185	[(1)] (2) There is created an expendable special revenue fund known as the "Mental
2186	Health Services Donation Fund."
2187	$\left[\frac{(2)}{(3)(a)}\right]$ The fund shall consist of:
2188	[(a)] (i) gifts, grants, donations, or any other conveyance of money that may be made to

2189	the fund from public or private individuals or entities; and
2190	[(b)] (ii) interest earned on money in the fund.
2191	[(3)] (b) The [division] Office of Substance Use and Mental Health shall administer the
2192	fund in accordance with this section.
2193	(4) The [division] Office of Substance Use and Mental Health shall award fund money
2194	to an entity in the state that provides mental health and substance [abuse] use treatment for the
2195	purpose of:
2196	(a) providing through telehealth or in-person services, mental health therapy to
2197	qualified individuals;
2198	(b) providing access to evaluations and coordination of short-term care to assist a
2199	qualified individual in identifying services or support needs, resources, or benefits for which
2200	the qualified individual may be eligible; and
2201	(c) developing a system for a qualified individual and a qualified individual's family to
2202	access information and referrals for mental health therapy.
2203	(5) Fund money may only be used for the purposes described in Subsection (4).
2204	(6) The [division] Office of Substance Use and Mental Health shall provide an annual
2205	report to the Behavioral Health Crisis Response Commission, created in Section 63C-18-202,
2206	regarding:
2207	(a) the entity that is awarded a grant under Subsection (4);
2208	(b) the number of qualified individuals served by the entity with fund money; and
2209	(c) any costs or benefits as a result of the award of the grant.
2210	Section 52. Section 26B-1-330 , which is renumbered from Section 62A-5-206.5 is
2211	renumbered and amended to read:
2212	[62A-5-206.5]. <u>26B-1-330.</u> Utah State Developmental Center Miscellaneous
2213	Donation Fund Use.
2214	(1) There is created an expendable special revenue fund known as the "Utah State
2215	Developmental Center Miscellaneous Donation Fund."

2216	(2) The [board] Utah State Developmental Center Board created in Section 26B-1-429
2217	shall deposit donations made to the Utah State Developmental Center under Section
2218	$[\frac{62A-1-111}{26B-1-202}]$ into the expendable special revenue fund described in Subsection (1).
2219	(3) The state treasurer shall invest the money in the fund described in Subsection (1)
2220	according to the procedures and requirements of Title 51, Chapter 7, State Money Management
2221	Act, and the revenue received from the investment shall remain with the fund described in
2222	Subsection (1).
2223	(4) (a) Except as provided in Subsection (5), the money or revenue in the fund
2224	described in Subsection (1) may not be diverted, appropriated, expended, or committed to be
2225	expended for a purpose that is not listed in this section.
2226	(b) Notwithstanding Section [63J-1-211] 26B-1-202, the Legislature may not
2227	appropriate money or revenue from the fund described in Subsection (1) to eliminate or
2228	otherwise reduce an operating deficit if the money or revenue appropriated from the fund is
2229	expended or committed to be expended for a purpose other than one listed in this section.
2230	(c) The Legislature may not amend the purposes for which money or revenue in the
2231	fund described in Subsection (1) may be expended or committed to be expended except by the
2232	affirmative vote of two-thirds of all the members elected to each house.
2233	(5) (a) The [board] Utah State Developmental Center Board shall approve expenditures
2234	of money and revenue in the fund described in Subsection (1).
2235	(b) The [board] Utah State Developmental Center Board may expend money and
2236	revenue in the fund described in Subsection (1) only:
2237	(i) as designated by the donor; or
2238	(ii) for the benefit of:
2239	(A) residents of the [developmental center] Utah State Developmental Center,
2240	established in accordance with Chapter 6, Part 5, Utah State Developmental Center; or
2241	(B) individuals with disabilities who receive services and support from the Utah State
2242	Developmental Center, as described in Subsection [62A-5-201] 26B-6-502(2)(b).

2243	(c) Money and revenue in the fund described in Subsection (1) may not be used for
2244	items normally paid for by operating revenues or for items related to personnel costs without
2245	specific legislative authorization.
2246	Section 53. Section 26B-1-331, which is renumbered from Section 62A-5-206.7 is
2247	renumbered and amended to read:
2248	[62A-5-206.7]. <u>26B-1-331.</u> Utah State Developmental Center Long-Term
2249	Sustainability Fund Fund management.
2250	(1) As used in this section:
2251	(a) "Board" means the Utah State Developmental Center Board created in Section
2252	<u>26B-1-429.</u>
2253	(b) "Division" means the Division of Integrated Healthcare within the department.
2254	(c) "Sustainability fund" means the Utah State Developmental Center Long-Term
2255	Sustainability Fund created in Subsection (2).
2256	(d) "Utah State Developmental Center" means the Utah State Developmental Center
2257	established in accordance with Chapter 6, Part 5, Utah State Developmental Center.
2258	[(1)] (2) There is created a special revenue fund entitled the "Utah State Developmental
2259	Center Long-Term Sustainability Fund."
2260	$\left[\frac{(2)}{(3)(a)}\right]$ The sustainability fund consists of:
2261	[(a)] (i) revenue generated from the lease, except any lease existing on May 1, 1995, of
2262	land associated with the Utah State Developmental Center;
2263	[(b)] (ii) all proceeds from the sale or other disposition of real property, water rights, or
2264	water shares associated with the Utah State Developmental Center; and
2265	[(c)] (iii) all existing money in the Utah State Developmental Center Land Fund[;
2266	created in Section 62A-5-206.6].
2267	[(3)] (b) The state treasurer shall invest sustainability fund money by following the
2268	procedures and requirements in [Section 62A-5-206.8] Subsection (8).
2269	(4) (a) The board shall ensure that money or revenue deposited into the sustainability

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2270 fund is irrevocable and is expended only as provided in Subsection (5). 2271 (b) The Legislature may not amend the purposes in Subsection (5) for which money or 2272 revenue in the fund may be expended or committed to be expended, except by the affirmative 2273 vote of two-thirds of all the members elected to each house. 2274 (5) (a) Money may be expended from the sustainability fund to: 2275 (i) fulfill the functions of the Utah State Developmental Center described in Sections 2276 [62A-5-201 and 62A-5-203] 26B-6-502 and 26B-6-504; and 2277 (ii) assist the division in the division's administration of services and supports 2278 described in Sections [62A-5-102 and 62A-5-103] 26B-6-402 and 26B-6-403. 2279 (b) Money from the sustainability fund may not be expended: 2280 (i) for a purpose other than the purposes described in Subsection (5)(a); or 2281 (ii) to reduce the amount of money that the Legislature appropriates from the General 2282 Fund for the purposes described in Subsection (5)(a). 2283 (6) Money may be expended from the sustainability fund only under the following 2284 conditions: 2285 (a) if the balance of the sustainability fund is at least \$5,000,000 at the end of the fiscal 2286 year, the board may expend the earnings generated by the sustainability fund during the fiscal 2287 year for a purpose described in Subsection (5)(a); 2288 (b) if the balance of the sustainability fund is at least \$50,000,000 at the end of the 2289 fiscal year, the Legislature may appropriate to the division up to 5% of the balance of the 2290 sustainability fund for a purpose described in Subsection (5)(a); and 2291 (c) the board or the division may not expend any money from the sustainability fund. 2292 except as provided in Subsection (6)(a), without legislative appropriation. 2293 (7) The sustainability fund is revocable only by the affirmative vote of two-thirds of all 2294 the members elected to each house of the Legislature. 2295 (8) (a) The state treasurer shall invest the assets of the sustainability fund with the 2296 primary goal of providing for the stability, income, and growth of the principal.

2297	(b) Nothing in this Subsection (8) requires a specific outcome in investing.
2298	(c) The state treasurer may deduct any administrative costs incurred in managing
2299	sustainability fund assets from earnings before depositing earnings into the sustainability fund.
2300	(d) (i) The state treasurer may employ professional asset managers to assist in the
2301	investment of assets of the sustainability fund.
2302	(ii) The state treasurer may only provide compensation to asset managers from earnings
2303	generated by the sustainability fund's investments.
2304	(e) The state treasurer shall invest and manage the sustainability fund assets as a
2305	prudent investor would under Section 67-19d-302.
2306	Section 54. Section 26B-1-332, which is renumbered from Section 26-35a-106 is
2307	renumbered and amended to read:
2308	[26-35a-106]. <u>26B-1-332.</u> Nursing Care Facilities Provider Assessment
2309	Fund Creation Administration Uses.
2310	(1) There is created an expendable special revenue fund known as the "Nursing Care
2311	Facilities Provider Assessment Fund" consisting of:
2312	(a) the assessments collected by the department under [this chapter] Chapter 3, Part 4,
2313	Nursing Care Facility Assessment;
2314	(b) fines paid by nursing care facilities for excessive Medicare inpatient revenue under
2315	Section [26-21-23] <u>26B-2-222;</u>
2316	(c) money appropriated or otherwise made available by the Legislature;
2317	(d) any interest earned on the fund; and
2318	(e) penalties levied with the administration of [this chapter] Chapter 3, Part 4, Nursing
2319	Care Facility Assessment.
2320	(2) Money in the fund shall only be used by the Medicaid program:
2321	(a) to the extent authorized by federal law, to obtain federal financial participation in
2322	the Medicaid program;
2323	(b) to provide the increased level of hospice reimbursement resulting from the nursing

2324	care facilities assessment imposed under Section [26-35a-104] 26B-3-403;
2325	(c) for the Medicaid program to make quality incentive payments to nursing care
2326	facilities, subject to approval of a Medicaid state plan amendment to do so by the Centers for
2327	Medicare and Medicaid Services within the United States Department of Health and Human
2328	Services;
2329	(d) to increase the rates paid before July 1, 2004, to nursing care facilities for providing
2330	services pursuant to the Medicaid program; and
2331	(e) for administrative expenses, if the administrative expenses for the fiscal year do not
2332	exceed 3% of the money deposited into the fund during the fiscal year.
2333	(3) The department may not spend the money in the fund to replace existing state
2334	expenditures paid to nursing care facilities for providing services under the Medicaid program,
2335	except for increased costs due to hospice reimbursement under Subsection (2)(b).
2336	Section 55. Section 26B-1-333 is enacted to read:
2337	<u>26B-1-333.</u> Children's Hearing Aid Program Restricted Account.
2338	(1) There is created within the General Fund a restricted account known as the
2339	"Children's Hearing Aid Program Restricted Account."
2340	(2) The Children's Hearing Aid Program Restricted Account shall consist of:
2341	(a) amounts appropriated to the account by the Legislature; and
2342	(b) gifts, grants, devises, donations, and bequests of real property, personal property, or
2343	services, from any source, or any other conveyance that may be made to the account from
2344	private sources.
2345	(3) Upon appropriation, all actual and necessary operating expenses for the committee
2346	described in Section 26B-1-433 shall be paid by the restricted account.
2347	(4) Upon appropriation, no more than 9% of the restricted account money may be used
2348	for the department's expenses.
2349	(5) If this account is repealed in accordance with Section 63I-1-226, any remaining
2350	assets in the account shall be deposited into the General Fund.

2351	Section 56. Section 26B-1-401 , which is renumbered from Section 26-1-11 is
2352	renumbered and amended to read:
2353	Part 4. Boards, Commissions, Councils, and Advisory Committees
2354	[26-1-11]. <u>26B-1-401.</u> Executive director Power to amend, modify, or
2355	rescind committee rules.
2356	The executive director pursuant to the requirements of the Administrative Rulemaking
2357	Act may amend, modify, or rescind any rule of any committee created under Section
2358	26B-1-204 if the rule creates a clear present hazard or clear potential hazard to the public
2359	health except that the executive director may not act until after discussion with the appropriate
2360	committee.
2361	Section 57. Section 26B-1-402, which is renumbered from Section 26-1-41 is
2362	renumbered and amended to read:
2363	[26-1-41]. <u>26B-1-402.</u> Rare Disease Advisory Council Grant Program
2364	Creation Reporting.
2365	(1) As used in this section:
2366	(a) "Council" means the Rare Disease Advisory Council described in Subsection (3).
2367	(b) "Grantee" means the recipient of a grant under this section to operate the program.
2368	(c) "Rare disease" means a disease that affects fewer than 200,000 individuals in the
2369	United States.
2370	(2) (a) Within legislative appropriations, the department shall issue a request for
2371	proposals for a grant to administer the provisions of this section.
2372	(b) The department may issue a grant under this section if the grantee agrees to:
2373	(i) convene the council in accordance with Subsection (3);
2374	(ii) provide staff and other administrative support to the council; and
2375	(iii) in coordination with the department, report to the Legislature in accordance with
2376	Subsection (4).
2377	(3) The Rare Disease Advisory Council convened by the grantee shall:

2378	(a) advise the Legislature and state agencies on providing services and care to
2379	individuals with a rare disease;
2380	(b) make recommendations to the Legislature and state agencies on improving access
2381	to treatment and services provided to individuals with a rare disease;
2382	(c) identify best practices to improve the care and treatment of individuals in the state
2383	with a rare disease;
2384	(d) meet at least two times in each calendar year; and
2385	(e) be composed of members identified by the department, including at least the
2386	following individuals:
2387	(i) a representative from the department;
2388	(ii) researchers and physicians who specialize in rare diseases, including at least one
2389	representative from the University of Utah;
2390	(iii) two individuals who have a rare disease or are the parent or caregiver of an
2391	individual with a rare disease; and
2392	(iv) two representatives from one or more rare disease patient organizations that
2393	operate in the state.
2394	(4) Before November 30, 2021, and before November 30 of every odd-numbered year
2395	thereafter, the department shall report to the Health and Human Services Interim Committee
2396	on:
2397	(a) the activities of the grantee and the council; and
2398	(b) recommendations and best practices regarding the ongoing needs of individuals in
2399	the state with a rare disease.
2400	Section 58. Section 26B-1-403, which is renumbered from Section 26-7-13 is
2401	renumbered and amended to read:
2402	[26-7-13]. <u>26B-1-403.</u> Opioid and Overdose Fatality Review Committee.
2403	(1) As used in this section:
2404	(a) "Committee" means the Opioid and Overdose Fatality Review Committee created

2405	in this section.
2406	(b) "Opioid overdose death" means a death primarily caused by opioids or another
2407	substance that closely resembles an opioid.
2408	(2) The department shall establish the Opioid and Overdose Fatality Review
2409	Committee.
2410	(3) (a) The committee shall consist of:
2411	(i) the attorney general, or the attorney general's designee;
2412	(ii) a state, county, or municipal law enforcement officer;
2413	(iii) the manager of the department's Violence Injury Prevention Program, or the
2414	manager's designee;
2415	(iv) an emergency medical services provider;
2416	(v) a representative from the Office of the Medical Examiner;
2417	(vi) a representative from the [Division] Office of Substance [Abuse] Use and Mental
2418	Health;
2419	(vii) a representative from the Office of Vital Records;
2420	(viii) a representative from the Office of Health Care Statistics;
2421	(ix) a representative from the Division of Professional Licensing;
2422	(x) a healthcare professional who specializes in the prevention, diagnosis, and
2423	treatment of substance use disorders;
2424	(xi) a representative from a state or local jail or detention center;
2425	(xii) a representative from the Department of Corrections;
2426	(xiii) a representative from the Division of Juvenile Justice and Youth Services;
2427	(xiv) a representative from the Department of Public Safety;
2428	(xv) a representative from the Commission on Criminal and Juvenile Justice;
2429	(xvi) a physician from a Utah-based medical center; and
2430	(xvii) a physician from a nonprofit vertically integrated health care organization.
2431	(b) The president of the Senate may appoint one member of the Senate, and the speaker

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2432 of the House of Representatives may appoint one member of the House of Representatives, to 2433 serve on the committee. 2434 (4) The executive director [of the department] shall appoint a committee coordinator. 2435 (5) (a) The department shall give the committee access to all reports, records, and other 2436 documents that are relevant to the committee's responsibilities under Subsection (6) including 2437 reports, records, or documents that are private, controlled, or protected under Title 63G, 2438 Chapter 2, Government Records Access and Management Act. 2439 (b) In accordance with Subsection 63G-2-206(6), the committee is subject to the same 2440 restrictions on disclosure of a report, record, or other document received under Subsection 2441 (5)(a) as the department. 2442 (6) The committee shall: 2443 (a) conduct a multidisciplinary review of available information regarding a decedent of 2444 an opioid overdose death, which shall include: 2445 (i) consideration of the decedent's points of contact with health care systems, social 2446 services systems, criminal justice systems, and other systems; and 2447 (ii) identification of specific factors that put the decedent at risk for opioid overdose; 2448 (b) promote cooperation and coordination among government entities involved in 2449 opioid misuse, abuse, or overdose prevention; 2450 (c) develop an understanding of the causes and incidence of opioid overdose deaths in 2451 the state; 2452 (d) make recommendations for changes to law or policy that may prevent opioid 2453 overdose deaths: 2454 (e) inform public health and public safety entities of emerging trends in opioid

2455 overdose deaths;

2456 (f) monitor overdose trends on non-opioid overdose deaths; and

- 2457 (g) review non-opioid overdose deaths in the manner described in Subsection (6)(a),
- 2458 when the committee determines that there are a substantial number of overdose deaths in the

2459	state caused by the use of a non-opioid.
2460	(7) A committee may interview or request information from a staff member, a
2461	provider, or any other person who may have knowledge or expertise that is relevant to the
2462	review of an opioid overdose death.
2463	(8) A majority vote of committee members present constitutes the action of the
2464	committee.
2465	(9) The committee may meet up to eight times each year.
2466	(10) When an individual case is discussed in a committee meeting under Subsection
2467	(6)(a), (6)(g), or (7), the committee shall close the meeting in accordance with Sections
2468	52-4-204 through 52-4-206.
2469	Section 59. Section 26B-1-404, which is renumbered from Section 26-8a-103 is
2470	renumbered and amended to read:
2471	[26-8a-103]. <u>26B-1-404.</u> State Emergency Medical Services Committee
2472	Membership Expenses.
2473	(1) The State Emergency Medical Services Committee created by Section 26B-1-204
2474	shall be composed of the following 19 members appointed by the governor, at least six of
2475	whom shall reside in a county of the third, fourth, fifth, or sixth class:
2476	(a) five physicians licensed under Title 58, Chapter 67, Utah Medical Practice Act, or
2477	Title 58, Chapter 68, Utah Osteopathic Medical Practice Act, as follows:
2478	(i) one surgeon who actively provides trauma care at a hospital;
2479	(ii) one rural physician involved in emergency medical care;
2480	(iii) two physicians who practice in the emergency department of a general acute
2481	hospital; and
2482	(iv) one pediatrician who practices in the emergency department or critical care unit of
2483	a general acute hospital or a children's specialty hospital;
2484	(b) two representatives from private ambulance providers as defined in Section
2485	<u>26B-4-101;</u>

2486	(c) one representative from an ambulance provider <u>as defined in Section 26B-4-101</u>
2487	that is neither privately owned nor operated by a fire department;
2488	(d) two chief officers from fire agencies operated by the following classes of licensed
2489	or designated emergency medical services providers[: municipality, county, and fire district],
2490	provided that no class of medical services providers may have more than one representative
2491	under this Subsection (1)(d)[;]:
2492	(i) a municipality;
2493	(ii) a county; and
2494	(iii) a fire district;
2495	(e) one director of a law enforcement agency that provides emergency medical
2496	services;
2497	(f) one hospital administrator;
2498	(g) one emergency care nurse;
2499	(h) one paramedic in active field practice;
2500	(i) one emergency medical technician in active field practice;
2501	(j) one certified emergency medical dispatcher affiliated with an emergency medical
2502	dispatch center;
2503	(k) one licensed mental health professional with experience as a first responder;
2504	(l) one licensed behavioral emergency services technician; and
2505	(m) one consumer.
2506	(2) (a) Except as provided in Subsection (2)(b), members shall be appointed to a
2507	four-year term beginning July 1.
2508	(b) Notwithstanding Subsection (2)(a), the governor:
2509	(i) shall, at the time of appointment or reappointment, adjust the length of terms to
2510	ensure that the terms of committee members are staggered so that approximately half of the
2511	committee is appointed every two years;
2512	(ii) may not reappoint a member for more than two consecutive terms; and

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2513	(iii) shall:
2514	(A) initially appoint the second member under Subsection (1)(b) from a different
2515	private provider than the private provider currently serving under Subsection (1)(b); and
2516	(B) thereafter stagger each replacement of a member in Subsection (1)(b) so that the
2517	member positions under Subsection (1)(b) are not held by representatives of the same private
2518	provider.
2519	(c) When a vacancy occurs in the membership for any reason, the replacement shall be
2520	appointed by the governor for the unexpired term.
2521	(3) (a) (i) Each January, the committee shall organize and select one of the committee's
2522	members as chair and one member as vice chair.
2523	(ii) The committee may organize standing or ad hoc subcommittees, which shall
2524	operate in accordance with guidelines established by the committee.
2525	(b) (i) The chair shall convene a minimum of four meetings per year.
2526	(ii) The chair may call special meetings.
2527	(iii) The chair shall call a meeting upon request of five or more members of the
2528	committee.
2529	(c) (i) Nine members of the committee constitute a quorum for the transaction of
2530	business.
2531	(ii) The action of a majority of the members present is the action of the committee.
2532	(4) A member may not receive compensation or benefits for the member's service, but
2533	may receive per diem and travel expenses in accordance with:
2534	(a) Section 63A-3-106;
2535	(b) Section 63A-3-107; and
2536	(c) rules made by the Division of Finance pursuant to Sections $63A-3-106$ and
2537	63A-3-107.
2538	(5) Administrative services for the committee shall be provided by the department.

2539 (6) The committee shall adopt rules, with the concurrence of the department, in

2540	accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, that:
2541	(a) establish licensure, certification, and reciprocity requirements under Section
2542	<u>26B-4-116;</u>
2543	(b) establish designation requirements under Section <u>26B-4-117</u> ;
2544	(c) promote the development of a statewide emergency medical services system under
2545	<u>Section 26B-4-106;</u>
2546	(d) establish insurance requirements for ambulance providers;
2547	(e) provide guidelines for requiring patient data under Section 26B-4-106;
2548	(f) establish criteria for awarding grants under Section 26B-4-107;
2549	(g) establish requirements for the coordination of emergency medical services and the
2550	medical supervision of emergency medical service providers under Section 26B-4-120;
2551	(h) select appropriate vendors to establish certification requirements for emergency
2552	medical dispatchers;
2553	(i) establish the minimum level of service for 911 ambulance services provided under
2554	Section 11-48-103; and
2555	(j) are necessary to carry out the responsibilities of the committee as specified in other
2556	sections of this part.
2557	Section 60. Section 26B-1-405, which is renumbered from Section 26-8a-107 is
2558	renumbered and amended to read:
2559	[26-8a-107]. <u>26B-1-405.</u> Air Ambulance Committee Membership
2560	Duties.
2561	(1) The Air Ambulance Committee created by Section 26B-1-204 shall be composed of
2562	the following members:
2563	(a) the state emergency medical services medical director;
2564	(b) one physician who:
2565	(i) is licensed under:
2303	(I) is needed under.

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2567	(B) Title 58, Chapter 67b, Interstate Medical Licensure Compact; or
2568	(C) Title 58, Chapter 68, Utah Osteopathic Medical Practice Act;
2569	(ii) actively provides trauma or emergency care at a Utah hospital; and
2570	(iii) has experience and is actively involved in state and national air medical transport
2571	issues;
2572	(c) one member from each level 1 and level 2 trauma center in the state of Utah,
2573	selected by the trauma center the member represents;
2574	(d) one registered nurse who:
2575	(i) is licensed under Title 58, Chapter 31b, Nurse Practice Act; and
2576	(ii) currently works as a flight nurse for an air medical transport provider in the state
2577	[of Utah];
2578	(e) one paramedic who:
2579	(i) is licensed under [this chapter] Chapter 4, Part 1, Utah Emergency Medical Services
2580	System; and
2581	(ii) currently works for an air medical transport provider in the state [of Utah]; and
2582	(f) two members, each from a different for-profit air medical transport company
2583	operating in the state [of Utah].
2584	(2) The state emergency medical services medical director shall appoint the physician
2585	member under Subsection (1)(b), and the physician shall serve as the chair of the Air
2586	Ambulance Committee.
2587	(3) The chair of the Air Ambulance Committee shall:
2588	(a) appoint the Air Ambulance Committee members under Subsections (1)(c) through
2589	(f);
2590	(b) designate the member of the Air Ambulance Committee to serve as the vice chair
2591	of the committee; and
2592	(c) set the agenda for Air Ambulance Committee meetings.
2593	(4) (a) Except as provided in Subsection (4)(b), members shall be appointed to a

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2594 two-year term. 2595 (b) Notwithstanding Subsection (4)(a), the Air Ambulance Committee chair shall, at 2596 the time of appointment or reappointment, adjust the length of the terms of committee 2597 members to ensure that the terms of the committee members are staggered so that 2598 approximately half of the committee is reappointed every two years. 2599 (5) (a) A majority of the members of the Air Ambulance Committee constitutes a 2600 quorum. 2601 (b) The action of a majority of a quorum constitutes the action of the Air Ambulance 2602 Committee. 2603 (6) The Air Ambulance Committee shall, before November 30, 2019, and before 2604 November 30 of every odd-numbered year thereafter, provide recommendations to the Health 2605 and Human Services Interim Committee regarding the development of state standards and 2606 requirements related to: 2607 (a) air medical transport provider licensure and accreditation; 2608 (b) air medical transport medical personnel qualifications and training; and 2609 (c) other standards and requirements to ensure patients receive appropriate and 2610 high-quality medical attention and care by air medical transport providers operating in the state 2611 of Utah. 2612 (7) (a) The committee shall prepare an annual report, using any data available to the 2613 department and in consultation with the Insurance Department, that includes the following 2614 information for each air medical transport provider that operates in the state: 2615 (i) which health insurers in the state the air medical transport provider contracts with; 2616 (ii) if sufficient data is available to the committee, the average charge for air medical 2617 transport services for a patient who is uninsured or out of network; and 2618 (iii) whether the air medical transport provider balance bills a patient for any charge 2619 not paid by the patient's health insurer. 2620 (b) When calculating the average charge under Subsection (7)(a)(ii), the committee

shall distinguish between:

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2622 (i) a rotary wing provider and a fixed wing provider; and 2623 (ii) any other differences between air medical transport service providers that may 2624 substantially affect the cost of the air medical transport service, as determined by the 2625 committee. 2626 (c) The department shall: 2627 (i) post the committee's findings under Subsection (7)(a) on the department's website; 2628 and 2629 (ii) send the committee's findings under Subsection (7)(a) to each emergency medical 2630 service provider, health care facility, and other entity that has regular contact with patients in 2631 need of air medical transport provider services. 2632 (8) [An] A member of the Air Ambulance Committee [member] may not receive 2633 compensation, benefits, per diem, or travel expenses for the member's service on the 2634 committee. 2635 (9) The Office of the Attorney General shall provide staff support to the Air 2636 Ambulance Committee. 2637 (10) The Air Ambulance Committee shall report to the Health and Human Services 2638 Interim Committee before November 30, 2023, regarding the sunset of this section in 2639 accordance with Section 63I-2-226. 2640 Section 61. Section 26B-1-406, which is renumbered from Section 26-8a-251 is 2641 renumbered and amended to read: 2642 [26-8a-251]. 26B-1-406. Trauma System Advisory Committee. 2643 (1) There is created within the department the [trauma system advisory committee] 2644 Trauma System Advisory Committee. 2645 (2) (a) The committee shall be comprised of individuals knowledgeable in adult or 2646 pediatric trauma care, including physicians, physician assistants, nurses, hospital 2647 administrators, emergency medical services personnel, government officials, consumers, and

2648	persons affiliated with professional health care associations.
2649	(b) Representation on the committee shall be broad and balanced among the health care
2650	delivery systems in the state with no more than three representatives coming from any single
2651	delivery system.
2652	(3) The committee shall:
2653	(a) advise the department regarding trauma system needs throughout the state;
2654	(b) assist the department in evaluating the quality and outcomes of the overall trauma
2655	system;
2656	(c) review and comment on proposals and rules governing the statewide trauma
2657	system; and
2658	(d) make recommendations for the development of statewide triage, treatment,
2659	transportation, and transfer guidelines.
2660	(4) The department shall:
2661	(a) determine, by rule, the term and causes for removal of committee members;
2662	(b) establish committee procedures and administration policies consistent with this
2663	chapter and department rule; and
2664	(c) provide administrative support to the committee.
2665	Section 62. Section 26B-1-407 , which is renumbered from Section 26-8d-104 is
2666	renumbered and amended to read:
2667	[26-8d-104]. <u>26B-1-407.</u> Stroke registry advisory committee.
2668	(1) There is created within the department a stroke registry advisory committee.
2669	(2) The stroke registry advisory committee created in Subsection (1) shall:
2670	(a) be composed of individuals knowledgeable in adult and pediatric stroke care,
2671	including physicians, physician assistants, nurses, hospital administrators, emergency medical
2672	services personnel, government officials, consumers, and persons affiliated with professional
2673	health care associations;
2674	(b) advise the department regarding the development and implementation of the stroke

2675	registry created in Section 26B-7-225;
2676	(c) assist the department in evaluating the quality and outcomes of the stroke registry
2677	created in Section 26B-7-225; and
2678	(d) review and comment on proposals and rules governing the statewide stroke registry
2679	created in Section 26B-7-225.
2680	Section 63. Section 26B-1-408, which is renumbered from Section 26-8d-105 is
2681	renumbered and amended to read:
2682	[26-8d-105]. <u>26B-1-408.</u> Cardiac registry advisory committee.
2683	(1) There is created within the department a cardiac registry advisory committee.
2684	(2) The cardiac registry advisory committee created in Subsection (1) shall:
2685	(a) be composed of individuals knowledgeable in adult and pediatric cardiac care,
2686	including physicians, physician assistants, nurses, hospital administrators, emergency medical
2687	services personnel, government officials, consumers, and persons affiliated with professional
2688	health care associations;
2689	(b) advise the department regarding the development and implementation of the
2690	cardiac registry created in Section 26B-7-226;
2691	(c) assist the department in evaluating the quality and outcomes of the cardiac registry
2692	created in Section 26B-7-226; and
2693	(d) review and comment on proposals and rules governing the statewide cardiac
2694	registry created in Section 26B-7-226.
2695	Section 64. Section 26B-1-409 , which is renumbered from Section 26-9f-103 is
2696	renumbered and amended to read:
2697	[26-9f-103]. <u>26B-1-409.</u> Utah Digital Health Service Commission Creation
2698	Membership Duties.
2699	(1) As used in this section:
2700	(a) "Commission" means the Utah Digital Health Service Commission created in this
2701	section.

(b) "Divital health convice" means the electronic transfer evolution or management of
(b) "Digital health service" means the electronic transfer, exchange, or management of
related data for diagnosis, treatment, consultation, educational, public health, or other related
purposes.
[(1)] (2) There is created within the department the Utah Digital Health Service
Commission.
[(2)] (3) The governor shall appoint 13 members to the commission with the advice
and consent of the Senate, as follows:
(a) a physician who is involved in digital health service;
(b) a representative of a health care system or a licensed health care facility as [that
term is] defined in Section [26-21-2] 26B-2-201;
(c) a representative of rural Utah, which may be a person nominated by an advisory
committee on rural health issues;
(d) a member of the public who is not involved with digital health service;
(e) a nurse who is involved in digital health service; and
(f) eight members who fall into one or more of the following categories:
(i) individuals who use digital health service in a public or private institution;
(ii) individuals who use digital health service in serving medically underserved
populations;
(iii) nonphysician health care providers involved in digital health service;
(iv) information technology professionals involved in digital health service;
(v) representatives of the health insurance industry;
(vi) telehealth digital health service consumer advocates; and
(vii) individuals who use digital health service in serving mental or behavioral health
populations.
[(3)] (4) (a) The commission shall annually elect a chairperson from its membership.
The chairperson shall report to the executive director of the department.
(b) The commission shall hold meetings at least once every three months. Meetings

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2729 may be held from time to time on the call of the chair or a majority of the board members.

(c) Seven commission members are necessary to constitute a quorum at any meeting
and, if a quorum exists, the action of a majority of members present shall be the action of the
commission.

[(4)] (5) (a) Except as provided in Subsection [(4)] (5)(b), a commission member shall
be appointed for a three-year term and eligible for two reappointments.

(b) Notwithstanding Subsection [(4)] (5)(a), the governor shall, at the time of
appointment or reappointment, adjust the length of terms to ensure that the terms of
commission members are staggered so that approximately 1/3 of the commission is appointed
each year.

(c) A commission member shall continue in office until the expiration of the member's
term and until a successor is appointed, which may not exceed 90 days after the formal
expiration of the term.

(d) Notwithstanding Subsection [(4)] (5)(c), a commission member who fails to attend
75% of the scheduled meetings in a calendar year shall be disqualified from serving.

(e) When a vacancy occurs in membership for any reason, the replacement shall beappointed for the unexpired term.

[(5)] (6) A member may not receive compensation or benefits for the member's service,
but, at the executive director's discretion, may receive per diem and travel expenses in
accordance with:

(a) Section 63A-3-106;

(b) Section 63A-3-107; and

2751 (c) rules made by the Division of Finance pursuant to Sections 63A-3-106 and

2752 **63A-3-107**.

2753 [(6)] (7) The department shall provide informatics staff support to the commission.

2754 [(7)] (8) The funding of the commission shall be a separate line item to the department
 2755 in the annual appropriations act.

2756	(9) The commission shall:
2757	(a) advise and make recommendations on digital health service issues to the
2758	department and other state entities;
2759	(b) advise and make recommendations on digital health service related patient privacy
2760	and information security to the department;
2761	(c) promote collaborative efforts to establish technical compatibility, uniform policies,
2762	privacy features, and information security to meet legal, financial, commercial, and other
2763	societal requirements;
2764	(d) identify, address, and seek to resolve the legal, ethical, regulatory, financial,
2765	medical, and technological issues that may serve as barriers to digital health service;
2766	(e) explore and encourage the development of digital health service systems as a means
2767	of reducing health care costs and increasing health care quality and access, with emphasis on
2768	assisting rural health care providers and special populations with access to or development of
2769	electronic medical records;
2770	(f) seek public input on digital health service issues; and
2771	(g) in consultation with the department, advise the governor and Legislature on:
2772	(i) the role of digital health service in the state;
2773	(ii) the policy issues related to digital health service;
2774	(iii) the changing digital health service needs and resources in the state; and
2775	(iv) state budgetary matters related to digital health service.
2776	Section 65. Section 26B-1-410 , which is renumbered from Section 26-10b-106 is
2777	renumbered and amended to read:
2778	[26-10b-106]. <u>26B-1-410.</u> Primary Care Grant Committee.
2779	(1) As used in this section:
2780	(a) "Committee" means the Primary Care Grant Committee created in Subsection (2).
2781	(b) "Program" means the Primary Care Grant Program described in Sections
2782	<u>26B-4-310 and 26B-4-313.</u>

2783	(2) There is created the Primary Care Grant Committee.
2784	[(1)] (3) The committee shall:
2785	(a) review grant applications forwarded to the committee by the department under
2786	Subsection [26-10b-104] <u>26B-4-312(1);</u>
2787	(b) recommend, to the executive director, grant applications to award under Subsection
2788	[26-10b-102] <u>26B-4-310(</u> 1);
2789	(c) evaluate:
2790	(i) the need for primary health care <u>as defined in Section 26B-4-301</u> in different areas
2791	of the state;
2792	(ii) how the program is addressing those needs; and
2793	(iii) the overall effectiveness and efficiency of the program;
2794	(d) review annual reports from primary care grant recipients;
2795	(e) meet as necessary to carry out its duties, or upon a call by the committee chair or by
2796	a majority of committee members; and
2797	(f) make rules, with the concurrence of the department, in accordance with Title 63G,
2798	Chapter 3, Utah Administrative Rulemaking Act, that govern the committee, including the
2799	committee's grant selection criteria.
2800	[(2)] (4) The committee shall consist of:
2801	(a) as chair, the executive director or an individual designated by the executive
2802	director; and
2803	(b) six members appointed by the governor to serve up to two consecutive, two-year
2804	terms of office, including:
2805	(i) four licensed health care professionals; and
2806	(ii) two community advocates who are familiar with a medically underserved
2807	population as defined in Section 26B-4-301 and with health care systems, where at least one is
2808	familiar with a rural medically underserved population.
2809	[(3)] (5) The executive director may remove a committee member:

2810	(a) if the member is unable or unwilling to carry out the member's assigned
2811	responsibilities; or
2812	(b) for a rational reason.
2813	[(4)] (6) A committee member may not receive compensation or benefits for the
2814	member's service, except a committee member who is not an employee of the department may
2815	receive per diem and travel expenses in accordance with:
2816	(a) Section 63A-3-106;
2817	(b) Section $63A-3-107$; and
2818	(c) rules made by the Division of Finance in accordance with Sections $63A-3-106$ and
2819	63A-3-107.
2820	Section 66. Section 26B-1-411 , which is renumbered from Section 26-18a-2 is
2821	renumbered and amended to read:
2822	[26-18a-2]. <u>26B-1-411.</u> Creation and membership of Kurt Oscarson Children's
2823	Organ Transplant Coordinating Committee Expenses Purposes.
2824	(1) There is created the Kurt Oscarson Children's Organ Transplant Coordinating
2825	Committee.
2826	(2) The committee shall have five members representing the following:
2827	(a) the executive director [of the Department of Health or his] or the executive
2828	director's designee;
2829	(b) two representatives from public or private agencies and organizations concerned
2830	with providing support and financial assistance to the children and families of children who
2831	need organ transplants; and
2832	(c) two individuals who have had organ transplants, have children who have had organ
2833	transplants, who work with families or children who have had or are awaiting organ
2834	transplants, or community leaders or volunteers who have demonstrated an interest in working
2835	with families or children in need of organ transplants.
2836	(3) (a) The governor shall appoint the committee members and designate the chair

2837	from among the committee members.
2838	(b) (i) Except as required by Subsection (3)(b)(ii), each member shall serve a four-year
2839	term.
2840	(ii) Notwithstanding the requirements of Subsection (3)(b)(i), the governor shall, at the
2841	time of appointment or reappointment, adjust the length of terms to ensure that the terms of the
2842	committee members are staggered so that approximately half of the committee is appointed
2843	every two years.
2844	(4) A member may not receive compensation or benefits for the member's service, but,
2845	at the executive director's discretion, may receive per diem and travel expenses in accordance
2846	with:
2847	(a) Section 63A-3-106;
2848	(b) Section 63A-3-107; and
2849	(c) rules made by the Division of Finance pursuant to Sections 63A-3-106 and
2850	63A-3-107.
2851	(5) The [Department of Health] department shall provide support staff for the
2852	committee.
2853	(6) The committee shall work to:
2854	(a) provide financial assistance for initial medical expenses of children who need organ
2855	transplants;
2856	(b) obtain the assistance of volunteer and public service organizations; and
2857	(c) fund activities as the committee designates for the purpose of educating the public
2858	about the need for organ donors.
2859	(7) (a) The committee is responsible for awarding financial assistance funded by the
2860	Kurt Oscarson Children's Organ Transplant Account created in Section 26B-1-311.
2861	(b) The financial assistance awarded by the committee under Subsection (6)(a) shall be
2862	in the form of interest free loans. The committee may establish terms for repayment of the
2863	loans, including a waiver of the requirement to repay any awards if, in the committee's

2864	judgment, repayment of the loan would impose an undue financial burden on the recipient.
2865	(c) In making financial awards under Subsection (6)(a), the committee shall consider:
2866	(i) need;
2867	(ii) coordination with or enhancement of existing services or financial assistance,
2868	including availability of insurance or other state aid;
2869	(iii) the success rate of the particular organ transplant procedure needed by the child;
2870	and
2871	(iv) the extent of the threat to the child's life without the organ transplant.
2872	(d) The committee may only provide the assistance described in this section to children
2873	who have resided in Utah, or whose legal guardians have resided in Utah for at least six months
2874	prior to the date of assistance under this section.
2875	(8) (a) The committee may expend up to 5% of the committee's annual appropriation
2876	for administrative costs associated with the allocation of funds from the Kurt Oscarson
2877	Children's Organ Transplant Account created in Section 26B-1-311.
2878	(b) The administrative costs shall be used for the costs associated with staffing the
2879	committee and for State Tax Commission costs in implementing Section 59-10-1308.
2880	Section 67. Section 26B-1-412, which is renumbered from Section 26-21-3 is
2881	renumbered and amended to read:
2882	[26-21-3]. <u>26B-1-412.</u> Health Facility Committee Members Terms
2883	Organization Meetings.
2884	(1) The definitions in Section <u>26B-2-201</u> apply to this section.
2885	[(1)] (2) (a) The [committee] Health Facility Committee shall consist of 12 members
2886	appointed by the governor in consultation with the executive director.
2887	(b) The appointed members shall be knowledgeable about health care facilities and
2888	issues.
2889	$\left[\frac{(2)}{(3)}\right]$ The membership of the committee is:
2890	(a) one physician, licensed to practice medicine and surgery under Title 58, Chapter 67,

2891	Utah Medical Practice Act, or Title 58, Chapter 68, Utah Osteopathic Medical Practice Act,
2892	who is a graduate of a regularly chartered medical school;
2893	(b) one hospital administrator;
2894	(c) one hospital trustee;
2895	(d) one representative of a freestanding ambulatory surgical facility;
2896	(e) one representative of an ambulatory surgical facility that is affiliated with a
2897	hospital;
2898	(f) one representative of the nursing care facility industry;
2899	(g) one registered nurse, licensed to practice under Title 58, Chapter 31b, Nurse
2900	Practice Act;
2901	(h) one licensed architect or engineer with expertise in health care facilities;
2902	(i) one representative of assisted living facilities licensed under [this chapter] Chapter 2,
2903	Part 2, Health Care Facility Licensing and Inspection;
2904	(j) two consumers, one of whom has an interest in or expertise in geriatric care; and
2905	(k) one representative from either a home health care provider or a hospice provider.
2906	[(3)] (4) (a) Except as required by Subsection $[(3)]$ (4)(b), members shall be appointed
2907	for a term of four years.
2908	(b) Notwithstanding the requirements of Subsection $[(3)]$ (4)(a), the governor shall, at
2909	the time of appointment or reappointment, adjust the length of terms to ensure that the terms of
2910	committee members are staggered so that approximately half of the committee is appointed
2911	every two years.
2912	(c) When a vacancy occurs in the membership for any reason, the replacement shall be
2913	appointed for the unexpired term by the governor, giving consideration to recommendations
2914	made by the committee, with the consent of the Senate.
2915	(d) (i) A member may not serve more than two consecutive full terms or 10
2916	consecutive years, whichever is less. [However,]
2917	(ii) Notwithstanding Subsection (4)(d)(i), a member may continue to serve as a

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2918	member until the member is replaced.
2919	(e) The committee shall annually elect from [its] the committee's membership a chair
2920	and vice chair.
2921	(f) The committee shall meet at least quarterly, or more frequently as determined by the
2922	chair or five members of the committee.
2923	(g) Six members constitute a quorum.
2924	(h) A vote of the majority of the members present constitutes action of the committee.
2925	(5) The committee shall:
2926	(a) with the concurrence of the department, make rules in accordance with Title 63G,
2927	Chapter 3, Utah Administrative Rulemaking Act:
2928	(i) for the licensing of health-care facilities; and
2929	(ii) requiring the submission of architectural plans and specifications for any proposed
2930	new health-care facility or renovation to the department for review;
2931	(b) approve the information for applications for licensure pursuant to Section
2932	<u>26B-2-207;</u>
2933	(c) advise the department as requested concerning the interpretation and enforcement
2934	of the rules established under Chapter 2, Part 2, Health Care Facility Licensing and Inspection;
2935	and
2936	(d) advise, consult, cooperate with, and provide technical assistance to other agencies
2937	of the state and federal government, and other states and affected groups or persons in carrying
2938	out the purposes of Chapter 2, Part 2, Health Care Facility Licensing and Inspection.
2939	(6) A member may not receive compensation or benefits for the member's service, but
2940	may receive per diem and travel expenses in accordance with:
2941	(a) Section <u>63A-3-106;</u>
2942	(b) Section <u>63A-3-107; and</u>
2943	(c) rules made by the Division of Finance pursuant to Sections 63A-3-106 and

<u>63A-3-107.</u>

2945Section 68. Section 26B-1-413, which is renumbered from Section 26-33a-104 is2946renumbered and amended to read:

2947[26-33a-104].26B-1-413.Health Data Committee -- Purpose, powers, and2948duties of the committee -- Membership -- Terms -- Chair -- Compensation.

2949 (1) The definitions in Section <u>26B-8-501</u> apply to this section.

2950 [(1)] (2) (a) There is created within the department the Health Data Committee.

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

care issues.

2955 [(2)] (3) The committee shall:

(a) with the concurrence of the department and in accordance with Title 63G, Chapter
3, Utah Administrative Rulemaking Act, develop and adopt by rule, following public hearing
and comment, a health data plan that shall among its elements:

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

(ii) document existing health data activities in the state to collect, organize, or make
available types of data pertinent to the needs identified in Subsection [(2)] (3)(a)(i);

(iii) describe and prioritize the actions suitable for the committee to take in response to the needs identified in Subsection [(2)] (3)(a)(i) in order to obtain or to facilitate the obtaining of needed data, and to encourage improvements in existing data collection, interpretation, and reporting activities, and indicate how those actions relate to the activities identified under Subsection [(2)] (3)(a)(ii);

(iv) detail the types of data needed for the committee's work, the intended data
suppliers, and the form in which such data are to be supplied, noting the consideration given to
the potential alternative sources and forms of such data and to the estimated cost to the

2972 individual suppliers as well as to the department of acquiring these data in the proposed 2973 manner; the plan shall reasonably demonstrate that the committee has attempted to maximize 2974 cost-effectiveness in the data acquisition approaches selected; 2975 (v) describe the types and methods of validation to be performed to assure data validity 2976 and reliability; 2977 (vi) explain the intended uses of and expected benefits to be derived from the data 2978 specified in Subsection $\left[\frac{(2)}{(2)}\right]$ (3)(a)(iv), including the contemplated tabulation formats and 2979 analysis methods; the benefits described shall demonstrably relate to one or more of the 2980 following: 2981 (A) promoting quality health care; 2982 (B) managing health care costs; or 2983 (C) improving access to health care services: 2984 (vii) describe the expected processes for interpretation and analysis of the data flowing 2985 to the committee; noting specifically the types of expertise and participation to be sought in 2986 those processes; and 2987 (viii) describe the types of reports to be made available by the committee and the 2988 intended audiences and uses; (b) have the authority to collect, validate, analyze, and present health data in 2989 2990 accordance with the plan while protecting individual privacy through the use of a control 2991 number as the health data identifier; 2992 (c) evaluate existing identification coding methods and, if necessary, require by rule 2993 adopted in accordance with Subsection [(3)] (4), that health data suppliers use a uniform 2994 system for identification of patients, health care facilities, and health care providers on health 2995 data they submit under this [chapter] section and Chapter 8, Part 5, Utah Health Data 2996 Authority; and 2997 (d) advise, consult, contract, and cooperate with any corporation, association, or other

2998 entity for the collection, analysis, processing, or reporting of health data identified by control

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2999 number only in accordance with the plan.

3000 [(3)] (4) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking 3001 Act, the committee, with the concurrence of the department, may adopt rules to carry out the 3002 provisions of this [chapter] section and Chapter 8, Part 5, Utah Health Data Authority.

3003 [(4)] (5) (a) Except for data collection, analysis, and validation functions described in
 3004 this section, nothing in this [chapter] section or in Chapter 8, Part 5, Utah Health Data
 3005 <u>Authority</u>, shall be construed to authorize or permit the committee to perform regulatory
 3006 functions which are delegated by law to other agencies of the state or federal governments or to
 3007 perform quality assurance or medical record audit functions that health care facilities, health
 3008 care providers, or third party payors are required to conduct to comply with federal or state law.

3009 (b) The committee may not recommend or determine whether a health care provider, 3010 health care facility, third party payor, or self-funded employer is in compliance with federal or 3011 state laws including federal or state licensure, insurance, reimbursement, tax, malpractice, or 3012 quality assurance statutes or common law.

3013 [(5)] (6) (a) Nothing in this [chapter] section or in Chapter 8, Part 5, Utah Health Data 3014 Authority, shall be construed to require a data supplier to supply health data identifying a 3015 patient by name or describing detail on a patient beyond that needed to achieve the approved 3016 purposes included in the plan.

3017 [(6)] (7) No request for health data shall be made of health care providers and other
 3018 data suppliers until a plan for the use of such health data has been adopted.

3019 [(7)] (8) (a) If a proposed request for health data imposes unreasonable costs on a data
 3020 supplier, due consideration shall be given by the committee to altering the request.

3021 (b) If the request is not altered, the committee shall pay the costs incurred by the data 3022 supplier associated with satisfying the request that are demonstrated by the data supplier to be 3023 unreasonable.

3024 [(8)] <u>(9)</u> After a plan is adopted as provided in Section [26-33a-106.1] <u>26B-8-504</u>, the 3025 committee may require any data supplier to submit fee schedules, maximum allowable costs,

3026	area prevailing costs, terms of contracts, discounts, fixed reimbursement arrangements,
3027	capitations, or other specific arrangements for reimbursement to a health care provider.
3028	[(9)] (10) (a) The committee may not publish any health data collected under
3029	Subsection $[(8)]$ (9) that would disclose specific terms of contracts, discounts, or fixed
3030	reimbursement arrangements, or other specific reimbursement arrangements between an
3031	individual provider and a specific payer.
3032	[(10)] (b) Nothing in Subsection $[(8)]$ (9) shall prevent the committee from requiring
3033	the submission of health data on the reimbursements actually made to health care providers
3034	from any source of payment, including consumers.
3035	(11) The committee shall be composed of 15 members.
3036	(12) (a) One member shall be:
3037	(i) the commissioner of the Utah Insurance Department; or
3038	(ii) the commissioner's designee who shall have knowledge regarding the health care
3039	system and characteristics and use of health data.
3040	(b) (i) Fourteen members shall be appointed by the governor with the advice and
3041	consent of the Senate in accordance with Subsection (13) and in accordance with Title 63G,
3042	Chapter 24, Part 2, Vacancies.
3043	(ii) No more than seven members of the committee appointed by the governor may be
3044	members of the same political party.
3045	(13) The members of the committee appointed under Subsection (12)(b) shall:
3046	(a) be knowledgeable regarding the health care system and the characteristics and use
3047	of health data;
3048	(b) be selected so that the committee at all times includes individuals who provide
3049	<u>care;</u>
3050	(c) include one person employed by or otherwise associated with a general acute
3051	hospital as defined in Section 26B-2-201, who is knowledgeable about the collection, analysis,
3052	and use of health care data;

3053	(d) include two physicians, as defined in Section 58-67-102:
3054	(i) who are licensed to practice in this state;
3055	(ii) who actively practice medicine in this state;
3056	(iii) who are trained in or have experience with the collection, analysis, and use of
3057	health care data; and
3058	(iv) one of whom is selected by the Utah Medical Association;
3059	(e) include three persons:
3060	(i) who are:
3061	(A) employed by or otherwise associated with a business that supplies health care
3062	insurance to the business's employees; and
3063	(B) knowledgeable about the collection and use of health care data; and
3064	(ii) at least one of whom represents an employer employing 50 or fewer employees;
3065	(f) include three persons representing health insurers:
3066	(i) at least one of whom is employed by or associated with a third-party payor that is
3067	not licensed under Title 31A, Chapter 8, Health Maintenance Organizations and Limited
3068	Health Plans;
3069	(ii) at least one of whom is employed by or associated with a third party that is licensed
3070	under Title 31A, Chapter 8, Health Maintenance Organizations and Limited Health Plans; and
3071	(iii) who are trained in, or experienced with the collection, analysis, and use of health
3072	care data;
3073	(g) include two consumer representatives:
3074	(i) from organized consumer or employee associations; and
3075	(ii) knowledgeable about the collection and use of health care data;
3076	(h) include one person:
3077	(i) representative of a neutral, non-biased entity that can demonstrate that the entity has
3078	the broad support of health care payers and health care providers; and
3079	(ii) who is knowledgeable about the collection, analysis, and use of health care data;

3080	and
3081	(i) include two persons representing public health who are trained in or experienced
3082	with the collection, use, and analysis of health care data.
3083	(14) (a) Except as required by Subsection (14)(b), as terms of current committee
3084	members expire, the governor shall appoint each new member or reappointed member to a
3085	four-year term.
3086	(b) Notwithstanding the requirements of Subsection (14)(a), the governor shall, at the
3087	time of appointment or reappointment, adjust the length of terms to ensure that the terms of
3088	committee members are staggered so that approximately half of the committee is appointed
3089	every two years.
3090	(c) Members may serve after the members' terms expire until replaced.
3091	(15) When a vacancy occurs in the membership for any reason, the replacement shall
3092	be appointed for the unexpired term.
3093	(16) Committee members shall annually elect a chair of the committee from among the
3094	committee's membership. The chair shall report to the executive director.
3095	(17) (a) The committee shall meet at least once during each calendar quarter. Meeting
3096	dates shall be set by the chair upon 10 working days' notice to the other members, or upon
3097	written request by at least four committee members with at least 10 working days' notice to
3098	other committee members.
3099	(b) Eight committee members constitute a quorum for the transaction of business.
3100	Action may not be taken except upon the affirmative vote of a majority of a quorum of the
3101	committee.
3102	(c) All meetings of the committee shall be open to the public, except that the
3103	committee may hold a closed meeting if the requirements of Sections 52-4-204, 52-4-205, and
3104	<u>52-4-206 are met.</u>
3105	(18) A member:
3106	(a) may not receive compensation or benefits for the member's service, but may receive

3107	per diem and travel expenses in accordance with:
3108	(i) Section <u>63A-3-106;</u>
3109	(ii) Section 63A-3-107; and
3110	(iii) rules made by the Division of Finance pursuant to Sections 63A-3-106 and
3111	<u>63A-3-107; and</u>
3112	(b) shall comply with the conflict of interest provisions described in Title 63G, Chapter
3113	24, Part 3, Conflicts of Interest.
3114	Section 69. Section 26B-1-414, which is renumbered from Section 26-39-200 is
3115	renumbered and amended to read:
3116	[26-39-200]. <u>26B-1-414.</u> Child Care Center Licensing Committee
3117	Duties.
3118	(1) (a) The [licensing committee] Child Care Center Licensing Committee shall be
3119	comprised of seven members appointed by the governor [and approved by] with the advice and
3120	consent of the Senate in accordance with this [subsection] Subsection (1).
3121	(b) The governor shall appoint three members who:
3122	(i) have at least five years of experience as an owner in or director of a for profit or
3123	not-for-profit center based child care as defined in Section 26B-2-401; and
3124	(ii) hold an active license as a child care center from the department to provide center
3125	based child care as defined in Section 26B-2-401.
3126	(c) (i) The governor shall appoint one member to represent each of the following:
3127	(A) a parent with a child in center based child care <u>as defined in Section 26B-2-401</u> ;
3128	(B) a child development expert from the state system of higher education;
3129	(C) except as provided in Subsection (1)(e), a pediatrician licensed in the state; and
3130	(D) an architect licensed in the state.
3131	(ii) Except as provided in Subsection (1)(c)(i)(B), a member appointed under
3132	Subsection (1)(c)(i) may not be an employee of the state or a political subdivision of the state.
3133	(d) At least one member described in Subsection (1)(b) shall at the time of appointment

3134	reside in a county that is not a county of the first class.
3135	(e) For the appointment described in Subsection (1)(c)(i)(C), the governor may appoint
3136	a health care professional who specializes in pediatric health if:
3137	(i) the health care professional is licensed under:
3138	(A) Title 58, Chapter 31b, Nurse Practice Act, as an advanced practice nurse
3139	practitioner; or
3140	(B) Title 58, Chapter 70a, Utah Physician Assistant Act; and
3141	(ii) before appointing a health care professional under this Subsection (1)(e), the
3142	governor:
3143	(A) sends a notice to a professional physician organization in the state regarding the
3144	opening for the appointment described in Subsection (1)(c)(i)(C); and
3145	(B) receives no applications from a pediatrician who is licensed in the state for the
3146	appointment described in Subsection (1)(c)(i)(C) within 90 days after the day on which the
3147	governor sends the notice described in Subsection (1)(e)(ii)(A).
3148	(2) (a) Except as required by Subsection (2)(b), as terms of current members expire, the
3149	governor shall appoint each new member or reappointed member to a four-year term ending
3150	June 30.
3151	(b) Notwithstanding the requirements of Subsection (2)(a), the governor shall, at the
3152	time of appointment or reappointment, adjust the length of terms to ensure that the terms of
3153	members are staggered so that approximately half of the licensing committee is appointed
3154	every two years.
3155	(c) Upon the expiration of the term of a member of the licensing committee, the
3156	member shall continue to hold office until a successor is appointed and qualified.
3157	(d) A member may not serve more than two consecutive terms.
3158	(e) Members of the licensing committee shall annually select one member to serve as
3159	chair who shall establish the agenda for licensing committee meetings.
3160	(3) When a vacancy occurs in the membership for any reason, the governor, with the

3161	advice and consent of the Senate, shall appoint a replacement for the unexpired term.
3162	(4) (a) The licensing committee shall meet at least every two months.
3163	(b) The director may call additional meetings:
3164	(i) at the director's discretion;
3165	(ii) upon the request of the chair; or
3166	(iii) upon the written request of three or more members.
3167	(5) Three members of the licensing committee constitute a quorum for the transaction
3168	of business.
3169	(6) A member of the licensing committee may not receive compensation or benefits for
3170	the member's service, but may receive per diem and travel expenses as allowed in:
3171	(a) Section 63A-3-106;
3172	(b) Section 63A-3-107; and
3173	(c) rules made by the Division of Finance in accordance with Sections 63A-3-106 and
3174	63A-3-107.
3175	(7) The Child Care Center Licensing Committee shall:
3176	(a) in concurrence with the department and in accordance with Title 63G, Chapter 3,
3177	Utah Administrative Rulemaking Act, make rules that govern center based child care as
3178	defined in Section <u>26B-2-401</u> as necessary to protect qualifying children's common needs for a
3179	safe and healthy environment, to provide for:
3180	(i) adequate facilities and equipment; and
3181	(ii) competent caregivers considering the age of the children and the type of program
3182	offered by the licensee;
3183	(b) in concurrence with the department and in accordance with Title 63G, Chapter 3,
3184	Utah Administrative Rulemaking Act, make rules necessary to carry out the purposes of this
3185	chapter that govern center based child care as defined in Section 26B-2-401, in the following
3186	areas:
3187	(i) requirements for applications, the application process, and compliance with other

3188	applicable statutes and rules;
3189	(ii) documentation and policies and procedures that providers shall have in place in
3190	order to be licensed, in accordance with this Subsection (7);
3191	(iii) categories, classifications, and duration of initial and ongoing licenses;
3192	(iv) changes of ownership or name, changes in licensure status, and changes in
3193	operational status;
3194	(v) license expiration and renewal, contents, and posting requirements;
3195	(vi) procedures for inspections, complaint resolution, disciplinary actions, and other
3196	procedural measures to encourage and ensure compliance with statute and rule; and
3197	(vii) guidelines necessary to ensure consistency and appropriateness in the regulation
3198	and discipline of licensees;
3199	(c) advise the department on the administration of a matter affecting center based child
3200	care as defined in Section 26B-2-401;
3201	(d) advise and assist the department in conducting center based child care provider
3202	seminars; and
3203	(e) perform other duties as provided in Section 26B-2-402.
3204	(8) (a) The licensing committee may not enforce the rules adopted under this section.
3205	(b) The department shall enforce the rules adopted under this section in accordance
3206	with Section 26B-2-402.
3207	Section 70. Section 26B-1-415, which is renumbered from Section 26-39-201 is
3208	renumbered and amended to read:
3209	[26-39-201]. <u>26B-1-415.</u> Residential Child Care Licensing Advisory
3210	Committee.
3211	(1) (a) The [advisory committee] Residential Child Care Licensing Advisory
3212	Committee shall advise the department on rules made by the department under [this chapter]
3213	Chapter 2, Part 4, Child Care Licensing, for residential child care.
3214	(b) The advisory committee shall be composed of the following nine members who

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3215	shall be appointed by the executive director:
3216	(i) two child care consumers;
3217	(ii) three licensed providers of residential child care [providers] as defined in Section
3218	<u>26B-2-401;</u>
3219	(iii) one certified provider of residential child care [provider] as defined in Section
3220	<u>26B-2-401;</u>
3221	(iv) one individual with expertise in early childhood development; and
3222	(v) two health care providers.
3223	(2) (a) Members of the advisory committee shall be appointed for four-year terms,
3224	except for those members who have been appointed to complete an unexpired term.
3225	(b) Appointments and reappointments may be staggered so that $[\frac{1}{4}]$ one-fourth of the
3226	advisory committee changes each year.
3227	(c) The advisory committee shall annually elect a chair from its membership.
3228	(3) The advisory committee shall meet at least quarterly, or more frequently as
3229	determined by the executive director, the chair, or three or more members of the advisory
3230	committee.
3231	(4) Five members constitute a quorum and a vote of the majority of the members
3232	present constitutes an action of the advisory committee.
3233	(5) A member of the advisory committee may not receive compensation or benefits for
3234	the member's service, but may receive per diem and travel expenses as allowed in:
3235	(a) Section 63A-3-106;
3236	(b) Section 63A-3-107; and
3237	(c) rules made by the Division of Finance in accordance with Sections 63A-3-106 and
3238	63A-3-107.
3239	Section 71. Section 26B-1-416, which is renumbered from Section 26-40-104 is
3240	renumbered and amended to read:

3241

[26-40-104].

<u>26B-1-416.</u> Utah Children's Health Insurance Program

3242	Advisory Council.
3243	(1) (a) There is created a Utah Children's Health Insurance Program Advisory Council
3244	consisting of at least five and no more than eight members appointed by the executive director
3245	of the department.
3246	(b) The term of each appointment shall be three years.
3247	(c) The appointments shall be staggered at one-year intervals to ensure continuity of
3248	the advisory council.
3249	(2) The advisory council shall meet at least quarterly.
3250	(3) The membership of the advisory council shall include at least one representative
3251	from each of the following groups:
3252	(a) child health care providers;
3253	(b) ethnic populations other than American Indians;
3254	(c) American Indians;
3255	(d) health and accident and health insurance providers; and
3256	(e) the general public.
3257	(4) The advisory council shall advise the department on:
3258	(a) benefits design;
3259	(b) eligibility criteria;
3260	(c) outreach;
3261	(d) evaluation; and
3262	(e) special strategies for under-served populations.
3263	(5) A member of the advisory council may not receive compensation or benefits for the
3264	member's service, but may receive per diem and travel expenses in accordance with:
3265	(a) Section 63A-3-106;
3266	(b) Section $63A-3-107$; and
3267	(c) rules made by the Division of Finance pursuant to Sections $63A-3-106$ and
3268	63A-3-107.

3269	Section 72. Section 26B-1-417 , which is renumbered from Section 26-50-202 is
3270	renumbered and amended to read:
3271	[26-50-202]. <u>26B-1-417.</u> Traumatic Brain Injury Advisory Committee
3272	Membership Time limit.
3273	(1) On or after July 1 of each year, the executive director may create a Traumatic Brain
3274	Injury Advisory Committee of not more than nine members.
3275	(2) The committee shall be composed of members of the community who are familiar
3276	with traumatic brain injury, its causes, diagnosis, treatment, rehabilitation, and support
3277	services, including:
3278	(a) persons with a traumatic brain injury;
3279	(b) family members of a person with a traumatic brain injury;
3280	(c) representatives of an association which advocates for persons with traumatic brain
3281	injuries;
3282	(d) specialists in a profession that works with brain injury patients; and
3283	(e) department representatives.
3284	(3) The department shall provide staff support to the committee.
3285	(4) (a) If a vacancy occurs in the committee membership for any reason, a replacement
3286	may be appointed for the unexpired term.
3287	(b) The committee shall elect a chairperson from the membership.
3288	(c) A majority of the committee constitutes a quorum at any meeting, and, if a quorum
3289	exists, the action of the majority of members present shall be the action of the committee.
3290	(d) The committee may adopt bylaws governing the committee's activities.
3291	(e) A committee member may be removed by the executive director:
3292	(i) if the member is unable or unwilling to carry out the member's assigned
3293	responsibilities; or
3294	(ii) for good cause.

3295 (5) The committee shall comply with the procedures and requirements of:

3296	(a) Title 52, Chapter 4, Open and Public Meetings Act; and
3297	(b) Title 63G, Chapter 2, Government Records Access and Management Act.
3298	(6) A member may not receive compensation or benefits for the member's service, but,
3299	at the executive director's discretion, may receive per diem and travel expenses in accordance
3300	with:
3301	(a) Section 63A-3-106;
3302	(b) Section 63A-3-107; and
3303	(c) rules made by the Division of Finance pursuant to Sections 63A-3-106 and
3304	63A-3-107.
3305	(7) Not later than November 30 of each year the committee shall provide a written
3306	report summarizing the activities of the committee to the executive director of the department.
3307	(8) The committee shall cease to exist on December 31 of each year, unless the
3308	executive director determines it necessary to continue.
3309	Section 73. Section 26B-1-418, which is renumbered from Section 26-54-103 is
3310	renumbered and amended to read:
3311	[26-54-103]. <u>26B-1-418.</u> Spinal Cord and Brain Injury Rehabilitation
3312	Fund and Pediatric Neuro-Rehabilitation Fund Advisory Committee Creation
3313	Membership Terms Duties.
3314	(1) There is created a Spinal Cord and Brain Injury Rehabilitation Fund and Pediatric
3315	Neuro-Rehabilitation Fund Advisory Committee.
3316	(2) The advisory committee shall be composed of 11 members as follows:
3317	(a) the executive director, or the executive director's designee;
3318	(b) two survivors, or family members of a survivor, of a traumatic brain injury
3319	appointed by the governor;
3320	(c) two survivors, or family members of a survivor, of a traumatic spinal cord injury
3321	appointed by the governor;
3322	(d) one traumatic brain injury or spinal cord injury professional appointed by the

3323	governor who, at the time of appointment and throughout the professional's term on the
3324	committee, does not receive a financial benefit from the fund;
3325	(e) two parents of a child with a nonprogressive neurological condition appointed by
3326	the governor;
3327	(f) (i) a physical therapist licensed under Title 58, Chapter 24b, Physical Therapy
3328	Practice Act, with experience treating brain and spinal cord injuries, appointed by the governor;
3329	or
3330	(ii) an occupational therapist licensed under Title 58, Chapter 42a, Occupational
3331	Therapy Practice Act, with experience treating brain and spinal cord injuries, appointed by the
3332	governor;
3333	(g) a member of the House of Representatives appointed by the speaker of the House of
3334	Representatives; and
3335	(h) a member of the Senate appointed by the president of the Senate.
3336	(3) (a) The term of advisory committee members shall be four years. If a vacancy
3337	occurs in the committee membership for any reason, a replacement shall be appointed for the
3338	unexpired term in the same manner as the original appointment.
3339	(b) The committee shall elect a chairperson from the membership.
3340	(c) A majority of the committee constitutes a quorum at any meeting, and, if a quorum
3341	is present at an open meeting, the action of the majority of members shall be the action of the
3342	advisory committee.
3343	(d) The terms of the advisory committee shall be staggered so that members appointed
3344	under Subsections (2)(b), (d), and (f) shall serve an initial two-year term and members
3345	appointed under Subsections (2)(c), (e), and (g) shall serve four-year terms. Thereafter,
3346	members appointed to the advisory committee shall serve four-year terms.
3347	(4) The advisory committee shall comply with the procedures and requirements of:
3348	(a) Title 52, Chapter 4, Open and Public Meetings Act;
3349	(b) Title 63G, Chapter 2, Government Records Access and Management Act; and

3350	(c) Title 63G, Chapter 3, Utah Administrative Rulemaking Act.
3351	(5) (a) A member who is not a legislator may not receive compensation or benefits for
3352	the member's service, but, at the executive director's discretion, may receive per diem and
3353	travel expenses as allowed in:
3354	(i) Section 63A-3-106;
3355	(ii) Section 63A-3-107; and
3356	(iii) rules adopted by the Division of Finance according to Sections 63A-3-106 and
3357	63A-3-107.
3358	(b) Compensation and expenses of a member who is a legislator are governed by
3359	Section 36-2-2 and Legislative Joint Rules, Title 5, Legislative Compensation and Expenses.
3360	(6) The advisory committee shall:
3361	(a) adopt rules and procedures in accordance with Title 63G, Chapter 3, Utah
3362	Administrative Rulemaking Act, that establish priorities and criteria for the advisory committee
3363	to follow in recommending distribution of money from the fund to assist qualified IRC
3364	501(c)(3) charitable clinics, as defined in Sections [26-54-102 and 26-54-102.5] 26B-1-319
3365	and 26B-1-320;
3366	(b) identify, evaluate, and review the quality of care available to:
3367	(i) individuals with spinal cord and brain injuries through qualified IRC 501(c)(3)
3368	charitable clinics, as defined in Section [26-54-102] 26B-1-319; or
3369	(ii) children with nonprogressive neurological conditions through qualified IRC
3370	$501(c)(3)$ charitable clinics, as defined in Section [$\frac{26-54-102.5}{26B-1-320}$; and
3371	(c) explore, evaluate, and review other possible funding sources and make a
3372	recommendation to the Legislature regarding sources that would provide adequate funding for
3373	the advisory committee to accomplish its responsibilities under this section.
3374	(7) Operating expenses for the advisory committee, including the committee's staff,
3375	shall be paid for only with money from:
3376	(a) the Spinal Cord and Brain Injury Rehabilitation Fund;

3377	(b) the Pediatric Neuro-Rehabilitation Fund; or
3378	(c) both funds.
3379	Section 74. Section 26B-1-419, which is renumbered from Section 26-46-103 is
3380	renumbered and amended to read:
3381	[26-46-103]. <u>26B-1-419.</u> Utah Health Care Workforce Financial
3382	Assistance Program Advisory Committee Membership Compensation Duties.
3383	(1) There is created the Utah Health Care Workforce Financial Assistance Program
3384	Advisory Committee consisting of the following 13 members appointed by the executive
3385	director, eight of whom shall be residents of rural communities:
3386	(a) one rural representative of Utah Hospitals and Health Systems, nominated by the
3387	association;
3388	(b) two rural representatives of the Utah Medical Association, nominated by the
3389	association;
3390	(c) one representative of the Utah Academy of Physician Assistants, nominated by the
3391	association;
3392	(d) one representative of the Association for Utah Community Health, nominated by
3393	the association;
3394	(e) one representative of the Utah Dental Association, nominated by the association;
3395	(f) one representative of mental health therapists, selected from nominees submitted by
3396	mental health therapist professional associations;
3397	(g) one representative of the Association of Local Health Officers, nominated by the
3398	association;
3399	(h) one representative of a low-income advocacy group, nominated by a Utah health
3400	and human services coalition that represents underserved populations as defined in Section
3401	<u>26B-4-702;</u>
3402	(i) one nursing program faculty member, nominated by the Statewide Deans and
3403	Directors Committee;

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3404	(j) one administrator of a long-term care facility, nominated by the Utah Health Care
3405	Association;
3406	(k) one nursing administrator, nominated by the Utah Nurses Association; and
3407	(1) one geriatric professional <u>as defined in Section 26B-4-702</u> who is:
3408	(i) determined by the department to have adequate advanced training in geriatrics to
3409	prepare the person to provide specialized geriatric care within the scope of the person's
3410	profession; and
3411	(ii) nominated by a professional association for the profession of which the person is a
3412	member.
3413	(2) (a) An appointment to the committee shall be for a four-year term unless the
3414	member is appointed to complete an unexpired term.
3415	(b) The executive director may also adjust the length of term at the time of
3416	appointment or reappointment so that approximately $[\frac{1}{2}]$ <u>one-half of</u> the committee is
3417	appointed every two years.
3418	(c) The executive director shall annually appoint a committee chair from among the
3419	members of the committee.
3420	(3) The committee shall meet at the call of the chair, at least three members of the
3421	committee, or the executive director, but no less frequently than once each calendar year.
3422	(4) (a) A majority of the members of the committee constitutes a quorum.
3423	(b) The action of a majority of a quorum constitutes the action of the committee.
3424	(5) A member may not receive compensation or benefits for the member's service, but
3425	may receive per diem and travel expenses in accordance with:
3426	(a) Section 63A-3-106;
3427	(b) Section $63A-3-107$; and
3428	(c) rules made by the Division of Finance pursuant to Sections 63A-3-106 and
3429	63A-3-107.

3430 (6) The committee shall:

3431	(a) make recommendations to the department for the development and modification of
3432	rules to administer the Utah Health Care Workforce Financial Assistance Program; and
3433	(b) advise the department on the development of a needs assessment tool for
3434	identifying underserved areas as defined in Section 26B-4-702.
3435	(7) As funding permits, the department shall provide staff and other administrative
3436	support to the committee.
3437	Section 75. Section 26B-1-420, which is renumbered from Section 26-61-201 is
3438	renumbered and amended to read:
3439	[26-61-201]. <u>26B-1-420.</u> Cannabis Research Review Board.
3440	(1) As used in this section:
3441	(a) "Cannabinoid product" means the same as that term is defined in Section 58-37-3.6.
3442	(b) "Cannabis" means the same as that term is defined in Section 58-37-3.6.
3443	[(1)] (2) (a) There is created the Cannabis Research Review Board within the
3444	department.
3445	[(2)] (b) The department shall appoint, in consultation with a professional association
3446	based in the state that represents physicians, seven members to the Cannabis Research Review
3447	Board as follows:
3448	[(a)] (i) three individuals who are medical research professionals; and
3449	[(b)] (ii) four physicians who are qualified medical providers as defined in Section
3450	<u>26B-4-201</u> .
3451	(3) The department shall ensure that at least one of the board members appointed under
3452	Subsection (2)(b) is a member of the Controlled Substances Advisory Committee created in
3453	Section 58-38a-201.
3454	(4) (a) Four of the board members appointed under Subsection $(2)(b)$ shall serve an
3455	initial term of two years and three of the board members appointed under Subsection $(2)(b)$
3456	shall serve an initial term of four years.
3457	(b) Successor board members shall each serve a term of four years.

3458	(c) A board member appointed to fill a vacancy on the board shall serve the remainder
3459	of the term of the board member whose departure created the vacancy.
3460	(5) The department may remove a board member without cause.
3461	(6) The board shall:
3462	(a) nominate a board member to serve as chairperson of the board by a majority vote of
3463	the board members; and
3464	(b) meet as often as necessary to accomplish the duties assigned to the board under this
3465	chapter.
3466	(7) Each board member, including the chair, has one vote.
3467	(8) (a) A majority of board members constitutes a quorum.
3468	(b) A vote of a majority of the quorum at any board meeting is necessary to take action
3469	on behalf of the board.
3470	(9) A board member may not receive compensation for the member's service on the
3471	board, but may, in accordance with rules adopted by the board in accordance with Title 63G,
3472	Chapter 3, Utah Administrative Rulemaking Act, receive:
3473	(a) per diem at the rate established under Section $63A-3-106$; and
3474	(b) travel expenses at the rate established under Section 63A-3-107.
3475	(10) If a board member appointed under Subsection (2)(b) does not meet the
3476	qualifications of Subsection (2)(b) before July 1, 2022:
3477	(a) the board member's seat is vacant; and
3478	(b) the department shall fill the vacancy in accordance with this section.
3479	(11) The board shall review any available scientific research related to the human use
3480	of cannabis, a cannabinoid product, or an expanded cannabinoid product that:
3481	(a) was conducted under a study approved by an institutional review board that is
3482	registered for human subject research by the United States Department of Health and Human
3483	Services;
3484	(b) was conducted or approved by the federal government: or

3484 (b) was conducted or approved by the federal government; or

3485	(c) (i) was conducted in another country; and
3486	(ii) demonstrates, as determined by the board, a sufficient level of scientific reliability
3487	and significance to merit the board's review.
3488	(12) Based on the research described in Subsection (11), the board shall evaluate the
3489	safety and efficacy of cannabis, cannabinoid products, and expanded cannabinoid products,
3490	including:
3491	(a) medical conditions that respond to cannabis, cannabinoid products, and expanded
3492	cannabinoid products;
3493	(b) cannabis and cannabinoid dosage amounts and medical dosage forms;
3494	(c) interaction of cannabis, cannabinoid products, and expanded cannabinoid products,
3495	as defined in Section 58-37-3.6, with other treatments; and
3496	(d) contraindications, adverse reactions, and potential side effects from use of cannabis,
3497	cannabinoid products, and expanded cannabinoid products.
3498	(13) Based on the board's evaluation under Subsection (12), the board shall develop
3499	guidelines for treatment with cannabis, a cannabinoid product, and an expanded cannabinoid
3500	product that include:
3501	(a) a list of medical conditions, if any, that the board determines are appropriate for
3502	treatment with cannabis, a cannabis product, a cannabinoid product, or an expanded
3503	cannabinoid product;
3504	(b) a list of contraindications, side effects, and adverse reactions that are associated
3505	with use of cannabis, cannabinoid products, or expanded cannabinoid products;
3506	(c) a list of potential drug-drug interactions between medications that the United States
3507	Food and Drug Administration has approved and cannabis, cannabinoid products, and
3508	expanded cannabinoid products; and
3509	(d) any other guideline the board determines appropriate.
3510	(14) The board shall submit the guidelines described in Subsection (13) to the director
3511	of the Division of Professional Licensing.

3512	(15) Guidelines that the board develops under this section may not limit the availability
3513	of cannabis, cannabinoid products, or expanded cannabinoid products permitted under Title 4,
3514	Chapter 41a, Cannabis Production Establishments, or Chapter 4, Part 2, Cannabinoid Research
3515	and Medical Cannabis.
3516	Section 76. Section 26B-1-421, which is renumbered from Section 26-61a-105 is
3517	renumbered and amended to read:
3518	[26-61a-105]. <u>26B-1-421.</u> Compassionate Use Board.
3519	(1) The definitions in Section <u>26B-4-201</u> apply to this section.
3520	[(1)] (2) (a) The department shall establish a Compassionate Use Board consisting of:
3521	(i) seven qualified medical providers that the executive director appoints and the
3522	Senate confirms:
3523	(A) who are knowledgeable about the medicinal use of cannabis;
3524	(B) who are physicians licensed under Title 58, Chapter 67, Utah Medical Practice Act,
3525	or Title 58, Chapter 68, Utah Osteopathic Medical Practice Act; and
3526	(C) whom the appropriate board certifies in the specialty of neurology, pain medicine
3527	and pain management, medical oncology, psychiatry, infectious disease, internal medicine,
3528	pediatrics, or gastroenterology; and
3529	(ii) as a nonvoting member and the chair of the Compassionate Use Board, the
3530	executive director or the director's designee.
3531	(b) In appointing the seven qualified medical providers described in Subsection $[(1)]$
3532	(2)(a), the executive director shall ensure that at least two have a board certification in
3533	pediatrics.
3534	[(2)] (a) Of the members of the Compassionate Use Board that the executive
3535	director first appoints:
3536	(i) three shall serve an initial term of two years; and
3537	(ii) the remaining members shall serve an initial term of four years.
3538	(b) After an initial term described in Subsection $[(2)]$ (3)(a) expires:

3539	(i) each term is four years; and
3540	(ii) each board member is eligible for reappointment.
3541	(c) A member of the Compassionate Use Board may serve until a successor is
3542	appointed.
3543	[(3)] (d) Four members constitute a quorum of the Compassionate Use Board.
3544	(4) A member of the Compassionate Use Board may receive:
3545	(a) notwithstanding Section 63A-3-106, compensation or benefits for the member's
3546	service; and
3547	(b) travel expenses in accordance with Section $63A-3-107$ and rules made by the
3548	Division of Finance in accordance with Section 63A-3-107.
3549	(5) The Compassionate Use Board shall:
3550	(a) review and recommend for department approval a petition to the board regarding an
3551	individual described in Subsection [26-61a-201] 26B-4-213(2)(a), a minor described in
3552	Subsection [26-61a-201] 26B-4-213(2)(c), or an individual who is not otherwise qualified to
3553	receive a medical cannabis card to obtain a medical cannabis card for compassionate use, for
3554	the standard or a reduced period of validity, if:
3555	(i) for an individual who is not otherwise qualified to receive a medical cannabis card,
3556	the individual's qualified medical provider is actively treating the individual for an intractable
3557	condition that:
3558	(A) substantially impairs the individual's quality of life; and
3559	(B) has not, in the qualified medical provider's professional opinion, adequately
3560	responded to conventional treatments;
3561	(ii) the qualified medical provider:
3562	(A) recommends that the individual or minor be allowed to use medical cannabis; and
3563	(B) provides a letter, relevant treatment history, and notes or copies of progress notes
3564	describing relevant treatment history including rationale for considering the use of medical
3565	cannabis; and

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3566 (iii) the Compassionate Use Board determines that: 3567 (A) the recommendation of the individual's qualified medical provider is justified; and (B) based on available information, it may be in the best interests of the individual to 3568 3569 allow the use of medical cannabis; 3570 (b) review and approve or deny the use of a medical cannabis device for an individual described in Subsection [26-61a-201] 26B-4-213(2)(a)(i)(B) or a minor described in 3571 3572 Subsection [26-61a-201] 26B-4-213(2)(c) if the individual's or minor's qualified medical 3573 provider recommends that the individual or minor be allowed to use a medical cannabis device 3574 to vaporize the medical cannabis treatment; 3575 (c) unless no petitions are pending: 3576 (i) meet to receive or review compassionate use petitions at least quarterly; and 3577 (ii) if there are more petitions than the board can receive or review during the board's 3578 regular schedule, as often as necessary: 3579 (d) except as provided in Subsection (6), complete a review of each petition and 3580 recommend to the department approval or denial of the applicant for qualification for a medical 3581 cannabis card within 90 days after the day on which the board received the petition; 3582 (e) consult with the department regarding the criteria described in Subsection (6); and 3583 (f) report, before November 1 of each year, to the Health and Human Services Interim Committee: 3584 3585 (i) the number of compassionate use recommendations the board issued during the past 3586 year; and 3587 (ii) the types of conditions for which the board recommended compassionate use. 3588 (6) The department shall make rules, in consultation with the Compassionate Use 3589 Board and in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to 3590 establish a process and criteria for a petition to the board to automatically qualify for expedited 3591 final review and approval or denial by the department in cases where, in the determination of 3592 the department and the board:

3593	(a) time is of the essence;
3594	(b) engaging the full review process would be unreasonable in light of the petitioner's
3595	physical condition; and
3596	(c) sufficient factors are present regarding the petitioner's safety.
3597	(7) (a) (i) The department shall review:
3598	(A) any compassionate use for which the Compassionate Use Board recommends
3599	approval under Subsection (5)(d) to determine whether the board properly exercised the board's
3600	discretion under this section; and
3601	(B) any expedited petitions the department receives under the process described in
3602	Subsection (6).
3603	(ii) If the department determines that the Compassionate Use Board properly exercised
3604	the board's discretion in recommending approval under Subsection (5)(d) or that the expedited
3605	petition merits approval based on the criteria established in accordance with Subsection (6), the
	1
3606	department shall:
3606 3607	(A) issue the relevant medical cannabis card; and
	-
3607	(A) issue the relevant medical cannabis card; and
3607 3608	(A) issue the relevant medical cannabis card; and(B) provide for the renewal of the medical cannabis card in accordance with the
3607 3608 3609	(A) issue the relevant medical cannabis card; and(B) provide for the renewal of the medical cannabis card in accordance with the recommendation of the qualified medical provider described in Subsection (5)(a).
3607 3608 3609 3610	 (A) issue the relevant medical cannabis card; and (B) provide for the renewal of the medical cannabis card in accordance with the recommendation of the qualified medical provider described in Subsection (5)(a). (b) (i) If the Compassionate Use Board recommends denial under Subsection (5)(d),
3607 3608 3609 3610 3611	 (A) issue the relevant medical cannabis card; and (B) provide for the renewal of the medical cannabis card in accordance with the recommendation of the qualified medical provider described in Subsection (5)(a). (b) (i) If the Compassionate Use Board recommends denial under Subsection (5)(d), the individual seeking to obtain a medical cannabis card may petition the department to review
3607 3608 3609 3610 3611 3612	 (A) issue the relevant medical cannabis card; and (B) provide for the renewal of the medical cannabis card in accordance with the recommendation of the qualified medical provider described in Subsection (5)(a). (b) (i) If the Compassionate Use Board recommends denial under Subsection (5)(d), the individual seeking to obtain a medical cannabis card may petition the department to review the board's decision.
3607 3608 3609 3610 3611 3612 3613	 (A) issue the relevant medical cannabis card; and (B) provide for the renewal of the medical cannabis card in accordance with the recommendation of the qualified medical provider described in Subsection (5)(a). (b) (i) If the Compassionate Use Board recommends denial under Subsection (5)(d), the individual seeking to obtain a medical cannabis card may petition the department to review the board's decision. (ii) If the department determines that the Compassionate Use Board's recommendation
3607 3608 3609 3610 3611 3612 3613 3614	 (A) issue the relevant medical cannabis card; and (B) provide for the renewal of the medical cannabis card in accordance with the recommendation of the qualified medical provider described in Subsection (5)(a). (b) (i) If the Compassionate Use Board recommends denial under Subsection (5)(d), the individual seeking to obtain a medical cannabis card may petition the department to review the board's decision. (ii) If the department determines that the Compassionate Use Board's recommendation for denial under Subsection (5)(d) was arbitrary or capricious:
3607 3608 3609 3610 3611 3612 3613 3614 3615	 (A) issue the relevant medical cannabis card; and (B) provide for the renewal of the medical cannabis card in accordance with the recommendation of the qualified medical provider described in Subsection (5)(a). (b) (i) If the Compassionate Use Board recommends denial under Subsection (5)(d), the individual seeking to obtain a medical cannabis card may petition the department to review the board's decision. (ii) If the department determines that the Compassionate Use Board's recommendation for denial under Subsection (5)(d) was arbitrary or capricious: (A) the department shall notify the Compassionate Use Board of the department's
3607 3608 3609 3610 3611 3612 3613 3614 3615 3616	 (A) issue the relevant medical cannabis card; and (B) provide for the renewal of the medical cannabis card in accordance with the recommendation of the qualified medical provider described in Subsection (5)(a). (b) (i) If the Compassionate Use Board recommends denial under Subsection (5)(d), the individual seeking to obtain a medical cannabis card may petition the department to review the board's decision. (ii) If the department determines that the Compassionate Use Board's recommendation for denial under Subsection (5)(d) was arbitrary or capricious: (A) the department shall notify the Compassionate Use Board of the department's determination; and

3620	denial under Subsection (5)(d) in accordance with this Subsection (7), the department shall
3621	presume the board properly exercised the board's discretion unless the department determines
3622	that the board's recommendation was arbitrary or capricious.
3623	(8) Any individually identifiable health information contained in a petition that the
3624	Compassionate Use Board or department receives under this section is a protected record in
3625	accordance with Title 63G, Chapter 2, Government Records Access and Management Act.
3626	(9) The Compassionate Use Board shall annually report the board's activity to the
3627	Cannabis Research Review Board.
3628	Section 77. Section 26B-1-422, which is renumbered from Section 26-66-202 is
3629	renumbered and amended to read:
3630	[26-66-202]. <u>26B-1-422.</u> Early Childhood Utah Advisory Council
3631	Creation Compensation Duties.
3632	(1) There is created the Early Childhood Utah Advisory Council.
3633	(2) (a) The department shall make rules establishing the membership, duties, and
3634	procedures of the council in accordance with the requirements of:
3635	(i) this section;
3636	(ii) the Improving Head Start for School Readiness Act of 2007, 42 U.S.C. Sec. 9837b;
3637	and
3638	(iii) Title 63G, Chapter 3, Utah Administrative Rulemaking Act.
3639	(b) A member of the council may not receive compensation or benefits for the
3640	member's service.
3641	[(1)] (3) The council shall serve as an entity dedicated to improving and coordinating
3642	the quality of programs and services for children in accordance with the Improving Head Start
3643	for School Readiness Act of 2007, 42 U.S.C. Sec. 9837b.
3644	[(2)] (4) The council shall advise the [commission] Governor's Early Childhood
3645	Commission created in Section 63M-13-201 and, on or before August 1, annually provide to
3646	the [commission] Governor's Early Childhood Commission:

- 3647 (a) a statewide assessment concerning the availability of high-quality pre-kindergarten 3648 services for children from low-income households; and 3649 (b) a statewide strategic report addressing the activities mandated by the Improving 3650 Head Start for School Readiness Act of 2007, 42 U.S.C. Sec. 9837b, including: 3651 (i) identifying opportunities for and barriers to collaboration and coordination among 3652 federally-funded and state-funded child health and development, child care, and early 3653 childhood education programs and services, including collaboration and coordination among 3654 state agencies responsible for administering such programs; 3655 (ii) evaluating the overall participation of children in existing federal, state, and local 3656 child care programs and early childhood health, development, family support, and education 3657 programs; 3658 (iii) recommending statewide professional development and career advancement plans 3659 for early childhood educators and service providers in the state, including an analysis of the 3660 capacity and effectiveness of programs at two- and four-year public and private institutions of 3661 higher education that support the development of early childhood educators; and 3662 (iv) recommending improvements to the state's early learning standards and 3663 high-quality comprehensive early learning standards. 3664 [(3)] (5) On or before August 1, 2020, and at least every five years thereafter, the 3665 council shall provide to the [commission] Governor's Early Childhood Commission a statewide 3666 needs assessment concerning the quality and availability of early childhood education, health, 3667 and development programs and services for children in early childhood. 3668 Section 78. Section 26B-1-423, which is renumbered from Section 26-46a-104 is 3669 renumbered and amended to read: 3670 [26-46a-104]. 26B-1-423. Rural Physician Loan Repayment Program 3671 Advisory Committee -- Membership -- Compensation -- Duties. 3672 (1) There is created the Rural Physician Loan Repayment Program Advisory
- 3673 Committee consisting of the following eight members appointed by the executive director:

3674	(a) two legislators whose districts include <u>a</u> rural [counties] county as defined in
3675	<u>Section 26B-4-701;</u>
3676	(b) five administrators of [rural hospitals] a hospital located in a rural county as
3677	defined in Section 26B-4-701, nominated by an association representing Utah hospitals, no
3678	more than two of whom are employed by hospitals affiliated by ownership; and
3679	(c) a physician currently practicing in a rural county as defined in Section 26B-4-701.
3680	(2) (a) An appointment to the committee shall be for a four-year term unless the
3681	member is appointed to complete an unexpired term.
3682	(b) The executive director shall adjust the length of term at the time of appointment or
3683	reappointment so that approximately one-half of the committee is appointed every two years.
3684	(c) The executive director shall annually appoint a committee chair from among the
3685	members of the committee.
3686	(3) (a) The committee shall meet at the call of:
3687	(i) the chair;
3688	(ii) at least three members of the committee; or
3689	(iii) the executive director.
3690	(b) The committee shall meet at least once each calendar year.
3691	(4) (a) A majority of the members of the committee constitutes a quorum.
3692	(b) The action of a majority of a quorum constitutes the action of the committee.
3693	(5) A member may not receive compensation or benefits for the member's service, but
3694	may receive per diem and travel expenses in accordance with:
3695	(a) Section 63A-3-106;
3696	(b) Section $63A-3-107$; and
3697	(c) rules made by the Division of Finance pursuant to Sections $63A-3-106$ and
3698	63A-3-107.
3699	(6) The committee shall make recommendations to the department for the development
3700	and modification of rules to administer the Rural Physician Loan Repayment Program created

3701	<u>in Section 26B-4-703</u> .
3702	(7) As funding permits, the department shall provide staff and other administrative
3703	support to the committee.
3704	Section 79. Section 26B-1-424, which is renumbered from Section 26-67-202 is
3705	renumbered and amended to read:
3706	[26-67-202]. <u>26B-1-424.</u> Adult Autism Treatment Program Advisory
3707	Committee Membership Procedures Compensation Duties Expenses.
3708	(1) As used in this section, "autism spectrum disorder" means the same as that term is
3709	defined in Section 31A-22-642.
3710	[(1)] (2) The Adult Autism Treatment Advisory Committee created in Section
3711	26B-1-204 shall consist of six members appointed by the governor to two-year terms as
3712	follows:
3713	(a) one individual who:
3714	(i) has a doctorate degree in psychology;
3715	(ii) is a licensed behavior analyst practicing in the state; and
3716	(iii) has treated adults with an autism spectrum disorder for at least three years;
3717	(b) one individual who is:
3718	(i) employed by the department; and
3719	(ii) has professional experience with the treatment of autism spectrum disorder;
3720	(c) three individuals who have firsthand experience with autism spectrum disorders and
3721	the effects, diagnosis, treatment, and rehabilitation of autism spectrum disorders, including:
3722	(i) family members of an adult with an autism spectrum disorder;
3723	(ii) representatives of an association that advocates for adults with an autism spectrum
3724	disorder; and
3725	(iii) specialists or professionals who work with adults with an autism spectrum
3726	disorder; and
3727	(d) one individual who is:

3728	(i) a health insurance professional;
3729	(ii) holds a Doctor of Medicine or Doctor of Philosophy degree, with professional
3730	experience relating to the treatment of autism spectrum disorder; and
3731	(iii) has a knowledge of autism benefits and therapy that are typically covered by the
3732	health insurance industry.
3733	[(2)] (3) (a) Notwithstanding Subsection $[(1)]$ (2), the governor shall, at the time of
3734	appointment or reappointment, adjust the length of terms to ensure the terms of members are
3735	staggered so that approximately half of the advisory committee is appointed every year.
3736	(b) If a vacancy occurs in the membership of the advisory committee, the governor may
3737	appoint a replacement for the unexpired term.
3738	[(3)(a)](c) The advisory committee shall annually elect a chair from its membership.
3739	[(b)] (d) A majority of the advisory committee constitutes a quorum at any meeting
3740	and, if a quorum exists, the action of the majority of members present is the action of the
3741	advisory committee.
3742	(4) The advisory committee shall meet as necessary to:
3743	(a) advise the department regarding implementation of the [program] Adult Autism
3744	Treatment Program created in Section 26B-4-602;
3745	(b) make recommendations to the department and the Legislature for improving the
3746	[program] Adult Autism Treatment Program; and
3747	(c) before October 1 each year, provide a written report of the advisory committee's
3748	activities and recommendations to:
3749	(i) the executive director;
3750	(ii) the Health and Human Services Interim Committee; and
3751	(iii) the Social Services Appropriations Subcommittee.
3752	(5) The advisory committee shall comply with the procedures and requirements of:
3753	(a) Title 52, Chapter 4, Open and Public Meetings Act; and
3754	(b) Title 63G, Chapter 2, Government Records Access and Management Act.

3755	(6) A member may not receive compensation or benefits for the member's service, but
3756	may receive per diem and travel expenses in accordance with:
3757	(a) Section 63A-3-106;
3758	(b) Section $63A-3-107$; and
3759	(c) rules made by the Division of Finance pursuant to Sections $63A-3-106$ and
3760	63A-3-107.
3761	(7) (a) The department shall staff the advisory committee.
3762	(b) Expenses of the advisory committee, including the cost of advisory committee staff
3763	if approved by the executive director, may be paid only with funds from the Adult Autism
3764	Treatment Account created in Section 26B-1-322.
3765	Section 80. Section 26B-1-425, which is renumbered from Section 26-69-201 is
3766	renumbered and amended to read:
3767	[26-69-201]. <u>26B-1-425.</u> Utah Health Workforce Advisory Council
3768	Creation and membership.
3769	(1) There is created within the department the Utah Health Workforce Advisory
3770	Council.
3771	(2) The council shall be comprised of at least 14 but not more than 19 members.
3772	(3) The following are members of the council:
3773	(a) the executive director or that individual's designee;
3774	(b) the executive director of the Department of Workforce Services or that individual's
3775	designee;
3776	(c) the commissioner of higher education of the Utah System of Higher Education or
3777	that individual's designee;
3778	(d) the state superintendent of the State Board of Education or that individual's
3779	designee;
3780	(e) the executive director of the Department of Commerce or that individual's designee;
3781	(f) the director of the Division of Multicultural Affairs or that individual's designee;

3782	(g) the director of the Utah Substance Use and Mental Advisory Council or that
3783	individual's designee;
3784	(h) the chair of the Utah Indian Health Advisory Board; and
3785	(i) the chair of the Utah Medical Education Council created in Section $[26-69-402]$
3786	<u>26B-4-706</u> .
3787	(4) The executive director shall appoint at least five but not more than ten additional
3788	members that represent diverse perspectives regarding Utah's health workforce as defined in
3789	<u>Section 26B-4-701</u> .
3790	(5) (a) A member appointed by the executive director under Subsection (4) shall serve
3791	a four-year term.
3792	(b) Notwithstanding Subsection (5)(a) for the initial appointments of members
3793	described in Subsection (4) the executive director shall appoint at least three but not more than
3794	five members to a two-year appointment to ensure that approximately half of the members
3795	appointed by the executive director rotate every two years.
3796	(6) The executive director or the executive director's designee shall chair the council.
3797	(7) (a) As used in this Subsection (7), "health workforce" means the same as that term
3798	is defined in Section 26B-4-706.
3799	(b) The council shall:
3800	(i) meet at least once each quarter;
3801	(ii) study and provide recommendations to an entity described in Subsection (8)
3802	regarding:
3803	(A) health workforce supply;
3804	(B) health workforce employment trends and demand;
3805	(C) options for training and educating the health workforce;
3806	(D) the implementation or improvement of strategies that entities in the state are using
3807	or may use to address health workforce needs including shortages, recruitment, retention, and
3808	other Utah health workforce priorities as determined by the council;

3809	(iii) provide guidance to an entity described in Subsection (8) regarding health
3810	workforce related matters;
3811	(iv) review and comment on legislation relevant to Utah's health workforce; and
3812	(v) advise the Utah Board of Higher Education and the Legislature on the status and
3813	needs of the health workforce who are in training.
3814	(8) The council shall provide information described in Subsections (7)(b)(ii) and (iii)
3815	<u>to:</u>
3816	(a) the Legislature;
3817	(b) the department;
3818	(c) the Department of Workforce Services;
3819	(d) the Department of Commerce;
3820	(e) the Utah Medical Education Council; and
3821	(f) any other entity the council deems appropriate upon the entity's request.
3822	(9) (a) The Utah Medical Education Council created in Section 26B-4-706 is a
3823	subcommittee of the council.
3824	(b) The council may establish subcommittees to support the work of the council.
3825	(c) A member of the council shall chair a subcommittee created by the council.
3826	(d) Except for the Utah Medical Education Council, the chair of the subcommittee may
3827	appoint any individual to the subcommittee.
3828	(10) For any report created by the council that pertains to any duty described in
3829	Subsection (7), the council shall:
3830	(a) provide the report to:
3831	(i) the department; and
3832	(ii) any appropriate legislative committee; and
3833	(b) post the report on the council's website.
3834	(11) The executive director shall:
3835	(a) ensure the council has adequate staff to support the council and any subcommittee

3836	created by the council; and
3837	(b) provide any available information upon the council's request if:
3838	(i) that information is necessary for the council to fulfill a duty described in Subsection
3839	<u>(7); and</u>
3840	(ii) the department has access to the information.
3841	(12) A member of the council or a subcommittee created by the council may not
3842	receive compensation or benefits for the member's service but may receive per diem and travel
3843	expenses as allowed in:
3844	(a) Section <u>63A-3-106;</u>
3845	(b) Section <u>63A-3-107;</u> and
3846	(c) rules made by the Division of Finance according to Sections 63A-3-106 and
3847	<u>63A-3-107.</u>
3848	Section 81. Section 26B-1-426, which is renumbered from Section 62A-1-107 is
3849	renumbered and amended to read:
3850	[62A-1-107]. <u>26B-1-426.</u> Board of Aging and Adult Services Members,
3850 3851	[62A-1-107]. <u>26B-1-426.</u> Board of Aging and Adult Services Members, appointment, terms, vacancies, chairperson, compensation, meetings, quorum.
3851	appointment, terms, vacancies, chairperson, compensation, meetings, quorum.
3851 3852	appointment, terms, vacancies, chairperson, compensation, meetings, quorum.(1) The Board of Aging and Adult Services created in Section 26B-1-204 shall have
3851 3852 3853	 appointment, terms, vacancies, chairperson, compensation, meetings, quorum. (1) The Board of Aging and Adult Services created in Section 26B-1-204 shall have seven members who are appointed by the governor with the advice and consent of the Senate in
3851 3852 3853 3854	 appointment, terms, vacancies, chairperson, compensation, meetings, quorum. (1) The Board of Aging and Adult Services created in Section 26B-1-204 shall have seven members who are appointed by the governor with the advice and consent of the Senate in accordance with Title 63G, Chapter 24, Part 2, Vacancies.
3851 3852 3853 3854 3855	 appointment, terms, vacancies, chairperson, compensation, meetings, quorum. (1) The Board of Aging and Adult Services created in Section 26B-1-204 shall have seven members who are appointed by the governor with the advice and consent of the Senate in accordance with Title 63G, Chapter 24, Part 2, Vacancies. (2) (a) Except as required by Subsection (2)(b), each member shall be appointed for a
3851 3852 3853 3854 3855 3856	 appointment, terms, vacancies, chairperson, compensation, meetings, quorum. (1) The Board of Aging and Adult Services created in Section 26B-1-204 shall have seven members who are appointed by the governor with the advice and consent of the Senate in accordance with Title 63G, Chapter 24, Part 2, Vacancies. (2) (a) Except as required by Subsection (2)(b), each member shall be appointed for a term of four years, and is eligible for one reappointment.
3851 3852 3853 3854 3855 3856 3856 3857	 appointment, terms, vacancies, chairperson, compensation, meetings, quorum. (1) The Board of Aging and Adult Services created in Section 26B-1-204 shall have seven members who are appointed by the governor with the advice and consent of the Senate in accordance with Title 63G, Chapter 24, Part 2, Vacancies. (2) (a) Except as required by Subsection (2)(b), each member shall be appointed for a term of four years, and is eligible for one reappointment. (b) Notwithstanding the requirements of Subsection (2)(a), the governor shall, at the
3851 3852 3853 3854 3855 3856 3857 3858	 appointment, terms, vacancies, chairperson, compensation, meetings, quorum. (1) The Board of Aging and Adult Services created in Section 26B-1-204 shall have seven members who are appointed by the governor with the advice and consent of the Senate in accordance with Title 63G, Chapter 24, Part 2, Vacancies. (2) (a) Except as required by Subsection (2)(b), each member shall be appointed for a term of four years, and is eligible for one reappointment. (b) Notwithstanding the requirements of Subsection (2)(a), the governor shall, at the time of appointment or reappointment, adjust the length of terms to ensure that the terms of
3851 3852 3853 3854 3855 3856 3857 3858 3859	 appointment, terms, vacancies, chairperson, compensation, meetings, quorum. (1) The Board of Aging and Adult Services created in Section 26B-1-204 shall have seven members who are appointed by the governor with the advice and consent of the Senate in accordance with Title 63G, Chapter 24, Part 2, Vacancies. (2) (a) Except as required by Subsection (2)(b), each member shall be appointed for a term of four years, and is eligible for one reappointment. (b) Notwithstanding the requirements of Subsection (2)(a), the governor shall, at the time of appointment or reappointment, adjust the length of terms to ensure that the terms of board members are staggered so that approximately half of the board is appointed every two
3851 3852 3853 3854 3855 3856 3857 3858 3859 3860	 appointment, terms, vacancies, chairperson, compensation, meetings, quorum. (1) The Board of Aging and Adult Services created in Section 26B-1-204 shall have seven members who are appointed by the governor with the advice and consent of the Senate in accordance with Title 63G, Chapter 24, Part 2, Vacancies. (2) (a) Except as required by Subsection (2)(b), each member shall be appointed for a term of four years, and is eligible for one reappointment. (b) Notwithstanding the requirements of Subsection (2)(a), the governor shall, at the time of appointment or reappointment, adjust the length of terms to ensure that the terms of board members are staggered so that approximately half of the board is appointed every two years.

3863	term.
3864	(d) When a vacancy occurs in the membership for any reason, the replacement shall be
3865	appointed for the unexpired term.
3866	(3) (a) No more than four members of the board may be from the same political party.
3867	(b) The board shall have diversity of gender, ethnicity, and culture; and members shall
3868	be chosen on the basis of their active interest, experience, and demonstrated ability to deal with
3869	issues related to the Board of Aging and Adult Services.
3870	(4) (a) The board shall annually elect a chairperson from the board's membership.
3871	(b) The board shall hold meetings at least once every three months.
3872	(c) Within budgetary constraints, meetings may be held from time to time on the call of
3873	the chairperson or of the majority of the members of the board.
3874	(d) Four members of the board are necessary to constitute a quorum at any meeting,
3875	and, if a quorum exists, the action of the majority of members present shall be the action of the
3876	board.
3877	(5) A member may not receive compensation or benefits for the member's service, but,
3878	at the executive director's discretion, may receive per diem and travel expenses in accordance
3879	with:
3880	(a) Section 63A-3-106;
3881	(b) Section 63A-3-107; and
3882	(c) rules made by the Division of Finance pursuant to Sections $63A-3-106$ and
3883	63A-3-107.
3884	(6) (a) The board shall adopt by laws governing its activities. [By laws]
3885	(b) The bylaws described in Subsection (6)(a) shall include procedures for removal of a
3886	board member who is unable or unwilling to fulfill the requirements of the board member's
3887	appointment.
3888	(7) The board has program policymaking authority for the division over which the
3889	board presides.

3890	(8) A member of the board shall comply with the conflict of interest provisions
3891	described in Title 63G, Chapter 24, Part 3, Conflicts of Interest.
3892	Section 82. Section 26B-1-427, which is renumbered from Section 62A-1-121 is
3893	renumbered and amended to read:
3894	[62A-1-121]. <u>26B-1-427.</u> Alcohol Abuse Tracking CommitteeTracking
3895	effects of abuse of alcoholic products.
3896	(1) There is created a committee within the department known as the ["]Alcohol Abuse
3897	Tracking Committee["] that consists of:
3898	(a) the executive director or the executive director's designee;
3899	[(b) the executive director of the Department of Health or that executive director's
3900	designee;]
3901	[(c)] (b) the commissioner of the Department of Public Safety or the commissioner's
3902	designee;
3903	$\left[\frac{(d)}{(c)}\right]$ the director of the Department of Alcoholic Beverage Services or that
3904	director's designee;
3905	[(e)] (d) the executive director of the Department of Workforce Services or that
3906	executive director's designee;
3907	[(f)] (e) the chair of the Utah Substance Use and Mental Health Advisory Council or
3908	the chair's designee;
3909	$\left[\frac{f}{2}\right]$ (f) the state court administrator or the state court administrator's designee; and
3910	[(h)] (g) the director of the Division of Technology Services or that director's designee.
3911	(2) The executive director or the executive director's designee shall chair the
3912	committee.
3913	(3) (a) Four members of the committee constitute a quorum.
3914	(b) A vote of the majority of the committee members present when a quorum is present
3915	is an action of the committee.
3916	(4) The committee shall meet at the call of the chair, except that the chair shall call a

3917 meeting at least twice a year: 3918 (a) with one meeting held each year to develop the report required under Subsection 3919 (7); and 3920 (b) with one meeting held to review and finalize the report before the report is issued. 3921 (5) The committee may adopt additional procedures or requirements for: 3922 (a) voting, when there is a tie of the committee members; 3923 (b) how meetings are to be called; and 3924 (c) the frequency of meetings. 3925 (6) The committee shall establish a process to collect for each calendar year the 3926 following information: 3927 (a) the number of individuals statewide who are convicted of, plead guilty to, plead no 3928 contest to, plead guilty in a similar manner to, or resolve by diversion or its equivalent to a 3929 violation related to underage drinking of alcohol; 3930 (b) the number of individuals statewide who are convicted of, plead guilty to, plead no 3931 contest to, plead guilty in a similar manner to, or resolve by diversion or its equivalent to a 3932 violation related to driving under the influence of alcohol; 3933 (c) the number of violations statewide of Title 32B, Alcoholic Beverage Control Act, 3934 related to over-serving or over-consumption of an alcoholic product; 3935 (d) the cost of social services provided by the state related to abuse of alcohol, 3936 including services provided by the Division of Child and Family Services; 3937 (e) the location where the alcoholic products that result in the violations or costs 3938 described in Subsections (6)(a) through (d) are obtained; and 3939 (f) any information the committee determines can be collected and relates to the abuse 3940 of alcoholic products. 3941 (7) The committee shall report the information collected under Subsection (6) annually 3942 to the governor and the Legislature by no later than the July 1 immediately following the 3943 calendar year for which the information is collected.

3944	Section 83. Section 26B-1-428, which is renumbered from Section 26-7-10 is
3945	renumbered and amended to read:
3946	[26-7-10]. <u>26B-1-428.</u> Youth Electronic Cigarette, Marijuana, and Other Drug
3947	Prevention Committee and Program Creation Membership Duties.
3948	(1) As used in this section:
3949	(a) "Committee" means the Youth Electronic Cigarette, Marijuana, and Other Drug
3950	Prevention Committee created in Section 26B-1-204.
3951	(b) "Program" means the Youth Electronic Cigarette, Marijuana, and Other Drug
3952	Prevention Program created in this section.
3953	(2) (a) There is created within the department the Youth Electronic Cigarette,
3954	Marijuana, and Other Drug Prevention Program.
3955	(b) In consultation with the committee, the department shall:
3956	(i) establish guidelines for the use of funds appropriated to the program;
3957	(ii) ensure that guidelines developed under Subsection (2)(b)(i) are evidence-based and
3958	appropriate for the population targeted by the program; and
3959	(iii) subject to appropriations from the Legislature, fund statewide initiatives to prevent
3960	use of electronic cigarettes, nicotine products, marijuana, and other drugs by youth.
3961	(3) (a) The committee shall advise the department on:
3962	(i) preventing use of electronic cigarettes, marijuana, and other drugs by youth in the
3963	state;
3964	(ii) developing the guidelines described in Subsection (2)(b)(i); and
3965	(iii) implementing the provisions of the program.
3966	(b) The executive director shall:
3967	(i) appoint members of the committee; and
3968	(ii) consult with the Utah Substance Use and Mental Health Advisory Council created
3969	in Section 63M-7-301 when making the appointments under Subsection (3)(b)(i).
3970	(c) The committee shall include, at a minimum:

3971	(i) the executive director of a local health department as defined in Section 26A-1-102,
3972	or the local health department executive director's designee;
3973	(ii) one designee from the department;
3974	(iii) one representative from the Department of Public Safety;
3975	(iv) one representative from the behavioral health community; and
3976	(v) one representative from the education community.
3977	(d) A member of the committee may not receive compensation or benefits for the
3978	member's service on the committee, but may receive per diem and travel expenses in
3979	accordance with:
3980	(i) Section 63A-3-106;
3981	(ii) Section 63A-3-107; and
3982	(iii) rules made by the Division of Finance under Sections 63A-3-106 and 63A-3-107.
3983	(e) The department shall provide staff support to the committee.
3984	(4) On or before October 31 of each year, the department shall report to:
3985	(a) the Health and Human Services Interim Committee regarding:
3986	(i) the use of funds appropriated to the program;
3987	(ii) the impact and results of the program, including the effectiveness of each program
3988	funded under Subsection (2)(b)(iii), during the previous fiscal year;
3989	(iii) a summary of the impacts and results on reducing youth use of electronic cigarettes
3990	and nicotine products by entities represented by members of the committee, including those
3991	entities who receive funding through the Electronic Cigarette Substance and Nicotine Product
3992	Tax Restricted Account created in Section 59-14-807; and
3993	(iv) any recommendations for legislation; and
3994	(b) the Utah Substance Use and Mental Health Advisory Council created in Section
3995	63M-7-301, regarding:
3996	(i) the effectiveness of each program funded under Subsection (2)(b)(iii) in preventing
3997	youth use of electronic cigarettes, nicotine products, marijuana, and other drugs; and

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3998	(ii) any collaborative efforts and partnerships established by the program with public
3999	and private entities to prevent youth use of electronic cigarettes, marijuana, and other drugs.
4000	Section 84. Section 26B-1-429, which is renumbered from Section 62A-5-202.5 is
4001	renumbered and amended to read:
4002	[62A-5-202.5]. <u>26B-1-429.</u> Utah State Developmental Center Board
4003	Creation Membership Duties Powers.
4004	(1) There is created the Utah State Developmental Center Board within the
4005	[Department of Human Services] department.
4006	(2) The board is composed of nine members as follows:
4007	(a) the director of the [division] Division of Services for People with Disabilities or the
4008	director's designee;
4009	(b) the superintendent of the developmental center or the superintendent's designee;
4010	(c) the executive director [of the Department of Human Services] or the executive
4011	director's designee;
4012	(d) a resident of the [developmental center] Utah State Developmental Center selected
4013	by the superintendent; and
4014	(e) five members appointed by the governor with the advice and consent of the Senate
4015	as follows:
4016	(i) three members of the general public; and
4017	(ii) two members who are parents or guardians of individuals who receive services at
4018	the [developmental center] Utah State Developmental Center.
4019	(3) In making appointments to the board, the governor shall ensure that:
4020	(a) no more than three members have immediate family residing at the [developmental
4021	center] Utah State Developmental Center; and
4022	(b) members represent a variety of geographic areas and economic interests of the state.
4023	(4) (a) The governor shall appoint each member described in Subsection (2)(e) for a

4024 term of four years.

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4025 (b) An appointed member may not serve more than two full consecutive terms unless 4026 the governor determines that an additional term is in the best interest of the state. 4027 (c) Notwithstanding the requirements of Subsections (4)(a) and (b), the governor shall, 4028 at the time of appointment or reappointment, adjust the length of terms to ensure that the terms 4029 of appointed members are staggered so that approximately half of the appointed members are 4030 appointed every two years. 4031 (d) Appointed members shall continue in office until the expiration of their terms and 4032 until their successors are appointed, which may not exceed 120 days after the formal expiration 4033 of a term. 4034 (e) When a vacancy occurs in the membership for any reason, the replacement shall be 4035 appointed for the unexpired term. 4036 (5) (a) The director shall serve as the chair. 4037 (b) The board shall appoint a member to serve as vice chair. 4038 (c) The board shall hold meetings quarterly or as needed. 4039 (d) Five members are necessary to constitute a quorum at any meeting, and, if a 4040 quorum exists, the action of the majority of members present shall be the action of the board. 4041 (e) The chair shall be a non-voting member except that the chair may vote to break a tie 4042 vote between the voting members. 4043 (6) An appointed member may not receive compensation or benefits for the member's 4044 service, but, at the executive director's discretion, may receive per diem and travel expenses in 4045 accordance with: 4046 (a) Section 63A-3-106; 4047 (b) Section 63A-3-107; and 4048 (c) rules made by the Division of Finance pursuant to Sections 63A-3-106 and 4049 63A-3-107. 4050 (7) (a) The board shall adopt by laws governing the board's activities. 4051 (b) Bylaws shall include procedures for removal of a member who is unable or

Enrolled Copy 4052 unwilling to fulfill the requirements of the member's appointment. 4053 (8) The board shall: 4054 (a) act for the benefit of the [developmental center and the division] Utah State Developmental Center and the Division of Services for People with Disabilities; 4055 4056 (b) advise and assist the [division] Division of Services for People with Disabilities 4057 with the division's functions, operations, and duties related to the [developmental center] Utah State Developmental Center, described in Sections [62A-5-102, 62A-5-103, 62A-5-201; 4058 4059 62A-5-203, and 62A-5-206] 26B-6-402, 26B-6-403, 26B-6-502, 26B-6-504, and 26B-6-506; 4060 (c) administer the Utah State Developmental Center Miscellaneous Donation Fund, as described in Section [62A-5-206.5] 26B-1-330; 4061 4062 (d) administer the Utah State Developmental Center [Land] Long-Term Sustainability 4063 Fund, as described in Section [62A-5-206.6] 26B-1-331; 4064 (e) approve the sale, lease, or other disposition of real property or water rights associated with the [developmental center] Utah State Developmental Center, as described in 4065 Subsection [62A-5-206.6] 26B-6-507(2); and 4066 4067 (f) within 21 days after the day on which the board receives the notice required under 4068 Subsection 10-2-419(3)(c), provide a written opinion regarding the proposed boundary 4069 adjustment to: (i) the director of the Division of Facilities and Construction Management; and 4070 4071 (ii) the Legislative Management Committee. 4072 Section 85. Section 26B-1-430, which is renumbered from Section 62A-5a-103 is 4073 renumbered and amended to read: 4074 26B-1-430. Coordinating Council for Persons with [62A-5a-103]. 4075 Disabilities -- Policy regarding services to individuals with disabilities -- Creation --4076 Membership -- Expenses. 4077 (1) As used in this section, "state agencies" means: 4078 (a) the Division of Services for People with Disabilities;

4079	(b) the Office of Substance Use and Mental Health;
4080	(c) the Division of Integrated Healthcare;
4081	(d) family health services programs established under Chapter 4, Health Care -
4082	Delivery and Access, operated by the department;
4083	(e) the Utah State Office of Rehabilitation created in Section 35A-1-202; and
4084	(f) special education programs operated by the State Board of Education or an LEA
4085	under Title 53E, Chapter 7, Part 2, Special Education Program.
4086	(2) It is the policy of this state that all agencies that provide services to persons with
4087	disabilities:
4088	(a) coordinate and ensure that services and supports are provided in a cost-effective
4089	manner. It is the intent of the Legislature that services and supports provided under this chapter
4090	be coordinated to meet the individual needs of persons with disabilities; and
4091	(b) whenever possible, regard an individual's personal choices concerning services and
4092	supports that are best suited to the individual's needs and that promote the individual's
4093	independence, productivity, and integration in community life.
4094	[(1)] (3) There is created the Coordinating Council for Persons with Disabilities.
4095	[(2)] (4) The council shall consist of:
4096	(a) the director of the Division of Services for People with Disabilities within the
4097	[Department of Human Services] department, or the director's designee;
4098	(b) the director of family health services programs, appointed under Section $[26-10-3]$
4099	<u>26B-7-102</u> , or the director's designee;
4100	(c) the director of the Utah State Office of Rehabilitation created in Section
4101	35A-1-202, or the director's designee;
4102	(d) the state director of special education, or the director's designee;
4103	(e) the director of the Division of [Health Care Financing within the Department of
4104	Health] Integrated Healthcare within the department, or the director's designee;
4105	(f) the director of the [Division] Office of Substance [Abuse] Use and Mental Health

4106	within the [Department of Human Services] department, or the director's designee;
4107	(g) the superintendent of Schools for the Deaf and the Blind, or the superintendent's
4108	designee; and
4109	(h) a person with a disability, a family member of a person with a disability, or an
4110	advocate for persons with disabilities, appointed by the members listed in Subsections $[(2)]$
4111	(4)(a) through (g).
4112	[(3)] (a) The council shall annually elect a chair from its membership.
4113	(b) Five members of the council are a quorum.
4114	[(4)] (6) A member may not receive compensation or benefits for the member's service,
4115	but may receive per diem and travel expenses in accordance with:
4116	(a) Section 63A-3-106;
4117	(b) Section 63A-3-107; and
4118	(c) rules made by the Division of Finance pursuant to Sections $63A-3-106$ and
4119	63A-3-107.
4120	(7) The council has authority, after local or individual efforts have failed, to:
4121	(a) coordinate the appropriate transition of persons with disabilities who receive
4122	services and support from one state agency to receive services and support from another state
4123	agency;
4124	(b) coordinate policies governing the provision of services and support for persons with
4125	disabilities by state agencies; and
4126	(c) consider issues regarding eligibility for services and support and, where possible,
4127	develop uniform eligibility standards for state agencies.
4128	(8) The council may receive appropriations from the Legislature to purchase services
4129	and supports for persons with disabilities as the council deems appropriate.
4130	(9) (a) Within appropriations authorized by the Legislature, the following individuals
4131	or the individuals' representatives shall cooperatively develop a single coordinated education
4132	program, treatment services, and individual and family supports for students entitled to a free

4133	appropriate education under Title 53E, Chapter 7, Part 2, Special Education Program, who also
4134	require services from the department or the Utah State Office of Rehabilitation:
4135	(i) the state director of special education;
4136	(ii) the director of the Utah State Office of Rehabilitation created in Section
4137	<u>35A-1-202;</u>
4138	(iii) the executive director of the department;
4139	(iv) the director of family health services within the department; and
4140	(v) the affected LEA, as defined in Section 53E-1-102.
4141	(b) Distribution of costs for services and supports described in Subsection (9)(a) shall
4142	be determined through a process established by the department and the State Board of
4143	Education.
4144	Section 86. Section 26B-1-431, which is renumbered from Section 62A-15-605 is
4145	renumbered and amended to read:
4146	[62A-15-605]. <u>26B-1-431.</u> Forensic Mental Health Coordinating Council
4147	Establishment and purpose.
4148	(1) There is established the Forensic Mental Health Coordinating Council composed of
4149	the following members:
4150	(a) the director of the [Division] <u>Office</u> of Substance [Abuse] <u>Use</u> and Mental Health
4151	or the director's appointee;
4151 4152	or the director's appointee; (b) the superintendent of the state hospital or the superintendent's appointee;
4152	(b) the superintendent of the state hospital or the superintendent's appointee;
4152 4153	(b) the superintendent of the state hospital or the superintendent's appointee;(c) the executive director of the Department of Corrections or the executive director's
4152 4153 4154	(b) the superintendent of the state hospital or the superintendent's appointee;(c) the executive director of the Department of Corrections or the executive director's appointee;
4152 4153 4154 4155	 (b) the superintendent of the state hospital or the superintendent's appointee; (c) the executive director of the Department of Corrections or the executive director's appointee; (d) a member of the Board of Pardons and Parole or its appointee;
 4152 4153 4154 4155 4156 	 (b) the superintendent of the state hospital or the superintendent's appointee; (c) the executive director of the Department of Corrections or the executive director's appointee; (d) a member of the Board of Pardons and Parole or its appointee; (e) the attorney general or the attorney general's appointee;

4159 (g) the director of the Division of Juvenile Justice <u>and Youth</u> Services or the director's

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4160	appointee;
4161	(h) the director of the Commission on Criminal and Juvenile Justice or the director's
4162	appointee;
4163	(i) the state court administrator or the administrator's appointee;
4164	(j) the state juvenile court administrator or the administrator's appointee;
4165	(k) a representative from a local mental health authority or an organization, excluding
4166	the state hospital that provides mental health services under contract with the [Division] Office
4167	of Substance [Abuse] Use and Mental Health or a local mental health authority, as appointed
4168	by the director of the [division] Division of Integrated Healthcare;
4169	(l) the executive director of the Utah Developmental Disabilities Council or the
4170	director's appointee; and
4171	(m) other individuals, including individuals from appropriate advocacy organizations
4172	with an interest in the mission described in Subsection (3), as appointed by the members
4173	described in Subsections (1)(a) through (l).
4174	(2) A member may not receive compensation or benefits for the member's service, but
4175	may receive per diem and travel expenses in accordance with:
4176	(a) Section 63A-3-106;
4177	(b) Section 63A-3-107; and
4178	(c) rules made by the Division of Finance pursuant to Sections 63A-3-106 and
4179	63A-3-107.
4180	(3) The purpose of the Forensic Mental Health Coordinating Council is to:
4181	(a) advise the director of the Office of Substance Use and Mental Health regarding the
4182	state hospital admissions policy for individuals in the custody of the Department of
4183	Corrections;
4184	(b) develop policies for coordination between the [division] Office of Substance Use
4185	and Mental Health and the Department of Corrections;

4186 (c) advise the executive director of the Department of Corrections regarding

4187 department policy related to the care of individuals in the custody of the Department of4188 Corrections who are mentally ill;

(d) promote communication between and coordination among all agencies dealing with
individuals with an intellectual disability or mental illness who become involved in the civil
commitment system or in the criminal or juvenile justice system;

4192 (e) study, evaluate, and recommend changes to laws and procedures relating to
4193 individuals with an intellectual disability or mental illness who become involved in the civil
4194 commitment system or in the criminal or juvenile justice system;

(f) identify and promote the implementation of specific policies and programs to deal
fairly and efficiently with individuals with an intellectual disability or mental illness who
become involved in the civil commitment system or in the criminal or juvenile justice system;

(g) promote judicial education relating to individuals with an intellectual disability or
mental illness who become involved in the civil commitment system or in the criminal or
juvenile justice system; and

(h) in consultation with the Utah Substance Abuse Advisory Council created in Section
63M-7-301, study the long-term need for adult patient beds at the state hospital, including:

4203 (i) the total number of beds currently in use in the adult general psychiatric unit of the4204 state hospital;

4205

(ii) the current bed capacity at the state hospital;

4206 (iii) the projected total number of beds needed in the adult general psychiatric unit of4207 the state hospital over the next three, five, and 10 years based on:

4208 (A) the state's current and projected population growth;

4209 (B) current access to mental health resources in the community; and

4210 (C) any other factors the Forensic Mental Health Coordinating Council finds relevant4211 to projecting the total number of beds; and

4212 (iv) the cost associated with the projected total number of beds described in Subsection4213 (3)(h)(iii).

4214	(4) The Forensic Mental Health Coordinating Council shall report the results of the
4215	study described in Subsection (3)(h) and any recommended changes to laws or procedures
4216	based on the results to the Health and Human Services Interim Committee before November 30
4217	of each year.
4218	Section 87. Section 26B-1-432 is enacted to read:
4219	<u>26B-1-432.</u> Newborn Hearing Screening Committee.
4220	(1) There is established the Newborn Hearing Screening Committee.
4221	(2) The committee shall advise the department on:
4222	(a) the validity and cost of newborn infant hearing loss testing procedures; and
4223	(b) rules promulgated by the department to implement this Section 26B-4-319.
4224	(3) The committee shall be composed of at least 11 members appointed by the
4225	executive director, including:
4226	(a) one representative of the health insurance industry;
4227	(b) one pediatrician;
4228	(c) one family practitioner;
4229	(d) one ear, nose, and throat specialist nominated by the Utah Medical Association;
4230	(e) two audiologists nominated by the Utah Speech-Language Hearing Association;
4231	(f) one representative of hospital neonatal nurseries;
4232	(g) one representative of the Early Intervention Baby Watch Program administered by
4233	the department;
4234	(h) one public health nurse;
4235	(i) one consumer; and
4236	(j) the executive director or the executive director's designee.
4237	(4) (a) Of the initial members of the committee, the executive director shall appoint as
4238	nearly as possible half to two-year terms and half to four-year terms.
4239	(b) After the initial appointments described in Subsection (4)(a), appointments shall be
4240	for four-year terms except:

4241	(i) for those members who have been appointed to complete an unexpired term; and
4242	(ii) as necessary to ensure that as nearly as possible the terms of half the appointments
4243	expire every two years.
4244	(5) A majority of the members constitutes a quorum, and a vote of the majority of the
4245	members present constitutes an action of the committee.
4246	(6) The committee shall appoint a chair from the committee's membership.
4247	(7) The committee shall meet at least quarterly.
4248	(8) A member may not receive compensation or benefits for the member's service, but
4249	may receive per diem and travel expenses in accordance with:
4250	(a) Section <u>63A-3-106;</u>
4251	(b) Section 63A-3-107; and
4252	(c) rules made by the Division of Finance pursuant to Sections 63A-3-106 and
4253	<u>63A-3-107.</u>
4254	(9) The department shall provide staff for the committee.
4255	Section 88. Section 26B-1-433 is enacted to read:
4256	<u>26B-1-433.</u> Children's Hearing Aid Advisory Committee.
4257	(1) There is established the Children's Hearing Aid Advisory Committee.
4258	(2) The committee shall be composed of five members appointed by the executive
4259	director, and shall include:
4260	(a) one audiologist with pediatric expertise;
4261	(b) one speech-language pathologist;
4262	(c) one teacher, certified under Title 53E, Public Education System State
4263	Administration, as a teacher of the deaf or a listening and spoken language therapist;
4264	(d) one ear, nose, and throat specialist; and
4265	(e) one parent whose child:
4266	(i) is six years old or older; and
4267	(ii) has hearing loss.

4268	(3) A majority of the members constitutes a quorum.
4269	(4) A vote of the majority of the members, with a quorum present, constitutes an action
4270	of the committee.
4271	(5) The committee shall elect a chair from the committee's members.
4272	(6) The committee shall:
4273	(a) meet at least quarterly;
4274	(b) recommend to the department medical criteria and procedures for selecting children
4275	who may qualify for assistance from the account; and
4276	(c) review rules developed by the department.
4277	(7) A member may not receive compensation or benefits for the member's service, but
4278	may receive per diem and travel expenses in accordance with:
4279	(a) Section $63A-3-106$;
4280	(b) Section <u>63A-3-107; and</u>
4281	(c) rules made by the Division of Finance, pursuant to Sections 63A-3-106 and
4282	<u>63A-3-107.</u>
4283	(8) The department shall provide staff to the committee.
4284	Section 89. Section 26B-1-501, which is renumbered from Section 62A-16-102 is
4285	renumbered and amended to read:
4286	Part 5. Fatality Review
4287	[62A-16-102]. <u>26B-1-501.</u> Definitions.
4288	As used in this part:
4289	(1) "Abuse" means the same as that term is defined in Section $80-1-102$.
4290	(2) "Child" means the same as that term is defined in Section 80-1-102.
4291	(3) "Committee" means a fatality review committee that is formed under Section
4292	[62A-16-202 or 62A-16-203] <u>26B-1-503 or 26B-1-504</u> .
4293	(4) "Dependency" means the same as that term is defined in Section $80-1-102$.
4294	(5) "Formal review" means a review of a death or a near fatality that is ordered under

4295	Subsection [62A-16-201(6)] <u>26B-1-502(6)</u> .
4296	(6) "Near fatality" means alleged abuse or neglect that, as certified by a physician,
4297	places a child in serious or critical condition.
4298	(7) "Qualified individual" means an individual who:
4299	(a) at the time that the individual dies, is a resident of a facility or program that is
4300	owned or operated by the department or a division of the department;
4301	(b) (i) is in the custody of the department or a division of the department; and
4302	(ii) is placed in a residential placement by the department or a division of the
4303	department;
4304	(c) at the time that the individual dies, has an open case for the receipt of child welfare
4305	services, including:
4306	(i) an investigation for abuse, neglect, or dependency;
4307	(ii) foster care;
4308	(iii) in-home services; or
4309	(iv) substitute care;
4310	(d) had an open case for the receipt of child welfare services within one year before the
4311	day on which the individual dies;
4312	(e) was the subject of an accepted referral received by Adult Protective Services within
4313	one year before the day on which the individual dies, if:
4314	(i) the department or a division of the department is aware of the death; and
4315	(ii) the death is reported as a homicide, suicide, or an undetermined cause;
4316	(f) received services from, or under the direction of, the Division of Services for People
4317	with Disabilities within one year before the day on which the individual dies, unless the
4318	individual:
4319	(i) lived in the individual's home at the time of death; and
4320	(ii) the director of the [Office of Quality and Design] Division of Continuous Quality
4321	and Improvement determines that the death was not in any way related to services that were

4322	provided by, or under the direction of, the department or a division of the department;
4323	(g) dies within 60 days after the day on which the individual is discharged from the
4324	Utah State Hospital, if the department is aware of the death;
4325	(h) is a child who:
4326	(i) suffers a near fatality; and
4327	(ii) is the subject of an open case for the receipt of child welfare services within one
4328	year before the day on which the child suffered the near fatality, including:
4329	(A) an investigation for abuse, neglect, or dependency;
4330	(B) foster care;
4331	(C) in-home services; or
4332	(D) substitute care; or
4333	(i) is designated as a qualified individual by the executive director.
4334	(8) "Neglect" means the same as that term is defined in Section $80-1-102$.
4335	(9) "Substitute care" means the same as that term is defined in Section 80-1-102.
4336	Section 90. Section 26B-1-502, which is renumbered from Section 62A-16-201 is
4337	renumbered and amended to read:
4338	[62A-16-201]. <u>26B-1-502.</u> Initial review.
4339	(1) Within seven days after the day on which the department knows that a qualified
4340	individual has died or is an individual described in Subsection [62A-16-102(7)(h)]
4341	<u>26B-1-501(7)(h)</u> , a person designated by the department shall:
4342	(a) (i) for a death, complete a deceased client report form, created by the department; or
4343	(ii) for an individual described in Subsection [62A-16-102(7)(h)] 26B-1-501(7)(h),
4344	complete a near fatality client report form, created by the department; and
4345	(b) forward the completed client report form to the director of the office or division
4346	that has jurisdiction over the region or facility.
4347	(2) The director of the office or division described in Subsection (1) shall, upon receipt
4348	of a near fatality client report form or a deceased client report form, immediately provide a

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4349 copy of the form to:

4350 (a) the executive director; and

4351

(b) the fatality review coordinator or the fatality review coordinator's designee.

(3) Within 10 days after the day on which the fatality review coordinator or the fatality
review coordinator's designee receives a copy of the near fatality client report form or the
deceased client report form, the fatality review coordinator or the fatality review coordinator's
designee shall request a copy of all relevant department case records regarding the individual
who is the subject of the client report form.

4357 (4) Each person who receives a request for a record described in Subsection (3) shall
4358 provide a copy of the record to the fatality review coordinator or the fatality review
4359 coordinator's designee, by a secure method, within seven days after the day on which the
4360 request is made.

(5) Within 30 days after the day on which the fatality review coordinator or the fatality
review coordinator's designee receives the case records requested under Subsection (3), the
fatality review coordinator, or the fatality review coordinator's designee, shall:

4364 (a) review the client report form, the case files, and other relevant information received4365 by the fatality review coordinator; and

(b) make a recommendation to the director of the [Office of Quality and Design]
Division of Continuous Quality and Improvement regarding whether a formal review of the
death or near fatality should be conducted.

(6) (a) In accordance with Subsection (6)(b), within seven days after the day on which
the fatality review coordinator or the fatality review coordinator's designee makes the
recommendation described in Subsection (5)(b), the director of the [Office of Quality and
Design] Division of Continuous Quality and Improvement or the director's designee shall

- 4373 determine whether to order that a review of the death or near fatality be conducted.
- 4374 (b) The director of the [Office of Quality and Design] Division of Continuous Quality
 4375 and Improvement or the director's designee shall order that a formal review of the death or near

4376	fatality be conducted if:
4377	(i) at the time of the near fatality or the death, the qualified individual is:
4378	(A) an individual described in Subsection $[\frac{62A-16-102}{26B-1-501}]$ (6)(a) or (b),
4379	unless:
4380	(I) the near fatality or the death is due to a natural cause; or
4381	(II) the director of the [Office of Quality and Design] Division of Continuous Quality
4382	and Improvement or the director's designee determines that the near fatality or the death was
4383	not in any way related to services that were provided by, or under the direction of, the
4384	department or a division of the department; or
4385	(B) a child in foster care or substitute care, unless the near fatality or the death is due
4386	to:
4387	(I) a natural cause; or
4388	(II) an accident;
4389	(ii) it appears, based on the information provided to the director of the [Office of
4390	Quality and Design] Division of Continuous Quality and Improvement or the director's
4391	designee, that:
4392	(A) a provision of law, rule, policy, or procedure relating to the qualified individual or
4393	the individual's family may not have been complied with;
4394	(B) the near fatality or the fatality was not responded to properly;
4395	(C) a law, rule, policy, or procedure may need to be changed; or
4396	(D) additional training is needed;
4397	(iii) (A) the death is caused by suicide; or
4398	(B) the near fatality is caused by attempted suicide; or
4399	(iv) the director of the [Office of Quality and Design] Division of Continuous Quality
4400	and Improvement or the director's designee determines that another reason exists to order that a
4401	review of the near fatality or the death be conducted.
4402	Section 91. Section 26B-1-503 , which is renumbered from Section 62A-16-202 is

4403	renumbered and amended to read	1:
4404	[62A-16-202]. <u>26E</u>	B-1-503. Fatality review committee for a qualified
4405	individual who was not a reside	ent of the Utah State Hospital or the Utah State
4406	Developmental Center.	
4407	(1) Except for a fatality re	review committee described in Section [62A-16-203]
4408	26B-1-504, the fatality review coo	oordinator shall organize a fatality review committee for each
4409	formal review.	
4410	(2) Except as provided in	n Subsection (5), a committee described in Subsection (1):
4411	(a) shall include the follow	owing members:
4412	(i) the department's fatalit	ity review coordinator, who shall designate a member of the
4413	committee to serve as chair of the	e committee;
4414	(ii) a member of the board	rd, if there is a board, of the relevant division or office;
4415	(iii) the attorney general of	or the attorney general's designee;
4416	(iv) (A) a member of the	management staff of the relevant division or office; or
4417	(B) a person who is a sup	pervisor, or a higher level position, from a region that did not
4418	have jurisdiction over the qualifie	ed individual; and
4419	(v) a member of the depart	artment's risk management services; and
4420	(b) may include the follow	wing members:
4421	(i) a health care professio	onal;
4422	(ii) a law enforcement off	ficer; or
4423	(iii) a representative of th	he Office of Public Guardian.
4424	(3) If a death that is subje	ect to formal review involves a qualified individual described
4425	in Subsection [62A-16-102] 26B-	<u>-1-501</u> (7)(c), (d), or (h), the committee may also include:
4426	(a) a health care profession	onal;
4427	(b) a law enforcement off	ficer;
4428	(c) the director of the Off	fice of Guardian ad Litem;
4429	(d) an employee of the div	ivision who may be able to provide information or expertise

- 4430 that would be helpful to the formal review; or 4431 (e) a professional whose knowledge or expertise may significantly contribute to the 4432 formal review. 4433 (4) A committee described in Subsection (1) may also include a person whose 4434 knowledge or expertise may significantly contribute to the formal review. 4435 (5) A committee described in this section may not include an individual who was 4436 involved in, or who supervises a person who was involved in, the near fatality or the death. 4437 (6) Each member of a committee described in this section who is not an employee of 4438 the department shall sign a form, created by the department, indicating that the member agrees 4439 to: 4440 (a) keep all information relating to the formal review confidential; and (b) not release any information relating to a formal review, unless required or permitted 4441 4442 by law to release the information. 4443 Section 92. Section 26B-1-504, which is renumbered from Section 62A-16-203 is 4444 renumbered and amended to read: 4445 26B-1-504. Fatality review committees for a resident of the [62A-16-203]. 4446 Utah State Hospital or the Utah State Developmental Center. 4447 (1) If a qualified individual who is the subject of a formal review was a resident of the 4448 Utah State Hospital or the Utah State Developmental Center, the fatality review coordinator of 4449 that facility shall organize a fatality review committee to review the near fatality or the death. 4450 (2) Except as provided in Subsection (4), a committee described in Subsection (1) shall 4451 include the following members: 4452 (a) the fatality review coordinator for the facility, who shall serve as chair of the 4453 committee; 4454 (b) a member of the management staff of the facility; 4455 (c) a supervisor of a unit other than the one in which the qualified individual resided;
- 4456 (d) a physician;

4457	(e) a representative from the administration of the division that oversees the facility;
4458	(f) the department's fatality review coordinator;
4459	(g) a member of the department's risk management services; and
4460	(h) a citizen who is not an employee of the department.
4461	(3) A committee described in Subsection (1) may also include a person whose
4462	knowledge or expertise may significantly contribute to the formal review.
4463	(4) A committee described in this section may not include an individual who:
4464	(a) was involved in, or who supervises a person who was involved in, the near fatality
4465	or the death; or
4466	(b) has a conflict with the fatality review.
4467	Section 93. Section 26B-1-505, which is renumbered from Section 62A-16-204 is
4468	renumbered and amended to read:
4469	[62A-16-204]. <u>26B-1-505.</u> Fatality review committee proceedings.
4470	(1) A majority vote of committee members present constitutes the action of the
4471	committee.
4472	(2) The department shall give the committee access to all reports, records, and other
4473	documents that are relevant to the near fatality or the death under investigation, including:
4474	(a) narrative reports;
4475	(b) case files;
4476	(c) autopsy reports; and
4477	(d) police reports, unless the report is protected from disclosure under Subsection
4478	63G-2-305(10) or (11).
4479	(3) The Utah State Hospital and the Utah State Developmental Center shall provide
4480	protected health information to the committee if requested by a fatality review coordinator.
4481	(4) A committee shall convene its first meeting within 14 days after the day on which a
4482	formal review is ordered, unless this time is extended, for good cause, by the director of the
4483	[Office of Quality and Design] Division of Continuous Quality and Improvement.

4484	(5) A committee may interview a staff member, a provider, or any other person who
4485	may have knowledge or expertise that is relevant to the formal review.
4486	(6) A committee shall render an advisory opinion regarding:
4487	(a) whether the provisions of law, rule, policy, and procedure relating to the qualified
4488	individual and the individual's family were complied with;
4489	(b) whether the near fatality or the death was responded to properly;
4490	(c) whether to recommend that a law, rule, policy, or procedure be changed; and
4491	(d) whether additional training is needed.
4492	Section 94. Section 26B-1-506, which is renumbered from Section 62A-16-301 is
4493	renumbered and amended to read:
4494	[62A-16-301]. <u>26B-1-506.</u> Fatality review committee report Response to
4495	report.
4496	(1) Within 20 days after the day on which the committee proceedings described in
4497	Section [62A-16-204] 26B-1-505 end, the committee shall submit:
4498	(a) a written report to the executive director that includes:
4499	(i) the advisory opinions made under Subsection [62A-16-204(6)] 26B-1-505(6); and
4500	(ii) any recommendations regarding action that should be taken in relation to an
4501	employee of the department or a person who contracts with the department;
4502	(b) a copy of the report described in Subsection (1)(a) to:
4503	(i) the director, or the director's designee, of the office or division to which the near
4504	fatality or the death relates; and
4505	(ii) the regional director, or the regional director's designee, of the region to which the
4506	near fatality or the death relates; and
4507	(c) a copy of the report described in Subsection (1)(a), with only identifying
4508	information redacted, to the Office of Legislative Research and General Counsel.
4509	(2) Within 20 days after the day on which the director described in Subsection (1)(b)(i)
4510	receives a copy of the report described in Subsection (1)(a), the director shall provide a written

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4511	response to the director of the [Office of Quality and Design] Division of Continuous Quality
4512	and Improvement and a copy of the response, with only identifying information redacted, to the
4513	Office of Legislative Research and General Counsel, if the report:
4514	(a) indicates that a law, rule, policy, or procedure was not complied with;
4515	(b) indicates that the near fatality or the death was not responded to properly;
4516	(c) recommends that a law, rule, policy, or procedure be changed; or
4517	(d) indicates that additional training is needed.
4518	(3) The response described in Subsection (2) shall include a plan of action to
4519	implement any recommended improvements within the office or division.
4520	(4) Within 30 days after the day on which the executive director receives the response
4521	described in Subsection (2), the executive director, or the executive director's designee shall:
4522	(a) review the plan of action described in Subsection (3);
4523	(b) make any written response that the executive director or the executive director's
4524	designee determines is necessary;
4525	(c) provide a copy of the written response described in Subsection (4)(b), with only
4526	identifying information redacted, to the Office of Legislative Research and General Counsel;
4527	and
4528	(d) provide an unredacted copy of the response described in Subsection (4)(b) to the
4529	director of the [Office of Quality and Design] Division of Continuous Quality and
4530	Improvement.
4531	(5) A report described in Subsection (1) and each response described in this section is a
4532	protected record.
4533	(6) (a) As used in this Subsection (6), "fatality review document" means any document
4534	created in connection with, or as a result of, a formal review of a near fatality or a death, or a
4535	decision whether to conduct a formal review of a near fatality or a death, including:
4536	(i) a report described in Subsection (1);

4537 (ii) a response described in this section;

4538	(iii) a recommendation regarding whether a formal review should be conducted;
4539	(iv) a decision to conduct a formal review;
4540	(v) notes of a person who participates in a formal review;
4541	(vi) notes of a person who reviews a formal review report;
4542	(vii) minutes of a formal review;
4543	(viii) minutes of a meeting where a formal review report is reviewed; and
4544	(ix) minutes of, documents received in relation to, and documents generated in relation
4545	to, the portion of a meeting of the Health and Human Services Interim Committee or the Child
4546	Welfare Legislative Oversight Panel that a formal review report or a document described in this
4547	Subsection (6)(a) is reviewed or discussed.
4548	(b) A fatality review document is not subject to discovery, subpoena, or similar
4549	compulsory process in any civil, judicial, or administrative proceeding, nor shall any individual
4550	or organization with lawful access to the data be compelled to testify with regard to a report
4551	described in Subsection (1) or a response described in this section.
4552	(c) The following are not admissible as evidence in a civil, judicial, or administrative
4553	proceeding:
4554	(i) a fatality review document; and
4555	(ii) an executive summary described in Subsection $[62A-16-302(4)]$ <u>26B-1-507(4)</u> .
4556	Section 95. Section 26B-1-507 , which is renumbered from Section 62A-16-302 is
4557	renumbered and amended to read:
4558	[62A-16-302]. <u>26B-1-507.</u> Reporting to, and review by, legislative
4559	committees.
4560	(1) The Office of Legislative Research and General Counsel shall provide a copy of the
4561	report described in Subsection [$\frac{62A-16-301}{26B-1-506}$ (1)(c), and the responses described in
4562	Subsections $[\frac{62A-16-301}{26B-1-506}]$ and (4)(c) to the chairs of:
4563	(a) the Health and Human Services Interim Committee; or
4564	(b) if the qualified individual who is the subject of the report is an individual described

4565	in Subsection [62A-16-102] 26B-1-501(7)(c), (d), or (h), the Child Welfare Legislative
4566	Oversight Panel.
4567	(2) (a) The Health and Human Services Interim Committee may, in a closed meeting,
4568	review a report described in Subsection [62A-16-301] 26B-1-506(1)(b).
4569	(b) The Child Welfare Legislative Oversight Panel shall, in a closed meeting, review a
4570	report described in Subsection (1)(b).
4571	(3) (a) The Health and Human Services Interim Committee and the Child Welfare
4572	Legislative Oversight Panel may not interfere with, or make recommendations regarding, the
4573	resolution of a particular case.
4574	(b) The purpose of a review described in Subsection (2) is to assist a committee or
4575	panel described in Subsection (2) in determining whether to recommend a change in the law.
4576	(c) Any recommendation, described in Subsection (3)(b), by a committee or panel for a
4577	change in the law shall be made in an open meeting.
4578	(4) (a) On or before September 1 of each year, the department shall provide an
4579	executive summary of all formal review reports for the preceding state fiscal year to the Office
4580	of Legislative Research and General Counsel.
4581	(b) The Office of Legislative Research and General Counsel shall forward a copy of the
4582	executive summary described in Subsection (4)(a) to:
4583	(i) the Health and Human Services Interim Committee; and
4584	(ii) the Child Welfare Legislative Oversight Panel.
4585	(5) The executive summary described in Subsection (4):
4586	(a) may not include any names or identifying information;
4587	(b) shall include:
4588	(i) all recommendations regarding changes to the law that were made during the
4589	preceding fiscal year under Subsection [62A-16-204] 26B-1-505(6);
4590	(ii) all changes made, or in the process of being made, to a law, rule, policy, or
4591	procedure in response to a formal review that occurred during the preceding fiscal year;

4592	(iii) a description of the training that has been completed in response to a formal
4593	review that occurred during the preceding fiscal year;
4594	(iv) statistics for the preceding fiscal year regarding:
4595	(A) the number of qualified individuals and the type of deaths and near fatalities that
4596	are known to the department;
4597	(B) the number of formal reviews conducted;
4598	(C) the categories described in Subsection [$62A-16-102$] $26B-1-501$ (7) of qualified
4599	individuals;
4600	(D) the gender, age, race, and other significant categories of qualified individuals; and
4601	(E) the number of fatalities of qualified individuals known to the department that are
4602	identified as suicides; and
4603	(v) action taken by the [Office] Division of Licensing and Background Checks and the
4604	Bureau of Internal Review and Audits in response to the near fatality or the death of a qualified
4605	individual; and
4606	(c) is a public document.
4607	(6) The Division of Child and Family Services shall, to the extent required by the
4608	federal Child Abuse Prevention and Treatment Act of 1988, Pub. L. No. 93-247, as amended,
4609	allow public disclosure of the findings or information relating to a case of child abuse or
4610	neglect that results in a child fatality or a near fatality.
4611	Section 96. Section 26B-2-101 is amended to read:
4612	CHAPTER 2. LICENSING AND CERTIFICATIONS
4613	Part 1. Human Services Programs and Facilities
4614	26B-2-101. Definitions.
4615	[Reserved]
4616	As used in this part:
4617	(1) "Adoption services" means the same as that term is defined in Section 80-2-801.
4618	(2) "Adult day care" means nonresidential care and supervision:

4619	(a) for three or more adults for at least four but less than 24 hours a day; and
4620	(b) that meets the needs of functionally impaired adults through a comprehensive
4621	program that provides a variety of health, social, recreational, and related support services in a
4622	protective setting.
4623	(3) "Applicant" means a person that applies for an initial license or a license renewal
4624	under this part.
4625	(4) (a) "Associated with the licensee" means that an individual is:
4626	(i) affiliated with a licensee as an owner, director, member of the governing body,
4627	employee, agent, provider of care, department contractor, or volunteer; or
4628	(ii) applying to become affiliated with a licensee in a capacity described in Subsection
4629	<u>(4)(a)(i).</u>
4630	(b) "Associated with the licensee" does not include:
4631	(i) service on the following bodies, unless that service includes direct access to a child
4632	or a vulnerable adult:
4633	(A) a local mental health authority described in Section <u>17-43-301</u> ;
4634	(B) a local substance abuse authority described in Section <u>17-43-201</u> ; or
4635	(C) a board of an organization operating under a contract to provide mental health or
4636	substance use programs, or services for the local mental health authority or substance abuse
4637	authority; or
4638	(ii) a guest or visitor whose access to a child or a vulnerable adult is directly supervised
4639	at all times.
4640	(5) (a) "Boarding school" means a private school that:
4641	(i) uses a regionally accredited education program;
4642	(ii) provides a residence to the school's students:
4643	(A) for the purpose of enabling the school's students to attend classes at the school; and
4644	(B) as an ancillary service to educating the students at the school;
4645	(iii) has the primary purpose of providing the school's students with an education, as

4646	defined in Subsection (5)(b)(i); and
4647	(iv) (A) does not provide the treatment or services described in Subsection (38)(a); or
4648	(B) provides the treatment or services described in Subsection (38)(a) on a limited
4649	basis, as described in Subsection (5)(b)(ii).
4650	(b) (i) For purposes of Subsection (5)(a)(iii), "education" means a course of study for
4651	one or more grades from kindergarten through grade 12.
4652	(ii) For purposes of Subsection (5)(a)(iv)(B), a private school provides the treatment or
4653	services described in Subsection (38)(a) on a limited basis if:
4654	(A) the treatment or services described in Subsection (38)(a) are provided only as an
4655	incidental service to a student; and
4656	(B) the school does not:
4657	(I) specifically solicit a student for the purpose of providing the treatment or services
4658	described in Subsection (38)(a); or
4659	(II) have a primary purpose of providing the treatment or services described in
4660	Subsection (38)(a).
4661	(c) "Boarding school" does not include a therapeutic school.
4662	(6) "Child" means an individual under 18 years old.
4663	(7) "Child placing" means receiving, accepting, or providing custody or care for any
4664	child, temporarily or permanently, for the purpose of:
4665	(a) finding a person to adopt the child;
4666	(b) placing the child in a home for adoption; or
4667	(c) foster home placement.
4668	(8) "Child-placing agency" means a person that engages in child placing.
4669	(9) "Client" means an individual who receives or has received services from a licensee.
4670	(10) (a) "Congregate care program" means any of the following that provide services to
4671	<u>a child:</u>
4672	(i) an outdoor youth program;

4673	(ii) a residential support program;
4674	(iii) a residential treatment program; or
4675	(iv) a therapeutic school.
4676	(b) "Congregate care program" does not include a human services program that:
4677	(i) is licensed to serve adults; and
4678	(ii) is approved by the office to service a child for a limited time.
4679	(11) "Day treatment" means specialized treatment that is provided to:
4680	(a) a client less than 24 hours a day; and
4681	(b) four or more persons who:
4682	(i) are unrelated to the owner or provider; and
4683	(ii) have emotional, psychological, developmental, physical, or behavioral
4684	dysfunctions, impairments, or chemical dependencies.
4685	(12) "Department contractor" means an individual who:
4686	(a) provides services under a contract with the department; and
4687	(b) due to the contract with the department, has or will likely have direct access to a
4688	child or vulnerable adult.
4689	(13) "Direct access" means that an individual has, or likely will have:
4690	(a) contact with or access to a child or vulnerable adult that provides the individual
4691	with an opportunity for personal communication or touch; or
4692	(b) an opportunity to view medical, financial, or other confidential personal identifying
4693	information of the child, the child's parents or legal guardians, or the vulnerable adult.
4694	(14) "Directly supervised" means that an individual is being supervised under the
4695	uninterrupted visual and auditory surveillance of another individual who has a current
4696	background screening approval issued by the office.
4697	(15) "Director" means the director of the office.
4698	(16) "Domestic violence" means the same as that term is defined in Section 77-36-1.
4699	(17) "Domestic violence treatment program" means a nonresidential program designed

4700	to provide psychological treatment and educational services to perpetrators and victims of		
4701	domestic violence.		
4702	(18) "Elder adult" means a person 65 years old or older.		
4703	(19) "Foster home" means a residence that is licensed or certified by the office for the		
4704	full-time substitute care of a child.		
4705	(20) "Health benefit plan" means the same as that term is defined in Section		
4706	<u>31A-22-634.</u>		
4707	(21) "Health care provider" means the same as that term is defined in Section		
4708	<u>78B-3-403.</u>		
4709	(22) "Health insurer" means the same as that term is defined in Section <u>31A-22-615.5</u> .		
4710	(23) (a) "Human services program" means:		
4711	(i) a foster home;		
4712	(ii) a therapeutic school;		
4713	(iii) a youth program;		
4714	(iv) an outdoor youth program;		
4715	(v) a residential treatment program;		
4716	(vi) a residential support program;		
4717	(vii) a resource family home;		
4718	(viii) a recovery residence; or		
4719	(ix) a facility or program that provides:		
4720	(A) adult day care;		
4721	(B) day treatment;		
4722	(C) outpatient treatment;		
4723	(D) domestic violence treatment;		
4724	(E) child-placing services;		
4725	(F) social detoxification; or		
4726	(G) any other human services that are required by contract with the department to be		

4727	licensed with the department.
4728	(b) "Human services program" does not include:
4729	(i) a boarding school; or
4730	(ii) a residential, vocational and life skills program, as defined in Section 13-53-102.
4731	(24) "Indian child" means the same as that term is defined in 25 U.S.C. Sec. 1903.
4732	(25) "Indian country" means the same as that term is defined in 18 U.S.C. Sec. 1151.
4733	(26) "Indian tribe" means the same as that term is defined in 25 U.S.C. Sec. 1903.
4734	(27) "Intermediate secure treatment" means 24-hour specialized residential treatment or
4735	care for an individual who:
4736	(a) cannot live independently or in a less restrictive environment; and
4737	(b) requires, without the individual's consent or control, the use of locked doors to care
4738	for the individual.
4739	(28) "Licensee" means an individual or a human services program licensed by the
4740	office.
4741	(29) "Local government" means a city, town, metro township, or county.
4742	(30) "Minor" means child.
4743	(31) "Office" means the Office of Licensing within the department.
4744	(32) "Outdoor youth program" means a program that provides:
4745	(a) services to a child that has:
4746	(i) a chemical dependency; or
4747	(ii) a dysfunction or impairment that is emotional, psychological, developmental,
4748	physical, or behavioral;
4749	(b) a 24-hour outdoor group living environment; and
4750	(c) (i) regular therapy, including group, individual, or supportive family therapy; or
4751	(ii) informal therapy or similar services, including wilderness therapy, adventure
4752	therapy, or outdoor behavioral healthcare.
4753	(33) "Outpatient treatment" means individual, family, or group therapy or counseling

4754	designed to improve and enhance social or psychological functioning for those whose physical
4755	and emotional status allows them to continue functioning in their usual living environment.
4756	(34) "Practice group" or "group practice" means two or more health care providers
4757	legally organized as a partnership, professional corporation, or similar association, for which:
4758	(a) substantially all of the services of the health care providers who are members of the
4759	group are provided through the group and are billed in the name of the group and amounts
4760	received are treated as receipts of the group; and
4761	(b) the overhead expenses of and the income from the practice are distributed in
4762	accordance with methods previously determined by members of the group.
4763	(35) "Private-placement child" means a child whose parent or guardian enters into a
4764	contract with a congregate care program for the child to receive services.
4765	(36) (a) "Recovery residence" means a home, residence, or facility that meets at least
4766	two of the following requirements:
4767	(i) provides a supervised living environment for individuals recovering from a
4768	substance use disorder;
4769	(ii) provides a living environment in which more than half of the individuals in the
4770	residence are recovering from a substance use disorder;
4771	(iii) provides or arranges for residents to receive services related to the resident's
4772	recovery from a substance use disorder, either on or off site;
4773	(iv) is held out as a living environment in which individuals recovering from substance
4774	abuse disorders live together to encourage continued sobriety; or
4775	(v) (A) receives public funding; or
4776	(B) is run as a business venture, either for-profit or not-for-profit.
4777	(b) "Recovery residence" does not mean:
4778	(i) a residential treatment program;
4779	(ii) residential support program; or
4780	(iii) a home, residence, or facility, in which:

4781	(A) residents, by a majority vote of the residents, establish, implement, and enforce			
4782	policies governing the living environment, including the manner in which applications for			
4783	residence are approved and the manner in which residents are expelled;			
4784	(B) residents equitably share rent and housing-related expenses; and			
4785	(C) a landlord, owner, or operator does not receive compensation, other than fair			
4786	market rental income, for establishing, implementing, or enforcing policies governing the			
4787	living environment.			
4788	(37) "Regular business hours" means:			
4789	(a) the hours during which services of any kind are provided to a client; or			
4790	(b) the hours during which a client is present at the facility of a licensee.			
4791	(38) (a) "Residential support program" means a program that arranges for or provides			
4792	the necessities of life as a protective service to individuals or families who have a disability or			
4793	who are experiencing a dislocation or emergency that prevents them from providing these			
4794	services for themselves or their families.			
4795	(b) "Residential support program" includes a program that provides a supervised living			
4796	environment for individuals with dysfunctions or impairments that are:			
4797	(i) emotional;			
4798	(ii) psychological;			
4799	(iii) developmental; or			
4800	(iv) behavioral.			
4801	(c) Treatment is not a necessary component of a residential support program.			
4802	(d) "Residential support program" does not include:			
4803	(i) a recovery residence; or			
4804	(ii) a program that provides residential services that are performed:			
4805	(A) exclusively under contract with the department and provided to individuals through			
4806	the Division of Services for People with Disabilities; or			
4807	(B) in a facility that serves fewer than four individuals.			

4808	(39) (a) "Residential treatment" means a 24-hour group living environment for four or			
4809	more individuals unrelated to the owner or provider that offers room or board and specialized			
4810	treatment, behavior modification, rehabilitation, discipline, emotional growth, or habilitation			
4811	services for persons with emotional, psychological, developmental, or behavioral dysfunctions,			
4812	impairments, or chemical dependencies.			
4813	(b) "Residential treatment" does not include a:			
4814	(i) boarding school;			
4815	(ii) foster home; or			
4816	(iii) recovery residence.			
4817	(40) "Residential treatment program" means a program or facility that provides:			
4818	(a) residential treatment; or			
4819	(b) intermediate secure treatment.			
4820	(41) "Seclusion" means the involuntary confinement of an individual in a room or an			
4821	area:			
4822	(a) away from the individual's peers; and			
4823	(b) in a manner that physically prevents the individual from leaving the room or area.			
4824	(42) "Social detoxification" means short-term residential services for persons who are			
4825	experiencing or have recently experienced drug or alcohol intoxication, that are provided			
4826	outside of a health care facility licensed under Part 2, Health Care Facility Licensing and			
4827	Inspection, and that include:			
4828	(a) room and board for persons who are unrelated to the owner or manager of the			
4829	<u>facility;</u>			
4830	(b) specialized rehabilitation to acquire sobriety; and			
4831	(c) aftercare services.			
4832	(43) "Substance abuse disorder" or "substance use disorder" mean the same as			
4833	"substance use disorder" is defined in Section 26B-5-501.			
4834	(44) "Substance abuse treatment program" or "substance use disorder treatment			

4835	progra	m" means a program:
4836		(a) designed to provide:
4837		(i) specialized drug or alcohol treatment;
4838		(ii) rehabilitation; or
4839		(iii) habilitation services; and
4840		(b) that provides the treatment or services described in Subsection (44)(a) to persons
4841	with:	
4842		(i) a diagnosed substance use disorder; or
4843		(ii) chemical dependency disorder.
4844		(45) "Therapeutic school" means a residential group living facility:
4845		(a) for four or more individuals that are not related to:
4846		(i) the owner of the facility; or
4847		(ii) the primary service provider of the facility;
4848		(b) that serves students who have a history of failing to function:
4849		(i) at home;
4850		(ii) in a public school; or
4851		(iii) in a nonresidential private school; and
4852		(c) that offers:
4853		(i) room and board; and
4854		(ii) an academic education integrated with:
4855		(A) specialized structure and supervision; or
4856		(B) services or treatment related to:
4857		(I) a disability;
4858		(II) emotional development;
4859		(III) behavioral development;
4860		(IV) familial development; or
4861		(V) social development.

4862	(46) "Unrelated persons" means persons other than parents, legal guardians,
4863	grandparents, brothers, sisters, uncles, or aunts.
4864	(47) "Vulnerable adult" means an elder adult or an adult who has a temporary or
4865	permanent mental or physical impairment that substantially affects the person's ability to:
4866	(a) provide personal protection;
4867	(b) provide necessities such as food, shelter, clothing, or mental or other health care;
4868	(c) obtain services necessary for health, safety, or welfare;
4869	(d) carry out the activities of daily living;
4870	(e) manage the adult's own resources; or
4871	(f) comprehend the nature and consequences of remaining in a situation of abuse,
4872	neglect, or exploitation.
4873	(48) (a) "Youth program" means a program designed to provide behavioral, substance
4874	use, or mental health services to minors that:
4875	(i) serves adjudicated or nonadjudicated youth;
4876	(ii) charges a fee for the program's services;
4877	(iii) may provide host homes or other arrangements for overnight accommodation of
4878	the youth;
4879	(iv) may provide all or part of the program's services in the outdoors;
4880	(v) may limit or censor access to parents or guardians; and
4881	(vi) prohibits or restricts a minor's ability to leave the program at any time of the
4882	minor's own free will.
4883	(b) "Youth program" does not include recreational programs such as Boy Scouts, Girl
4884	Scouts, 4-H, and other such organizations.
4885	(49) (a) "Youth transportation company" means any person that transports a child for
4886	payment to or from a congregate care program in Utah.
4887	(b) "Youth transportation company" does not include:
4888	(i) a relative of the child;

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4889	(ii) a state agency; or
4890	(iii) a congregate care program's employee who transports the child from the
4891	congregate care program that employs the employee and returns the child to the same
4892	congregate care program.
4893	Section 97. Section 26B-2-102, which is renumbered from Section 62A-2-102 is
4894	renumbered and amended to read:
4895	[62A-2-102]. <u>26B-2-102.</u> Purpose of licensure.
4896	The purpose of licensing under this [chapter] part is to permit or authorize a public or
4897	private agency to provide defined human services programs within statutory and regulatory
4898	guidelines.
4899	Section 98. Section 26B-2-103, which is renumbered from Section 62A-2-103 is
4900	renumbered and amended to read:
4901	[62A-2-103]. <u>26B-2-103.</u> Office of Licensing Appointment
4902	Qualifications of director.
4903	(1) There is created the Office of Licensing within the [Department of Human
4904	Services] department.
4905	(2) The office shall be the licensing authority for the department, and is vested with all
4906	the powers, duties, and responsibilities described in [this chapter.]:
4907	(a) this part;
4908	(b) Part 2, Health Care Facility Licensing and Inspection; and
4909	(c) Part 6, Mammography Quality Assurance.
4910	$\left[\frac{(2)}{(3)}\right]$ The executive director shall appoint the director of the office.
4911	[(3)] (4) The director shall have a bachelor's degree from an accredited university or
4912	college, be experienced in administration, and be knowledgeable of <u>health and</u> human services
4913	licensing.
4914	Section 99. Section 26B-2-104, which is renumbered from Section 62A-2-106 is
4915	renumbered and amended to read:

4915 renumbered and amended to read:

4916	[62A-2-106]. <u>26B-2-104.</u> Office responsibilities.
4917	(1) Subject to the requirements of federal and state law, the office shall:
4918	(a) make rules in accordance with Title 63G, Chapter 3, Utah Administrative
4919	Rulemaking Act, to establish:
4920	(i) except as provided in Subsection (1)(a)(ii), basic health and safety standards for
4921	licensees, that shall be limited to:
4922	(A) fire safety;
4923	(B) food safety;
4924	(C) sanitation;
4925	(D) infectious disease control;
4926	(E) safety of the:
4927	(I) physical facility and grounds; and
4928	(II) area and community surrounding the physical facility;
4929	(F) transportation safety;
4930	(G) emergency preparedness and response;
4931	(H) the administration of medical standards and procedures, consistent with the related
4932	provisions of this title;
4933	(I) staff and client safety and protection;
4934	(J) the administration and maintenance of client and service records;
4935	(K) staff qualifications and training, including standards for permitting experience to
4936	be substituted for education, unless prohibited by law;
4937	(L) staff to client ratios;
4938	(M) access to firearms; and
4939	(N) the prevention of abuse, neglect, exploitation, harm, mistreatment, or fraud;
4940	(ii) basic health and safety standards for therapeutic schools, that shall be limited to:
4941	(A) fire safety, except that the standards are limited to those required by law or rule
4942	under Title 53, Chapter 7, Part 2, Fire Prevention and Fireworks Act;

4943	(B) food safety;
4944	(C) sanitation;
4945	(D) infectious disease control, except that the standards are limited to:
4946	(I) those required by law or rule under [Title 26, Utah Health Code] this title, or Title
4947	26A, Local Health Authorities; and
4948	(II) requiring a separate room for clients who are sick;
4949	(E) safety of the physical facility and grounds, except that the standards are limited to
4950	those required by law or rule under Title 53, Chapter 7, Part 2, Fire Prevention and Fireworks
4951	Act;
4952	(F) transportation safety;
4953	(G) emergency preparedness and response;
4954	(H) access to appropriate medical care, including:
4955	(I) subject to the requirements of law, designation of a person who is authorized to
4956	dispense medication; and
4957	(II) storing, tracking, and securing medication;
4958	(I) staff and client safety and protection that permits the school to provide for the direct
4959	supervision of clients at all times;
4960	(J) the administration and maintenance of client and service records;
4961	(K) staff qualifications and training, including standards for permitting experience to
4962	be substituted for education, unless prohibited by law;
4963	(L) staff to client ratios;
4964	(M) access to firearms; and
4965	(N) the prevention of abuse, neglect, exploitation, harm, mistreatment, or fraud;
4966	(iii) procedures and standards for permitting a licensee to:
4967	(A) provide in the same facility and under the same conditions as children, residential
4968	treatment services to a person 18 years old or older who:
4969	(I) begins to reside at the licensee's residential treatment facility before the person's

4970	18th birthday;
4971	(II) has resided at the licensee's residential treatment facility continuously since the
4972	time described in Subsection (1)(a)(iii)(A)(I);
4973	(III) has not completed the course of treatment for which the person began residing at
4974	the licensee's residential treatment facility; and
4975	(IV) voluntarily consents to complete the course of treatment described in Subsection
4976	(1)(a)(iii)(A)(III); or
4977	(B) (I) provide residential treatment services to a child who is:
4978	(Aa) at least 12 years old or, as approved by the office, younger than 12 years old; and
4979	(Bb) under the custody of the [Department of Human Services] department, or one of
4980	its divisions; and
4981	(II) provide, in the same facility as a child described in Subsection (1)(a)(iii)(B)(I),
4982	residential treatment services to a person who is:
4983	(Aa) at least 18 years old, but younger than 21 years old; and
4984	(Bb) under the custody of the [Department of Human Services] department, or one of
4985	its divisions;
4986	(iv) minimum administration and financial requirements for licensees;
4987	(v) guidelines for variances from rules established under this Subsection (1);
4988	(vi) ethical standards, as described in Subsection 78B-6-106(3), and minimum
4989	responsibilities of a child-placing agency that provides adoption services and that is licensed
4990	under this [chapter] part;
4991	(vii) what constitutes an "outpatient treatment program" for purposes of this [chapter]
4992	<u>part;</u>
4993	(viii) a procedure requiring a licensee to provide an insurer the licensee's records
4994	related to any services or supplies billed to the insurer, and a procedure allowing the licensee
4995	and the insurer to contact the Insurance Department to resolve any disputes;
4996	(ix) a protocol for the office to investigate and process complaints about licensees;

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4997	(x) a procedure for a licensee to:
4998	(A) report the use of a restraint or seclusion within one business day after the day on
4999	which the use of the restraint or seclusion occurs; and
5000	(B) report a critical incident within one business day after the day on which the
5001	incident occurs;
5002	(xi) guidelines for the policies and procedures described in Sections [62A-2-123 and
5003	62A-2-124] <u>26B-2-109 and 26B-2-123;</u>
5004	(xii) a procedure for the office to review and approve the policies and procedures
5005	described in Sections [62A-2-123 and 62A-2-124] 26B-2-109 and 26B-2-123; and
5006	(xiii) a requirement that each human services program publicly post information that
5007	informs an individual how to submit a complaint about a human services program to the office;
5008	(b) enforce rules relating to the office;
5009	(c) issue licenses in accordance with this [chapter] part;
5010	(d) if the United States Department of State executes an agreement with the office that
5011	designates the office to act as an accrediting entity in accordance with the Intercountry
5012	Adoption Act of 2000, Pub. L. No. 106-279, accredit one or more agencies and persons to
5013	provide intercountry adoption services pursuant to:
5014	(i) the Intercountry Adoption Act of 2000, Pub. L. No. 106-279; and
5015	(ii) the implementing regulations for the Intercountry Adoption Act of 2000, Pub. L.
5016	No. 106-279;
5017	(e) make rules to implement the provisions of Subsection (1)(d);
5018	(f) conduct surveys and inspections of licensees and facilities in accordance with
5019	Section [62A-2-118] <u>26B-2-107;</u>
5020	(g) collect licensure fees;
5021	(h) notify licensees of the name of a person within the department to contact when
5022	filing a complaint;

5023 (i) investigate complaints regarding any licensee or human services program;

5024	(j) have access to all records, correspondence, and financial data required to be
5025	maintained by a licensee;
5026	(k) have authority to interview any client, family member of a client, employee, or
5027	officer of a licensee;
5028	(l) have authority to deny, condition, revoke, suspend, or extend any license issued by
5029	the department under this [chapter] part by following the procedures and requirements of Title
5030	63G, Chapter 4, Administrative Procedures Act;
5031	(m) electronically post notices of agency action issued to a human services program,
5032	with the exception of a foster home, on the office's website, in accordance with Title 63G,
5033	Chapter 2, Government Records Access and Management Act; and
5034	(n) upon receiving a local government's request under Section [62A-2-108.4]
5035	<u>26B-2-118</u> , notify the local government of new human services program license applications,
5036	except for foster homes, for human services programs located within the local government's
5037	jurisdiction.
5038	(2) In establishing rules under Subsection (1)(a)(ii)(G), the office shall require a
5039	licensee to establish and comply with an emergency response plan that requires clients and staff
5040	to:
5041	(a) immediately report to law enforcement any significant criminal activity, as defined
5042	by rule, committed:
5043	(i) on the premises where the licensee operates its human services program;
5044	(ii) by or against its clients; or
5045	(iii) by or against a staff member while the staff member is on duty;
5046	(b) immediately report to emergency medical services any medical emergency, as
5047	defined by rule:
5048	(i) on the premises where the licensee operates its human services program;
5049	(ii) involving its clients; or
5050	(iii) involving a staff member while the staff member is on duty; and

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- 5051 (c) immediately report other emergencies that occur on the premises where the licensee 5052 operates its human services program to the appropriate emergency services agency.
- 5053 Section 100. Section **26B-2-105**, which is renumbered from Section 62A-2-108 is 5054 renumbered and amended to read:

5055[62A-2-108].26B-2-105.Licensure requirements -- Expiration -- Renewal.5056(1) Except as provided in Section [62A-2-110] 26B-2-115, an individual, agency, firm,5057corporation, association, or governmental unit acting severally or jointly with any other5058individual, agency, firm, corporation, association, or governmental unit may not establish,5059conduct, or maintain a human services program in this state without a valid and current license5060issued by and under the authority of the office as provided by this [chapter] part and the rules5061under the authority of this [chapter] part.

- 5062 (2) (a) For purposes of this Subsection (2), "member" means a person or entity that is 5063 associated with another person or entity:
- 5064 (i) as a member;
- 5065 (ii) as a partner;
- 5066 (iii) as a shareholder; or
- 5067 (iv) as a person or entity involved in the ownership or management of a human 5068 services program owned or managed by the other person or entity.
- 5069 (b) A license issued under this [chapter] part may not be assigned or transferred.
- 5070 (c) An application for a license under this [chapter] part shall be treated as an
- 5071 application for reinstatement of a revoked license if:
- 5072 (i) (A) the person or entity applying for the license had a license revoked under this
 5073 [chapter] part; and
- 5074 (B) the revoked license described in Subsection (2)(c)(i)(A) is not reinstated before the
- 5075 application described in this Subsection (2)(c) is made; or
- 5076 (ii) a member of an entity applying for the license:
- 5077 (A) (I) had a license revoked under this [chapter] part; and

5078	(II) the revoked license described in Subsection (2)(c)(ii)(A)(I) is not reinstated before
5079	the application described in this Subsection (2)(c) is made; or
5080	(B) (I) was a member of an entity that had a license revoked under this [chapter] part at
5081	any time before the license was revoked; and
5082	(II) the revoked license described in Subsection (2)(c)(ii)(B)(I) is not reinstated before
5083	the application described in this Subsection (2)(c) is made.
5084	(3) A current license shall at all times be posted in the facility where each human
5085	services program is operated, in a place that is visible and readily accessible to the public.
5086	(4) (a) Except as provided in Subsection (4)(c), each license issued under this [chapter]
5087	part expires at midnight on the last day of the same month the license was issued, one year
5088	following the date of issuance unless the license has been:
5089	(i) previously revoked by the office;
5090	(ii) voluntarily returned to the office by the licensee; or
5091	(iii) extended by the office.
5092	(b) A license shall be renewed upon application and payment of the applicable fee,
5093	unless the office finds that the licensee:
5094	(i) is not in compliance with the:
5095	(A) provisions of this [chapter] part; or
5096	(B) rules made under this [chapter] part;
5097	(ii) has engaged in a pattern of noncompliance with the:
5098	(A) provisions of this [chapter] part; or
5099	(B) rules made under this [chapter] part;
5100	(iii) has engaged in conduct that is grounds for denying a license under Section
5101	[62A-2-112] <u>26B-2-112</u> ; or
5102	(iv) has engaged in conduct that poses a substantial risk of harm to any person.
5103	(c) The office may issue a renewal license that expires at midnight on the last day of
5104	the same month the license was issued, two years following the date of issuance, if:

5105	(i) the licensee has maintained a human services license for at least 24 months before
5106	the day on which the licensee applies for the renewal; and
5107	(ii) the licensee has not violated this [chapter] part or a rule made under this [chapter]
5108	part.
5109	(5) Any licensee that is in operation at the time rules are made in accordance with this
5110	[chapter] part shall be given a reasonable time for compliance as determined by the rule.
5111	(6) (a) A license for a human services program issued under this section shall apply to
5112	a specific human services program site.
5113	(b) A human services program shall obtain a separate license for each site where the
5114	human services program is operated.
5115	Section 101. Section 26B-2-106, which is renumbered from Section 62A-2-109 is
5116	renumbered and amended to read:
5117	[62A-2-109]. <u>26B-2-106.</u> License application Classification of
5118	information.
5119	(1) An application for a license under this [chapter] part shall be made to the office and
5120	shall contain information that is necessary to comply with approved rules.
5121	(2) Information received by the office through reports and inspections shall be
5122	classified in accordance with Title 63G, Chapter 2, Government Records Access and
5123	Management Act.
5124	Section 102. Section 26B-2-107 , which is renumbered from Section 62A-2-118 is
5125	renumbered and amended to read:
5126	[62A-2-118]. <u>26B-2-107.</u> Administrative inspections.
5127	(1) (a) Subject to Subsection (1)(b), the office may, for the purpose of ascertaining
5128	compliance with this [chapter] part, enter and inspect on a routine basis the facility of a
5129	licensee.
5130	(b) (i) The office shall enter and inspect a congregate care program at least once each
5131	calendar quarter.

5132	(ii) At least two of the inspections described in Subsection (1)(b)(i) shall be
5133	unannounced.
5134	(c) If another government entity conducts an inspection that is substantially similar to
5135	an inspection conducted by the office, the office may conclude the inspection satisfies an
5136	inspection described in Subsection (1)(b).
5137	(2) Before conducting an inspection under Subsection (1), the office shall, after
5138	identifying the person in charge:
5139	(a) give proper identification;
5140	(b) request to see the applicable license;
5141	(c) describe the nature and purpose of the inspection; and
5142	(d) if necessary, explain the authority of the office to conduct the inspection and the
5143	penalty for refusing to permit the inspection as provided in Section [62A-2-116] 26B-2-113.
5144	(3) In conducting an inspection under Subsection (1), the office may, after meeting the
5145	requirements of Subsection (2):
5146	(a) inspect the physical facilities;
5147	(b) inspect and copy records and documents;
5148	(c) interview officers, employees, clients, family members of clients, and others; and
5149	(d) observe the licensee in operation.
5150	(4) An inspection conducted under Subsection (1) shall be during regular business
5151	hours and may be announced or unannounced.
5152	(5) The licensee shall make copies of inspection reports available to the public upon
5153	request.
5154	(6) The provisions of this section apply to on-site inspections and do not restrict the
5155	office from contacting family members, neighbors, or other individuals, or from seeking
5156	information from other sources to determine compliance with this [chapter] part.
5157	Section 103. Section 26B-2-108 , which is renumbered from Section 62A-2-119 is
5158	renumbered and amended to read:

5159	[62A-2-119]. <u>26B-2-108.</u> Adoption of inspections, examinations, and
5160	studies.
5161	The office may adopt an inspection, examination, or study conducted by a public or
5162	private entity, as identified by rule, to determine whether a licensee has complied with a
5163	licensing requirement imposed by virtue of this [chapter] part.
5164	Section 104. Section 26B-2-109, which is renumbered from Section 62A-2-124 is
5165	renumbered and amended to read:
5166	[62A-2-124]. <u>26B-2-109.</u> Human services program non-discrimination.
5167	A human services program:
5168	(1) shall perform an individualized assessment when classifying and placing an
5169	individual in programs and living environments; and
5170	(2) subject to the office's review and approval, shall create policies and procedures that
5171	include:
5172	(a) a description of what constitutes sex and gender based abuse, discrimination, and
5173	harassment;
5174	(b) procedures for preventing and reporting abuse, discrimination, and harassment; and
5175	(c) procedures for teaching effective and professional communication with individuals
5176	of all sexual orientations and genders.
5177	Section 105. Section 26B-2-110, which is renumbered from Section 62A-2-113 is
5178	renumbered and amended to read:
5179	[62A-2-113]. <u>26B-2-110.</u> License revocation Suspension.
5180	(1) If a license is revoked, the office may not grant a new license unless:
5181	(a) the human services program provides satisfactory evidence to the office that the
5182	conditions upon which revocation was based have been corrected;
5183	(b) the human services program is inspected by the office and found to be in
5184	compliance with all provisions of this [chapter] part and applicable rules;
5185	(c) at least five years have passed since the day on which the licensee is served with

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5186 final notice that the license is revoked; and 5187 (d) the office determines that the interests of the public will not be jeopardized by 5188 granting the license. (2) The office may suspend a license for no longer than three years. 5189 5190 (3) When a license has been suspended, the office may restore, or restore subject to 5191 conditions, the suspended license upon a determination that the: 5192 (a) conditions upon which the suspension was based have been completely or partially 5193 corrected; and 5194 (b) interests of the public will not be jeopardized by restoration of the license. 5195 Section 106. Section **26B-2-111**, which is renumbered from Section 62A-2-111 is 5196 renumbered and amended to read: 5197 [62A-2-111]. 26B-2-111. Adjudicative proceedings. 5198 (1) Whenever the office has reason to believe that a licensee is in violation of this 5199 [chapter] part or rules made under this [chapter] part, the office may commence adjudicative 5200 proceedings to determine the legal rights of the licensee by serving notice of agency action in 5201 accordance with Title 63G, Chapter 4, Administrative Procedures Act. 5202 (2) A licensee, human services program, or individual may commence adjudicative 5203 proceedings, in accordance with Title 63G, Chapter 4, Administrative Procedures Act, 5204 regarding all office actions that determine the legal rights, duties, privileges, immunities, or 5205 other legal interests of the licensee, human services program, or persons associated with the 5206 licensee, including all office actions to grant, deny, place conditions on, revoke, suspend, 5207 withdraw, or amend an authority, right, or license under this [chapter] part. 5208 Section 107. Section 26B-2-112, which is renumbered from Section 62A-2-112 is 5209 renumbered and amended to read: 5210 26B-2-112. Violations -- Penalties. [62A-2-112]. 5211 (1) As used in this section, "health care provider" means a person licensed to provide 5212 health care services under this [chapter] part.

5213	(2) The office may deny, place conditions on, suspend, or revoke a human services
5214	license, if [it] the office finds, related to the human services program:
5215	(a) that there has been a failure to comply with the rules established under this
5216	[chapter] <u>part;</u>
5217	(b) evidence of aiding, abetting, or permitting the commission of any illegal act; or
5218	(c) evidence of conduct adverse to the standards required to provide services and
5219	promote public trust, including aiding, abetting, or permitting the commission of abuse,
5220	neglect, exploitation, harm, mistreatment, or fraud.
5221	(3) The office may restrict or prohibit new admissions to a human services program, if
5222	it finds:
5223	(a) that there has been a failure to comply with rules established under this [chapter]
5224	<u>part;</u>
5225	(b) evidence of aiding, abetting, or permitting the commission of any illegal act; or
5226	(c) evidence of conduct adverse to the standards required to provide services and
5227	promote public trust, including aiding, abetting, or permitting the commission of abuse,
5228	neglect, exploitation, harm, mistreatment, or fraud.
5229	(4) (a) The office may assess a fine of up to \$500 per violation against a health care
5230	provider that violates Section 31A-26-313.
5231	(b) The office shall waive the fine described in Subsection (4)(a) if:
5232	(i) the health care provider demonstrates to the office that the health care provider
5233	mitigated and reversed any damage to the insured caused by the health care provider or third
5234	party's violation; or
5235	(ii) the insured does not pay the full amount due on the bill that is the subject of the
5236	violation, including any interest, fees, costs, and expenses, within 120 days after the day on
5237	which the health care provider or third party makes a report to a credit bureau or takes an action
5238	in violation of Section 31A-26-313.
5239	(5) If a congregate care program knowingly fails to comply with the provisions of

5240	Section [62A-2-125] 26B-2-124, the office may impose a penalty on the congregate care
5241	program that is less than or equal to the cost of care incurred by the state for a
5242	private-placement child described in Subsection [$62A-2-125$] <u>26B-2-124</u> (3).
5243	(6) The office shall make rules for calculating the cost of care described in Subsection
5244	(5) in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act.
5245	Section 108. Section 26B-2-113, which is renumbered from Section 62A-2-116 is
5246	renumbered and amended to read:
5247	[62A-2-116]. <u>26B-2-113.</u> Violation Criminal penalties.
5248	(1) (a) A person who owns, establishes, conducts, maintains, manages, or operates a
5249	human services program in violation of this [chapter] part is guilty of a class A misdemeanor if
5250	the violation endangers or harms the health, welfare, or safety of persons participating in that
5251	program.
5252	(b) Conviction in a criminal proceeding does not preclude the office from:
5253	(i) assessing a civil penalty or an administrative penalty;
5254	(ii) denying, placing conditions on, suspending, or revoking a license; or
5255	(iii) seeking injunctive or equitable relief.
5256	(2) Any person that violates a provision of this [chapter] part, lawful orders of the
5257	office, or rules adopted under this [chapter] part may be assessed a penalty not to exceed the
5258	sum of \$10,000 per violation, in:
5259	(a) a judicial civil proceeding; or
5260	(b) an administrative action in accordance with Title 63G, Chapter 4, Administrative
5261	Procedures Act.
5262	(3) Assessment of a judicial penalty or an administrative penalty does not preclude the
5263	office from:
5264	(a) seeking criminal penalties;
5265	(b) denying, placing conditions on, suspending, or revoking a license; or
5266	(c) seeking injunctive or equitable relief.

5267	(4) The office may assess the human services program the cost incurred by the office in
5268	placing a monitor.

5269 (5) Notwithstanding Subsection (1)(a) and subject to Subsections (1)(b) and (2), an 5270 individual is guilty of a class A misdemeanor if the individual knowingly and willfully offers, 5271 pays, promises to pay, solicits, or receives any remuneration, including any commission, bonus, 5272 kickback, bribe, or rebate, directly or indirectly, overtly or covertly, in cash or in kind, or 5273 engages in any split-fee arrangement in return for:

(a) referring an individual to a person for the furnishing or arranging for the furnishingof any item or service for the treatment of a substance use disorder;

5276 (b) receiving a referred individual for the furnishing or arranging for the furnishing of 5277 any item or service for the treatment of a substance use disorder; or

(c) referring a clinical sample to a person, including a laboratory, for testing that isused toward the furnishing of any item or service for the treatment of a substance use disorder.

5280 (6) Subsection (5) does not prohibit:

(a) any discount, payment, waiver of payment, or payment practice not prohibited by
42 U.S.C. Sec. 1320a-7(b) or regulations made under 42 U.S.C. Sec. 1320a-7(b);

5283 (b) patient referrals within a practice group;

(c) payments by a health insurer who reimburses, provides, offers to provide, or
administers health, mental health, or substance use disorder goods or services under a health
benefit plan;

(d) payments to or by a health care provider, practice group, or substance use disorder
treatment program that has contracted with a local mental health authority, a local substance
abuse authority, a health insurer, a health care purchasing group, or the Medicare or Medicaid
program to provide health, mental health, or substance use disorder services;

(e) payments by a health care provider, practice group, or substance use disorder
treatment program to a health, mental health, or substance use disorder information service that
provides information upon request and without charge to consumers about providers of health

5294	care goods or services to enable consumers to select appropriate providers or facilities, if the
5295	information service:
5296	(i) does not attempt, through standard questions for solicitation of consumer criteria or
5297	through any other means, to steer or lead a consumer to select or consider selection of a
5298	particular health care provider, practice group, or substance use disorder treatment program;
5299	(ii) does not provide or represent that the information service provides diagnostic or
5300	counseling services or assessments of illness or injury and does not make any promises of cure
5301	or guarantees of treatment; and
5302	(iii) charges and collects fees from a health care provider, practice group, or substance
5303	use disorder treatment program participating in information services that:
5304	(A) are set in advance;
5305	(B) are consistent with the fair market value for those information services; and
5306	(C) are not based on the potential value of the goods or services that a health care
5307	provider, practice group, or substance use disorder treatment program may provide to a patient;
5308	or
5309	(f) payments by a laboratory to a person that:
5310	(i) does not have a financial interest in or with a facility or person who refers a clinical
5311	sample to the laboratory;
5312	(ii) is not related to an owner of a facility or a person who refers a clinical sample to
5313	the laboratory;
5314	(iii) is not related to and does not have a financial relationship with a health care
5315	provider who orders the laboratory to conduct a test that is used toward the furnishing of an
5316	item or service for the treatment of a substance use disorder;
5317	(iv) identifies, in advance of providing marketing or sales services, the types of clinical
5318	samples that each laboratory will receive, if the person provides marketing or sales services to
5319	more than one laboratory;
5320	(v) the person does not identify as or hold itself out to be a laboratory or part of a

5321	network with an insurance	e payor, if the person provides marketing or sales services under a
5322	contract with a laboratory	, as described in Subsection (6)(f)(vii)(B);
5323	(vi) the person ide	entifies itself in all marketing materials as a salesperson for a licensed
5324	laboratory and identifies e	ach laboratory that the person represents, if the person provides
5325	marketing or sales service	s under a contract with a laboratory, as described in Subsection
5326	(6)(f)(vii)(B); and	
5327	(vii) (A) is a sales	person employed by the laboratory to market or sell the laboratory's
5328	services to a person who p	provides substance use disorder treatment; or
5329	(B) is a person un	der contract with the laboratory to market or sell the laboratory's
5330	services to a person who p	provides substance use disorder treatment, if the total compensation
5331	paid by the laboratory doe	s not exceed the total compensation that the laboratory pays to
5332	employees of the laborato	ry for similar marketing or sales services.
5333	(7) (a) A person n	nay not knowingly or willfully, in exchange for referring an
5334	individual to a youth trans	portation company:
5335	(i) offer, pay, pror	nise to pay, solicit, or receive any remuneration directly or indirectly,
5336	overtly or covertly, in cash	n or in kind, including:
5337	(A) a commission	· · · · · · · · · · · · · · · · · · ·
5338	(B) a bonus;	
5339	(C) a kickback;	
5340	(D) a bribe; or	
5341	(E) a rebate; or	
5342	(ii) engage in any	split-fee arrangement.
5343	(b) A person who	violates Subsection (7)(a) is guilty of a class A misdemeanor and
5344	shall be assessed a penalty	y in accordance with Subsection (2).
5345	Section 109. Sect	ion 26B-2-114 , which is renumbered from Section 62A-2-115 is
5346	renumbered and amended	to read:
5347	[62A-2-115].	<u>26B-2-114.</u> Injunctive relief and other legal procedures.

5348	In addition to, and notwithstanding, any other remedy provided by law the department
5349	may, in a manner provided by law and upon the advice of the attorney general, who shall
5350	represent the department in the proceedings, maintain an action in the name of the state for
5351	injunction or other process against any person or governmental unit to restrain or prevent the
5352	establishment, management, or operation of a human services program or facility in violation
5353	of this [chapter] part or rules established under this [chapter] part.
5354	Section 110. Section 26B-2-115, which is renumbered from Section 62A-2-110 is
5355	renumbered and amended to read:
5356	[62A-2-110]. <u>26B-2-115.</u> Exclusions from chapter.
5357	The provisions of this [chapter] part do not apply to:
5358	(1) a facility or program owned or operated by an agency of the United States
5359	government;
5360	(2) a facility or program operated by or under an exclusive contract with the
5361	Department of Corrections;
5362	(3) unless required otherwise by a contract with the department, individual or group
5363	counseling by a mental health professional licensed under Title 58, Chapter 60, Mental Health
5364	Professional Practice Act;
5365	(4) a general acute hospital, small health care facility, specialty hospital, nursing care
5366	facility, or other health care facility licensed by the [Department of Health under Title 26,
5367	Chapter 21,] department under Part 2, Health Care Facility Licensing and Inspection [Act]; or
5368	(5) a boarding school.
5369	Section 111. Section 26B-2-116, which is renumbered from Section 62A-2-108.1 is
5370	renumbered and amended to read:
5371	[62A-2-108.1]. <u>26B-2-116.</u> Coordination of human services and educational
5372	services Licensing of programs Procedures.
5373	(1) As used in this section:
5374	(a) "Accredited private school" means a private school that is accredited by an

5375	accrediting entity recognized by the Utah State Board of Education.
5376	(b) "Education entitled children" means children:
5377	(i) subject to compulsory education under Section 53G-6-202;
5378	(ii) subject to the school attendance requirements of Section 53G-6-203; or
5379	(iii) who are eligible for special education services as described in Title 53E, Chapter
5380	7, Part 2, Special Education Program.
5381	(2) Subject to Subsection (9) or (10), a human services program may not be licensed to
5382	serve education entitled children unless the human services program presents an educational
5383	service plan that includes evidence:
5384	(a) satisfactory to:
5385	(i) the office; and
5386	(ii) (A) the local school board of the school district in which the human services
5387	program will be operated; or
5388	(B) the school district superintendent of the school district in which the human services
5389	program will be operated; and
5390	(b) that children served by the human services program shall receive appropriate
5391	educational services satisfying the requirements of applicable law.
5392	(3) An educational services plan may be accepted if the educational services plan
5393	includes:
5394	(a) the following information provided by the human services program:
5395	(i) the number of children served by the human services program estimated to be
5396	enrolled in the local school district;
5397	(ii) the ages and grade levels of children served by the human services program
5398	estimated to be enrolled in the local school district;
5399	(iii) the subjects or hours of the school day for which children served by the human
5400	services program are estimated to enroll in the local school district;
5401	(iv) the direct contact information for the purposes of taking custody of a child served

5402	by the human services program during the school day in case of illness, disciplinary removal by
5403	a school, or emergency evacuation of a school; and
5404	(v) the method or arrangements for the transportation of children served by the human
5405	services program to and from the school; and
5406	(b) the following information provided by the school district:
5407	(i) enrollment procedures and forms;
5408	(ii) documentation required prior to enrollment from each of the child's previous
5409	schools of enrollment;
5410	(iii) if applicable, a schedule of the costs for tuition and school fees; and
5411	(iv) schools and services for which a child served by the human services program may
5412	be eligible.
5413	(4) Subject to Subsection (9) or (10), if a human services program serves any education
5414	entitled children whose custodial parents or legal guardians reside outside the state, then the
5415	program shall also provide an educational funding plan that includes evidence:
5416	(a) satisfactory to:
5417	(i) the office; and
5418	(ii) (A) the local school board of the school district in which the human services
5419	program will be operated; or
5420	(B) the school district superintendent of the school district in which the human services
5421	program will be operated; and
5422	(b) that all costs for educational services to be provided to the education entitled
5423	children, including tuition, and school fees approved by the local school board, shall be borne
5424	by the human services program.
5425	(5) Subject to Subsection (9) or (10), and in accordance with Subsection (2), the human
5426	services program shall obtain and provide the office with a letter:
5427	(a) from the entity referred to in Subsection (2)(a)(ii):
5428	(i) approving the educational service plan referred to in Subsection (3); or

5429	(ii) (A) disapproving the educational service plan referred to in Subsection (3); and
5430	(B) listing the specific requirements the human services program must meet before
5431	approval is granted; and
5432	(b) from the entity referred to in Subsection (4)(a)(ii):
5433	(i) approving the educational funding plan, referred to in Subsection (4); or
5434	(ii) (A) disapproving the educational funding plan, referred to in Subsection (4); and
5435	(B) listing the specific requirements the human services program must meet before
5436	approval is granted.
5437	(6) Subject to Subsection (9), failure of a local school board or school district
5438	superintendent to respond to a proposed plan within 45 days of receipt of the plan is equivalent
5439	to approval of the plan by the local school board or school district superintendent if the human
5440	services program provides to the office:
5441	(a) proof that:
5442	(i) the human services program submitted the proposed plan to the local school board
5443	or school district superintendent; and
5444	(ii) more than 45 days have passed from the day on which the plan was submitted; and
5445	(b) an affidavit, on a form produced by the office, stating:
5446	(i) the date that the human services program submitted the proposed plan to the local
5447	school board or school district superintendent;
5448	(ii) that more than 45 days have passed from the day on which the plan was submitted;
5449	and
5450	(iii) that the local school board or school district superintendent described in
5451	Subsection (6)(b)(i) failed to respond to the proposed plan within 45 days from the day on
5452	which the plan was submitted.
5453	(7) If a licensee that is licensed to serve an education entitled child fails to comply with
5454	the licensee's approved educational service plan or educational funding plan, then:
5455	(a) the office may give the licensee notice of intent to revoke the licensee's license; and

5456	(b) if the licensee continues its noncompliance for more than 30 days after receipt of
5457	the notice described in Subsection (7)(a), the office may revoke the licensee's license.
5458	(8) If an education entitled child whose custodial parent or legal guardian resides
5459	within the state is provided with educational services by a school district other than the school
5460	district in which the custodial parent or legal guardian resides, then the funding provisions of
5461	Section 53G-6-405 apply.
5462	(9) A human services program that is an accredited private school:
5463	(a) for purposes of Subsection (3):
5464	(i) is only required to submit proof to the office that the accreditation of the private
5465	school is current; and
5466	(ii) is not required to submit an educational service plan for approval by an entity
5467	described in Subsection (2)(a)(ii);
5468	(b) for purposes of Subsection (4):
5469	(i) is only required to submit proof to the office that all costs for educational services
5470	provided to education entitled children will be borne by the human services program; and
5471	(ii) is not required to submit an educational funding plan for approval by an entity
5472	described in Subsection (4)(a)(ii); and
5473	(c) is not required to comply with Subsections (5) and (6).
5474	(10) Except for Subsection (8), the provisions of this section do not apply to a human
5475	services program that is a licensed or certified foster home [as defined in Section 62A-2-101].
5476	Section 112. Section 26B-2-117 , which is renumbered from Section 62A-2-108.2 is
5477	renumbered and amended to read:
5478	[62A-2-108.2]. <u>26B-2-117.</u> Licensing residential treatment programs and
5479	recovery residences Notification of local government.
5480	(1) (a) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act,
5481	the office shall make rules that establish categories of residential treatment and recovery
5482	residence licenses based on differences in the types of residential treatment programs and

5483	recovery residences.
5484	(b) The categories referred to in Subsection (1)(a) may be based on differences in:
5485	(i) services offered;
5486	(ii) types of clients served;
5487	(iii) risks posed to the community; or
5488	(iv) other factors that make regulatory differences advisable.
5489	(2) Subject to the requirements of federal and state law, and pursuant to the authority
5490	granted by Section [$62A-2-106$] $26B-2-104$, the office shall establish and enforce rules that:
5491	(a) relate generally to all categories of residential treatment program and recovery
5492	residence licenses; and
5493	(b) relate to specific categories of residential treatment program and recovery residence
5494	licenses on the basis of the regulatory needs, as determined by the office, of residential
5495	treatment programs and recovery residences within those specific categories.
5496	(3) (a) Beginning July 1, 2014, the office shall charge an annual licensing fee, set by
5497	the office in accordance with the procedures described in Section 63J-1-504, to a recovery
5498	residence in an amount that will pay for the cost of the licensing and inspection requirements
5499	described in this section and in Section [62A-2-106] 26B-2-104.
5500	(b) The office shall deposit the licensing fees described in this section in the General
5501	Fund as a dedicated credit to be used solely to pay for the cost of the licensing and inspection
5502	requirements described in this section and in Section [62A-2-106] 26B-2-104.
5503	(4) Before submitting an application for a license to operate a residential treatment
5504	program, the applicant shall serve notice of its intent to operate a residential treatment program
5505	on the governing body of:
5506	(a) the city in which the residential treatment program will be located; or
5507	(b) if the residential treatment program will be located in the unincorporated area of a
5508	county, the county in which the residential treatment program will be located.
5509	(5) The notice described in Subsection (4) shall include the following information

5510	relating to the residential treatment program:	
5511	(a) an accurate description of the residential treatment program;	
5512	(b) the location where the residential treatment program will be operated;	
5513	(c) the services that will be provided by the residential treatment program;	
5514	(d) the type of clients that the residential treatment program will serve;	
5515	(e) the category of license for which the residential treatment program is applying to	
5516	the office;	
5517	(f) the name, telephone number, and address of a person that may be contacted to make	
5518	inquiries about the residential treatment program; and	
5519	(g) any other information that the office may require by rule.	
5520	(6) When submitting an application for a license to operate a residential treatment	
5521	l program, the applicant shall include with the application:	
5522	(a) a copy of the notice described in Subsection (4); and	
5523	(b) proof that the applicant served the notice described in Subsection (4) on the	
5524	governing body described in Subsection (4).	
5525	Section 113. Section 26B-2-118, which is renumbered from Section 62A-2-108.4 is	
5526	renumbered and amended to read:	
5527	[62A-2-108.4]. <u>26B-2-118.</u> Request by local government.	
5528	(1) A local government may request that the office notify the local government of new	
5529	human services program license applications for human services programs located within the	
5530	local government's jurisdiction.	
5531	(2) Subsection (1) does not apply to foster homes.	
5532	Section 114. Section 26B-2-119, which is renumbered from Section 62A-2-108.8 is	
5533	renumbered and amended to read:	
5534	[62A-2-108.8]. <u>26B-2-119.</u> Residential support program Temporary	
5535	homeless youth shelter.	
5536	In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the	

5537	office shall make rules that establish age-appropriate and gender-appropriate sleeping quarters
5538	in temporary homeless youth shelters, as defined in Section 80-5-102, that provide overnight
5539	shelter to minors.
5540	Section 115. Section 26B-2-120 , which is renumbered from Section 62A-2-120 is
5541	renumbered and amended to read:
5542	[62A-2-120]. <u>26B-2-120.</u> Background check Direct access to children or
5543	vulnerable adults.
5544	(1) As used in this section:
5545	(a) (i) "Applicant" means:
5546	(A) the same as that term is defined in Section [$62A-2-101$] $26B-2-101$;
5547	(B) an individual who is associated with a licensee and has or will likely have direct
5548	access to a child or a vulnerable adult;
5549	(C) an individual who provides respite care to a foster parent or an adoptive parent on
5550	more than one occasion;
5551	(D) a department contractor;
5552	(E) an individual who transports a child for a youth transportation company;
5553	(F) a guardian submitting an application on behalf of an individual, other than the child
5554	or vulnerable adult who is receiving the service, if the individual is 12 years old or older and
5555	resides in a home, that is licensed or certified by the office, with the child or vulnerable adult
5556	who is receiving services; or
5557	(G) a guardian submitting an application on behalf of an individual, other than the
5558	child or vulnerable adult who is receiving the service, if the individual is 12 years old or older
5559	and is a person described in Subsection (1)(a)(i)(A), (B), (C), or (D).
5560	(ii) "Applicant" does not mean an individual, including an adult, who is in the custody
5561	of the Division of Child and Family Services or the Division of Juvenile Justice and Youth
5562	Services.
5563	(b) "Application" means a background screening application to the office.

5564	(c) "Bureau" means the Bureau of Criminal Identification within the Department of
5565	Public Safety, created in Section 53-10-201.
5566	(d) "Incidental care" means occasional care, not in excess of five hours per week and
5567	never overnight, for a foster child.
5568	(e) "Personal identifying information" means:
5569	(i) current name, former names, nicknames, and aliases;
5570	(ii) date of birth;
5571	(iii) physical address and email address;
5572	(iv) telephone number;
5573	(v) driver license or other government-issued identification;
5574	(vi) social security number;
5575	(vii) only for applicants who are 18 years old or older, fingerprints, in a form specified
5576	by the office; and
5577	(viii) other information specified by the office by rule made in accordance with Title
5578	63G, Chapter 3, Utah Administrative Rulemaking Act.
5579	(2) (a) Except as provided in Subsection (13), an applicant or a representative shall
5580	submit the following to the office:
5581	(i) personal identifying information;
5582	(ii) a fee established by the office under Section $63J-1-504$; and
5583	(iii) a disclosure form, specified by the office, for consent for:
5584	(A) an initial background check upon submission of the information described under
5585	this Subsection (2)(a);
5586	(B) ongoing monitoring of fingerprints and registries until no longer associated with a
5587	licensee for 90 days;
5588	(C) a background check when the office determines that reasonable cause exists; and
5589	(D) retention of personal identifying information, including fingerprints, for
5590	monitoring and notification as described in Subsections (3)(d) and (4).

5591	(b) In addition to the requirements described in Subsection (2)(a), if an applicant
5592	resided outside of the United States and its territories during the five years immediately
5593	preceding the day on which the information described in Subsection (2)(a) is submitted to the
5594	office, the office may require the applicant to submit documentation establishing whether the
5595	applicant was convicted of a crime during the time that the applicant resided outside of the
5596	United States or its territories.
5597	(3) The office:
5598	(a) shall perform the following duties as part of a background check of an applicant:
5599	(i) check state and regional criminal background databases for the applicant's criminal
5600	history by:
5601	(A) submitting personal identifying information to the bureau for a search; or
5602	(B) using the applicant's personal identifying information to search state and regional
5603	criminal background databases as authorized under Section 53-10-108;
5604	(ii) submit the applicant's personal identifying information and fingerprints to the
5605	bureau for a criminal history search of applicable national criminal background databases;
5606	(iii) search the [Department of Human Services,] Division of Child and Family
5607	Services' Licensing Information System described in Section 80-2-1002;
5608	(iv) search the [Department of Human Services,] Division of Aging and Adult
5609	Services' vulnerable adult abuse, neglect, or exploitation database described in Section
5610	[62A-3-311.1] <u>26B-6-210</u> ;
5611	(v) search the juvenile court records for substantiated findings of severe child abuse or
5612	neglect described in Section 80-3-404; and
5613	(vi) search the juvenile court arrest, adjudication, and disposition records, as provided
5614	under Section 78A-6-209;
5615	(b) shall conduct a background check of an applicant for an initial background check
5616	upon submission of the information described under Subsection (2)(a);
5617	(c) may conduct all or portions of a background check of an applicant, as provided by

- rule, made by the office in accordance with Title 63G, Chapter 3, Utah Administrative
- 5619 Rulemaking Act:
- 5620 (i) for an annual renewal; or
- 5621 (ii) when the office determines that reasonable cause exists;
- (d) may submit an applicant's personal identifying information, including fingerprints,
 to the bureau for checking, retaining, and monitoring of state and national criminal background
 databases and for notifying the office of new criminal activity associated with the applicant;
- 5625 (e) shall track the status of an approved applicant under this section to ensure that an 5626 approved applicant is not required to duplicate the submission of the applicant's fingerprints if 5627 the applicant applies for:
- 5628 (i) more than one license;
- (ii) direct access to a child or a vulnerable adult in more than one human servicesprogram; or
- 5631 (iii) direct access to a child or a vulnerable adult under a contract with the department;
- (f) shall track the status of each license and each individual with direct access to a child
 or a vulnerable adult and notify the bureau within 90 days after the day on which the license
 expires or the individual's direct access to a child or a vulnerable adult ceases;
- (g) shall adopt measures to strictly limit access to personal identifying information
 solely to the individuals responsible for processing and entering the applications for
 background checks and to protect the security of the personal identifying information the office
 reviews under this Subsection (3);
- 5639 (h) as necessary to comply with the federal requirement to check a state's child abuse 5640 and neglect registry regarding any individual working in a congregate care program, shall:
- (i) search the [Department of Human Services,] Division of Child and Family Services'
 Licensing Information System described in Section 80-2-1002; and
- (ii) require the child abuse and neglect registry be checked in each state where anapplicant resided at any time during the five years immediately preceding the day on which the

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applicant submits the information described in Subsection (2)(a) to the office; and

(i) shall make rules, in accordance with Title 63G, Chapter 3, Utah Administrative
Rulemaking Act, to implement the provisions of this Subsection (3) relating to background
checks.

5649 (4) (a) With the personal identifying information the office submits to the bureau under 5650 Subsection (3), the bureau shall check against state and regional criminal background databases 5651 for the applicant's criminal history.

(b) With the personal identifying information and fingerprints the office submits to the
bureau under Subsection (3), the bureau shall check against national criminal background
databases for the applicant's criminal history.

5655 (c) Upon direction from the office, and with the personal identifying information and 5656 fingerprints the office submits to the bureau under Subsection (3)(d), the bureau shall:

5657 (i) maintain a separate file of the fingerprints for search by future submissions to the 5658 local and regional criminal records databases, including latent prints; and

(ii) monitor state and regional criminal background databases and identify criminalactivity associated with the applicant.

(d) The bureau is authorized to submit the fingerprints to the Federal Bureau of
Investigation Next Generation Identification System, to be retained in the Federal Bureau of
Investigation Next Generation Identification System for the purpose of:

(i) being searched by future submissions to the national criminal records databases,
including the Federal Bureau of Investigation Next Generation Identification System and latent
prints; and

(ii) monitoring national criminal background databases and identifying criminalactivity associated with the applicant.

(e) The Bureau shall notify and release to the office all information of criminal activityassociated with the applicant.

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(f) Upon notice from the office that a license has expired or an individual's direct

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5673 (i) discard and destroy any retained fingerprints; and (ii) notify the Federal Bureau of Investigation when the license has expired or an 5674 individual's direct access to a child or a vulnerable adult has ceased, so that the Federal Bureau 5675 5676 of Investigation will discard and destroy the retained fingerprints from the Federal Bureau of 5677 Investigation Next Generation Identification System. 5678 (5) (a) After conducting the background check described in Subsections (3) and (4), the 5679 office shall deny an application to an applicant who, within three years before the day on which 5680 the applicant submits information to the office under Subsection (2) for a background check, 5681 has been convicted of any of the following, regardless of whether the offense is a felony, a 5682 misdemeanor, or an infraction: 5683 (i) an offense identified as domestic violence, lewdness, voyeurism, battery, cruelty to 5684 animals, or bestiality; (ii) a violation of any pornography law, including sexual exploitation of a minor or 5685 5686 aggravated sexual exploitation of a minor; 5687 (iii) prostitution; 5688 (iv) an offense included in: (A) Title 76, Chapter 5, Offenses Against the Individual; 5689 5690 (B) Section 76-5b-201, Sexual Exploitation of a Minor; 5691 (C) Section 76-5b-201.1, Aggravated Sexual Exploitation of a Minor; or 5692 (D) Title 76, Chapter 7, Offenses Against the Family: 5693 (v) aggravated arson, as described in Section 76-6-103; 5694 (vi) aggravated burglary, as described in Section 76-6-203; 5695 (vii) aggravated robbery, as described in Section 76-6-302; 5696 (viii) identity fraud crime, as described in Section 76-6-1102; or 5697 (ix) a felony or misdemeanor offense committed outside of the state that, if committed 5698 in the state, would constitute a violation of an offense described in Subsections (5)(a)(i)

access to a child or a vulnerable adult has ceased for 90 days, the bureau shall:

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through (viii). (b) If the office denies an application to an applicant based on a conviction described in Subsection (5)(a), the applicant is not entitled to a comprehensive review described in Subsection (6). (c) If the applicant will be working in a program serving only adults whose only impairment is a mental health diagnosis, including that of a serious mental health disorder, with or without co-occurring substance use disorder, the denial provisions of Subsection (5)(a) do not apply, and the office shall conduct a comprehensive review as described in Subsection (6). (6) (a) The office shall conduct a comprehensive review of an applicant's background check if the applicant: (i) has an open court case or a conviction for any felony offense, not described in Subsection (5)(a), with a date of conviction that is no more than 10 years before the date on which the applicant submits the application; (ii) has an open court case or a conviction for a misdemeanor offense, not described in Subsection (5)(a), and designated by the office, by rule, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, if the conviction is within three years before the day on which the applicant submits information to the office under Subsection (2) for a background check; (iii) has a conviction for any offense described in Subsection (5)(a) that occurred more than three years before the day on which the applicant submitted information under Subsection (2)(a);(iv) is currently subject to a plea in abeyance or diversion agreement for any offense described in Subsection (5)(a); (v) has a listing in the [Department of Human Services,] Division of Child and Family Services' Licensing Information System described in Section 80-2-1002; (vi) has a listing in the [Department of Human Services,] Division of Aging and Adult

5726	Services' vulnerable adult abuse, neglect, or exploitation database described in Section
5727	[62A-3-311.1] <u>26B-6-210</u> ;
5728	(vii) has a record in the juvenile court of a substantiated finding of severe child abuse
5729	or neglect described in Section 80-3-404;
5730	(viii) has a record of an adjudication in juvenile court for an act that, if committed by
5731	an adult, would be a felony or misdemeanor, if the applicant is:
5732	(A) under 28 years old; or
5733	(B) 28 years old or older and has been convicted of, has pleaded no contest to, or is
5734	currently subject to a plea in abeyance or diversion agreement for a felony or a misdemeanor
5735	offense described in Subsection (5)(a);
5736	(ix) has a pending charge for an offense described in Subsection (5)(a); or
5737	(x) is an applicant described in Subsection (5)(c).
5738	(b) The comprehensive review described in Subsection (6)(a) shall include an
5739	examination of:
5740	(i) the date of the offense or incident;
5741	(ii) the nature and seriousness of the offense or incident;
5742	(iii) the circumstances under which the offense or incident occurred;
5743	(iv) the age of the perpetrator when the offense or incident occurred;
5744	(v) whether the offense or incident was an isolated or repeated incident;
5745	(vi) whether the offense or incident directly relates to abuse of a child or vulnerable
5746	adult, including:
5747	(A) actual or threatened, nonaccidental physical, mental, or financial harm;
5748	(B) sexual abuse;
5749	(C) sexual exploitation; or
5750	(D) negligent treatment;
5751	(vii) any evidence provided by the applicant of rehabilitation, counseling, psychiatric
5752	treatment received, or additional academic or vocational schooling completed;

5753 (viii) the applicant's risk of harm to clientele in the program or in the capacity for 5754 which the applicant is applying; and

5755 (ix) any other pertinent information presented to or publicly available to the committee5756 members.

5757 (c) At the conclusion of the comprehensive review described in Subsection (6)(a), the 5758 office shall deny an application to an applicant if the office finds that approval would likely 5759 create a risk of harm to a child or a vulnerable adult.

5760 (d) At the conclusion of the comprehensive review described in Subsection (6)(a), the 5761 office may not deny an application to an applicant solely because the applicant was convicted 5762 of an offense that occurred 10 or more years before the day on which the applicant submitted 5763 the information required under Subsection (2)(a) if:

5764 (i) the applicant has not committed another misdemeanor or felony offense after the 5765 day on which the conviction occurred; and

5766 (ii) the applicant has never been convicted of an offense described in Subsection5767 (14)(c).

(e) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the
office may make rules, consistent with this [chapter] part, to establish procedures for the
comprehensive review described in this Subsection (6).

5771 (7) Subject to Subsection (10), the office shall approve an application to an applicant 5772 who is not denied under Subsection (5), (6), or (14).

(8) (a) The office may conditionally approve an application of an applicant, for a
maximum of 60 days after the day on which the office sends written notice to the applicant
under Subsection (12), without requiring that the applicant be directly supervised, if the office:

5776 (i) is awaiting the results of the criminal history search of national criminal background5777 databases; and

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(b) The office may conditionally approve an application of an applicant, for a

(ii) would otherwise approve an application of the applicant under Subsection (7).

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5780 maximum of one year after the day on which the office sends written notice to the applicant 5781 under Subsection (12), without requiring that the applicant be directly supervised if the office: 5782 (i) is awaiting the results of an out-of-state registry for providers other than foster and 5783 adoptive parents; and 5784 (ii) would otherwise approve an application of the applicant under Subsection (7). 5785 (c) Upon receiving the results of the criminal history search of a national criminal background database, the office shall approve or deny the application of the applicant in 5786 5787 accordance with Subsections (5) through (7). 5788 (9) A licensee or department contractor may not permit an individual to have direct 5789 access to a child or a vulnerable adult unless, subject to Subsection (10): 5790 (a) the individual is associated with the licensee or department contractor and: 5791 (i) the individual's application is approved by the office under this section; 5792 (ii) the individual's application is conditionally approved by the office under 5793 Subsection (8); or 5794 (iii) (A) the individual has submitted the background check information described in 5795 Subsection (2) to the office; 5796 (B) the office has not determined whether to approve the applicant's application; and 5797 (C) the individual is directly supervised by an individual who has a current background 5798 screening approval issued by the office under this section and is associated with the licensee or 5799 department contractor; 5800 (b) (i) the individual is associated with the licensee or department contractor; 5801 (ii) the individual has a current background screening approval issued by the office 5802 under this section; 5803 (iii) one of the following circumstances, that the office has not yet reviewed under 5804 Subsection (6), applies to the individual: 5805 (A) the individual was charged with an offense described in Subsection (5)(a); 5806 (B) the individual is listed in the Licensing Information System, described in Section

5807	80-2-1002;
5808	(C) the individual is listed in the vulnerable adult abuse, neglect, or exploitation
5809	database, described in Section [62A-3-311.1] 26B-6-210;
5810	(D) the individual has a record in the juvenile court of a substantiated finding of severe
5811	child abuse or neglect, described in Section 80-3-404; or
5812	(E) the individual has a record of an adjudication in juvenile court for an act that, if
5813	committed by an adult, would be a felony or a misdemeanor as described in Subsection (5)(a)
5814	or (6); and
5815	(iv) the individual is directly supervised by an individual who:
5816	(A) has a current background screening approval issued by the office under this
5817	section; and
5818	(B) is associated with the licensee or department contractor;
5819	(c) the individual:
5820	(i) is not associated with the licensee or department contractor; and
5821	(ii) is directly supervised by an individual who:
5822	(A) has a current background screening approval issued by the office under this
5823	section; and
5824	(B) is associated with the licensee or department contractor;
5825	(d) the individual is the parent or guardian of the child, or the guardian of the
5826	vulnerable adult;
5827	(e) the individual is approved by the parent or guardian of the child, or the guardian of
5828	the vulnerable adult, to have direct access to the child or the vulnerable adult;
5829	(f) the individual is only permitted to have direct access to a vulnerable adult who
5830	voluntarily invites the individual to visit; or
5831	(g) the individual only provides incidental care for a foster child on behalf of a foster
5832	parent who has used reasonable and prudent judgment to select the individual to provide the
5833	incidental care for the foster child.

5834	(10) An individual may not have direct access to a child or a vulnerable adult if the
5835	individual is prohibited by court order from having that access.
5836	(11) Notwithstanding any other provision of this section, an individual for whom the
5837	office denies an application may not have direct access to a child or vulnerable adult unless the
5838	office approves a subsequent application by the individual.
5839	(12) (a) Within 30 days after the day on which the office receives the background
5840	check information for an applicant, the office shall give notice of the clearance status to:
5841	(i) the applicant, and the licensee or department contractor, of the office's decision
5842	regarding the background check and findings; and
5843	(ii) the applicant of any convictions and potentially disqualifying charges and
5844	adjudications found in the search.
5845	(b) With the notice described in Subsection (12)(a), the office shall also give the
5846	applicant the details of any comprehensive review conducted under Subsection (6).
5847	(c) If the notice under Subsection (12)(a) states that the applicant's application is
5848	denied, the notice shall further advise the applicant that the applicant may, under Subsection
5849	[62A-2-111] 26B-2-111(2), request a hearing in the department's Office of Administrative
5850	Hearings, to challenge the office's decision.
5851	(d) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the
5852	office shall make rules, consistent with this [chapter] part:
5853	(i) defining procedures for the challenge of the office's background check decision
5854	described in Subsection (12)(c); and
5855	(ii) expediting the process for renewal of a license under the requirements of this
5856	section and other applicable sections.
5857	(13) An individual or a department contractor who provides services in an adults only
5858	substance use disorder program, as defined by rule, is exempt from this section. This
5859	exemption does not extend to a program director or a member, as defined by Section
5860	[62A-2-108] <u>26B-2-105</u> , of the program.

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(14) (a) Except as provided in Subsection (14)(b), in addition to the other requirements of this section, if the background check of an applicant is being conducted for the purpose of giving clearance status to an applicant seeking a position in a congregate care program, an applicant for a one-time adoption, an applicant seeking to provide a prospective foster home, or an applicant seeking to provide a prospective adoptive home, the office shall:

(i) check the child abuse and neglect registry in each state where each applicant resided
in the five years immediately preceding the day on which the applicant applied to be a foster
parent or adoptive parent, to determine whether the prospective foster parent or prospective
adoptive parent is listed in the registry as having a substantiated or supported finding of child
abuse or neglect; and

(ii) check the child abuse and neglect registry in each state where each adult living in
the home of the applicant described in Subsection (14)(a)(i) resided in the five years
immediately preceding the day on which the applicant applied to be a foster parent or adoptive
parent, to determine whether the adult is listed in the registry as having a substantiated or
supported finding of child abuse or neglect.

5876 (b) The requirements described in Subsection (14)(a) do not apply to the extent that:

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(i) federal law or rule permits otherwise; or

5878 (ii) the requirements would prohibit the Division of Child and Family Services or a5879 court from placing a child with:

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(A) a noncustodial parent under Section 80-2a-301, 80-3-302, or 80-3-303; or

(B) a relative, other than a noncustodial parent, under Section 80-2a-301, 80-3-302, or
80-3-303, pending completion of the background check described in Subsection (5).

5883 (c) Notwithstanding Subsections (5) through (9), the office shall deny a clearance to an 5884 applicant seeking a position in a congregate care program, an applicant for a one-time adoption, 5885 an applicant to become a prospective foster parent, or an applicant to become a prospective 5886 adoptive parent if the applicant has been convicted of:

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(i) a felony involving conduct that constitutes any of the following:

5888	(A) child abuse, as described in Sections 76-5-109, 76-5-109.2, and 76-5-109.3;
5889	(B) commission of domestic violence in the presence of a child, as described in Section
5890	76-5-114;
5891	(C) abuse or neglect of a child with a disability, as described in Section 76-5-110;
5892	(D) endangerment of a child or vulnerable adult, as described in Section 76-5-112.5;
5893	(E) aggravated murder, as described in Section 76-5-202;
5894	(F) murder, as described in Section 76-5-203;
5895	(G) manslaughter, as described in Section 76-5-205;
5896	(H) child abuse homicide, as described in Section 76-5-208;
5897	(I) homicide by assault, as described in Section 76-5-209;
5898	(J) kidnapping, as described in Section 76-5-301;
5899	(K) child kidnapping, as described in Section 76-5-301.1;
5900	(L) aggravated kidnapping, as described in Section 76-5-302;
5901	(M) human trafficking of a child, as described in Section 76-5-308.5;
5902	(N) an offense described in Title 76, Chapter 5, Part 4, Sexual Offenses;
5903	(O) sexual exploitation of a minor, as described in Section 76-5b-201;
5904	(P) aggravated exploitation of a minor, as described in Section 76-5b-201.1;
5905	(Q) aggravated arson, as described in Section 76-6-103;
5906	(R) aggravated burglary, as described in Section 76-6-203;
5907	(S) aggravated robbery, as described in Section 76-6-302; or
5908	(T) domestic violence, as described in Section 77-36-1; or
5909	(ii) an offense committed outside the state that, if committed in the state, would
5910	constitute a violation of an offense described in Subsection (14)(c)(i).
5911	(d) Notwithstanding Subsections (5) through (9), the office shall deny a license or
5912	license renewal to a prospective foster parent or a prospective adoptive parent if, within the
5913	five years immediately preceding the day on which the individual's application or license would
5914	otherwise be approved, the applicant was convicted of a felony involving conduct that

5915	constitutes a violation of any of the following:
5916	(i) aggravated assault, as described in Section 76-5-103;
5917	(ii) aggravated assault by a prisoner, as described in Section 76-5-103.5;
5918	(iii) mayhem, as described in Section 76-5-105;
5919	(iv) an offense described in Title 58, Chapter 37, Utah Controlled Substances Act;
5920	(v) an offense described in Title 58, Chapter 37a, Utah Drug Paraphernalia Act;
5921	(vi) an offense described in Title 58, Chapter 37b, Imitation Controlled Substances
5922	Act;
5923	(vii) an offense described in Title 58, Chapter 37c, Utah Controlled Substance
5924	Precursor Act; or
5925	(viii) an offense described in Title 58, Chapter 37d, Clandestine Drug Lab Act.
5926	(e) In addition to the circumstances described in Subsection (6)(a), the office shall
5927	conduct the comprehensive review of an applicant's background check pursuant to this section
5928	if the registry check described in Subsection (14)(a) indicates that the individual is listed in a
5929	child abuse and neglect registry of another state as having a substantiated or supported finding
5930	of a severe type of child abuse or neglect as defined in Section 80-1-102.
5931	Section 116. Section 26B-2-121, which is renumbered from Section 62A-2-121 is
5932	renumbered and amended to read:
5933	[62A-2-121]. <u>26B-2-121</u> . Access to abuse and neglect information.
5934	(1) As used in this section:
5935	(a) "Direct service worker" means the same as that term is defined in Section
5936	$[\frac{62A-5-101}{26B-6-401}]$
5937	(b) "Personal care attendant" means the same as that term is defined in Section
5938	[62A-3-101] <u>26B-6-401</u> .
5939	(2) With respect to a licensee, a direct service worker, or a personal care attendant, the
5940	department may access only the Licensing Information System of the Division of Child and
5941	Family Services created by Section 80-2-1002 and juvenile court records under Subsection

5942	80-3-404(4), for the purpose of:
5943	(a) (i) determining whether a person associated with a licensee, with direct access to
5944	children:
5945	(A) is listed in the Licensing Information System; or
5946	(B) has a substantiated finding by a juvenile court of a severe type of child abuse or
5947	neglect under Subsections 80-3-404(1) and (2); and
5948	(ii) informing a licensee that a person associated with the licensee:
5949	(A) is listed in the Licensing Information System; or
5950	(B) has a substantiated finding by a juvenile court of a severe type of child abuse or
5951	neglect under Subsections 80-3-404(1) and (2);
5952	(b) (i) determining whether a direct service worker:
5953	(A) is listed in the Licensing Information System; or
5954	(B) has a substantiated finding by a juvenile court of a severe type of child abuse or
5955	neglect under Subsections 80-3-404(1) and (2); and
5956	(ii) informing a direct service worker or the direct service worker's employer that the
5957	direct service worker:
5958	(A) is listed in the Licensing Information System; or
5959	(B) has a substantiated finding by a juvenile court of a severe type of child abuse or
5960	neglect under Subsections 80-3-404(1) and (2); or
5961	(c) (i) determining whether a personal care attendant:
5962	(A) is listed in the Licensing Information System; or
5963	(B) has a substantiated finding by a juvenile court of a severe type of child abuse or
5964	neglect under Subsections 80-3-404(1) and (2); and
5965	(ii) informing a person described in Subsections [62A-3-101] 26B-6-101(9)(a)(i)
5966	through (iv) that a personal care attendant:
5967	(A) is listed in the Licensing Information System; or
5968	(B) has a substantiated finding by a juvenile court of a severe type of child abuse or

5969	neglect under Subsections 80-3-404(1) and (2).
5970	(3) Notwithstanding Subsection (2), the department may access the Division of Child
5971	and Family Services' Management Information System under Section 80-2-1001:
5972	(a) for the purpose of licensing and monitoring foster parents;
5973	(b) for the purposes described in Subsection 80-2-1001(5)(b)(iii); and
5974	(c) for the purpose described in Section 26B-1-211.
5975	(4) The department shall receive and process personal identifying information under
5976	Subsection $[\frac{62A-2-120}{26B-2-120}]$ (1) for the purposes described in Subsection (2).
5977	(5) The department shall adopt rules under Title 63G, Chapter 3, Utah Administrative
5978	Rulemaking Act, consistent with this [chapter] part, defining the circumstances under which a
5979	person may have direct access or provide services to children when:
5980	(a) the person is listed in the Licensing Information System of the Division of Child
5981	and Family Services created by Section 80-2-1002; or
5982	(b) juvenile court records show that a court made a substantiated finding under Section
5983	80-3-404, that the person committed a severe type of child abuse or neglect.
5984	Section 117. Section 26B-2-122, which is renumbered from Section 62A-2-122 is
5985	renumbered and amended to read:
5986	[62A-2-122]. <u>26B-2-122</u> . Access to vulnerable adult abuse and neglect
5987	information.
5988	(1) For purposes of this section:
5989	(a) "Direct service worker" means the same as that term is defined in Section
5990	[62A-5-101] <u>26B-6-401</u> .
5991	(b) "Personal care attendant" means the same as that term is defined in Section
5992	[62A-3-101] <u>26B-6-401</u> .
5993	(2) With respect to a licensee, a direct service worker, or a personal care attendant, the
5994	
	department may access the database created by Section [$\frac{62A-3-311.1}{26B-6-210}$ for the

500(
5996	(a) (i) determining whether a person associated with a licensee, with direct access to
5997	vulnerable adults, has a supported or substantiated finding of:
5998	(A) abuse;
5999	(B) neglect; or
6000	(C) exploitation; and
6001	(ii) informing a licensee that a person associated with the licensee has a supported or
6002	substantiated finding of:
6003	(A) abuse;
6004	(B) neglect; or
6005	(C) exploitation;
6006	(b) (i) determining whether a direct service worker has a supported or substantiated
6007	finding of:
6008	(A) abuse;
6009	(B) neglect; or
6010	(C) exploitation; and
6011	(ii) informing a direct service worker or the direct service worker's employer that the
6012	direct service worker has a supported or substantiated finding of:
6013	(A) abuse;
6014	(B) neglect; or
6015	(C) exploitation; or
6016	(c) (i) determining whether a personal care attendant has a supported or substantiated
6017	finding of:
6018	(A) abuse;
6019	(B) neglect; or
6020	(C) exploitation; and
6021	(ii) informing a person described in Subsections [62A-3-101] 26B-6-401(9)(a)(i)
6022	through (iv) that a personal care attendant has a supported or substantiated finding of:

6023	(A) abuse;
6024	(B) neglect; or
6025	(C) exploitation.
6026	(3) The department shall receive and process personal identifying information under
6027	Subsection [$62A-2-120$] <u>26B-2-120(1)</u> for the purposes described in Subsection (2).
6028	(4) The department shall adopt rules under Title 63G, Chapter 3, Utah Administrative
6029	Rulemaking Act, consistent with this [chapter] part and [Title 62A, Chapter 3, Part 3] Chapter
6030	6, Part 2, Abuse, Neglect, or Exploitation of a Vulnerable Adult, defining the circumstances
6031	under which a person may have direct access or provide services to vulnerable adults when the
6032	person is listed in the statewide database of the Division of Aging and Adult Services created
6033	by Section [62A-3-311.1] 26B-6-210 as having a supported or substantiated finding of abuse,
6034	neglect, or exploitation.
6035	Section 118. Section 26B-2-123, which is renumbered from Section 62A-2-123 is
6036	renumbered and amended to read:
6037	[62A-2-123]. <u>26B-2-123.</u> Congregate care program regulation.
6038	(1) A congregate care program may not use a cruel, severe, unusual, or unnecessary
6039	practice on a child, including:
6040	(a) a strip search unless the congregate care program determines and documents that a
6041	strip search is necessary to protect an individual's health or safety;
6042	(b) a body cavity search unless the congregate care program determines and documents
6043	that a body cavity search is necessary to protect an individual's health or safety;
6044	(c) inducing pain to obtain compliance;
6045	(d) hyperextending joints;
6046	(e) peer restraints;
6047	(f) discipline or punishment that is intended to frighten or humiliate;
6048	(g) requiring or forcing the child to take an uncomfortable position, including squatting
6049	or bending;

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6050	(h) for the purpose of punishing or humiliating, requiring or forcing the child to repeat
6051	physical movements or physical exercises such as running laps or performing push-ups;
6052	(i) spanking, hitting, shaking, or otherwise engaging in aggressive physical contact;
6053	(j) denying an essential program service;
6054	(k) depriving the child of a meal, water, rest, or opportunity for toileting;
6055	(l) denying shelter, clothing, or bedding;
6056	(m) withholding personal interaction, emotional response, or stimulation;
6057	(n) prohibiting the child from entering the residence;
6058	(o) abuse as defined in Section 80-1-102; and
6059	(p) neglect as defined in Section 80-1-102.
6060	(2) Before a congregate care program may use a restraint or seclusion, the congregate
6061	care program shall:
6062	(a) develop and implement written policies and procedures that:
6063	(i) describe the circumstances under which a staff member may use a restraint or
6064	seclusion;
6065	(ii) describe which staff members are authorized to use a restraint or seclusion;
6066	(iii) describe procedures for monitoring a child that is restrained or in seclusion;
6067	(iv) describe time limitations on the use of a restraint or seclusion;
6068	(v) require immediate and continuous review of the decision to use a restraint or
6069	seclusion;
6070	(vi) require documenting the use of a restraint or seclusion;
6071	(vii) describe record keeping requirements for records related to the use of a restraint or
6072	seclusion;
6073	(viii) to the extent practicable, require debriefing the following individuals if
6074	debriefing would not interfere with an ongoing investigation, violate any law or regulation, or
6075	conflict with a child's treatment plan:
6076	(A) each witness to the event;

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6077	(B) each staff member involved; and
6078	(C) the child who was restrained or in seclusion;
6079	(ix) include a procedure for complying with Subsection (5); and
6080	(x) provide an administrative review process and required follow up actions after a
6081	child is restrained or put in seclusion; and
6082	(b) consult with the office to ensure that the congregate care program's written policies
6083	and procedures align with applicable law.
6084	(3) A congregate care program:
6085	(a) may use a passive physical restraint only if the passive physical restraint is
6086	supported by a nationally or regionally recognized curriculum focused on non-violent
6087	interventions and de-escalation techniques;
6088	(b) may not use a chemical or mechanical restraint unless the office has authorized the
6089	congregate care program to use a chemical or mechanical restraint;
6090	(c) shall ensure that a staff member that uses a restraint on a child is:
6091	(i) properly trained to use the restraint; and
6092	(ii) familiar with the child and if the child has a treatment plan, the child's treatment
6093	plan; and
6094	(d) shall train each staff member on how to intervene if another staff member fails to
6095	follow correct procedures when using a restraint.
6096	(4) (a) A congregate care program:
6097	(i) may use seclusion if:
6098	(A) the purpose for the seclusion is to ensure the immediate safety of the child or
6099	others; and
6100	(B) no less restrictive intervention is likely to ensure the safety of the child or others;
6101	and
6102	(ii) may not use seclusion:
6103	(A) for coercion retaliation or humiliation or

6103 (A) for coercion, retaliation, or humiliation; or

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6104	(B) due to inadequate staffing or for the staff's convenience.
6105	(b) While a child is in seclusion, a staff member who is familiar to the child shall
6106	actively supervise the child for the duration of the seclusion.
6107	(5) Subject to the office's review and approval, a congregate care program shall
6108	develop:
6109	(a) suicide prevention policies and procedures that describe:
6110	(i) how the congregate care program will respond in the event a child exhibits
6111	self-injurious, self-harm, or suicidal behavior;
6112	(ii) warning signs of suicide;
6113	(iii) emergency protocol and contacts;
6114	(iv) training requirements for staff, including suicide prevention training;
6115	(v) procedures for implementing additional supervision precautions and for removing
6116	any additional supervision precautions;
6117	(vi) suicide risk assessment procedures;
6118	(vii) documentation requirements for a child's suicide ideation and self-harm;
6119	(viii) special observation precautions for a child exhibiting warning signs of suicide;
6120	(ix) communication procedures to ensure all staff are aware of a child who exhibits
6121	warning signs of suicide;
6122	(x) a process for tracking suicide behavioral patterns; and
6123	(xi) a post-intervention plan with identified resources; and
6124	(b) based on state law and industry best practices, policies and procedures for
6125	managing a child's behavior during the child's participation in the congregate care program.
6126	(6) (a) A congregate care program:
6127	(i) subject to Subsection (6)(b), shall facilitate weekly confidential voice-to-voice
6128	communication between a child and the child's parents, guardian, foster parents, and siblings,
6129	as applicable;
6130	(ii) shall ensure that the communication described in Subsection (6)(a)(i) complies

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6131	with the child's treatment plan, if any; and
6132	(iii) may not use family contact as an incentive for proper behavior or withhold family
6133	contact as a punishment.
6134	(b) For the communication described in Subsection (6)(a)(i), a congregate care
6135	program may not:
6136	(i) deny the communication unless state law or a court order prohibits the
6137	communication; or
6138	(ii) modify the frequency or form of the communication unless:
6139	(A) the office approves the modification; or
6140	(B) state law or a court order prohibits the frequency or the form of the
6141	communication.
6142	Section 119. Section 26B-2-124, which is renumbered from Section 62A-2-125 is
6143	renumbered and amended to read:
6144	[62A-2-125]. <u>26B-2-124.</u> Congregate care program requirements.
6145	(1) As used in this section, "disruption plan" means a child specific plan used:
6146	(a) when the private-placement child stops receiving services from a congregate care
6147	program; and
6148	(b) for transporting a private-placement child to a parent or guardian or to another
6149	congregate care program.
6150	(2) A congregate care program shall keep the following for a private-placement child
6151	whose parent or guardian lives outside the state:
6152	(a) regularly updated contact information for the parent or guardian that lives outside
6153	the state; and
6154	(b) a disruption plan.
6155	(3) If a private-placement child whose parent or guardian resides outside the state
6156	leaves a congregate care program without following the child's disruption plan, the congregate

6157 care program shall:

6158	(a) notify the parent or guardian, office, and local law enforcement authorities;
6159	(b) assist the state in locating the private-placement child; and
6160	(c) after the child is located, transport the private-placement child:
6161	(i) to a parent or guardian;
6162	(ii) back to the congregate care program; or
6163	(iii) to another congregate care program.
6164	(4) This section does not apply to a guardian that is a state or agency.
6165	(5) The office shall make rules in accordance with Title 63G, Chapter 3, Utah
6166	Administrative Rulemaking Act, describing:
6167	(a) additional mandatory provisions for a disruption plan; and
6168	(b) how a congregate care program shall notify the office when a private-placement
6169	child begins receiving services.
6170	Section 120. Section 26B-2-125, which is renumbered from Section 62A-2-128 is
6171	renumbered and amended to read:
6172	[62A-2-128]. <u>26B-2-125.</u> Youth transportation company registration.
6173	(1) The office shall establish a registration system for youth transportation companies.
6174	(2) The office shall establish a fee:
6175	(a) under Section 63J-1-504 that does not exceed \$500; and
6176	(b) that when paid by all registrants generates sufficient revenue to cover or
6177	substantially cover the costs for the creation and maintenance of the registration system.
6178	(3) A youth transportation company shall:
6179	(a) register with the office; and
6180	(b) provide the office:
6181	(i) proof of a business insurance policy that provides at least \$1,000,000 in coverage;
6182	and
6183	(ii) a valid business license from the state where the youth transportation company is
6184	headquartered.

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6185 (4) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the 6186 office shall make rules to implement this section. 6187 Section 121. Section 26B-2-126, which is renumbered from Section 62A-2-108.5 is 6188 renumbered and amended to read: 6189 [62A-2-108.5]. 26B-2-126. Notification requirement for child-placing 6190 agencies that provide foster home services -- Rulemaking authority. 6191 (1) The office shall require a child-placing agency that provides foster home services to 6192 notify a foster parent that if the foster parent signs as the responsible adult for a foster child to 6193 receive a driver license under Section 53-3-211: 6194 (a) the foster parent is jointly and severally liable with the minor for civil compensatory 6195 damages caused by the minor when operating a motor vehicle upon a highway as provided 6196 under Subsections 53-3-211(2) and (4); and 6197 (b) the foster parent may file with the Driver License Division a verified written 6198 request that the learner permit or driver license be canceled in accordance with Section 6199 53-3-211 if the foster child no longer resides with the foster parent. 6200 (2) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the 6201 office may make rules establishing the procedures for a child-placing agency to provide the 6202 notification required under this section. 6203 Section 122. Section **26B-2-127**, which is renumbered from Section 62A-2-108.6 is 6204 renumbered and amended to read: 6205 26B-2-127. Child placing licensure requirements --[62A-2-108.6]. 6206 **Prohibited acts.** 6207 (1) As used in this section: 6208 (a) (i) "Advertisement" means any written, oral, or graphic statement or representation 6209 made in connection with a solicitation of business. 6210 (ii) "Advertisement" includes a statement or representation described in Subsection 6211 (1)(a)(i) by a noncable television system, radio, printed brochure, newspaper, leaflet, flyer,

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6212 circular, billboard, banner, Internet website, social media, or sign.

6213 (b) "Birth parent" means the same as that term is defined in Section 78B-6-103.

6214 (c) "Clearly and conspicuously disclose" means the same as that term is defined in6215 Section 13-11a-2.

(d) (i) "Matching advertisement" means any written, oral, or graphic statement or
representation made in connection with a solicitation of business to provide the assistance
described in Subsection (3)(a)(i), regardless of whether there is or will be an exchange
described in Subsection (3)(a)(i).

(ii) "Matching advertisement" includes a statement or representation described in
Subsection (1)(d)(i) by a noncable television system, radio, printed brochure, newspaper,
leaflet, flyer, circular, billboard, banner, Internet website, social media, or sign.

(2) (a) Subject to Section 78B-24-205, a person may not engage in child placing, or
solicit money or other assistance for child placing, without a valid license issued by the office
in accordance with this [chapter] part.

(b) If a child-placing agency's license is suspended or revoked in accordance with this
[chapter] part, the care, control, or custody of any child who is in the care, control, or custody
of the child-placing agency shall be transferred to the Division of Child and Family Services.

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(3) (a) (i) An attorney, physician, or other person may assist:

6230 (A) a birth parent to identify or locate a prospective adoptive parent who is interested6231 in adopting the birth parent's child; or

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(B) a prospective adoptive parent to identify or locate a child to be adopted.

(ii) A payment, charge, fee, reimbursement of expense, or exchange of value of any
kind, or promise or agreement to make the same, may not be made for the assistance described
in Subsection (3)(a)(i).

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(b) An attorney, physician, or other person may not:

(i) issue or cause to be issued to any person a card, sign, or device indicating that theattorney, physician, or other person is available to provide the assistance described in

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6239 Subsection (3)(a)(i); 6240 (ii) cause, permit, or allow any sign or marking indicating that the attorney, physician, 6241 or other person is available to provide the assistance described in Subsection (3)(a)(i), on or in 6242 any building or structure; 6243 (iii) announce, cause, permit, or allow an announcement indicating that the attorney, 6244 physician, or other person is available to provide the assistance described in Subsection 6245 (3)(a)(i), to appear in any newspaper, magazine, directory, on radio or television, or an Internet 6246 website relating to a business; 6247 (iv) announce, cause, permit, or allow a matching advertisement; or 6248 (v) announce, cause, permit, or allow an advertisement that indicates or implies the 6249 attorney, physician, or other person is available to provide the assistance described in 6250 Subsection (3)(a)(i) as part of, or related to, other adoption-related services by using any of the 6251 following terms: 6252 (A) "comprehensive"; 6253 (B) "complete": 6254 (C) "one-stop"; 6255 (D) "all-inclusive"; or 6256 (E) any other term similar to the terms described in Subsections (3)(b)(v)(A) through 6257 (D). 6258 (c) An attorney, physician, or other person who is not licensed by the office shall 6259 clearly and conspicuously disclose in any print media advertisement or written contract 6260 regarding adoption services or adoption-related services that the attorney, physician, or other 6261 person is not licensed to provide adoption services by the office. 6262 (4) A person who intentionally or knowingly violates Subsection (2) or (3) is guilty of 6263 a third degree felony. 6264 (5) This section does not preclude payment of fees for medical, legal, or other lawful 6265 services rendered in connection with the care of a mother, delivery and care of a child, or

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6266	lawful adoption proceedings.
6267	(6) In accordance with federal law, only an agent or employee of the Division of Child
6268	and Family Services or of a licensed child-placing agency may certify to United States
6269	Citizenship and Immigration Services that a family meets the preadoption requirements of the
6270	Division of Child and Family Services.
6271	(7) A licensed child-placing agency or an attorney practicing in this state may not place
6272	a child for adoption, either temporarily or permanently, with an individual who would not be
6273	qualified for adoptive placement under Sections 78B-6-102, 78B-6-117, and 78B-6-137.
6274	Section 123. Section 26B-2-128, which is renumbered from Section 62A-2-116.5 is
6275	renumbered and amended to read:
6276	[62A-2-116.5]. <u>26B-2-128.</u> Numerical limit of foster children in a foster
6277	home.
6278	(1) Except as provided in Subsection (2) or (3), no more than:
6279	(a) four foster children may reside in the foster home of a licensed foster parent; or
6280	(b) three foster children may reside in the foster home of a certified foster parent.
6281	(2) When placing a sibling group into a foster home, the limits in Subsection (1) may
6282	be exceeded if:
6283	(a) no other foster children reside in the foster home;
6284	(b) only one other foster child resides in the foster home at the time of a sibling group's
6285	placement into the foster home; or
6286	(c) a sibling group re-enters foster care and is placed into the foster home where the
6287	sibling group previously resided.
6288	(3) When placing a child into a foster home, the limits in Subsection (1) may be
6289	exceeded:
6290	(a) to place a child into a foster home where a sibling of the child currently resides; or
6291	(b) to place a child in a foster home where the child previously resided.
6292	Section 124. Section 26B-2-129 , which is renumbered from Section 62A-2-117 is

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6293	renumbered and amended to read:
6294	[62A-2-117]. <u>26B-2-129.</u> Licensure of tribal foster homes.
6295	(1) The Indian Child Welfare Act, 25 U.S.C. Secs. 1901-1963, provides that Indian
6296	tribes may develop and implement tribal foster home standards.
6297	(2) The office shall give full faith and credit to an Indian tribe's certification or
6298	licensure of a tribal foster home for an Indian child and siblings of that Indian child, both on
6299	and off Indian country, according to standards developed and approved by the Indian tribe,
6300	pursuant to the Indian Child Welfare Act, 25 U.S.C. Secs. 1901-1963.
6301	(3) If the Indian tribe has not developed standards, the office shall license tribal foster
6302	homes pursuant to this [chapter] part.
6303	Section 125. Section 26B-2-130, which is renumbered from Section 62A-2-117.5 is
6304	renumbered and amended to read:
6305	[62A-2-117.5]. <u>26B-2-130.</u> Foster care by a child's relative.
6306	(1) As used in this section:
6307	(a) "Custody" means the same as that term is defined in Section 80-2-102.
6308	(b) "Relative" means the same as that term is defined in Section 80-3-102.
6309	(c) "Temporary custody" means the same as that term is defined in Section 80-2-102.
6310	[(1)] (2) (a) In accordance with state and federal law, the division shall provide for
6311	licensure of a child's relative for foster or substitute care, when the child is in the temporary
6312	custody or custody of the Division of Child and Family Services.
6313	(b) If it is determined that, under federal law, allowance is made for an approval
6314	process requiring less than full foster parent licensure proceedings for a child's relative, the
6315	division shall establish an approval process to accomplish that purpose.
6316	[(2) For purposes of this section:]
6317	[(a) "Custody" and "temporary custody" mean the same as those terms are defined in
6318	Section 80-2-102.]
6319	[(b) "Relative" means the same as that term is defined in Section 80-3-102.]

6320 Section 126. Section 26B-2-131, which is renumbered from Section 62A-2-127 is 6321 renumbered and amended to read: 6322 [62A-2-127]. 26B-2-131. Child-placing agency responsibility for 6323 educational services -- Payment of costs. 6324 (1) A child-placing agency shall ensure that the requirements of Subsections 6325 53G-6-202(2) and 53G-6-203(1) are met through the provision of appropriate educational 6326 services for all children served in the state by the child-placing agency. 6327 (2) (a) If the educational services described in Subsection (1) are provided through a 6328 public school and the custodial parent or legal guardian resides outside the state, the 6329 child-placing agency shall pay all educational costs required under Sections 53G-6-306 and 6330 53G-7-503. 6331 (b) If the educational services described in Subsection (1) are provided through a 6332 public school and the custodial parent or legal guardian resides within the state, then the 6333 child-placing agency shall pay all educational costs required under Section 53G-7-503. 6334 (3) A child in the custody or under the care of a Utah state agency is exempt from the payment of fees required under Subsection (2). 6335 6336 (4) A public school shall admit any child living within the public school's boundaries 6337 who is under the supervision of a child-placing agency upon payment by the child-placing 6338 agency of the tuition and fees required under Subsection (2). 6339 Section 127. Section 26B-2-132, which is renumbered from Section 62A-2-115.2 is 6340 renumbered and amended to read: 6341 [62A-2-115.2]. 26B-2-132. Child-placing agency proof of authority in a 6342 proceeding. 6343 A child-placing agency is not required to present the child-placing agency's license 6344 issued under this [chapter] part, the child placing agency's certificate of incorporation, or proof 6345 of the child-placing agency's authority to consent to adoption, as proof of the child-placing 6346 agency's authority in any proceeding in which the child-placing agency is an interested party,

6347	unless the court or a party to the proceeding requests that the child-placing agency or the
6348	child-placing agency's representative establish proof of authority.
6349	Section 128. Section 26B-2-133, which is renumbered from Section 62A-2-115.1 is
6350	renumbered and amended to read:
6351	[62A-2-115.1]. <u>26B-2-133.</u> Injunctive relief and civil penalty for unlawful
6352	child placing Enforcement by county attorney or attorney general.
6353	(1) The office or another interested person may commence an action in [district] court
6354	to enjoin any person, agency, firm, corporation, or association from violating Section
6355	[62A-2-108.6] <u>26B-2-127</u> .
6356	(2) The office shall:
6357	(a) solicit information from the public relating to violations of Section [$\frac{62A-2-108.6}{100}$]
6358	<u>26B-2-127;</u> and
6359	(b) upon identifying a violation of Section [62A-2-108.6] <u>26B-2-127</u> :
6360	(i) send a written notice to the person who violated Section [$\frac{62A-2-108.6}{26B-2-127}$]
6361	that describes the alleged violation; and
6362	(ii) notify the following persons of the alleged violation:
6363	(A) the local county attorney; and
6364	(B) the Division of Professional Licensing.
6365	(3) (a) A county attorney or the attorney general shall institute legal action as necessary
6366	to enforce the provisions of Section [62A-2-108.6] 26B-2-127 after being informed of an
6367	alleged violation.
6368	(b) If a county attorney does not take action within 30 days after the day on which the
6369	county attorney is informed of an alleged violation of Section [62A-2-108.6] 26B-2-127, the
6370	attorney general may be requested to take action, and shall then institute legal proceedings in
6371	place of the county attorney.
6372	(4) (a) In addition to the remedies provided in Subsections (1) and (3), any person,
6373	agency, firm, corporation, or association found to be in violation of Section [62A-2-108.6]

6374	26B-2-127 shall forfeit all proceeds identified as resulting from the transaction, and may also
6375	be assessed a civil penalty of not more than \$10,000 for each violation.
6376	(b) Each act in violation of Section [62A-2-108.6] 26B-2-127, including each
6377	placement or attempted placement of a child, is a separate violation.
6378	(5) (a) The amount recovered as a penalty under Subsection (4) shall be placed in the
6379	General Fund of the prosecuting county, or in the state General Fund if the attorney general
6380	prosecutes.
6381	(b) If two or more governmental entities are involved in the prosecution, the court shall
6382	apportion the penalty among the entities, according to the entities' involvement.
6383	(6) A judgment ordering the payment of any penalty or forfeiture under Subsection (4)
6384	is a lien when recorded in the judgment docket, and has the same effect and is subject to the
6385	same rules as a judgment for money in a civil action.
6386	Section 129. Section 26B-2-201, which is renumbered from Section 26-21-2 is
6387	renumbered and amended to read:
6388	Part 2. Health Care Facility Licensing and Inspection
6389	[26-21-2]. <u>26B-2-201.</u> Definitions.
6390	As used in this [chapter] part:
6391	(1) "Abortion clinic" means a type I abortion clinic or a type II abortion clinic.
6392	(2) "Activities of daily living" means essential activities including:
6393	(a) dressing;
6394	(b) eating;
6395	(c) grooming;
6396	(d) bathing;
6397	(e) toileting;
6398	(f) ambulation;
6399	(g) transferring; and
6400	(h) self-administration of medication.

6401	(3) "Ambulatory surgical facility" means a freestanding facility, which provides
6402	surgical services to patients not requiring hospitalization.
6403	(4) "Assistance with activities of daily living" means providing of or arranging for the
6404	provision of assistance with activities of daily living.
6405	(5) (a) "Assisted living facility" means:
6406	(i) a type I assisted living facility, which is a residential facility that provides assistance
6407	with activities of daily living and social care to two or more residents who:
6408	(A) require protected living arrangements; and
6409	(B) are capable of achieving mobility sufficient to exit the facility without the
6410	assistance of another person; and
6411	(ii) a type II assisted living facility, which is a residential facility with a home-like
6412	setting that provides an array of coordinated supportive personal and health care services
6413	available 24 hours per day to residents who have been assessed under department rule to need
6414	any of these services.
6415	(b) Each resident in a type I or type II assisted living facility shall have a service plan
6416	based on the assessment, which may include:
6417	(i) specified services of intermittent nursing care;
6418	(ii) administration of medication; and
6419	(iii) support services promoting residents' independence and [self sufficiency]
6420	self-sufficiency.
6421	(6) "Birthing center" means a facility that:
6422	(a) receives maternal clients and provides care during pregnancy, delivery, and
6423	immediately after delivery; and
6424	(b) (i) is freestanding; or
6425	(ii) is not freestanding, but meets the requirements for an alongside midwifery unit
6426	described in Subsection [26-21-29] 26B-2-228(7).
6427	(7) "Committee" means the Health Facility Committee created in Section 26B-1-204.

(8) "Consumer" means any person not primarily engaged in the provision of health care
to individuals or in the administration of facilities or institutions in which such care is provided
and who does not hold a fiduciary position, or have a fiduciary interest in any entity involved in
the provision of health care, and does not receive, either directly or through his spouse, more
than 1/10 of his gross income from any entity or activity relating to health care.

6433 (9) "End stage renal disease facility" means a facility which furnishes staff-assisted
6434 kidney dialysis services, self-dialysis services, or home-dialysis services on an outpatient basis.

(10) "Freestanding" means existing independently or physically separated from another
health care facility by fire walls and doors and administrated by separate staff with separate
records.

6438 (11) "General acute hospital" means a facility which provides diagnostic, therapeutic,
6439 and rehabilitative services to both inpatients and outpatients by or under the supervision of
6440 physicians.

(12) "Governmental unit" means the state, or any county, municipality, or other
political subdivision or any department, division, board, or agency of the state, a county,
municipality, or other political subdivision.

(13) (a) "Health care facility" means general acute hospitals, specialty hospitals, home
health agencies, hospices, nursing care facilities, residential-assisted living facilities, birthing
centers, ambulatory surgical facilities, small health care facilities, abortion clinics, facilities
owned or operated by health maintenance organizations, end stage renal disease facilities, and
any other health care facility which the committee designates by rule.

(b) "Health care facility" does not include the offices of private physicians or dentists,whether for individual or group practice, except that it does include an abortion clinic.

6451 (14) "Health maintenance organization" means an organization, organized under the6452 laws of any state which:

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(b) (i) provides or otherwise makes available to enrolled participants at least the

(a) is a qualified health maintenance organization under 42 U.S.C. Sec. 300e-9; or

6455 following basic health care services: usual physician services, hospitalization, laboratory, x-ray,
6456 emergency, and preventive services and out-of-area coverage;

(ii) is compensated, except for copayments, for the provision of the basic health
services listed in Subsection (14)(b)(i) to enrolled participants by a payment which is paid on a
periodic basis without regard to the date the health services are provided and which is fixed
without regard to the frequency, extent, or kind of health services actually provided; and

(iii) provides physicians' services primarily directly through physicians who are either
employees or partners of such organizations, or through arrangements with individual
physicians or one or more groups of physicians organized on a group practice or individual
practice basis.

(15) (a) "Home health agency" means an agency, organization, or facility or a
subdivision of an agency, organization, or facility which employs two or more direct care staff
persons who provide licensed nursing services, therapeutic services of physical therapy, speech
therapy, occupational therapy, medical social services, or home health aide services on a
visiting basis.

(b) "Home health agency" does not mean an individual who provides services underthe authority of a private license.

(16) "Hospice" means a program of care for the terminally ill and their families which
occurs in a home or in a health care facility and which provides medical, palliative,
psychological, spiritual, and supportive care and treatment.

6475 (17) "Nursing care facility" means a health care facility, other than a general acute or
6476 specialty hospital, constructed, licensed, and operated to provide patient living
6477 accommodations, 24-hour staff availability, and at least two of the following patient services:

(a) a selection of patient care services, under the direction and supervision of a
registered nurse, ranging from continuous medical, skilled nursing, psychological, or other
professional therapies to intermittent health-related or paraprofessional personal care services;

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(b) a structured, supportive social living environment based on a professionally

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6482 designed and supervised treatment plan, oriented to the individual's habilitation or6483 rehabilitation needs; or

6484 (c) a supervised living environment that provides support, training, or assistance with 6485 individual activities of daily living.

6486 (18) "Person" means any individual, firm, partnership, corporation, company,6487 association, or joint stock association, and the legal successor thereof.

6488 (19) "Resident" means a person 21 years old or older who:

(a) as a result of physical or mental limitations or age requires or requests servicesprovided in an assisted living facility; and

(b) does not require intensive medical or nursing services as provided in a hospital ornursing care facility.

6493 (20) "Small health care facility" means a four to 16 bed facility that provides licensed6494 health care programs and services to residents.

(21) "Specialty hospital" means a facility which provides specialized diagnostic,
therapeutic, or rehabilitative services in the recognized specialty or specialties for which the
hospital is licensed.

(22) "Substantial compliance" means in a department survey of a licensee, the
department determines there is an absence of deficiencies which would harm the physical
health, mental health, safety, or welfare of patients or residents of a licensee.

(23) "Type I abortion clinic" means a facility, including a physician's office, but notincluding a general acute or specialty hospital, that:

(a) performs abortions, as defined in Section 76-7-301, during the first trimester ofpregnancy; and

(b) does not perform abortions, as defined in Section 76-7-301, after the first trimesterof pregnancy.

(24) "Type II abortion clinic" means a facility, including a physician's office, but notincluding a general acute or specialty hospital, that:

6509	(a) performs abortions, as defined in Section 76-7-301, after the first trimester of
6510	pregnancy; or
6511	(b) performs abortions, as defined in Section 76-7-301, during the first trimester of
6512	pregnancy and after the first trimester of pregnancy.
6513	Section 130. Section 26B-2-202, which is renumbered from Section 26-21-6 is
6514	renumbered and amended to read:
6515	[26-21-6]. <u>26B-2-202.</u> Duties of department.
6516	(1) The department shall:
6517	(a) enforce rules established pursuant to this [chapter] part;
6518	(b) authorize an agent of the department to conduct inspections of health care facilities
6519	pursuant to this [chapter] part;
6520	(c) collect information authorized by the committee that may be necessary to ensure
6521	that adequate health care facilities are available to the public;
6522	(d) collect and credit fees for licenses as free revenue;
6523	(e) collect and credit fees for conducting plan reviews as dedicated credits;
6524	(f) (i) collect and credit fees for conducting clearance under [Chapter 21, Part 2,
6525	Clearance for Direct Patient Access] Sections 26B-2-239 and 26B-2-240; and
6526	(ii) beginning July 1, 2012:
6527	(A) up to $105,000$ of the fees collected under Subsection $(1)(f)(i)$ are dedicated
6528	credits; and
6529	(B) the fees collected for background checks under Subsection [26-21-204]
6530	26B-2-240(6) and [Section $26-21-205$] Subsection $26B-2-241(4)$ shall be transferred to the
6531	Department of Public Safety to reimburse the Department of Public Safety for its costs in
6532	conducting the federal background checks;
6533	(g) designate an executive secretary from within the department to assist the committee
6534	in carrying out its powers and responsibilities;
6535	(h) establish reasonable standards for criminal background checks by public and

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6536	private entities;
6537	(i) recognize those public and private entities that meet the standards established
6538	pursuant to Subsection (1)(h); and
6539	(j) provide necessary administrative and staff support to the committee.
6540	(2) The department may:
6541	(a) exercise all incidental powers necessary to carry out the purposes of this [chapter]
6542	<u>part;</u>
6543	(b) review architectural plans and specifications of proposed health care facilities or
6544	renovations of health care facilities to ensure that the plans and specifications conform to rules
6545	established by the committee; and
6546	(c) in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act,
6547	make rules as necessary to implement the provisions of this [chapter] part.
6548	Section 131. Section 26B-2-203, which is renumbered from Section 26-21-2.1 is
6549	renumbered and amended to read:
6550	[26-21-2.1]. <u>26B-2-203.</u> Services required General acute hospitals Specialty
6551	Hospitals.
6552	(1) General acute hospitals and specialty hospitals shall remain open and be
6553	continuously ready to receive patients 24 hours of every day in a year and have an attending
6554	medical staff consisting of one or more physicians licensed to practice medicine and surgery
6555	under Title 58, Chapter 67, Utah Medical Practice Act, or Title 58, Chapter 68, Utah
6556	Osteopathic Medical Practice Act.
6557	(2) A specialty hospital shall provide on-site all basic services required of a general
6558	acute hospital that are needed for the diagnosis, therapy, or rehabilitation offered to or required
6559	by patients admitted to or cared for in the facility.
6560	(3) (a) A home health agency shall provide at least licensed nursing services or
6561	therapeutic services directly through the agency employees.
6562	(b) A home health agency may provide additional services itself or under arrangements

6563	with another agency, organization, facility, or individual.
6564	(4) Beginning January 1, 2023, a hospice program shall provide at least one qualified
6565	medical provider, as that term is defined in Section [26-61a-102] 26B-4-201, for the treatment
6566	of hospice patients.
6567	Section 132. Section 26B-2-204, which is renumbered from Section 26-21-6.5 is
6568	renumbered and amended to read:
6569	[26-21-6.5]. <u>26B-2-204.</u> Licensing of an abortion clinic Rulemaking authority
6570	Fee.
6571	(1) A type I abortion clinic may not operate in the state without a license issued by the
6572	department to operate a type I abortion clinic.
6573	(2) A type II abortion clinic may not operate in the state without a license issued by the
6574	department to operate a type II abortion clinic.
6575	(3) The department shall make rules establishing minimum health, safety, sanitary, and
6576	recordkeeping requirements for:
6577	(a) a type I abortion clinic; and
6578	(b) a type II abortion clinic.
6579	(4) To receive and maintain a license described in this section, an abortion clinic shall:
6580	(a) apply for a license on a form prescribed by the department;
6581	(b) satisfy and maintain the minimum health, safety, sanitary, and recordkeeping
6582	requirements established under Subsection (3) that relate to the type of abortion clinic licensed;
6583	(c) comply with the recordkeeping and reporting requirements of Section 76-7-313;
6584	(d) comply with the requirements of Title 76, Chapter 7, Part 3, Abortion;
6585	(e) pay the annual licensing fee; and
6586	(f) cooperate with inspections conducted by the department.
6587	(5) (a) The department shall, at least twice per year, inspect each abortion clinic in the
6588	state to ensure that the abortion clinic is complying with all statutory and licensing
6589	requirements relating to the abortion clinic.

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6590	(b) At least one of the inspections shall be made without providing notice to the
6591	abortion clinic.
6592	(6) The department shall charge an annual license fee, set by the department in
6593	accordance with the procedures described in Section 63J-1-504, to an abortion clinic in an
6594	amount that will pay for the cost of the licensing requirements described in this section and the
6595	cost of inspecting abortion clinics.
6596	(7) The department shall deposit the licensing fees described in this section in the
6597	General Fund as a dedicated credit to be used solely to pay for the cost of the licensing
6598	requirements described in this section and the cost of inspecting abortion clinics.
6599	Section 133. Section 26B-2-205, which is renumbered from Section 26-21-7 is
6600	renumbered and amended to read:
6601	[26-21-7]. <u>26B-2-205.</u> Exempt facilities.
6602	This [chapter] part does not apply to:
6603	(1) a dispensary or first aid facility maintained by any commercial or industrial plant,
6604	educational institution, or convent;
6605	(2) a health care facility owned or operated by an agency of the United States;
6606	(3) the office of a physician, physician assistant, or dentist whether it is an individual
6607	or group practice, except that it does apply to an abortion clinic;
6608	(4) a health care facility established or operated by any recognized church or
6609	denomination for the practice of religious tenets administered by mental or spiritual means
6610	without the use of drugs, whether gratuitously or for compensation, if it complies with statutes
6611	and rules on environmental protection and life safety;
6612	(5) any health care facility owned or operated by the Department of Corrections,
6613	created in Section 64-13-2; and
6614	(6) a residential facility providing 24-hour care:
6615	(a) that does not employ direct care staff;
6616	(b) in which the residents of the facility contract with a licensed hospice agency to

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6618 (c) that meets other requirements for an exemption as designated by administrative6619 rule.

6620 Section 134. Section **26B-2-206**, which is renumbered from Section 26-21-8 is 6621 renumbered and amended to read:

6622 [26-21-8]. <u>26B-2-206.</u> License required -- Not assignable or transferable -6623 Posting -- Expiration and renewal -- Time for compliance by operating facilities.

(1) (a) A person or governmental unit acting severally or jointly with any other person
or governmental unit, may not establish, conduct, or maintain a health care facility in this state
without receiving a license from the department as provided by this [chapter] part and the rules
adopted pursuant to this [chapter] part.

6628 6629 (b) This Subsection (1) does not apply to facilities that are exempt under Section
 [26-21-7] 26B-2-205.

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(2) A license issued under this [chapter] part is not assignable or transferable.

6631 (3) The current license shall at all times be posted in each health care facility in a place6632 readily visible and accessible to the public.

(4) (a) The department may issue a license for a period of time not to exceed 12
months from the date of issuance for an abortion clinic and not to exceed 24 months from the
date of issuance for other health care facilities that meet the provisions of this [chapter] part
and department rules adopted pursuant to this [chapter] part.

6637 (b) Each license expires at midnight on the day designated on the license as the6638 expiration date, unless previously revoked by the department.

(c) The license shall be renewed upon completion of the application requirements,
unless the department finds the health care facility has not complied with the provisions of this
[chapter] part or the rules adopted pursuant to this [chapter] part.

6642 (5) A license may be issued under this section only for the operation of a specific6643 facility at a specific site by a specific person.

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6644 (6) Any health care facility in operation at the time of adoption of any applicable rules
6645 as provided under this [chapter] part shall be given a reasonable time for compliance as
6646 determined by the committee.

6647 Section 135. Section **26B-2-207**, which is renumbered from Section 26-21-9 is 6648 renumbered and amended to read:

6649[26-21-9].26B-2-207.Application for license -- Information required -- Public6650records.

(1) An application for license shall be made to the department in a form prescribed by
the department. The application and other documentation requested by the department as part
of the application process shall require such information as the committee determines
necessary to ensure compliance with established rules.

(2) Information received by the department in reports and inspections shall be public
records, except the information may not be disclosed if it directly or indirectly identifies any
individual other than the owner or operator of a health facility (unless disclosure is required by
law) or if its disclosure would otherwise constitute an unwarranted invasion of personal
privacy.

6660 (3) Information received by the department from a health care facility, pertaining to
6661 that facility's accreditation by a voluntary accrediting organization, shall be private data except
6662 for a summary prepared by the department related to licensure standards.

6663 Section 136. Section **26B-2-208**, which is renumbered from Section 26-21-11 is 6664 renumbered and amended to read:

6665 [26-21-11]. 26B-2-208. Violations -- Denial or revocation of license - 6666 Restricting or prohibiting new admissions -- Monitor.

6667 If the department finds a violation of this [chapter] part or any rules adopted pursuant to 6668 this [chapter] part the department may take one or more of the following actions:

6669 (1) serve a written statement of violation requiring corrective action, which shall6670 include time frames for correction of all violations;

6671	(2) deny or revoke a license if it finds:
6672	(a) there has been a failure to comply with the rules established pursuant to this
6673	[chapter] <u>part;</u>
6674	(b) evidence of aiding, abetting, or permitting the commission of any illegal act; or
6675	(c) conduct adverse to the public health, morals, welfare, and safety of the people of
6676	the state;
6677	(3) restrict or prohibit new admissions to a health care facility or revoke the license of a
6678	health care facility for:
6679	(a) violation of any rule adopted under this [chapter] part; or
6680	(b) permitting, aiding, or abetting the commission of any illegal act in the health care
6681	facility;
6682	(4) place a department representative as a monitor in the facility until corrective action
6683	is completed;
6684	(5) assess to the facility the cost incurred by the department in placing a monitor;
6685	(6) assess an administrative penalty as allowed by Subsection $[\frac{26-23-6}{2}]$
6686	<u>26B-1-224(1)(a);</u> or
6687	(7) issue a cease and desist order to the facility.
6688	Section 137. Section 26B-2-209, which is renumbered from Section 26-21-11.1 is
6689	renumbered and amended to read:
6690	[26-21-11.1]. <u>26B-2-209.</u> Failure to follow certain health care claims
6691	practices Penalties.
6692	(1) The department may assess a fine of up to \$500 per violation against a health care
6693	facility that violates Section 31A-26-313.
6694	(2) The department shall waive the fine described in Subsection (1) if:
6695	(a) the health care facility demonstrates to the department that the health care facility
6696	mitigated and reversed any damage to the insured caused by the health care facility or third
6697	party's violation; or

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6698 (b) the insured does not pay the full amount due on the bill that is the subject of the 6699 violation, including any interest, fees, costs, and expenses, within 120 days after the day on 6700 which the health care facility or third party makes a report to a credit bureau or takes an action 6701 in violation of Section 31A-26-313. 6702 Section 138. Section 26B-2-210, which is renumbered from Section 26-21-12 is 6703 renumbered and amended to read: 6704 [26-21-12]. 26B-2-210. Issuance of new license after revocation -- Restoration. 6705 (1) If a license is revoked, the department may issue a new license only after it 6706 determines by inspection that the facility has corrected the conditions that were the basis of 6707 revocation and that the facility complies with all provisions of this [chapter] part and applicable 6708 rules. 6709 (2) If the department does not renew a license because of noncompliance with the 6710 provisions of this [chapter] part or the rules adopted under this [chapter] part, the department 6711 may issue a new license only after the facility complies with all renewal requirements and the 6712 department determines that the interests of the public will not be jeopardized. 6713 Section 139. Section 26B-2-211, which is renumbered from Section 26-21-13 is 6714 renumbered and amended to read: 6715 [26-21-13]. 26B-2-211. License issued to facility in compliance or substantial 6716 compliance with part and rules. 6717 (1) The department shall issue a standard license for a health care facility which is 6718 found to be in compliance with the provisions of this [chapter] part and with all applicable 6719 rules adopted by the committee. 6720 (2) The department may issue a provisional or conditional license for a health care 6721 facility which is in substantial compliance if the interests of the public will not be jeopardized. Section 140. Section 26B-2-212, which is renumbered from Section 26-21-13.5 is 6722 6723 renumbered and amended to read: 6724 [26-21-13.5]. 26B-2-212. Intermediate care facilities for people with an

6725	intellectual disability Licensing.
6726	(1) (a) It is the Legislature's intent that a person with a developmental disability be
6727	provided with an environment and surrounding that, as closely as possible, resembles small
6728	community-based, homelike settings, to allow those persons to have the opportunity, to the
6729	maximum extent feasible, to exercise their full rights and responsibilities as citizens.
6730	(b) It is the Legislature's purpose, in enacting this section, to provide assistance and
6731	opportunities to enable a person with a developmental disability to achieve the person's
6732	maximum potential through increased independence, productivity, and integration into the
6733	community.
6734	(2) After July 1, 1990, the department may only license intermediate care beds for
6735	people with an intellectual disability in small health care facilities.
6736	(3) The department may define by rule "small health care facility" for purposes of
6737	licensure under this section and adopt rules necessary to carry out the requirements and
6738	purposes of this section.
6739	(4) This section does not apply to the renewal of a license or the licensure to a new
6740	owner of any facility that was licensed on or before July 1, 1990, and that licensure has been
6741	maintained without interruption.
6742	Section 141. Section 26B-2-213, which is renumbered from Section 26-21-13.6 is
6743	renumbered and amended to read:
6744	[26-21-13.6]. <u>26B-2-213.</u> Rural hospital Optional service designation.
6745	(1) The Legislature finds that:
6746	(a) the rural citizens of this state need access to hospitals and primary care clinics;
6747	(b) financial stability of remote-rural hospitals and their integration into remote-rural
6748	delivery networks is critical to ensure the continued viability of remote-rural health care; and
6749	(c) administrative simplicity is essential for providing large benefits to small-scale
6750	remote-rural providers who have limited time and resources.
6751	(2) After July 1, 1995, the department may grant variances to remote-rural acute care

hospitals for specific services currently required for licensure under general hospital standardsestablished by department rule.

6754 (3) For purposes of this section, "remote-rural hospitals" are hospitals that are in a6755 county with less than 20 people per square mile.

6756 Section 142. Section **26B-2-214**, which is renumbered from Section 26-21-14 is 6757 renumbered and amended to read:

6758

[26-21-14]. <u>26B-2-214.</u> Closing facility -- Appeal.

(1) If the department finds a condition in any licensed health care facility that is a clear
hazard to the public health, the department may immediately order that facility closed and may
prevent the entrance of any resident or patient onto the premises of that facility until the
condition is eliminated.

6763 (2) Parties aggrieved by the actions of the department under this section may obtain an6764 adjudicative proceeding and judicial review.

6765 Section 143. Section **26B-2-215**, which is renumbered from Section 26-21-15 is 6766 renumbered and amended to read:

6767 [26-21-15]. <u>26B-2-215.</u> Action by department for injunction.

6768Notwithstanding the existence of any other remedy, the department may, in the manner6769provided by law, upon the advice of the attorney general, who shall represent the department in6770the proceedings, maintain an action in the name of the state for injunction or other process6771against any person or governmental unit to restrain or prevent the establishment, conduct,6772management, or operation of a health care facility which is in violation of this [chapter] part or6773rules adopted by the committee.6774Section 144. Section 26B-2-216, which is renumbered from Section 26-21-16 is

6775 renumbered and amended to read:

6776 [26-21-16]. <u>26B-2-216.</u> Operating facility in violation of part a misdemeanor.

- 6777 In addition to the penalties in Section [26-23-6] <u>26B-1-224</u>, any person owning,
- 6778 establishing, conducting, maintaining, managing, or operating a health care facility in violation

6779	of this [chapter] part is guilty of a class A misdemeanor.
6780	Section 145. Section 26B-2-217, which is renumbered from Section 26-21-17 is
6781	renumbered and amended to read:
6782	[26-21-17]. <u>26B-2-217.</u> Department agency of state to contract for certification
6783	of facilities under Social Security Act.
6784	The department is the sole agency of the state authorized to enter into a contract with
6785	the United States government for the certification of health care facilities under Title XVIII and
6786	Title XIX of the Social Security Act, and any amendments thereto.
6787	Section 146. Section 26B-2-218, which is renumbered from Section 26-21-19 is
6788	renumbered and amended to read:
6789	[26-21-19]. <u>26B-2-218.</u> Life and Health Insurance Guaranty Association Act
6790	not amended.
6791	The provisions of this [chapter] part do not amend, affect, or alter the provisions of
6792	Title 31A, Chapter 28, Guaranty Associations.
6793	Section 147. Section 26B-2-219, which is renumbered from Section 26-21-20 is
6794	renumbered and amended to read:
6795	[26-21-20]. <u>26B-2-219.</u> Requirement for hospitals to provide statements of
6796	itemized charges to patients.
6797	(1) [For purposes of] As used in this section, "hospital" includes:
6798	(a) an ambulatory surgical facility;
6799	(b) a general acute hospital; and
6800	(c) a specialty hospital.
6801	(2) A hospital shall provide a statement of itemized charges to any patient receiving
6802	medical care or other services from that hospital.
6803	(3) (a) The statement shall be provided to the patient or the patient's personal
6804	representative or agent at the hospital's expense, personally, by mail, or by verifiable electronic
6805	delivery after the hospital receives an explanation of benefits from a third party payer which

6806	indicates the patient's remaining responsibility for the hospital charges.
6807	(b) If the statement is not provided to a third party, it shall be provided to the patient as
6808	soon as possible and practicable.
6809	(4) The statement required by this section:
6810	(a) shall itemize each of the charges actually provided by the hospital to the patient;
6811	(b) (i) shall include the words in bold "THIS IS THE BALANCE DUE AFTER
6812	PAYMENT FROM YOUR HEALTH INSURER"; or
6813	(ii) shall include other appropriate language if the statement is sent to the patient under
6814	Subsection (3)(b); and
6815	(c) may not include charges of physicians who bill separately.
6816	(5) The requirements of this section do not apply to patients who receive services from
6817	a hospital under Title XIX of the Social Security Act.
6818	(6) Nothing in this section prohibits a hospital from sending an itemized billing
6819	statement to a patient before the hospital has received an explanation of benefits from an
6820	insurer. If a hospital provides a statement of itemized charges to a patient prior to receiving the
6821	explanation of benefits from an insurer, the itemized statement shall be marked in bold:
6822	"DUPLICATE: DO NOT PAY" or other appropriate language.
6823	Section 148. Section 26B-2-220, which is renumbered from Section 26-21-21 is
6824	renumbered and amended to read:
6825	[26-21-21]. <u>26B-2-220.</u> Authentication of medical records.
6826	Any entry in a medical record compiled or maintained by a health care facility may be
6827	authenticated by identifying the author of the entry by:
6828	(1) a signature including first initial, last name, and discipline; or
6829	(2) the use of a computer identification process unique to the author that definitively
6830	identifies the author.
6831	Section 149. Section 26B-2-221, which is renumbered from Section 26-21-22 is
6832	renumbered and amended to read:

6833	[26-21-22]. <u>26B-2-221.</u> Reporting of disciplinary information Immunity from
6834	liability.
6835	A health care facility licensed under this [chapter] part which reports disciplinary
6836	information on a licensed nurse to the Division of Professional Licensing within the
6837	Department of Commerce as required by Section 58-31b-702 is entitled to the immunity from
6838	liability provided by that section.
6839	Section 150. Section 26B-2-222, which is renumbered from Section 26-21-23 is
6840	renumbered and amended to read:
6841	[26-21-23]. <u>26B-2-222.</u> Licensing of a new nursing care facility Approval for
6842	a licensed bed in an existing nursing care facility Fine for excess Medicare inpatient
6843	revenue.
6844	(1) Notwithstanding Section $[26-21-2]$ 26B-2-201, as used in this section:
6845	(a) "Medicaid" means the Medicaid program, as that term is defined in Section
6846	[26-18-2] <u>26B-3-101</u> .
6847	(b) "Medicaid certification" means the same as that term is defined in Section
6848	[26-18-501] <u>26B-3-301</u> .
6849	(c) "Nursing care facility" and "small health care facility":
6850	(i) mean the following facilities licensed by the department under this [chapter] part:
6851	(A) a skilled nursing facility;
6852	(B) an intermediate care facility; or
6853	(C) a small health care facility with four to 16 beds functioning as a skilled nursing
6854	facility; and
6855	(ii) do not mean:
6856	(A) an intermediate care facility for the intellectually disabled;
6857	(B) a critical access hospital that meets the criteria of 42 U.S.C. <u>Sec.</u> $1395i-4(c)(2)$
6858	(1998);
6859	(C) a small health care facility that is hospital based; or

6860	(D) a small health care facility other than a skilled nursing care facility with no more
6861	than 16 beds.
6862	(d) "Rural county" means the same as that term is defined in Section $[\frac{26-18-501}{26-18-501}]$
6863	<u>26B-3-301</u> .
6864	(2) Except as provided in Subsection (6) and Section [26-21-28] 26B-2-227, a new
6865	nursing care facility shall be approved for a health facility license only if:
6866	(a) under the provisions of Section $[\frac{26-18-503}{26B-3-311}]$ the facility's nursing care
6867	facility program has received Medicaid certification or will receive Medicaid certification for
6868	each bed in the facility;
6869	(b) the facility's nursing care facility program has received or will receive approval for
6870	Medicaid certification under Subsection [26-18-503] 26B-3-311(5), if the facility is located in a
6871	rural county; or
6872	(c) (i) the applicant submits to the department the information described in Subsection
6873	(3); and
6874	(ii) based on that information, and in accordance with Subsection (4), the department
6875	determines that approval of the license best meets the needs of the current and future patients
6876	of nursing care facilities within the area impacted by the new facility.
6877	(3) A new nursing care facility seeking licensure under Subsection (2) shall submit to
6878	the department the following information:
6879	(a) proof of the following as reasonable evidence that bed capacity provided by nursing
6880	care facilities within the county or group of counties that would be impacted by the facility is
6881	insufficient:
6882	(i) nursing care facility occupancy within the county or group of counties:
6883	(A) has been at least 75% during each of the past two years for all existing facilities
6884	combined; and
6885	(B) is projected to be at least 75% for all nursing care facilities combined that have
6886	been approved for licensure but are not yet operational;

6887	(ii) there is no other nursing care facility within a 35-mile radius of the new nursing
6888	care facility seeking licensure under Subsection (2); and
6889	(b) a feasibility study that:
6890	(i) shows the facility's annual Medicare inpatient revenue, including Medicare
6891	Advantage revenue, will not exceed 49% of the facility's annual total revenue during each of
6892	the first three years of operation;
6893	(ii) shows the facility will be financially viable if the annual occupancy rate is at least
6894	88%;
6895	(iii) shows the facility will be able to achieve financial viability;
6896	(iv) shows the facility will not:
6897	(A) have an adverse impact on existing or proposed nursing care facilities within the
6898	county or group of counties that would be impacted by the facility; or
6899	(B) be within a three-mile radius of an existing nursing care facility or a new nursing
6900	care facility that has been approved for licensure but is not yet operational;
6901	(v) is based on reasonable and verifiable demographic and economic assumptions;
6902	(vi) is based on data consistent with department or other publicly available data; and
6903	(vii) is based on existing sources of revenue.
6904	(4) When determining under Subsection (2)(c) whether approval of a license for a new
6905	nursing care facility best meets the needs of the current and future patients of nursing care
6906	facilities within the area impacted by the new facility, the department shall consider:
6907	(a) whether the county or group of counties that would be impacted by the facility is
6908	underserved by specialized or unique services that would be provided by the facility; and
6909	(b) how additional bed capacity should be added to the long-term care delivery system
6910	to best meet the needs of current and future nursing care facility patients within the impacted
6911	area.
6912	(5) The department may approve the addition of a licensed bed in an existing nursing
6913	care facility only if:

6914	(a) each time the facility seeks approval for the addition of a licensed bed, the facility
6915	satisfies each requirement for licensure of a new nursing care facility in Subsections (2)(c), (3),
6916	and (4); or
6917	(b) the bed has been approved for Medicaid certification under Section $[\frac{26-18-503}{2}]$
6918	<u>26B-3-311</u> or [26-18-505] <u>26B-3-313</u> .
6919	(6) Subsection (2) does not apply to a nursing care facility that:
6920	(a) has, by the effective date of this act, submitted to the department schematic
6921	drawings, and paid applicable fees, for a particular site or a site within a three-mile radius of
6922	that site;
6923	(b) before July 1, 2016:
6924	(i) filed an application with the department for licensure under this section and paid all
6925	related fees due to the department; and
6926	(ii) submitted to the department architectural plans and specifications, as defined by the
6927	department by administrative rule, for the facility;
6928	(c) applies for a license within three years of closing for renovation;
6929	(d) replaces a nursing care facility that:
6930	(i) closed within the past three years; or
6931	(ii) is located within five miles of the facility;
6932	(e) is undergoing a change of ownership, even if a government entity designates the
6933	facility as a new nursing care facility; or
6934	(f) is a state-owned veterans home, regardless of who operates the home.
6935	(7) (a) For each year the annual Medicare inpatient revenue, including Medicare
6936	Advantage revenue, of a nursing care facility approved for a health facility license under
6937	Subsection (2)(c) exceeds 49% of the facility's total revenue for the year, the facility shall be
6938	subject to a fine of \$50,000, payable to the department.
6939	(b) A nursing care facility approved for a health facility license under Subsection (2)(c)
6940	shall submit to the department the information necessary for the department to annually

6941	determine whether the facility is subject to the fine in Subsection $(7)(a)$.
6942	(c) The department:
6943	(i) shall make rules, in accordance with Title 63G, Chapter 3, Utah Administrative
6944	Rulemaking Act, specifying the information a nursing care facility shall submit to the
6945	department under Subsection (7)(b);
6946	(ii) shall annually determine whether a facility is subject to the fine in Subsection
6947	(7)(a);
6948	(iii) may take one or more of the actions in Section [$\frac{26-21-11}{26-23-6}$] $\frac{26B-2-202}{26B-2-202}$
6949	or <u>26B-2-208</u> against a facility for nonpayment of a fine due under Subsection (7)(a); and
6950	(iv) shall deposit fines paid to the department under Subsection (7)(a) into the Nursing
6951	Care Facilities Provider Assessment Fund, created [by Section 26-35a-106] in Section
6952	<u>26B-3-405</u> .
6953	Section 151. Section 26B-2-223, which is renumbered from Section 26-21-24 is
6954	renumbered and amended to read:
6955	[26-21-24]. <u>26B-2-223.</u> Prohibition against bed banking by nursing care
6956	facilities for Medicaid reimbursement.
6957	(1) [For purposes of] <u>As used in</u> this section:
6958	(a) "[bed] <u>Bed</u> banking" means the designation of a nursing care facility bed as not part
6959	of the facility's operational bed capacity[; and].
6960	(b) "[nursing] <u>Nursing</u> care facility" [is as defined in Subsection 26-21-23(1)] means
6961	the same as that term is defined in Section 26B-2-222.
6962	(2) Beginning July 1, 2008, the department shall, for purposes of Medicaid
6963	reimbursement under [Chapter 18, Part 1, Medical Assistance Programs] Chapter 3, Part 1,
6964	Health Care Assistance, prohibit the banking of nursing care facility beds.
6965	Section 152. Section 26B-2-224 , which is renumbered from Section 26-21-25 is
6966	renumbered and amended to read:
6967	[26-21-25]. <u>26B-2-224.</u> Patient identity protection.

6968	(1) As used in this section:
6969	(a) "EMTALA" means the federal Emergency Medical Treatment and Active Labor
6970	Act.
6971	(b) "Health professional office" means:
6972	(i) a physician's office; or
6973	(ii) a dental office.
6974	(c) "Medical facility" means:
6975	(i) a general acute hospital;
6976	(ii) a specialty hospital;
6977	(iii) a home health agency;
6978	(iv) a hospice;
6979	(v) a nursing care facility;
6980	(vi) a residential-assisted living facility;
6981	(vii) a birthing center;
6982	(viii) an ambulatory surgical facility;
6983	(ix) a small health care facility;
6984	(x) an abortion clinic;
6985	(xi) a facility owned or operated by a health maintenance organization;
6986	(xii) an end stage renal disease facility;
6987	(xiii) a health care clinic; or
6988	(xiv) any other health care facility that the committee designates by rule.
6989	(2) (a) In order to discourage identity theft and health insurance fraud, and to reduce
6990	the risk of medical errors caused by incorrect medical records, a medical facility or a health
6991	professional office shall request identification from an individual prior to providing in-patient
6992	or out-patient services to the individual.
6993	(b) If the individual who will receive services from the medical facility or a health
6994	professional office lacks the legal capacity to consent to treatment, the medical facility or a

6995	health professional office shall request identification:
6996	(i) for the individual who lacks the legal capacity to consent to treatment; and
6997	(ii) from the individual who consents to treatment on behalf of the individual described
6998	in Subsection (2)(b)(i).
6999	(3) A medical facility or a health professional office:
7000	(a) that is subject to EMTALA:
7001	(i) may not refuse services to an individual on the basis that the individual did not
7002	provide identification when requested; and
7003	(ii) shall post notice in its emergency department that informs a patient of the patient's
7004	right to treatment for an emergency medical condition under EMTALA;
7005	(b) may not be penalized for failing to ask for identification;
7006	(c) is not subject to a private right of action for failing to ask for identification; and
7007	(d) may document or confirm patient identity by:
7008	(i) photograph;
7009	(ii) fingerprinting;
7010	(iii) palm scan; or
7011	(iv) other reasonable means.
7012	(4) The identification described in this section:
7013	(a) is intended to be used for medical records purposes only; and
7014	(b) shall be kept in accordance with the requirements of the Health Insurance
7015	Portability and Accountability Act of 1996.
7016	Section 153. Section 26B-2-225, which is renumbered from Section 26-21-26 is
7017	renumbered and amended to read:
7018	[26-21-26]. <u>26B-2-225.</u> General acute hospital to report prescribed controlled
7019	substance poisoning or overdose.
7020	(1) If a person who is 12 years old or older is admitted to a general acute hospital for
7021	poisoning or overdose involving a prescribed controlled substance, the general acute hospital

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7022	shall, within three business days after the day on which the person is admitted, send a written
7023	report to the Division of Professional Licensing, created in Section 58-1-103, that includes:
7024	(a) the patient's name and date of birth;
7025	(b) each drug or other substance found in the person's system that may have
7026	contributed to the poisoning or overdose, if known;
7027	(c) the name of each person who the general acute hospital has reason to believe may
7028	have prescribed a controlled substance described in Subsection (1)(b) to the person, if known;
7029	and
7030	(d) the name of the hospital and the date of admission.
7031	(2) Nothing in this section may be construed as creating a new cause of action.
7032	Section 154. Section 26B-2-226, which is renumbered from Section 26-21-27 is
7033	renumbered and amended to read:
7034	[26-21-27]. <u>26B-2-226.</u> Information regarding certain health care facility
7035	charges.
7036	A health care facility licensed under this [chapter] part shall, when requested by a
7037	consumer:
7038	(1) make a list of prices charged by the facility available for the consumer that includes
7039	the facility's:
7040	(a) in-patient procedures;
7041	(b) out-patient procedures;
7042	(c) the 50 most commonly prescribed drugs in the facility;
7043	(d) imaging services; and
7044	(e) implants; and
7045	(2) provide the consumer with information regarding any discounts the facility
7046	provides for:
7047	(a) charges for services not covered by insurance; or

7048 (b) prompt payment of billed charges.

7049	Section 155. Section 26B-2-227, which is renumbered from Section 26-21-28 is
7050	renumbered and amended to read:
7051	[26-21-28]. <u>26B-2-227.</u> Pilot program for managed care model with a small
7052	health care facility operating as a skilled nursing facility.
7053	(1) Notwithstanding the requirement for Medicaid certification under [Chapter 18, Part
7054	5, Long Term Care Facility - Medicaid Certification] Sections 26B-3-310 through 26B-3-313,
7055	and Section [26-21-23] 26B-2-222, a small health care facility with four to 16 beds,
7056	functioning as a skilled nursing facility, may be approved for licensing by the department as a
7057	pilot program in accordance with this section, and without obtaining Medicaid certification for
7058	the beds in the facility.
7059	(2) (a) The department shall establish one pilot program with a facility that meets the
7060	qualifications under Subsection (3).
7061	(b) The purpose of the pilot program described in Subsection $(2)(a)$ is to study the
7062	impact of an integrated managed care model on cost and quality of care involving pre- and
7063	post-surgical services offered by a small health care facility operating as a skilled nursing
7064	facility.
7065	(3) A small health care facility with four to 16 beds that functions as a skilled nursing
7066	facility may apply for a license under the pilot program if the facility will:
7067	(a) be located in:
7068	(i) a county of the second class that has at least 1,800 square miles within the county;
7069	and
7070	(ii) a city of the fifth class; and
7071	(b) limit a patient's stay in the facility to no more than 10 days.
7072	Section 156. Section 26B-2-228, which is renumbered from Section 26-21-29 is
7073	renumbered and amended to read:
7074	[26-21-29]. <u>26B-2-228.</u> Birthing centers Regulatory restrictions.
7075	(1) [For purposes of] As used in this section:

7076	(a) "Alongside midwifery unit" means a birthing center that meets the requirements
7077	described in Subsection (7).
7078	(b) "Certified nurse midwife" means an individual who is licensed under Title 58,
7079	Chapter 44a, Nurse Midwife Practice Act.
7080	(c) "Direct-entry midwife" means an individual who is licensed under Title 58, Chapter
7081	77, Direct-Entry Midwife Act.
7082	(d) "Licensed maternity care practitioner" includes:
7083	(i) a physician;
7084	(ii) a certified nurse midwife;
7085	(iii) a direct entry midwife;
7086	(iv) a naturopathic physician; and
7087	(v) other individuals who are licensed under Title 58, Occupations and Professions and
7088	whose scope of practice includes midwifery or obstetric care.
7089	(e) "Naturopathic physician" means an individual who is licensed under Title 58,
7090	Chapter 71, Naturopathic Physician Practice Act.
7091	(f) "Physician" means an individual who is licensed under Title 58, Chapter 67, Utah
7092	Medical Practice Act, or Title 58, Chapter 68, Utah Osteopathic Medical Practice Act.
7093	(2) The [Health Facility Committee] committee and the department may not require a
7094	birthing center or a licensed maternity care practitioner who practices at a birthing center to:
7095	(a) maintain admitting privileges at a general acute hospital;
7096	(b) maintain a written transfer agreement with one or more general acute hospitals;
7097	(c) maintain a collaborative practice agreement with a physician; or
7098	(d) have a physician or certified nurse midwife present at each birth when another
7099	licensed maternity care practitioner is present at the birth and remains until the maternal patient
7100	and newborn are stable postpartum.
7101	(3) The [Health Facility Committee] committee and the department shall:
7102	(a) permit all types of licensed maternity care practitioners to practice in a birthing

7103	center; and
7104	(b) except as provided in Subsection (2)(b), require a birthing center to have a written
7105	plan for the transfer of a patient to a hospital in accordance with Subsection (4).
7106	(4) A transfer plan under Subsection (3)(b) shall:
7107	(a) be signed by the patient; and
7108	(b) indicate that the plan is not an agreement with a hospital.
7109	(5) If a birthing center transfers a patient to a licensed maternity care practitioner or
7110	facility, the responsibility of the licensed maternity care practitioner or facility, for the patient:
7111	(a) does not begin until the patient is physically within the care of the licensed
7112	maternity care practitioner or facility;
7113	(b) is limited to the examination and care provided after the patient is transferred to the
7114	licensed maternity care practitioner or facility; and
7115	(c) does not include responsibility or accountability for the patient's decision to pursue
7116	an out-of-hospital birth and the services of a birthing center.
7117	(6) (a) Except as provided in Subsection (6)(c), a licensed maternity care practitioner
7118	who is not practicing at a birthing center may, upon receiving a briefing from a member of a
7119	birthing center's clinical staff, issue a medical order for the birthing center's patient without
7120	assuming liability for the care of the patient for whom the order was issued.
7121	(b) Regardless of the advice given or order issued under Subsection (6)(a), the
7122	responsibility and liability for caring for the patient is that of the birthing center and the
7123	birthing center's clinical staff.
7124	(c) The licensed maternity care practitioner giving the order under Subsection (6)(a) is
7125	responsible and liable only for the appropriateness of the order, based on the briefing received
7126	under Subsection (6)(a).
7127	(7) (a) A birthing center that is not freestanding may be licensed as an alongside
7128	midwifery unit if the birthing center:
7129	(i) is accredited by the Commission on Accreditation of Birth Centers;

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7130	(ii) is connected to a hospital facility, either through a bridge, ramp, or adjacent to the
7131	labor and delivery unit within the hospital with care provided with the midwifery model of
7132	care, where maternal patients are received and care provided during labor, delivery, and
7133	immediately after delivery; and
7134	(iii) is supervised by a clinical director who is licensed as a physician as defined in
7135	Section 58-67-102 or a certified nurse midwife under Title 58, Chapter 44a, Nurse Midwife
7136	Practice Act.
7137	(b) An alongside midwifery unit shall have a transfer agreement in place with the
7138	adjoining hospital:
7139	(i) to transfer a patient to the adjacent hospital's labor and delivery unit if a higher level
7140	of care is needed; and
7141	(ii) for services that are provided by the adjacent hospital's staff in collaboration with
7142	the alongside midwifery unit staff.
7143	(c) An alongside midwifery unit may:
7144	(i) contract with staff from the adjoining hospital to assist with newborn care or
7145	resuscitation of a patient in an emergency; and
7146	(ii) integrate the alongside midwifery unit's medical records with the medical record
7147	system utilized by the adjoining hospital.
7148	(d) Notwithstanding Title 58, Chapter 77, Direct-Entry Midwife Act, licensure as a
7149	direct-entry midwife under Section 58-77-301 is not sufficient to practice as a licensed
7150	maternity care practitioner in an alongside midwifery unit.
7151	(8) The department shall hold a public hearing under Subsection 63G-3-302(2)(a) for a
7152	proposed administrative rule, and amendment to a rule, or repeal of a rule, that relates to
7153	birthing centers.
7154	Section 157. Section 26B-2-229, which is renumbered from Section 26-21-30 is
7155	renumbered and amended to read:
7156	[26_21_30] 26B_2_229 Disposed of controlled substances at nursing care

7156

[26-21-30]. <u>26B-2-229.</u> Disposal of controlled substances at nursing care

7157	facilities.
7158	(1) As used in this section:
7159	(a) "Controlled substance" means the same as that term is defined in Section 58-37-2.
7160	(b) (i) "Irretrievable" means a state in which the physical or chemical condition of a
7161	controlled substance is permanently altered through irreversible means so that the controlled
7162	substance is unavailable and unusable for all practical purposes.
7163	(ii) A controlled substance is irretrievable if the controlled substance is non-retrievable
7164	as that term is defined in 21 C.F.R. Sec. 1300.05.
7165	(2) A nursing care facility that is in lawful possession of a controlled substance in the
7166	nursing care facility's inventory that desires to dispose of the controlled substance shall dispose
7167	of the controlled substance in a manner that:
7168	(a) renders the controlled substance irretrievable; and
7169	(b) complies with all applicable federal and state requirements for the disposal of a
7170	controlled substance.
7171	(3) A nursing care facility shall:
7172	(a) develop a written plan for the disposal of a controlled substance in accordance with
7173	this section; and
7174	(b) make the plan described in Subsection (3)(a) available to the department and the
7175	committee for inspection.
7176	Section 158. Section 26B-2-230, which is renumbered from Section 26-21-31 is
7177	renumbered and amended to read:
7178	[26-21-31]. <u>26B-2-230.</u> Prohibition on certain age-based physician testing.
7179	A health care facility may not require for purposes of employment, privileges, or
7180	reimbursement, that a physician, as defined in Section 58-67-102, take a cognitive test when
7181	the physician reaches a specified age, unless the test reflects the standards described in
7182	Subsections $58-67-302(5)(b)(i)$ through (x).
7183	Section 159. Section 26B-2-231 , which is renumbered from Section 26-21-32 is

7184	renumbered and amended to read:
7185	[26-21-32]. <u>26B-2-231.</u> Notification of air ambulance policies and charges.
7186	(1) For any patient who is in need of air medical transport provider services, a health
7187	care facility shall:
7188	(a) provide the patient or the patient's representative with the information described in
7189	Subsection [26-8a-107] 26B-1-405(7)(a) before contacting an air medical transport provider;
7190	and
7191	(b) if multiple air medical transport providers are capable of providing the patient with
7192	services, provide the patient or the patient's representative with an opportunity to choose the air
7193	medical transport provider.
7194	(2) Subsection (1) does not apply if the patient:
7195	(a) is unconscious and the patient's representative is not physically present with the
7196	patient; or
7197	(b) is unable, due to a medical condition, to make an informed decision about the
7198	choice of an air medical transport provider, and the patient's representative is not physically
7199	present with the patient.
7200	Section 160. Section 26B-2-232 , which is renumbered from Section 26-21-33 is
7201	renumbered and amended to read:
7202	[26-21-33]. <u>26B-2-232.</u> Treatment of aborted remains.
7203	(1) As used in this section, "aborted fetus" means a product of human conception,
7204	regardless of gestational age, that has died from an abortion as that term is defined in Section
7205	76-7-301.
7206	(2) (a) A health care facility having possession of an aborted fetus shall provide for the
7207	final disposition of the aborted fetus through:
7208	(i) cremation as that term is defined in Section 58-9-102; or
7209	(ii) interment.
7210	(b) A health care facility may not conduct the final disposition of an aborted fetus less

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7211	than 72 hours after an abortion is performed unless:
7212	(i) the pregnant woman authorizes the health care facility, in writing, to conduct the
7213	final disposition of the aborted fetus less than 72 hours after the abortion is performed; or
7214	(ii) immediate disposition is required under state or federal law.
7215	(c) A health care facility may serve as an authorizing agent as defined in Section
7216	58-9-102 with respect to the final disposition of an aborted fetus if:
7217	(i) the pregnant woman provides written authorization for the health care facility to act
7218	as the authorizing agent; or
7219	(ii) (A) more than 72 hours have passed since the abortion was performed; and
7220	(B) the pregnant woman did not exercise her right to control the final disposition of the
7221	aborted fetus under Subsection (4)(a).
7222	(d) Within 120 business days after the day on which an abortion is performed, a health
7223	care facility possessing an aborted fetus shall:
7224	(i) conduct the final disposition of the aborted fetus in accordance with this section; or
7225	(ii) ensure that the aborted fetus is preserved until final disposition.
7226	(e) A health care facility shall conduct the final disposition under this section in
7227	accordance with applicable state and federal law.
7228	(3) Before performing an abortion, a health care facility shall:
7229	(a) provide the pregnant woman with the information described in Subsection
7230	76-7-305.5(2)(w) through:
7231	(i) a form approved by the department;
7232	(ii) an in-person consultation with a physician; or
7233	(iii) an in-person consultation with a mental health therapist as defined in Section
7234	58-60-102; and
7235	(b) if the pregnant woman makes a decision under Subsection (4)(b), document the
7236	pregnant woman's decision under Subsection (4)(b) in the pregnant woman's medical record.
7237	(1) A pregnant woman who has an abortion:

7237 (4) A pregnant woman who has an abortion:

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(a) except as provided in Subsection (6), has the right to control the final disposition ofthe aborted fetus;

(b) if the pregnant woman has a preference for disposition of the aborted fetus, shall
inform the health care facility of the pregnant woman's decision for final disposition of the
aborted fetus;

(c) is responsible for the costs related to the final disposition of the aborted fetus at the
chosen location if the pregnant woman chooses a method or location for the final disposition of
the aborted fetus that is different from the method or location that is usual and customary for
the health care facility; and

(d) for a medication-induced abortion, shall be permitted to return the aborted fetus to
the health care facility in a sealed container for disposition by the health care facility in
accordance with this section.

7250

(5) The form described in Subsection (3)(a)(i) shall include the following information:

"You have the right to decide what you would like to do with the aborted fetus. You
may decide for the provider to be responsible for disposition of the fetus. If you are having a
medication-induced abortion, you also have the right to bring the aborted fetus back to this
provider for disposition after the fetus is expelled. The provider may dispose of the aborted
fetus by burial or cremation. You can ask the provider if you want to know the specific method
for disposition."

(6) If the pregnant woman is a minor, the health care facility shall obtain parental
consent for the disposition of the aborted fetus unless the minor is granted a court order under
Subsection [76-7-304] 76-7-304.5(1)(b).

(7) (a) A health care facility may not include fetal remains with other biological,
infectious, or pathological waste.

(b) Fetal tissue that is sent for permanently fixed pathology or used for genetic study isnot subject to the requirements of this section.

7264

(c) (i) A health care facility is responsible for maintaining a record to demonstrate to

7265	the department that the health care facility has complied with the provisions of this section.
7266	(ii) The records described in Subsection $(7)(c)(i)$ shall be:
7267	(A) maintained for at least two years; and
7268	(B) made available to the department for inspection upon request by the department.
7269	Section 161. Section 26B-2-233, which is renumbered from Section 26-21-34 is
7270	renumbered and amended to read:
7271	[26-21-34]. <u>26B-2-233.</u> Treatment of miscarried remains.
7272	(1) As used in this section, "miscarried fetus" means a product of human conception,
7273	regardless of gestational age, that has died from a spontaneous or accidental death before
7274	expulsion or extraction from the mother, regardless of the duration of the pregnancy.
7275	(2) (a) A health care facility having possession of a miscarried fetus shall provide for
7276	the final disposition of the miscarried fetus through:
7277	(i) cremation as that term is defined in Section 58-9-102; or
7278	(ii) interment.
7279	(b) A health care facility may not conduct the final disposition of a miscarried fetus
7280	less than 72 hours after a woman has her miscarried fetus expelled or extracted in the health
7281	care facility unless:
7282	(i) the parent authorizes the health care facility, in writing, to conduct the final
7283	disposition of the miscarried fetus less than 72 hours after the miscarriage occurs; or
7284	(ii) immediate disposition is required under state or federal law.
7285	(c) A health care facility may serve as an authorizing agent as defined in Section
7286	58-9-102 with respect to the final disposition of a miscarried fetus if:
7287	(i) the parent provides written authorization for the health care facility to act as the
7288	authorizing agent; or
7289	(ii) (A) more than 72 hours have passed since the miscarriage occurs; and
7290	(B) the parent did not exercise their right to control the final disposition of the

7291 miscarried fetus under Subsection (4)(a).

7292	(d) Within 120 business days after the day on which a miscarriage occurs, a health care
7293	facility possessing miscarried remains shall:
7294	(i) conduct the final disposition of the miscarried remains in accordance with this
7295	section; or
7296	(ii) ensure that the miscarried remains are preserved until final disposition.
7297	(e) A health care facility shall conduct the final disposition under this section in
7298	accordance with applicable state and federal law.
7299	(3) (a) No more than 24 hours after a woman has her miscarried fetus expelled or
7300	extracted in a health care facility, the health care facility shall provide information to the parent
7301	or parents of the miscarried fetus regarding:
7302	(i) the parents' right to determine the final disposition of the miscarried fetus;
7303	(ii) the available options for disposition of the miscarried fetus; and
7304	(iii) counseling that may be available concerning the death of the miscarried fetus.
7305	(b) A health care facility shall:
7306	(i) provide the information described in Subsection (3)(a) through:
7307	(A) a form approved by the department;
7308	(B) an in-person consultation with a physician; or
7309	(C) an in-person consultation with a mental health therapist as defined in Section
7310	58-60-102; and
7311	(ii) if the parent or parents make a decision under Subsection (4)(b), document the
7312	parent's decision under Subsection (4)(b) in the parent's medical record.
7313	(4) The parents of a miscarried fetus:
7314	(a) have the right to control the final disposition of the miscarried fetus;
7315	(b) if the parents have a preference for disposition of the miscarried fetus, shall inform
7316	the health care facility of the parents' decision for final disposition of the miscarried fetus; and
7317	(c) are responsible for the costs related to the final disposition of the miscarried fetus at
7318	the chosen location if the parents choose a method or location for the final disposition of the

- 7319 miscarried fetus that is different from the method or location that is usual and customary for the 7320 health care facility.
- 7321

(5) The form described in Subsection (3)(b)(i) shall include the following information: 7322 "You have the right to decide what you would like to do with the miscarried fetus. You 7323 may decide for the provider to be responsible for disposition of the fetus. The provider may 7324 dispose of the miscarried fetus by burial or cremation. You can ask the provider if you want to 7325 know the specific method for disposition."

- 7326 (6) (a) A health care facility may not include a miscarried fetus with other biological, 7327 infectious, or pathological waste.
- 7328 (b) Fetal tissue that is sent for permanently fixed pathology or used for genetic study is 7329 not subject to the requirements of this section.
- 7330 (c) (i) A health care facility is responsible for maintaining a record to demonstrate to 7331 the department that the health care facility has complied with the provisions of this section.
- 7332 (ii) The records described in Subsection (6)(c)(i) shall be:
- 7333 (A) maintained for at least two years; and
- 7334 (B) made available to the department for inspection upon request by the department.
- 7335 Section 162. Section 26B-2-234, which is renumbered from Section 26-21-35 is
- 7336 renumbered and amended to read:
- 7337 26B-2-234. Resident consumer protection. [26-21-35].
- 7338 (1) As used in this section:
- 7339 (a) "Eligible requester" means:
- 7340 (i) a resident:
- 7341 (ii) a prospective resident;
- 7342 (iii) a legal representative of a resident or prospective resident; or
- 7343 (iv) the department.
- 7344 (b) "Facility" means an assisted living facility or nursing care facility.
- 7345 (c) "Facility's leadership" means a facility's:

7346	(i) owner;
7347	(ii) administrator;
7348	(iii) director; or
7349	(iv) employee that is in a position to determine which providers have access to the
7350	facility.
7351	(d) "Personal care agency" means a person that provides assistance with activities of
7352	daily living.
7353	(e) "Provider" means a home health agency, hospice provider, medical provider, or
7354	personal care agency.
7355	(f) "Resident" means an individual who resides in a facility.
7356	(2) Subject to other state or federal laws, a facility may limit which providers have
7357	access to the facility if the facility complies with Subsection (3).
7358	(3) (a) A facility that prohibits a provider from accessing the facility shall:
7359	(i) before or at the time a prospective resident or prospective resident's legal
7360	representative signs an admission contract, inform the prospective resident or prospective
7361	resident's legal representative that the facility prohibits one or more providers from accessing
7362	the facility;
7363	(ii) if an eligible requester requests to know which providers have access to the facility,
7364	refer the eligible requester to a member of the facility's leadership; and
7365	(iii) if a provider requests to know whether the provider has access to the facility, refer
7366	the provider to a member of the facility's leadership.
7367	(b) If a facility refers an eligible requester to a member of the facility's leadership under
7368	Subsection (3)(a)(ii), the member of the facility's leadership shall inform the eligible requester:
7369	(i) which providers the facility:
7370	(A) allows to access the facility; or
7371	(B) prohibits from accessing the facility;
7372	(ii) that a provider's access to the facility may change at any time; and

7373	(iii) whether a person in the facility's leadership has a legal or financial interest in a
7374	provider that is allowed to access the facility.
7375	(c) If a facility refers a provider to a member of the facility's leadership under
7376	Subsection (3)(a)(iii), the member of the facility's leadership:
7377	(i) shall disclose whether the provider has access to the facility; and
7378	(ii) may disclose any other information described in Subsection (3)(b).
7379	(d) If a resident is being served by a provider that is later prohibited from accessing the
7380	facility, the facility shall:
7381	(i) allow the provider access to the facility to finish the resident's current episode of
7382	care; or
7383	(ii) provide to the resident a written explanation of why the provider no longer has
7384	access to the facility.
7385	(4) This section does not apply to a facility operated by a government unit.
7386	(5) The department may issue a notice of deficiency if a facility that denies a provider
7387	access under Subsection (2) does not comply with Subsection (3) at the time of the denial.
7388	Section 163. Section 26B-2-235, which is renumbered from Section 26-21c-103 is
7389	renumbered and amended to read:
7390	[26-21c-103]. <u>26B-2-235.</u> Sepsis protocols for general acute hospitals
7391	Presenting protocols upon inspection.
7392	(1) As used in this section, "sepsis" means a life-threatening complication of an
7393	infection.
7394	[(1)] (2) [Hospitals] A general acute hospital may develop protocols for the treatment
7395	of sepsis and septic shock that are consistent with current evidence-based guidelines for the
7396	treatment of severe sepsis and septic shock.
7397	[(2)] (3) When developing the protocols described in Subsection $[(1)]$ (2), a general
7398	acute hospital shall consider:
7399	(a) a process for screening and recognizing patients with sepsis;

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7400	(b) a process to screen out individuals for whom the protocols would not be
7401	appropriate for treating sepsis;
7402	(c) timeline goals for treating sepsis;
7403	(d) different possible methods for treating sepsis and reasons to use each method;
7404	(e) specific protocols to treat children who present with symptoms of sepsis or septic
7405	shock; and
7406	(f) training requirements for staff.
7407	[(3)] (4) A general acute hospital may update the general acute hospital's sepsis
7408	protocols as new data on the treatment of sepsis and septic shock becomes available.
7409	(5) The department, or an entity assigned by the department to inspect a general acute
7410	hospital, may request a copy of the sepsis protocols described in this section when inspecting a
7411	general acute hospital.
7412	Section 164. Section 26B-2-236, which is renumbered from Section 26-21-303 is
7413	renumbered and amended to read:
7413 7414	renumbered and amended to read: [26-21-303]. <u>26B-2-236.</u> Monitoring device Installation, notice, and
7414	[26-21-303]. <u>26B-2-236.</u> Monitoring device Installation, notice, and
7414 7415	[26-21-303]. <u>26B-2-236.</u> Monitoring device Installation, notice, and consent Admission and discharge Liability.
7414 7415 7416	[26-21-303].26B-2-236. Monitoring device Installation, notice, andconsent Admission and discharge Liability.(1) As used in this section:
7414 7415 7416 7417	[26-21-303]. 26B-2-236. Monitoring device Installation, notice, and consent Admission and discharge Liability. (1) As used in this section: (a) "Legal representative" means an individual who is legally authorized to make health
7414 7415 7416 7417 7418	[26-21-303]. 26B-2-236. Monitoring device Installation, notice, and consent Admission and discharge Liability. (1) As used in this section: (a) "Legal representative" means an individual who is legally authorized to make health care decisions on behalf of another individual.
7414 7415 7416 7417 7418 7419	 [26-21-303]. 26B-2-236. Monitoring device Installation, notice, and consent Admission and discharge Liability. (1) As used in this section: (a) "Legal representative" means an individual who is legally authorized to make health care decisions on behalf of another individual. (b) (i) "Monitoring device" means:
7414 7415 7416 7417 7418 7419 7420	 [26-21-303]. 26B-2-236. Monitoring device Installation, notice, and consent Admission and discharge Liability. (1) As used in this section: (a) "Legal representative" means an individual who is legally authorized to make health care decisions on behalf of another individual. (b) (i) "Monitoring device" means: (A) a video surveillance camera; or
7414 7415 7416 7417 7418 7419 7420 7421	[26-21-303]. 26B-2-236. Monitoring device Installation, notice, and consent Admission and discharge Liability. (1) As used in this section: (a) "Legal representative" means an individual who is legally authorized to make health care decisions on behalf of another individual. (b) (i) "Monitoring device" means: (A) a video surveillance camera; or (B) a microphone or other device that captures audio.
 7414 7415 7416 7417 7418 7419 7420 7421 7422 	[26-21-303]. 26B-2-236. Monitoring device Installation, notice, and consent Admission and discharge Liability. (1) As used in this section: (a) "Legal representative" means an individual who is legally authorized to make health care decisions on behalf of another individual. (b) (i) "Monitoring device" means: (A) a video surveillance camera; or (B) a microphone or other device that captures audio. (ii) "Monitoring device" does not include:

7426 <u>electronic communication.</u>

- 7427 (c) "Resident" means an individual who receives health care from a facility. 7428 (d) "Room" means a resident's private or shared primary living space. 7429 (e) "Roommate" means an individual sharing a room with a resident. 7430 $\left[\frac{1}{2}\right]$ (2) A resident or the resident's legal representative may operate or install a 7431 monitoring device in the resident's room if the resident and the resident's legal representative, if 7432 any, unless the resident is incapable of informed consent: 7433 (a) notifies the resident's assisted living facility in writing that the resident or the 7434 resident's legal representative, if any: 7435 (i) intends to operate or install a monitoring device in the resident's room; and 7436 (ii) consents to a waiver agreement, if required by $\begin{bmatrix} \mathbf{a} \end{bmatrix}$ an assisted living facility; 7437 (b) obtains written consent from each of the resident's roommates, and their legal 7438 representative, if any, that specifically states the hours when each roommate consents to the 7439 resident or the resident's legal representative operating the monitoring device; and 7440 (c) assumes all responsibility for any cost related to installing or operating the 7441 monitoring device. 7442 $\left[\frac{(2)}{A}\right]$ (3) An assisted living facility shall not be civilly or criminally liable to: 7443 (a) a resident or resident's roommate for the operation of a monitoring device 7444 consistent with this part; and 7445 (b) any person other than the resident or resident's roommate for any claims related to 7446 the use or operation of a monitoring device consistent with this part, unless the claim is caused 7447 by the acts or omissions of an employee or agent of the assisted living facility. 7448 (4) (a) An assisted living facility may not deny an individual admission to the facility 7449 for the sole reason that the individual or the individual's legal representative requests to install 7450 or operate a monitoring device in the individual's room. 7451 (b) An assisted living facility may not discharge a resident for the sole reason that the 7452 resident or the resident's legal representative requests to install or operate a monitoring device
- 7453 <u>in the individual's room.</u>

7454	(c) An assisted living facility may require the resident or the resident's legal
7455	representative to place a sign near the entrance of the resident's room that states that the room
7456	contains a monitoring device.
7457	[(3)] (5) Notwithstanding any other provision of this part, an individual may not, under
7458	this part, operate a monitoring device in $[\pi]$ an assisted living facility without a court order:
7459	(a) in secret; or
7460	(b) with an intent to intercept a wire, electronic, or oral communication without notice
7461	to or the consent of a party to the communication.
7462	Section 165. Section 26B-2-237, which is renumbered from Section 26-21-305 is
7463	renumbered and amended to read:
7464	[26-21-305]. <u>26B-2-237.</u> Transfer or discharge from an assisted living
7465	facility.
7466	(1) As used in this section:
7467	(a) "Ombudsman" means the same as that term is defined in Section 26B-2-301.
7468	(b) "Resident" means an individual who receives health care from an assisted living
7469	facility.
7470	(c) "Responsible person" means an individual who:
7471	(i) is designated in writing by a resident to receive communication on behalf of the
7472	resident; or
7473	(ii) is legally authorized to make health care decisions on behalf of the resident.
7474	(2) When $[a]$ an assisted living facility initiates the transfer or discharge of a resident,
7475	the <u>assisted living</u> facility shall:
7476	[(1)] (a) notify the resident and the resident's responsible person, if any, in writing and
7477	in a language and a manner that is most likely to be understood by the resident and the
7478	resident's responsible person, of:
7479	$\left[\frac{(a)}{(a)}\right]$ the reasons for the transfer or discharge;
7480	[(b)] (ii) the effective date of the transfer or discharge;

7481	[(c)] (iii) the location to which the resident will be transferred or discharged, if known;
7482	and
7483	[(d)] (iv) the name, address, email, and telephone number of the ombudsman;
7484	[(2)] (b) send a copy, in English, of the notice described in Subsection $[(1)(a)]$ (2)(a) to
7485	the ombudsman on the same day on which the assisted living facility delivers the notice
7486	described in Subsection $[(1)(a)]$ (2)(a) to the resident and the resident's responsible person;
7487	[(3)] (c) provide the notice described in Subsection $[(1)(a)]$ (2)(a) at least 30 days
7488	before the day on which the resident is transferred or discharged, unless:
7489	[(a)] (i) notice for a shorter period of time is necessary to protect:
7490	[(i)] (A) the safety of individuals in the <u>assisted living</u> facility from endangerment due
7491	to the medical or behavioral status of the resident; or
7492	[(ii)] (B) the health of individuals in the assisted living facility from endangerment due
7493	to the resident's continued residency;
7494	[(b)] (ii) an immediate transfer or discharge is required by the resident's urgent medical
7495	needs; or
7496	[(c)] (iii) the resident has not resided in the <u>assisted living</u> facility for at least 30 days;
7497	[(4)] (d) update the transfer or discharge notice as soon as practicable before the
7498	transfer or discharge if information in the notice changes before the transfer or discharge;
7499	$\left[\frac{(5)}{(e)}\right]$ orally explain to the resident:
7500	[(a)] (i) the services available through the ombudsman; and
7501	[(b)] (ii) the contact information for the ombudsman; and
7502	[(6)] (f) provide and document the provision of preparation and orientation for the
7503	resident, in a language and manner the resident is most likely to understand, [for a resident] to
7504	ensure a safe and orderly transfer or discharge from the assisted living facility[; and].
7505	[(7) in] (3) In the event of $[a]$ an assisted living facility closure, the assisted living
7506	facility shall provide written notification of the closure to the ombudsman, each resident of the
7507	facility, and each resident's responsible person.

7508	Section 166. Section 26B-2-238, which is renumbered from Section 26-21-201 is
7509	renumbered and amended to read:
7510	[26-21-201]. <u>26B-2-238.</u> Definitions for Sections 26B-2-238 through
7511	26B-2-241.
7512	As used in this [part] section and Sections 26B-2-239, 26B-2-240, and 26B-2-241:
7513	(1) "Clearance" means approval by the department under Section $[\frac{26-21-203}{2}]$
7514	26B-2-239 for an individual to have direct patient access.
7515	(2) "Covered body" means a covered provider, covered contractor, or covered
7516	employer.
7517	(3) "Covered contractor" means a person that supplies covered individuals, by contract,
7518	to a covered employer or covered provider.
7519	(4) "Covered employer" means an individual who:
7520	(a) engages a covered individual to provide services in a private residence to:
7521	(i) an aged individual, as defined by department rule; or
7522	(ii) a disabled individual, as defined by department rule;
7523	(b) is not a covered provider; and
7524	(c) is not a licensed health care facility within the state.
7525	(5) "Covered individual":
7526	(a) means an individual:
7527	(i) whom a covered body engages; and
7528	(ii) who may have direct patient access;
7529	(b) includes:
7530	(i) a nursing assistant, as defined by department rule;
7531	(ii) a personal care aide, as defined by department rule;
7532	(iii) an individual licensed to engage in the practice of nursing under Title 58, Chapter
7533	31b, Nurse Practice Act;
7534	(iv) a provider of medical, therapeutic, or social services, including a provider of

7535	laboratory and radiology services;
7536	(v) an executive;
7537	(vi) administrative staff, including a manager or other administrator;
7538	(vii) dietary and food service staff;
7539	(viii) housekeeping and maintenance staff; and
7540	(ix) any other individual, as defined by department rule, who has direct patient access;
7541	and
7542	(c) does not include a student, as defined by department rule, directly supervised by a
7543	member of the staff of the covered body or the student's instructor.
7544	(6) "Covered provider" means:
7545	(a) an end stage renal disease facility;
7546	(b) a long-term care hospital;
7547	(c) a nursing care facility;
7548	(d) a small health care facility;
7549	(e) an assisted living facility;
7550	(f) a hospice;
7551	(g) a home health agency; or
7552	(h) a personal care agency.
7553	(7) "Direct patient access" means for an individual to be in a position where the
7554	individual could, in relation to a patient or resident of the covered body who engages the
7555	individual:
7556	(a) cause physical or mental harm;
7557	(b) commit theft; or
7558	(c) view medical or financial records.
7559	(8) "Engage" means to obtain one's services:
7560	(a) by employment;
7561	(b) by contract;

7562	(c) as a volunteer; or
7563	(d) by other arrangement.
7564	(9) "Long-term care hospital":
7565	(a) means a hospital that is certified to provide long-term care services under the
7566	provisions of 42 U.S.C. Sec. 1395tt; and
7567	(b) does not include a critical access hospital, designated under 42 U.S.C. Sec.
7568	1395i-4(c)(2).
7569	(10) "Patient" means an individual who receives health care services from one of the
7570	following covered providers:
7571	(a) an end stage renal disease facility;
7572	(b) a long-term care hospital;
7573	(c) a hospice;
7574	(d) a home health agency; or
7575	(e) a personal care agency.
7576	(11) "Personal care agency" means a health care facility defined by department rule.
7577	(12) "Resident" means an individual who receives health care services from one of the
7578	following covered providers:
7579	(a) a nursing care facility;
7580	(b) a small health care facility;
7581	(c) an assisted living facility; or
7582	(d) a hospice that provides living quarters as part of its services.
7583	(13) "Residential setting" means a place provided by a covered provider:
7584	(a) for residents to live as part of the services provided by the covered provider; and
7585	(b) where an individual who is not a resident also lives.
7586	(14) "Volunteer" means an individual, as defined by department rule, who provides
7587	services without pay or other compensation.
7588	Section 167. Section 26B-2-239 , which is renumbered from Section 26-21-202 is

7589	renumbered and amended to read:
7590	[26-21-202]. <u>26B-2-239.</u> Clearance required Application by covered
7591	providers, covered contractors, and individuals.
7592	(1) The definitions in Section <u>26B-2-238</u> apply to this section.
7593	$\left[\frac{(1)}{(2)(a)}\right]$ A covered provider may engage a covered individual only if the individual
7594	has clearance.
7595	[(2)] (b) A covered contractor may supply a covered individual to a covered employer
7596	or covered provider only if the individual has clearance.
7597	[(3)] (c) A covered employer may engage a covered individual who does not have
7598	clearance.
7599	[(4)] (a) Notwithstanding Subsections $[(1) and (2)]$ (2)(a) and (b), if a covered
7600	individual does not have clearance, a covered provider may engage the individual or a covered
7601	contractor may supply the individual to a covered provider or covered employer:
7602	(i) under circumstances specified by department rule; and
7603	(ii) only while an application for clearance for the individual is pending.
7604	(b) For purposes of Subsection $[(4)(a)] (3)(a)$, an application is pending if the
7605	following have been submitted to the department for the individual:
7606	(i) an application for clearance;
7607	(ii) the personal identification information specified by the department under
7608	Subsection $\left[\frac{26-21-204(4)(b)}{26B-2-240(4)(b)}\right]$ and
7609	(iii) any fees established by the department under Subsection $[\frac{26-21-204(9)}{9}]$
7610	<u>26B-2-240(9)</u> .
7611	(4) (a) As provided in Subsection (4)(b), each covered provider and covered contractor
7612	operating in this state shall:
7613	(i) collect from each covered individual the contractor engages, and each individual the
7614	contractor intends to engage as a covered individual, the personal identification information
7615	specified by the department under Subsection 26B-2-240(4)(b); and

7616	(ii) submit to the department an application for clearance for the individual, including:
7617	(A) the personal identification information; and
7618	(B) any fees established by the department under Subsection 26B-2-240(9).
7619	(b) Clearance granted for an individual pursuant to an application submitted by a
7620	covered provider or a covered contractor is valid until the later of:
7621	(i) two years after the individual is no longer engaged as a covered individual; or
7622	(ii) the covered provider's or covered contractor's next license renewal date.
7623	(5) (a) A covered provider that provides services in a residential setting shall:
7624	(i) collect the personal identification information specified by the department under
7625	Subsection 26B-2-240(4)(b) for each individual 12 years old or older, other than a resident,
7626	who resides in the residential setting; and
7627	(ii) submit to the department an application for clearance for the individual, including:
7628	(A) the personal identification information; and
7629	(B) any fees established by the department under Subsection 26B-2-240(9).
7630	(b) A covered provider that provides services in a residential setting may allow an
7631	individual 12 years old or older, other than a resident, to reside in the residential setting only if
7632	the individual has clearance.
7633	(6) (a) An individual may apply for clearance by submitting to the department an
7634	application, including:
7635	(i) the personal identification information specified by the department under
7636	Subsection <u>26B-2-240(4)(b);</u> and
7637	(ii) any fees established by the department under Subsection 26B-2-240(9).
7638	(b) Clearance granted to an individual who makes application under Subsection (6)(a)
7639	is valid for two years unless the department determines otherwise based on the department's
7640	ongoing review under Subsection <u>26B-2-240(4)(a).</u>
7641	Section 168. Section 26B-2-240, which is renumbered from Section 26-21-204 is
7642	renumbered and amended to read:

7643	[26-21-204]. <u>26B-2-240.</u> Department authorized to grant, deny, or revoke
7644	clearance Department may limit direct patient access Clearance.
7645	(1) The definitions in Section 26B-2-238 apply to this section.
7646	(2) (a) As provided in this section, the department may grant, deny, or revoke clearance
7647	for an individual, including a covered individual.
7648	(b) The department may limit the circumstances under which a covered individual
7649	granted clearance may have direct patient access, based on the relationship factors under
7650	Subsection (4) and other mitigating factors related to patient and resident protection.
7651	[(1)] (c) The department shall determine whether to grant clearance for each applicant
7652	for whom it receives:
7653	[(a)] (i) the personal identification information specified by the department under
7654	Subsection (4)(b); and
7655	[(b)] (ii) any fees established by the department under Subsection (9).
7656	[(2)] (d) The department shall establish a procedure for obtaining and evaluating
7657	relevant information concerning covered individuals, including fingerprinting the applicant and
7658	submitting the prints to the Criminal Investigations and Technical Services Division of the
7659	Department of Public Safety for checking against applicable state, regional, and national
7660	criminal records files.
7661	(3) The department may review the following sources to determine whether an
7662	individual should be granted or retain clearance, which may include:
7663	(a) Department of Public Safety arrest, conviction, and disposition records described in
7664	Title 53, Chapter 10, Criminal Investigations and Technical Services Act, including
7665	information in state, regional, and national records files;
7666	(b) juvenile court arrest, adjudication, and disposition records, as allowed under
7667	Section 78A-6-209;
7668	(c) federal criminal background databases available to the state;
7669	(d) the [Department of Human Services'] Division of Child and Family Services

7670	Licensing Information System described in Section 80-2-1002;
7671	(e) child abuse or neglect findings described in Section 80-3-404;
7672	(f) the [Department of Human Services'] Division of Aging and Adult Services
7673	vulnerable adult abuse, neglect, or exploitation database described in Section [62A-3-311.1]
7674	<u>26B-6-210;</u>
7675	(g) registries of nurse aids described in 42 C.F.R. Sec. 483.156;
7676	(h) licensing and certification records of individuals licensed or certified by the
7677	Division of Professional Licensing under Title 58, Occupations and Professions; and
7678	(i) the List of Excluded Individuals and Entities database maintained by the United
7679	States Department of Health and Human Services' Office of Inspector General.
7680	(4) The department shall adopt rules that:
7681	(a) specify the criteria the department will use to determine whether an individual is
7682	granted or retains clearance:
7683	(i) based on an initial evaluation and ongoing review of information under Subsection
7684	(3); and
7685	(ii) including consideration of the relationship the following may have to patient and
7686	resident protection:
7687	(A) warrants for arrest;
7688	(B) arrests;
7689	(C) convictions, including pleas in abeyance;
7690	(D) pending diversion agreements;
7691	(E) adjudications by a juvenile court under Section 80-6-701 if the individual is over
7692	28 years old and has been convicted, has pleaded no contest, or is subject to a plea in abeyance
7693	or diversion agreement for a felony or misdemeanor, or the individual is under 28 years old;
7694	and
7695	(F) any other findings under Subsection (3); and
7696	(b) specify the personal identification information that must be submitted by an

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7697 individual or covered body with an application for clearance, including: 7698 (i) the applicant's Social Security number; and 7699 (ii) fingerprints. 7700 (5) For purposes of Subsection (4)(a), the department shall classify a crime committed 7701 in another state according to the closest matching crime under Utah law, regardless of how the 7702 crime is classified in the state where the crime was committed. 7703 (6) The Department of Public Safety, the Administrative Office of the Courts, [the 7704 Department of Human Services, the Division of Professional Licensing, and any other state 7705 agency or political subdivision of the state: 7706 (a) shall allow the department to review the information the department may review 7707 under Subsection (3); and 7708 (b) except for the Department of Public Safety, may not charge the department for 7709 access to the information. 7710 (7) The department shall adopt measures to protect the security of the information it 7711 reviews under Subsection (3) and strictly limit access to the information to department 7712 employees responsible for processing an application for clearance. 7713 (8) The department may disclose personal identification information specified under 7714 Subsection (4)(b) to [the Department of Human Services] other divisions and offices within the 7715 department to verify that the subject of the information is not identified as a perpetrator or 7716 offender in the information sources described in Subsections (3)(d) through (f). 7717 (9) The department may establish fees, in accordance with Section 63J-1-504, for an 7718 application for clearance, which may include: 7719 (a) the cost of obtaining and reviewing information under Subsection (3); 7720 (b) a portion of the cost of creating and maintaining the Direct Access Clearance 7721 System database under Section [26-21-209] 26B-2-241; and 7722 (c) other department costs related to the processing of the application and the ongoing 7723 review of information pursuant to Subsection (4)(a) to determine whether clearance should be

7724	retained.
7725	Section 169. Section 26B-2-241, which is renumbered from Section 26-21-209 is
7726	renumbered and amended to read:
7727	[26-21-209]. <u>26B-2-241.</u> Direct Access Clearance System database
7728	Contents and use Department of Public Safety retention of information and notification
7729	No civil liability for providing information.
7730	(1) The definitions in Section 26B-2-238 apply to this section.
7731	[(1)] (2) The department shall create and maintain a Direct Access Clearance System
7732	database, which:
7733	(a) includes the names of individuals for whom the department has received:
7734	(i) an application for clearance under this part; or
7735	(ii) an application for background clearance under Section [26-8a-310] 26B-4-124; and
7736	(b) indicates whether an application is pending and whether clearance has been granted
7737	and retained for:
7738	(i) an applicant under this part; and
7739	(ii) an applicant for background clearance under Section [26-8a-310] 26B-4-124.
7740	[(2)] (a) The department shall allow covered providers and covered contractors to
7741	access the database electronically.
7742	(b) Data accessible to a covered provider or covered contractor is limited to the
7743	information under Subsections [(1)(a)(i) and (1)(b)(i)] (2)(a)(i) and (2)(b)(i) for:
7744	(i) covered individuals engaged by the covered provider or covered contractor; and
7745	(ii) individuals:
7746	(A) whom the covered provider or covered contractor could engage as covered
7747	individuals; and
7748	(B) who have provided the covered provider or covered contractor with sufficient
7749	personal identification information to uniquely identify the individual in the database.
7750	(c) (i) The department may establish fees, in accordance with Section 63J-1-504, for

7751	use of the database by a covered contractor.
7752	(ii) The fees may include, in addition to any fees established by the department under
7753	Subsection [26-21-204] 26B-2-240(9), an initial set-up fee, an ongoing access fee, and a
7754	per-use fee.
7755	(4) The Criminal Investigations and Technical Services Division within the
7756	Department of Public Safety shall:
7757	(a) retain, separate from other division records, personal information, including any
7758	fingerprints, sent to the division by the department pursuant to Subsection 26B-2-240(3)(a);
7759	and
7760	(b) notify the department upon receiving notice that an individual for whom personal
7761	information has been retained is the subject of:
7762	(i) a warrant for arrest;
7763	(ii) an arrest;
7764	(iii) a conviction, including a plea in abeyance; or
7765	(iv) a pending diversion agreement.
7766	(5) A covered body is not civilly liable for submitting to the department information
7767	required under this section, Section 26B-2-239, or Section 26B-2-240, or refusing to employ an
7768	individual who does not have clearance to have direct patient access under Section 26B-2-240.
7769	Section 170. Section 26B-2-301, which is renumbered from Section 62A-3-202 is
7770	renumbered and amended to read:
7771	Part 3. Long Term Care Ombudsman
7772	[62A-3-202]. <u>26B-2-301.</u> Definitions.
7773	As used in this part:
7774	(1) "Assisted living facility" means the same as that term is defined in Section
7775	[26-21-2] <u>26B-2-201</u> .
7776	(2) "Auxiliary aids and services" means items, equipment, or services that assist in
7777	effective communication between an individual who has a mental, hearing, vision, or speech

7778	disability and another individual.
7779	(3) "Division" means the Division of Customer Experience.
7780	[(3)] (4) "Government agency" means any department, division, office, bureau, board,
7781	commission, authority, or any other agency or instrumentality created by the state, or to which
7782	the state is a party, or created by any county or municipality, which is responsible for the
7783	regulation, visitation, inspection, or supervision of facilities, or which provides services to
7784	patients, residents, or clients of facilities.
7785	[(4)] (5) "Intermediate care facility" means the same as that term is defined in Section
7786	58-15-101.
7787	[(5)] (a) "Long-term care facility" means:
7788	(i) a skilled nursing facility;
7789	(ii) except as provided in Subsection $[(5)]$ (6)(b), an intermediate care facility;
7790	(iii) a nursing home;
7791	(iv) a small health care facility;
7792	(v) a small health care facility type N; or
7793	(vi) an assisted living facility.
7794	(b) "Long-term care facility" does not mean an intermediate care facility for people
7795	with an intellectual disability, as defined in Section 58-15-101.
7796	[(6)] (7) "Ombudsman" means the administrator of the long-term care ombudsman
7797	program, created pursuant to Section [62A-3-203] 26B-2-303.
7798	[(7)] (8) "Ombudsman program" means the Long-Term Care Ombudsman Program.
7799	[(8)] (9) "Resident" means an individual who resides in a long-term care facility.
7800	[(9)] (10) "Skilled nursing facility" means the same as that term is defined in Section
7801	58-15-101.
7802	[(10)] (11) "Small health care facility" means the same as that term is defined in
7803	Section [26-21-2] <u>26B-2-201</u> .
7804	[(11)] (12) "Small health care facility type N" means a residence in which a licensed

- nurse resides and provides protected living arrangements, nursing care, and other services on a
 daily basis for two to three individuals who are also residing in the residence and are unrelated
 to the licensee.
- Section 171. Section 26B-2-302, which is renumbered from Section 62A-3-201 is
 renumbered and amended to read:
- [62A-3-201]. <u>26B-2-302.</u> Legislative findings -- Purpose -- Ombudsman.
 (1) The Legislature finds and declares that the citizens of this state should be assisted
 in asserting their civil and human rights as patients, residents, and clients of long-term care
 facilities created to serve their specialized needs and problems; and that for the health, safety,
 and welfare of these citizens, the state should take appropriate action through an adequate legal
 framework to address their difficulties.
- (2) The purpose of this part is to establish within the division the Long-Term Care
 Ombudsman Program for the citizens of this state and identify duties and responsibilities of
 that program and of the ombudsman, in order to address problems relating to long-term care
 and to fulfill federal requirements.
- 7820 Section 172. Section 26B-2-303, which is renumbered from Section 62A-3-203 is
 7821 renumbered and amended to read:
- 7822 [62A-3-203]. <u>26B-2-303.</u> Long-Term Care Ombudsman Program -7823 Responsibilities.
- (1) (a) There is created within the division the ombudsman program for the purpose of
 promoting, advocating, and ensuring the adequacy of care received and the quality of life
 experienced by residents of long-term care facilities within the state.
- (b) Subject to the rules made under Section [62A-3-106.5] 26B-6-110, the ombudsman
 is responsible for:
- 7829
- (i) receiving and resolving complaints relating to residents of long-term care facilities;
- (ii) conducting investigations of any act, practice, policy, or procedure of a long-term
 care facility or government agency that the ombudsman has reason to believe affects or may

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7832	affect the health, safety, welfare, or civil and human rights of a resident of a long-term care	
7833	facility;	
7834	(iii) coordinating the department's services for residents of long-term care facilities to	
7835	ensure that those services are made available to eligible citizens of the state; and	
7836	(iv) providing training regarding the delivery and regulation of long-term care to public	
7837	agencies, local ombudsman program volunteers, and operators and employees of long-term	
7838	care facilities.	
7839	(2) (a) A long-term care facility shall display an ombudsman program information	
7840	poster in a location that is readily visible to all residents, visitors, and staff members.	
7841	(b) The division is responsible for providing the posters, which shall include phone	
7842	numbers for local ombudsman programs.	
7843	Section 173. Section 26B-2-304, which is renumbered from Section 62A-3-204 is	
7844	renumbered and amended to read:	
7845	[62A-3-204]. <u>26B-2-304.</u> Powers and responsibilities of ombudsman.	
7846	The long-term care ombudsman shall:	
7847	(1) comply with Title VII of the federal Older Americans Act, 42 U.S.C. 3058 et seq.;	
7848	(2) establish procedures for and engage in receiving complaints, conducting	
7849	investigations, reporting findings, issuing findings and recommendations, promoting	
7850	community contact and involvement with residents of long-term care facilities through the use	
7851	of volunteers, and publicizing its functions and activities;	
7852	(3) investigate an administrative act or omission of a long-term care facility or	
7853	governmental agency if the act or omission relates to the purposes of the ombudsman. The	
7854	ombudsman may exercise its authority under this subsection without regard to the finality of	
7855	the administrative act or omission, and it may make findings in order to resolve the subject	
7856	matter of its investigation;	
7857	(4) recommend to the division rules that it considers necessary to carry out the	
7858	purposes of the ombudsman;	

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7859	(5) cooperate and coordinate with governmental entities and voluntary assistance	
7860	organizations in exercising its powers and responsibilities;	
7861	(6) request and receive cooperation, assistance, services, and data from any	
7862	governmental agency, to enable it to properly exercise its powers and responsibilities;	
7863	(7) establish local ombudsman programs to assist in carrying out the purposes of this	
7864	part, which shall meet the standards developed by the division, and possess all of the authority	
7865	and power granted to the ombudsman program under this part; and	
7866	(8) exercise other powers and responsibilities as reasonably required to carry out the	
7867	purposes of this part.	
7868	Section 174. Section 26B-2-305, which is renumbered from Section 62A-3-205 is	
7869	renumbered and amended to read:	
7870	[62A-3-205]. <u>26B-2-305.</u> Procedures Adjudicative proceedings.	
7871	The ombudsman shall comply with the procedures and requirements of Title 63G,	
7872	Chapter 4, Administrative Procedures Act, in the ombudsman's adjudicative proceedings.	
7873	Section 175. Section 26B-2-306, which is renumbered from Section 62A-3-206 is	
7874	renumbered and amended to read:	
7875	[62A-3-206]. <u>26B-2-306.</u> Investigation of complaints Procedures.	
7876	(1) The ombudsman shall investigate each complaint the ombudsman receives. An	
7877	investigation may consist of a referral to another public agency, the collecting of facts and	
7878	information over the telephone, or an inspection of the long-term care facility that is named in	
7879	the complaint.	
7880	(2) In making an investigation, the ombudsman may engage in actions the ombudsman	
7881	considers appropriate, including:	
7882	(a) making inquiries and obtaining information;	
7883	(b) holding investigatory hearings;	

(c) entering and inspecting any premises, without notice to the facility, provided the
investigator presents, upon entering the premises, identification as an individual authorized by

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this part to inspect the premises; and

(d) inspecting or obtaining a book, file, medical record, or other record required by law
to be retained by the long-term care facility or governmental agency, pertaining to residents,
subject to Subsection (3).

(3) (a) Before reviewing a resident's records, the ombudsman shall seek to obtain from
the resident, or the resident's legal representative, permission in writing, orally, or through the
use of auxiliary aids and services to review the records.

(b) The effort to obtain permission under Subsection (3)(a) shall include personal
contact with the resident or the resident's legal representative. If the resident or the resident's
legal representative refuses to give permission, the ombudsman shall record and abide by this
decision.

(c) If the ombudsman's attempt to obtain permission fails for a reason other than the
refusal of the resident or the resident's legal representative to give permission, the ombudsman
may review the records.

(d) If the ombudsman has reasonable cause to believe that the resident is incompetent
to give permission and that the resident's legal representative is not acting in the best interest of
the resident, the ombudsman shall determine whether review of the resident's records is in the
best interest of the resident.

(e) If the ombudsman determines that review of the resident's records is in the bestinterest of the resident, the ombudsman shall review the records.

Section 176. Section 26B-2-307, which is renumbered from Section 62A-3-207 is
renumbered and amended to read:

7908 [62A-3-207]. 26B-2-307. Confidentiality of materials relating to
 7909 complaints or investigations -- Immunity from liability -- Discriminatory, disciplinary, or
 7910 retaliatory actions prohibited.

(1) The ombudsman shall establish procedures to ensure that all files maintained by theombudsman program are disclosed only at the discretion of and under the authority of the

- ombudsman. The identity of a complainant or resident of a long-term care facility may not bedisclosed by the ombudsman unless:
- (a) the complainant or resident, or the legal representative of either, consents in
 writing, orally, or through the use of auxiliary aids and services to the disclosure;
- 7917 (b) disclosure is ordered by the court; or
- 7918 (c) the disclosure is approved by the ombudsman and is made, as part of an
- 7919 investigation involving the resident, to an agency that:
- (i) has statutory responsibility for the resident;
- (ii) has statutory responsibility over the action alleged in the complaint;
- (iii) is able to assist the ombudsman to achieve resolution of the complaint; or
- (iv) is able to provide expertise that would benefit the resident.
- (2) Neither the ombudsman nor the ombudsman's agent or designee may be required to
 testify in court with respect to confidential matters, except as the court finds necessary to
 enforce this part.
- (3) Any person who makes a complaint to the ombudsman pursuant to this part is
 immune from any civil or criminal liability unless the complaint was made maliciously or
 without good faith.
- (4) (a) Discriminatory, disciplinary, or retaliatory action may not be taken against a
 volunteer or employee of a long-term care facility or governmental agency, or against a resident
 of a long-term care facility, for any communication made or information given or disclosed to
 aid the ombudsman or other appropriate public agency in carrying out its duties and
 responsibilities, unless the same was done maliciously or without good faith.
- (b) This subsection does not infringe on the rights of an employer to supervise,discipline, or terminate an employee for any other reason.
- 7937 Section 177. Section 26B-2-308, which is renumbered from Section 62A-3-208 is7938 renumbered and amended to read:
- 7939
- [62A-3-208].
- **<u>26B-2-308.</u>** Prohibited acts -- Penalty.

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7940	(1) No person may:	
7941	(a) give or cause to be given advance notice to a long-term care facility or agency that	
7942	an investigation or inspection under the direction of the ombudsman is pending or under	
7943	consideration, except as provided by law;	
7944	(b) disclose confidential information submitted to the ombudsman pursuant to this part,	
7945	except as provided by law;	
7946	(c) willfully interfere with the lawful actions of the ombudsman;	
7947	(d) willfully refuse to comply with lawful demands of the ombudsman, including the	
7948	demand for immediate entry into or inspection of the premises of any long-term care facility or	
7949	agency or for immediate access to a resident of a long-term care facility; or	
7950	(e) offer or accept any compensation, gratuity, or promise thereof in an effort to affect	
7951	the outcome of a matter being investigated or of a matter that is before the ombudsman for	
7952	determination of whether an investigation should be conducted.	
7953	(2) Violation of any provision of this part constitutes a class B misdemeanor.	
7954	Section 178. Section 26B-2-309, which is renumbered from Section 62A-3-209 is	
7955	renumbered and amended to read:	
7956	[62A-3-209]. <u>26B-2-309.</u> Assisted living facility transfers.	
7957	(1) After the ombudsman receives a notice described in Subsection $[26-21-305]$	
7958	26B-2-237(1)(a), the ombudsman shall:	
7959	(a) review the notice; and	
7960	(b) contact the resident or the resident's responsible person to conduct a voluntary	
7961	interview.	
7962	(2) The voluntary interview described in Subsection (1)(b) shall:	
7963	(a) provide the resident with information about the services available through the	
7964	ombudsman;	
7965	(b) confirm the details in the notice described in Subsection $[26-21-305]$	
7966	<u>26B-2-237(1)(a), including:</u>	

7967	(i) the name of the resident;	
7968	(ii) the reason for the transfer or discharge;	
7969	(iii) the date of the transfer or discharge; and	
7970	(iv) a description of the resident's next living arrangement; and	
7971	(c) provide the resident an opportunity to discuss any concerns or complaints the	
7972	resident may have regarding:	
7973	(i) the resident's treatment at the assisted living facility; and	
7974	(ii) whether the assisted living facility treated the resident fairly when the assisted	
7975	living facility transferred or discharged the resident.	
7976	(3) On or before November 1 of each year, the ombudsman shall provide a report to the	
7977	Health and Human Services Interim Committee regarding:	
7978	(a) the reasons why assisted living facilities are transferring residents;	
7979	(b) where residents are going upon transfer or discharge; and	
7980	(c) the type and prevalence of complaints that the ombudsman receives regarding	
7981	assisted living facilities, including complaints about the process or reasons for a transfer or	
7982	discharge.	
7983	Section 179. Section 26B-2-401, which is renumbered from Section 26-39-102 is	
7984	renumbered and amended to read:	
7985	Part 4. Child Care Licensing	
7986	[26-39-102]. <u>26B-2-401.</u> Definitions.	
7987	As used in this [chapter] part:	
7988	(1) "Advisory committee" means the Residential Child Care Licensing Advisory	
7989	Committee created in Section 26B-1-204.	
7990	(2) "Capacity limit" means the maximum number of qualifying children that a	
7991	regulated provider may care for at any given time, in accordance with rules made by the	
7992	department.	
7993	(3) (a) "Center based child care" means child care provided in a facility or program that	

7994	is not the home of the provider.
7995	(b) "Center based child care" does not include:
7996	(i) residential child care; or
7997	(ii) care provided in a facility or program exempt under Section [26-39-403]
7998	<u>26B-2-405</u> .
7999	(4) "Certified provider" means a person who holds a certificate from the department
8000	under Section [26-39-402] <u>26B-2-404</u> .
8001	(5) "Child care" means continuous care and supervision of a qualifying child, that is:
8002	(a) in lieu of care ordinarily provided by a parent in the parent's home;
8003	(b) for less than 24 hours a day; and
8004	(c) for direct or indirect compensation.
8005	(6) "Child care program" means a child care facility or program operated by a regulated
8006	provider.
8007	(7) "Exempt provider" means a person who provides care described in Subsection
8008	[26-39-403] <u>26B-2-405</u> (2).
8009	(8) "Licensed provider" means a person who holds a license from the department under
8010	Section [26-39-401] <u>26B-2-403</u> .
8011	(9) "Licensing committee" means the Child Care Center Licensing Committee created
8012	in Section 26B-1-204.
8013	(10) "Public school" means:
8014	(a) a school, including a charter school, that:
8015	(i) is directly funded at public expense; and
8016	(ii) provides education to qualifying children for any grade from first grade through
8017	twelfth grade; or
8018	(b) a school, including a charter school, that provides:
8019	(i) preschool or kindergarten to qualifying children, regardless of whether the preschool
8020	or kindergarten is funded at public expense; and

8021	(ii) education to qualifying children for any grade from first grade through twelfth
8022	grade, if each grade, from first grade to twelfth grade, that is provided at the school, is directly
8023	funded at public expense.
8024	(11) "Qualifying child" means an individual who is:
8025	(a) (i) under the age of 13 years old; or
8026	(ii) under the age of 18 years old, if the person has a disability; and
8027	(b) a child of:
8028	(i) a person other than the person providing care to the child;
8029	(ii) a regulated provider, if the child is under the age of four; or
8030	(iii) an employee or owner of a licensed child care center, if the child is under the age
8031	of four.
8032	(12) "Regulated provider" means a licensed provider or certified provider.
8033	(13) "Residential child care" means child care provided in the home of the provider.
8034	Section 180. Section 26B-2-402, which is renumbered from Section 26-39-301 is
8035	renumbered and amended to read:
0022	
8036	[26-39-301]. <u>26B-2-402.</u> Duties of the department Enforcement of part
8036	[26-39-301]. <u>26B-2-402.</u> Duties of the department Enforcement of part
8036 8037	[26-39-301]. <u>26B-2-402.</u> Duties of the department Enforcement of part Licensing committee requirements.
8036 8037 8038	[26-39-301]. 26B-2-402. Duties of the department Enforcement of part Licensing committee requirements. (1) With regard to residential child care licensed or certified under this [chapter] part,
8036 8037 8038 8039	[26-39-301]. <u>26B-2-402.</u> Duties of the department Enforcement of part Licensing committee requirements. (1) With regard to residential child care licensed or certified under this [chapter] part, the department may:
8036 8037 8038 8039 8040	[26-39-301]. <u>26B-2-402.</u> Duties of the department Enforcement of part Licensing committee requirements. (1) With regard to residential child care licensed or certified under this [chapter] part, the department may: (a) make and enforce rules to implement this [chapter] <u>part</u> and, as necessary to protect
8036 8037 8038 8039 8040 8041	[26-39-301]. <u>26B-2-402</u> . Duties of the department Enforcement of part Licensing committee requirements. (1) With regard to residential child care licensed or certified under this [chapter] part, the department may: (a) make and enforce rules to implement this [chapter] part and, as necessary to protect qualifying children's common needs for a safe and healthy environment, to provide for:
8036 8037 8038 8039 8040 8041 8042	[26-39-301]. <u>26B-2-402</u> . Duties of the department Enforcement of part Licensing committee requirements. (1) With regard to residential child care licensed or certified under this [chapter] part, the department may: (a) make and enforce rules to implement this [chapter] part and, as necessary to protect qualifying children's common needs for a safe and healthy environment, to provide for: (i) adequate facilities and equipment; and
8036 8037 8038 8039 8040 8041 8042 8043	[26-39-301].26B-2-402. Duties of the department Enforcement of part Licensing committee requirements.(1) With regard to residential child care licensed or certified under this [chapter] part,the department may:(a) make and enforce rules to implement this [chapter] part and, as necessary to protectqualifying children's common needs for a safe and healthy environment, to provide for:(i) adequate facilities and equipment; and(ii) competent caregivers, considering the age of the children and the type of program
8036 8037 8038 8039 8040 8041 8042 8043 8044	[26-39-301].26B-2-402. Duties of the department Enforcement of part Licensing committee requirements.(1) With regard to residential child care licensed or certified under this [chapter] part,the department may:(a) make and enforce rules to implement this [chapter] part and, as necessary to protectqualifying children's common needs for a safe and healthy environment, to provide for:(i) adequate facilities and equipment; and(ii) competent caregivers, considering the age of the children and the type of programoffered by the licensee; and

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8048 applicable statutes and rules;

8049 (ii) documentation and policies and procedures that providers shall have in place in 8050 order to be licensed, in accordance with Subsection (1)(a);

8051 (iii) categories, classifications, and duration of initial and ongoing licenses;

8052 (iv) changes of ownership or name, changes in licensure status, and changes in 8053 operational status;

8054 (v) license expiration and renewal, contents, and posting requirements;

8055 (vi) procedures for inspections, complaint resolution, disciplinary actions, and other 8056 procedural measures to encourage and assure compliance with statute and rule; and

8057 (vii) guidelines necessary to assure consistency and appropriateness in the regulation 8058 and discipline of licensees.

8059 (2) The department shall enforce the rules established by the licensing committee, with8060 the concurrence of the department, for center based child care.

(3) The department shall make rules that allow a regulated provider to provide after
school child care for a reasonable number of qualifying children in excess of the regulated
provider's capacity limit, without requiring the regulated provider to obtain a waiver or new
license from the department.

8065 (4) Rules made under this [chapter] part by the department, or the licensing committee
8066 with the concurrence of the department, shall be made in accordance with Title 63G, Chapter 3,
8067 Utah Administrative Rulemaking Act.

8068 (5) (a) The licensing committee and the department may not regulate educational 8069 curricula, academic methods, or the educational philosophy or approach of the provider.

(b) The licensing committee and the department shall allow for a broad range of
educational training and academic background in certification or qualification of child day care
directors.

8073 (6) In licensing and regulating child care programs, the licensing committee and the 8074 department shall reasonably balance the benefits and burdens of each regulation and, by rule,

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provide for a range of licensure, depending upon the needs and different levels and types ofchild care provided.

8077 (7) Notwithstanding the definition of "qualifying child" in Section [26-39-102]
8078 26B-2-401, the licensing committee and the department shall count children through age 12
8079 and children with disabilities through age 18 toward the minimum square footage requirement
8080 for indoor and outdoor areas, including the child of:

8081

(a) a licensed residential child care provider; or

8082

(b) an owner or employee of a licensed child care center.

8083 (8) Notwithstanding Subsection (1)(a)(i), the licensing committee and the department 8084 may not exclude floor space used for furniture, fixtures, or equipment from the minimum 8085 square footage requirement for indoor and outdoor areas if the furniture, fixture, or equipment 8086 is used:

- 8087 (a) by qualifying children;
- 8088 (b) for the care of qualifying children; or
- (c) to store classroom materials.

(9) (a) A child care center constructed prior to January 1, 2004, and licensed and
operated as a child care center continuously since January 1, 2004, is exempt from the licensing
committee's and the department's group size restrictions, if the child to caregiver ratios are
maintained, and adequate square footage is maintained for specific classrooms.

(b) An exemption granted under Subsection (9)(a) is transferrable to subsequent
licensed operators at the center if a licensed child care center is continuously maintained at the
center.

8097 (10) The licensing committee, with the concurrence of the department, shall develop,8098 by rule, a five-year phased-in compliance schedule for playground equipment safety standards.

8099 (11) The department shall set and collect licensing and other fees in accordance with8100 Section 26B-1-209.

8101

Section 181. Section 26B-2-403, which is renumbered from Section 26-39-401 is

8102	renumbered and amended to	read:
8103	[26-39-401].	<u>26B-2-403.</u> Licensure requirements Expiration Renewal.
8104	(1) Except as provide	ed in Section [26-39-403] 26B-2-405, and subject to Subsection
8105	(2), a person shall obtain a lic	cense from the department if:
8106	(a) the person provid	es center based child care for five or more qualifying children;
8107	(b) the person provid	es residential child care for nine or more qualifying children; or
8108	(c) the person:	
8109	(i) provides child car	е;
8110	(ii) is not required to	obtain a license under Subsection (1)(a) or (b); and
8111	(iii) requests to be lic	ensed.
8112	(2) Notwithstanding	Subsection (1), a certified provider may, in accordance with rules
8113	made by the department under Subsection $[\frac{26-39-301}{26B-2-402}(3)]$, exceed the certified	
8114	provider's capacity limit to provide after school child care without obtaining a license from the	
8115	department.	
8116	(3) The department n	nay issue licenses for a period not exceeding 24 months to child
8117	care providers who meet the requirements of:	
8118	(a) this [chapter] part	; and
8119	(b) the department's r	rules governing child care programs.
8120	(4) A license issued u	under this [chapter] part is not assignable or transferable.
8121	Section 182. Section	26B-2-404 , which is renumbered from Section 26-39-402 is
8122	renumbered and amended to	read:
8123	[26-39-402].	26B-2-404. Residential Child Care Certificate.
8124	(1) Except as provide	ed in Section [26-39-403] 26B-2-405, a person shall obtain a
8125	Residential Child Care Certif	icate from the department if:
8126	(a) the person provid	es residential child care for seven or eight qualifying children; or
8127	(b) the person:	
8128	(i) provides residenti	al child care for six or less qualifying children; and

8129	(ii) requests to be certified.
8130	(2) The minimum qualifications for a Residential Child Care Certificate are:
8131	(a) the submission of:
8132	(i) an application in the form prescribed by the department;
8133	(ii) a certification and criminal background fee established in accordance with Section
8134	26B-1-209; and
8135	(iii) in accordance with Section $[26-39-404]$ <u>26B-2-406</u> , identifying information for
8136	each adult person and each juvenile age 12 through 17 years old who resides in the provider's
8137	home:
8138	(A) for processing by the Department of Public Safety to determine whether any such
8139	person has been convicted of a crime;
8140	(B) to screen for a substantiated finding of child abuse or neglect by a juvenile court;
8141	and
8142	(C) to discover whether the person is listed in the Licensing Information System
8143	described in Section 80-2-1002;
8144	(b) an initial and annual inspection of the provider's home within 90 days of sending an
8145	intent to inspect notice to:
8146	(i) check the immunization record, as defined in Section 53G-9-301, of each qualifying
8147	child who receives child care in the provider's home;
8148	(ii) identify serious sanitation, fire, and health hazards to qualifying children; and
8149	(iii) make appropriate recommendations; and
8150	(c) annual training consisting of 10 hours of department-approved training as specified
8151	by the department by administrative rule, including a current department-approved CPR and
8152	first aid course.
8153	(3) If a serious sanitation, fire, or health hazard has been found during an inspection
8154	conducted pursuant to Subsection (2)(b), the department shall require corrective action for the
8155	serious hazards found and make an unannounced follow up inspection to determine

8156	compliance.	
8157	(4) In addition to an inspection conducted pursuant to Subsection (2)(b), the	
8158	department may inspect the home of a certified provider in response to a complaint of:	
8159	(a) child abuse or neglect;	
8160	(b) serious health hazards in or around the provider's home; or	
8161	(c) providing residential child care without the appropriate certificate or license.	
8162	(5) With respect to residential child care, the department may only make and enforce	
8163	rules necessary to implement this section.	
8164	Section 183. Section 26B-2-405, which is renumbered from Section 26-39-403 is	
8165	renumbered and amended to read:	
8166	[26-39-403]. <u>26B-2-405.</u> Exclusions from part Criminal background	
8167	checks by an excluded person.	
8168	(1) (a) Except as provided in Subsection (1)(b), the provisions and requirements of this	
8169	[chapter] <u>part</u> do not apply to:	
8170	(i) a facility or program owned or operated by an agency of the United States	
8171	government;	
8172	(ii) group counseling provided by a mental health therapist, as defined in Section	
8173	58-60-102, who is licensed to practice in this state;	
8174	(iii) a health care facility licensed [pursuant to Title 26, Chapter 21] under Part 2,	
8175	Health Care Facility Licensing and Inspection [Act];	
8176	(iv) care provided to a qualifying child by or in the home of a parent, legal guardian,	
8177	grandparent, brother, sister, uncle, or aunt;	
8178	(v) care provided to a qualifying child, in the home of the provider, for less than four	
8179	hours a day or on a sporadic basis, unless that child care directly affects or is related to a	
8180	business licensed in this state;	
8181	(vi) care provided at a residential support program that is licensed by the [Department	
8182	of Human Services] department;	

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- 8183 (vii) center based child care for four or less qualifying children, unless the provider
 8184 requests to be licensed under Section [26-39-401] 26B-2-403; or
- (viii) residential child care for six or less qualifying children, unless the provider
 requests to be licensed under Section [26-39-401] 26B-2-403 or certified under Section
 [26-39-402] 26B-2-404.
- (b) Notwithstanding Subsection (1)(a), a person who does not hold a license or
 certificate from the department under this [chapter] part may not, at any given time, provide
 child care in the person's home for more than 10 children in total under the age of 13, or under
 the age of 18 if a child has a disability, regardless of whether a child is related to the person
 providing child care.
- 8193

(2) The licensing and certification requirements of this [chapter] part do not apply to:

- (a) care provided to a qualifying child as part of a course of study at or a program
 administered by an educational institution that is regulated by the boards of education of this
 state, a private education institution that provides education in lieu of that provided by the
 public education system, or by a parochial education institution;
- (b) care provided to a qualifying child by a public or private institution of higher
 education, if the care is provided in connection with a course of study or program, relating to
 the education or study of children, that is provided to students of the institution of higher
 education;
- (c) care provided to a qualifying child at a public school by an organization other thanthe public school, if:
- (i) the care is provided under contract with the public school or on school property; or
 (ii) the public school accepts responsibility and oversight for the care provided by the
 organization;
- 8207 (d) care provided to a qualifying child as part of a summer camp that operates on8208 federal land pursuant to a federal permit;
- 8209 (e) care provided by an organization that:

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8210	(i) qualifies for tax exempt status under Section $501(c)(3)$ of the Internal Revenue
8211	Code;
8212	(ii) provides care pursuant to a written agreement with:
8213	(A) a municipality, as defined in Section $10-1-104$, that provides oversight for the
8214	program; or
8215	(B) a county that provides oversight for the program; and
8216	(iii) provides care to a child who is over the age of four and under the age of 13; or
8217	(f) care provided to a qualifying child at a facility where:
8218	(i) the parent or guardian of the qualifying child is at all times physically present in the
8219	building where the care is provided and the parent or guardian is near enough to reach the child
8220	within five minutes if needed;
8221	(ii) the duration of the care is less than four hours for an individual qualifying child in
8222	any one day;
8223	(iii) the care is provided on a sporadic basis;
8224	(iv) the care does not include diapering a qualifying child; and
8225	(v) the care does not include preparing or serving meals to a qualifying child.
8226	(3) An exempt provider shall submit to the department:
8227	(a) the information required under Subsections $[26-39-404]$ $26B-2-406(1)$ and (2); and
8228	(b) of the children receiving care from the exempt provider:
8229	(i) the number of children who are less than two years old;
8230	(ii) the number of children who are at least two years old and less than five years old;
8231	and
8232	(iii) the number of children who are five years old or older.
8233	(4) An exempt provider shall post, in a conspicuous location near the entrance of the
8234	exempt provider's facility, a notice prepared by the department that:
8235	(a) states that the facility is exempt from licensure and certification; and
8236	(b) provides the department's contact information for submitting a complaint.

(5) (a) Except as provided in Subsection (5)(b), the department may not release the	
information the department collects from exempt providers under Subsection (3).	
(b) The department may release an aggregate count of children receiving care from	
exempt providers, without identifying a specific provider.	
Section 184. Section 26B-2-406 , which is renumbered from Section 26-39-404 is	
renumbered and amended to read:	
[26-39-404]. <u>26B-2-406.</u> Disqualified individuals Criminal history	
checks Payment of costs.	
(1) (a) Each exempt provider, except as provided in Subsection (1)(c), and each person	
requesting a residential certificate or to be licensed or to renew a license under this [chapter]	
part shall submit to the department the name and other identifying information, which shall	
include fingerprints, of existing, new, and proposed:	
(i) owners;	
(ii) directors;	
(iii) members of the governing body;	
(iv) employees;	
(v) providers of care;	
(vi) volunteers, except parents of children enrolled in the programs; and	
(vii) all adults residing in a residence where child care is provided.	
(b) (i) The Utah Division of Criminal Investigation and Technical Services within the	
Department of Public Safety shall process the information required under Subsection (1)(a) to	
determine whether the individual has been convicted of any crime.	
(ii) The Utah Division of Criminal Investigation and Technical Services shall submit	
fingerprints required under Subsection (1)(a) to the FBI for a national criminal history record	
check.	
(iii) A person required to submit information to the department under Subsection (1)	
shall pay the cost of conducting the record check described in this Subsection (1)(b).	

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8264 (c) An exempt provider who provides care to a qualifying child as part of a program 8265 administered by an educational institution that is regulated by the State Board of Education is 8266 not subject to this Subsection (1), unless required by the Child Care and Development Block 8267 Grant, 42 U.S.C. Secs. 9857-9858r. 8268 (2) (a) Each person requesting a residential certificate or to be licensed or to renew a 8269 license under this [chapter] part shall submit to the department the name and other identifying 8270 information of any person age 12 through 17 who resides in the residence where the child care 8271 is provided. The identifying information required for a person age 12 through 17 does not 8272 include fingerprints. 8273 (b) The department shall access the juvenile court records to determine whether a 8274 person described in Subsection (1) or (2)(a) has been adjudicated in juvenile court of 8275 committing an act which if committed by an adult would be a felony or misdemeanor if: 8276 (i) the person described in Subsection (1) is under the age of 28; or 8277 (ii) the person described in Subsection (1) is: 8278 (A) over the age of 28; and 8279 (B) has been convicted, has pleaded no contest, or is currently subject to a plea in 8280 abeyance or diversion agreement for a felony or misdemeanor. 8281 (3) Except as provided in Subsections (4) and (5), a licensee under this [chapter] part or an exempt provider may not permit a person who has been convicted, has pleaded no 8282 8283 contest, or is currently subject to a plea in abeyance or diversion agreement for any felony or 8284 misdemeanor, or if the provisions of Subsection (2)(b) apply, who has been adjudicated in 8285 juvenile court of committing an act which if committed by an adult would be a felony or a 8286 misdemeanor, to: 8287 (a) provide child care; 8288 (b) provide volunteer services for a child care program or an exempt provider; 8289 (c) reside at the premises where child care is provided; or 8290 (d) function as an owner, director, or member of the governing body of a child care

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8291 program or an exempt provider.

8292 (4) (a) The department may, by rule, exempt the following from the restrictions of8293 Subsection (3):

(i) specific misdemeanors; and

8295 (ii) specific acts adjudicated in juvenile court, which if committed by an adult would be8296 misdemeanors.

(b) In accordance with criteria established by rule, the executive director may consider
and exempt individual cases not otherwise exempt under Subsection (4)(a) from the restrictions
of Subsection (3).

8300 (5) The restrictions of Subsection (3) do not apply to the following:

(a) a conviction or plea of no contest to any nonviolent drug offense that occurred on adate 10 years or more before the date of the criminal history check described in this section; or

(b) if the provisions of Subsection (2)(b) apply, any nonviolent drug offense
adjudicated in juvenile court on a date 10 years or more before the date of the criminal history
check described in this section.

(6) The department may retain background check information submitted to the
department for up to one year after the day on which the covered individual is no longer
associated with a Utah child care provider.

8309 Section 185. Section **26B-2-407**, which is renumbered from Section 26-39-405 is 8310 renumbered and amended to read:

[26-39-405]. 26B-2-407. Drinking water quality in child care centers.
A child care center, as defined in Section 19-4-115, may comply with Section 19-4-115.
Section 186. Section 26B-2-408, which is renumbered from Section 26-39-501 is
renumbered and amended to read:
[26-39-501]. 26B-2-408. Investigations -- Records.
[(1) The department may conduct investigations necessary to enforce the provisions of

8317 this chapter.]

8318	[(2) For purposes of] (1) As used in this section:
8319	(a) "Anonymous complainant" means a complainant for whom the department does not
8320	have the minimum personal identifying information necessary, including the complainant's full
8321	name, to attempt to communicate with the complainant after a complaint has been made.
8322	(b) "Confidential complainant" means a complainant for whom the department has the
8323	minimum personal identifying information necessary, including the complainant's full name, to
8324	attempt to communicate with the complainant after a complaint has been made, but who elects
8325	under Subsection (3)(c) not to be identified to the subject of the complaint.
8326	(c) "Subject of the complaint" means the licensee or certificate holder about whom the
8327	complainant is informing the department.
8328	(2) The department may conduct investigations necessary to enforce the provisions of
8329	this part.
8330	(3) (a) If the department receives a complaint about a child care program or an exempt
8331	provider, the department shall:
8332	(i) solicit information from the complainant to determine whether the complaint
8333	suggests actions or conditions that could pose a serious risk to the safety or well-being of a
8334	qualifying child;
8335	(ii) as necessary:
8336	(A) encourage the complainant to disclose the minimum personal identifying
8337	information necessary, including the complainant's full name, for the department to attempt to
8338	subsequently communicate with the complainant;
8339	(B) inform the complainant that the department may not investigate an anonymous
8340	complaint;
8341	(C) inform the complainant that the identity of a confidential complainant may be
8342	withheld from the subject of a complaint only as provided in Subsection (3)(c)(ii); and
8343	(D) inform the complainant that the department may be limited in its use of
8344	information provided by a confidential complainant, as provided in Subsection (3)(c)(ii)(B);

8345	and
8346	(iii) inform the complainant that a person is guilty of a class B misdemeanor under
8347	Section 76-8-506 if the person gives false information to the department with the purpose of
8348	inducing a change in that person's or another person's licensing or certification status.
8349	(b) If the complainant elects to be an anonymous complainant, or if the complaint
8350	concerns events which occurred more than six weeks before the complainant contacted the
8351	department:
8352	(i) shall refer the information in the complaint to the Division of Child and Family
8353	Services within the [Department of Human Services] department, law enforcement, or any
8354	other appropriate agency, if the complaint suggests actions or conditions which could pose a
8355	serious risk to the safety or well-being of a child;
8356	(ii) may not investigate or substantiate the complaint; and
8357	(iii) may, during a regularly scheduled annual survey, inform the exempt provider,
8358	licensee, or certificate holder that is the subject of the complaint of allegations or concerns
8359	raised by:
8360	(A) the anonymous complainant; or
8361	(B) the complainant who reported events more than six weeks after the events
8362	occurred.
8363	(c) (i) If the complainant elects to be a confidential complainant, the department shall
8364	determine whether the complainant wishes to remain confidential:
8365	(A) only until the investigation of the complaint has been completed; or
8366	(B) indefinitely.
8367	(ii) (A) If the complainant elects to remain confidential only until the investigation of
8368	the complaint has been completed, the department shall disclose the name of the complainant
8369	to the subject of the complaint at the completion of the investigation, but no sooner.
8370	(B) If the complainant elects to remain confidential indefinitely, the department:
8371	(I) notwithstanding Subsection $63G-2-201(5)(b)$, may not disclose the name of the

8372 complainant, including to the subject of the complaint; and 8373 (II) may not use information provided by the complainant to substantiate an alleged 8374 violation of state law or department rule unless the department independently corroborates the 8375 information. 8376 (4) (a) Prior to conducting an investigation of a child care program or an exempt 8377 provider in response to a complaint, a department investigator shall review the complaint with 8378 the investigator's supervisor. 8379 (b) The investigator may proceed with the investigation only if: 8380 (i) the supervisor determines the complaint is credible; 8381 (ii) the complaint is not from an anonymous complainant; and 8382 (iii) prior to the investigation, the investigator informs the subject of the complaint of: 8383 (A) except as provided in Subsection (3)(c), the name of the complainant; and 8384 (B) except as provided in Subsection (4)(c), the substance of the complaint. 8385 (c) An investigator is not required to inform the subject of a complaint of the substance 8386 of the complaint prior to an investigation if doing so would jeopardize the investigation. 8387 However, the investigator shall inform the subject of the complaint of the substance of the 8388 complaint as soon as doing so will no longer jeopardize the investigation. 8389 (5) If the department is unable to substantiate a complaint, any record related to the 8390 complaint or the investigation of the complaint: 8391 (a) shall be classified under Title 63G, Chapter 2, Government Records Access and 8392 Management Act, as: 8393 (i) a private or controlled record if appropriate under Section 63G-2-302 or 63G-2-304; 8394 or 8395 (ii) a protected record under Section 63G-2-305; and 8396 (b) if disclosed in accordance with Subsection 63G-2-201(5)(b), may not identify an 8397 individual child care program, exempt provider, licensee, certificate holder, or complainant. 8398 (6) Any record of the department related to a complaint by an anonymous complainant

8399	is a protected record under Title 63G, Chapter 2, Government Records Access and
8400	Management Act, and, notwithstanding Subsection 63G-2-201(5)(b), may not be disclosed in a
8401	manner that identifies an individual child care program, exempt provider, licensee, certificate
8402	holder, or complainant.
8403	Section 187. Section 26B-2-409, which is renumbered from Section 26-39-601 is
8404	renumbered and amended to read:
8405	[26-39-601]. <u>26B-2-409.</u> License violations Penalties.
8406	(1) The department may deny or revoke a license and otherwise invoke disciplinary
8407	penalties if it finds:
8408	(a) evidence of committing or of aiding, abetting, or permitting the commission of any
8409	illegal act on the premises of the child care facility;
8410	(b) a failure to meet the qualifications for licensure; or
8411	(c) conduct adverse to the public health, morals, welfare, and safety of children under
8412	its care.
8413	(2) The department may also place a department representative as a monitor in a
8414	facility, and may assess the cost of that monitoring to the facility, until the licensee has
8415	remedied the deficiencies that brought about the department action.
8416	(3) The department may impose civil monetary penalties in accordance with Title 63G,
8417	Chapter 4, Administrative Procedures Act, if there has been a failure to comply with the
8418	provisions of this [chapter] part, or rules made pursuant to this [chapter] part, as follows:
8419	(a) if significant problems exist that are likely to lead to the harm of a qualifying child,
8420	the department may impose a civil penalty of \$50 to \$1,000 per day; and
8421	(b) if significant problems exist that result in actual harm to a qualifying child, the
8422	department may impose a civil penalty of \$1,050 to \$5,000 per day.
8423	Section 188. Section 26B-2-410 , which is renumbered from Section 26-39-602 is
8424	renumbered and amended to read:
8425	[26-39-602]. <u>26B-2-410.</u> Offering or providing care in violation of part

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8426	Misdemeanor.
8427	Notwithstanding the provisions of [Title 26, Chapter 23, Enforcement Provisions and
8428	Penalties,] Section 26B-1-224, a person who provides or offers child care except as provided
8429	by this [chapter] part is guilty of a class A misdemeanor.
8430	Section 189. Section 26B-2-501, which is renumbered from Section 26-71-101 is
8431	renumbered and amended to read:
8432	Part 5. Certifications
8433	[26-71-101]. <u>26B-2-501.</u> Definitions.
8434	As used in this [chapter] part:
8435	(1) "Capacity building" means strengthening an individual's or a community's ability to
8436	participate in shared decision making.
8437	(2) "Community health worker" means an individual who:
8438	(a) works to improve a social determinant of health;
8439	(b) acts as an intermediary between a community and health services or social services
8440	to:
8441	(i) facilitate access to services; or
8442	(ii) improve the quality and cultural competence of service delivery; and
8443	(c) increases health knowledge and self-sufficiency of an individual or a community
8444	through outreach, capacity building, community education, informal counseling, social support,
8445	and other similar activities.
8446	(3) "Core-skill education" means education regarding each of the following:
8447	(a) self-reliance;
8448	(b) outreach;
8449	(c) capacity building;
8450	(d) individual and community assessment;
8451	(e) coordination skills;
8452	(f) relationship building;

8453	(g) facilitation of services;
8454	(h) communication;
8455	(i) professional conduct; and
8456	(j) health promotion.
8457	(4) "Core-skill training" means:
8458	(a) 90 hours of competency-based education; and
8459	(b) 300 hours of community involvement as determined by the department through
8460	rule.
8461	(5) "Social determinate of health" means any condition in which an individual or a
8462	community lives, learns, works, plays, worships, or ages, that affects the individual's or the
8463	community's health or quality of life outcomes or risks.
8464	(6) "State certified" means that an individual has obtained the state certification
8465	described in Subsection [26-71-104] <u>26B-2-504</u> (1).
8466	Section 190. Section 26B-2-502, which is renumbered from Section 26-71-102 is
8467	renumbered and amended to read:
8468	[26-71-102]. <u>26B-2-502.</u> Rulemaking.
8469	The department may make rules as authorized by this [chapter] part in accordance with
8470	Title 63G, Chapter 3, Utah Administrative Rulemaking Act.
8471	Section 191. Section 26B-2-503, which is renumbered from Section 26-71-103 is
8472	renumbered and amended to read:
8473	[26-71-103]. <u>26B-2-503.</u> Recommendation for Community Health
8474	Worker Certification Advisory Board.
8475	The department shall notify the Health and Human Services Interim Committee if the
8476	department determines that there is a need to create, by statute, a Community Health Worker
8477	Certification Advisory Board.
8478	Section 192. Section 26B-2-504, which is renumbered from Section 26-71-104 is
8479	renumbered and amended to read:

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8480	[26-71-104]. <u>26B-2-504.</u> Certification Unlawful conduct.
8481	(1) The department shall issue to an individual who qualifies under [this chapter]
8482	Section <u>26B-2-505</u> a certification as a state certified community health worker.
8483	(2) An individual may not use the term "state certified" in conjunction with the
8484	individual's work as a community health worker if the individual is not state certified.
8485	(3) The department may fine an individual who violates Subsection (2) in an amount
8486	up to \$100.
8487	Section 193. Section 26B-2-505, which is renumbered from Section 26-71-105 is
8488	renumbered and amended to read:
8489	[26-71-105]. <u>26B-2-505.</u> Qualifications for certification.
8490	(1) The department shall issue a certification described in Section $[\frac{26-71-104}{2}]$
8491	26B-2-504 to a community health worker if the community health worker has:
8492	(a) completed core-skill training administered by:
8493	(i) the department;
8494	(ii) a state professional association that:
8495	(A) is associated with the community health worker profession; and
8496	(B) is aligned with a national community health worker professional association; or
8497	(iii) an entity designated by a state professional association described in Subsection
8498	(1)(a)(ii);
8499	(b) completed training regarding basic medical confidentiality requirements, including
8500	the confidentiality requirements of [the Health Insurance Portability and Accountability Act of
8501	1996, Pub. L. No. 104-191, 110 Stat. 1936, as amended] HIPAA as defined in Section
8502	<u>26B-8-514;</u>
8503	(c) completed an application as designed by the department with a signed statement
8504	agreeing to abide by national standards of practice and ethics for community health workers;
8505	and
8506	(d) paid a fee established by the department under Section $63J-1-504$.

8507	(2) A community health worker with at least 4,000 hours of experience as a community
8508	health worker is exempt from the core-skill training requirement described in Subsection
8509	(1)(a).
8510	Section 194. Section 26B-2-506, which is renumbered from Section 26-71-106 is
8511	renumbered and amended to read:
8512	[26-71-106]. <u>26B-2-506.</u> Certification is voluntary.
8513	This [chapter] part does not prohibit an individual from acting as a community health
8514	worker if the individual does not have a certificate described in this [chapter] part.
8515	Section 195. Section 26B-2-507, which is renumbered from Section 26-71-107 is
8516	renumbered and amended to read:
8517	[26-71-107]. <u>26B-2-507.</u> Term of certification - Expiration - Renewal.
8518	(1) Subject to Subsection (2), the department shall issue each certification under [this
8519	chapter] Section 26B-2-504 in accordance with a two-year renewal cycle.
8520	(2) The department may by rule extend or shorten a renewal cycle by as much as one
8521	year to stagger the renewal cycles that the department administers.
8522	(3) (a) The department shall print the expiration date on the certification.
8523	(b) Each certification automatically expires on the date shown on the certificate.
8524	(c) The department shall establish procedures through rule to notify each state certified
8525	community health worker when the certification is due for renewal.
8526	(4) (a) The department shall renew a certification if the individual has:
8527	(i) met each renewal requirement established by the department through rule; and
8528	(ii) paid a certification renewal fee established by the department.
8529	(b) A rule created by the department under Subsection $(4)(a)(i)$ shall include a
8530	requirement regarding:
8531	(i) continuing education; and
8532	(ii) maintaining professional conduct.
8533	Section 196. Section 26B-2-601 , which is renumbered from Section 26-21a-101 is

8534	renumbered and amended to read:
8535	Part 6. Mammography Quality Assurance
8536	[26-21a-101]. <u>26B-2-601.</u> Definitions.
8537	As used in this [chapter] part:
8538	[(1) "Breast cancer screening mammography" means a standard two-view per breast,
8539	low-dose as defined by the National Cancer Institute, radiographic examination of the breasts
8540	to detect unsuspected breast cancer using equipment designed and dedicated specifically for
8541	mammography.]
8542	[(2)] (1) "Diagnostic mammography" means mammography performed on a woman
8543	having suspected breast cancer.
8544	[(3)] (2) "Facility" means a facility that provides screening or diagnostic breast
8545	mammography services.
8546	Section 197. Section 26B-2-602, which is renumbered from Section 26-21a-203 is
8547	renumbered and amended to read:
8548	[26-21a-203]. <u>26B-2-602.</u> Department rulemaking authority.
8549	The department shall make rules under Title 63G, Chapter 3, Utah Administrative
8550	Rulemaking Act:
8551	(1) establishing quality assurance standards for all facilities performing screening or
8552	diagnostic mammography and developing mammogram x-ray films, including notification and
8553	procedures for clinical follow-up of abnormal mammograms;
8554	(2) providing for:
8555	(a) collection and periodic reporting of mammography examinations and clinical
8556	follow-up data to the department;
8557	(b) certification and revocation of certification of mammogram facilities;
8558	(c) inspection of mammogram facilities, including entry of agents of the department
8559	into the facilities for inspections;
8560	(d) setting fees for certification; and

8561	(e) an appeal process regarding department certification decisions; and
8562	(3) requiring a facility that is certified under Section $[\frac{26-21a-204}{26B-2-603}]$ to
8563	comply with the notification requirement described in Section [$\frac{26-21a-206}{26B-2-605}$]
8564	Section 198. Section 26B-2-603, which is renumbered from Section 26-21a-204 is
8565	renumbered and amended to read:
8566	[26-21a-204]. <u>26B-2-603.</u> Mammogram provider certification.
8567	(1) A mammogram may only be performed in a facility the department certifies as
8568	meeting:
8569	(a) the qualifications and standards under Section $[26-21a-203]$ 26B-2-602; and
8570	(b) the registration, licensing, and inspection requirements for radiation sources under
8571	Section 19-3-104.
8572	(2) Facilities desiring to perform mammograms shall request certification as a
8573	mammogram provider by the department under procedures established by department rule.
8574	Section 199. Section 26B-2-604, which is renumbered from Section 26-21a-205 is
8575	renumbered and amended to read:
8576	[26-21a-205]. <u>26B-2-604.</u> Department duties.
8577	The department shall:
8578	(1) enforce rules established under this part;
8579	(2) implement and enforce the notice requirement in Section [$\frac{26-21a-206}{26B-2-605}$;
8580	(3) authorize qualified department agents to conduct inspections of mammogram
8581	facilities under department rules;
8582	(4) collect and credit fees for certification established by the department in accordance
8583	with Section 63J-1-504; and
8584	(5) provide necessary administrative and staff support to the committee.
8585	Section 200. Section 26B-2-605, which is renumbered from Section 26-21a-206 is
8586	renumbered and amended to read:
8587	[26-21a-206]. 26B-2-605. Women's cancer screening notification

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8588 requirement.

(1) As used in this section, "dense breast tissue" means heterogeneously dense tissue or
extremely dense tissue as defined in the Breast Imaging and Reporting Data System established
by the American College of Radiology.

(2) A facility that is certified under Section [26-21a-204] 26B-2-603 shall include the
following notification and information with a mammography result provided to a patient with
dense breast tissue:

8595 "Your mammogram indicates that you have dense breast tissue. Dense breast tissue is 8596 common and is found in as many as half of all women. However, dense breast tissue can make 8597 it more difficult to fully and accurately evaluate your mammogram and detect early signs of 8598 possible cancer in the breast. This information is being provided to inform and encourage you 8599 to discuss your dense breast tissue and other breast cancer risk factors with your health care 8600 provider. Together, you can decide what may be best for you. A copy of your mammography 8601 report has been sent to your health care provider. Please contact them if you have any questions 8602 or concerns about this notice."

8603 Section 201. Section **26B-2-606**, which is renumbered from Section 26-21a-301 is 8604 renumbered and amended to read:

8605

[26-21a-301]. <u>26B-2-606.</u> Breast cancer mortality reduction program.

8606 The department shall create a breast cancer mortality reduction program. The program 8607 shall include:

8608 (1) education programs for health professionals regarding skills in cancer screening,
8609 diagnosis, referral, treatment, and rehabilitation based on current scientific knowledge;

8610 (2) education programs to assist the public in understanding:

- 8611 (a) the benefits of regular breast cancer screening;
- 8612 (b) resources available in the medical care system for cancer screening, diagnosis,
- 8613 referral, treatment, and rehabilitation; and
- 8614 (c) available options for treatment of breast cancer and the ramifications of each

8615	approach; and
8616	(3) subsidized screening mammography for low-income women as determined by the
8617	department standards.
8618	Section 202. Section 26B-9-101 is amended to read:
8619	CHAPTER 9. RECOVERY SERVICES AND ADMINISTRATION OF
8620	CHILD SUPPORT
8621	Part 1. Office of Recovery Services
8622	26B-9-101. Definitions.
8623	[Reserved]
8624	As used in this part:
8625	(1) "Account" means a demand deposit account, checking or negotiable withdrawal
8626	order account, savings account, time deposit account, or money-market mutual fund account.
8627	(2) "Assistance" means public assistance.
8628	(3) "Cash medical support" means an obligation to equally share all reasonable and
8629	necessary medical and dental expenses of children.
8630	(4) "Child support" means the same as that term is defined in Section 26B-9-301.
8631	(5) "Child support services" means services provided pursuant to Part D of Title IV of
8632	the Social Security Act, 42 U.S.C. Sec. 651, et seq.
8633	(6) "Director" means the director of the Office of Recovery Services.
8634	(7) "Disposable earnings" means that part of the earnings of an individual remaining
8635	after the deduction of all amounts required by law to be withheld.
8636	(8) "Financial institution" means:
8637	(a) a depository institution as defined in Section 7-1-103 or the Federal Deposit
8638	Insurance Act, 12 U.S.C. Sec. 1813(c);
8639	(b) an institution-affiliated party as defined in the Federal Deposit Insurance Act, 12
8640	<u>U.S.C. Sec. 1813(u);</u>
8641	(c) any federal credit union or state credit union as defined in the Federal Credit Union

8642	Act, 12 U.S.C. Sec. 1752, including an institution-affiliated party of such a credit union as
8643	defined in 12 U.S.C. Sec. 1786(r);
8644	(d) a broker-dealer as defined in Section 61-1-13; or
8645	(e) any benefit association, insurance company, safe deposit company, money-market
8646	mutual fund, or similar entity authorized to do business in the state.
8647	(9) "Financial record" is defined in the Right to Financial Privacy Act of 1978, 12
8648	<u>U.S.C. Sec. 3401.</u>
8649	(10) (a) "Income" means earnings, compensation, or other payment due to an
8650	individual, regardless of source, whether denominated as wages, salary, commission, bonus,
8651	pay, or contract payment, or denominated as advances on future wages, salary, commission,
8652	bonus, pay, allowances, contract payment, or otherwise, including severance pay, sick pay, and
8653	incentive pay.
8654	(b) "Income" includes:
8655	(i) all gain derived from capital assets, labor, or both, including profit gained through
8656	sale or conversion of capital assets;
8657	(ii) interest and dividends;
8658	(iii) periodic payments made under pension or retirement programs or insurance
8659	policies of any type;
8660	(iv) unemployment compensation benefits;
8661	(v) workers' compensation benefits; and
8662	(vi) disability benefits.
8663	(11) "IV-D" means Part D of Title IV of the Social Security Act, 42 U.S.C. Sec. 651 et
8664	seq.
8665	(12) "IV-D child support services" means the same as child support services.
8666	(13) "New hire registry" means the centralized new hire registry created in Section
8667	<u>35A-7-103.</u>
8668	(14) "Obligee" means an individual, this state, another state, or other comparable

8669	jurisdiction to whom a debt is owed or who is entitled to reimbursement of child support or
8670	public assistance.
8671	(15) "Obligor" means a person, firm, corporation, or the estate of a decedent owing
8672	money to this state, to an individual, to another state, or other comparable jurisdiction in whose
8673	behalf this state is acting.
8674	(16) "Office" means the Office of Recovery Services.
8675	(17) "Provider" means a person or entity that receives compensation from any public
8676	assistance program for goods or services provided to a public assistance recipient.
8677	(18) "Public assistance" means:
8678	(a) services or benefits provided under Title 35A, Chapter 3, Employment Support Act;
8679	(b) medical assistance provided under Chapter 3, Part 1, Health Care Assistance;
8680	(c) foster care maintenance payments under Part E of Title IV of the Social Security
8681	Act, 42 U.S.C. Sec. 670, et seq.;
8682	(d) SNAP benefits as defined in Section 35A-1-102; or
8683	(e) any other public funds expended for the benefit of a person in need of financial,
8684	medical, food, housing, or related assistance.
8685	(19) "State case registry" means the central, automated record system maintained by
8686	the office and the central, automated district court record system maintained by the
8687	Administrative Office of the Courts, that contains records which use standardized data
8688	elements, such as names, Social Security numbers and other uniform identification numbers,
8689	dates of birth, and case identification numbers, with respect to:
8690	(a) each case in which services are being provided by the office under the state IV-D
8691	child support services plan; and
8692	(b) each support order established or modified in the state on or after October 1, 1998.
8693	Section 203. Section 26B-9-102 , which is renumbered from Section 62A-11-101 is
8694	renumbered and amended to read:
8695	[62A-11-101]. <u>26B-9-102.</u> Legislative intent Liberal construction.

8696	It is the intent of the Legislature that the integrity of the public assistance programs of
8697	this state be maintained and that the taxpayers support only those persons in need and only as a
8698	resource of last resort. To this end, this part should be liberally construed.
8699	Section 204. Section 26B-9-103, which is renumbered from Section 62A-11-102 is
8700	renumbered and amended to read:
8701	[62A-11-102]. <u>26B-9-103.</u> Office of Recovery Services Creation.
8702	(1) There is created within the department the Office of Recovery Services which has
8703	the powers and duties provided by law.
8704	(2) The office is under the administrative and general supervision of the executive
8705	director.
8706	Section 205. Section 26B-9-104, which is renumbered from Section 62A-11-104 is
8707	renumbered and amended to read:
8708	[62A-11-104]. <u>26B-9-104.</u> Duties of the Office of Recovery Services.
8709	(1) The office has the following duties:
8710	(a) except as provided in Subsection (2), to provide child support services if:
8711	(i) the office has received an application for child support services;
8712	(ii) the state has provided public assistance; or
8713	(iii) a child lives out of the home in the protective custody, temporary custody, or
8714	custody or care of the state;
8715	(b) for the purpose of collecting child support, to carry out the obligations of the
8716	department contained in:
8717	(i) this chapter [and in];
8718	(ii) Title 78B, Chapter 12, Utah Child Support Act;
8719	(iii) Title 78B, Chapter 14, Utah Uniform Interstate Family Support Act; and
8720	(iv) Title 78B, Chapter 15, Utah Uniform Parentage Act[, for the purpose of collecting
8721	child support];
8722	(c) to collect money due the department which could act to offset expenditures by the

8723	state;
8724	(d) to cooperate with the federal government in programs designed to recover health
8725	and social service funds;
8726	(e) to collect civil or criminal assessments, fines, fees, amounts awarded as restitution,
8727	and reimbursable expenses owed to the state or any of its political subdivisions, if the office
8728	has contracted to provide collection services;
8729	(f) to implement income withholding for collection of child support in accordance with
8730	Part [4] 3, Income Withholding in IV-D Cases[, of this chapter];
8731	(g) to enter into agreements with financial institutions doing business in the state to
8732	develop and operate, in coordination with such financial institutions, a data match system in the
8733	manner provided for in Section [62A-11-304.5] 26B-9-208;
8734	(h) to establish and maintain the state case registry in the manner required by the Social
8735	Security Act, 42 U.S.C. Sec. 654a, which shall include a record in each case of:
8736	(i) the amount of monthly or other periodic support owed under the order, and other
8737	amounts, including arrearages, interest, late payment penalties, or fees, due or overdue under
8738	the order;
8739	(ii) any amount described in Subsection (1)(h)(i) that has been collected;
8740	(iii) the distribution of collected amounts;
8741	(iv) the birth date of any child for whom the order requires the provision of support;
8742	and
8743	(v) the amount of any lien imposed with respect to the order pursuant to this part;
8744	(i) to contract with the Department of Workforce Services to establish and maintain the
8745	new hire registry created under Section 35A-7-103;
8746	(j) to determine whether an individual who has applied for or is receiving cash
8747	assistance or Medicaid is cooperating in good faith with the office as required by Section
8748	[62A-11-307.2] <u>26B-9-213;</u>
8749	(k) to finance any costs incurred from collections, fees, General Fund appropriation,

8750	contracts, and federal financial participation; and
8751	(1) to provide notice to a noncustodial parent in accordance with Section
8752	[62A-11-304.4] 26B-9-207 of the opportunity to contest the accuracy of allegations by a
8753	custodial parent of nonpayment of past-due child support, prior to taking action against a
8754	noncustodial parent to collect the alleged past-due support.
8755	(2) The office may not provide child support services to the Division of Child and
8756	Family Services for a calendar month when the child to whom the child support services relate
8757	is:
8758	(a) in the custody of the Division of Child and Family Services; and
8759	(b) lives in the home of a custodial parent of the child for more than seven consecutive
8760	days, regardless of whether:
8761	(i) the greater than seven consecutive day period starts during one month and ends in
8762	the next month; and
8763	(ii) the child is living in the home on a trial basis.
8764	(3) The Division of Child and Family Services is not entitled to child support, for a
8765	child to whom the child support relates, for a calendar month when child support services may
8766	not be provided under Subsection (2).
8767	Section 206. Section 26B-9-105 , which is renumbered from Section 62A-11-104.1 is
8768	renumbered and amended to read:
8769	[62A-11-104.1]. <u>26B-9-105.</u> Disclosure of information regarding employees.
8770	(1) Upon request by the office, for purposes of an official investigation made in
8771	connection with its duties under Section [$\frac{62A-11-104}{26B-9-104}$, the following disclosures
8772	shall be made to the office:
8773	(a) a public or private employer shall disclose an employee's name, address, date of
8774	birth, income, social security number, and health insurance information pertaining to the
8775	employee and the employee's dependents;
8776	(b) an insurance organization subject to Title 31A, Insurance Code, or the insurance

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8777 administrators of a self-insured employer shall disclose health insurance information pertaining 8778 to an insured or an insured's dependents, if known; and 8779 (c) a financial institution subject to Title 7, Financial Institutions Act, shall disclose 8780 financial record information of a customer named in the request. 8781 (2) The office shall specify by rule the type of health insurance and financial record 8782 information required to be disclosed under this section. 8783 (3) All information received under this section is subject to Title 63G, Chapter 2, 8784 Government Records Access and Management Act. 8785 (4) An employer, financial institution, or insurance organization, or its agent or 8786 employee, is not civilly or criminally liable for providing information to the office in 8787 accordance with this section, whether the information is provided pursuant to oral or written 8788 request. 8789 Section 207. Section 26B-9-106, which is renumbered from Section 62A-11-105 is 8790 renumbered and amended to read: 8791 [62A-11-105]. 26B-9-106. Adjudicative proceedings. 8792 The office and the department shall comply with the procedures and requirements of 8793 Title 63G, Chapter 4, Administrative Procedures Act, in their adjudicative proceedings. 8794 Section 208. Section 26B-9-107, which is renumbered from Section 62A-11-106 is 8795 renumbered and amended to read: 8796 [62A-11-106]. 26B-9-107. Office may file as real party in interest -- Written 8797 consent to payment agreements -- Money judgment in favor of obligee considered to be in 8798 favor of office to extent of right to recover. 8799 (1) The office may file judicial proceedings as a real party in interest to establish, 8800 modify, and enforce a support order in the name of the state, any department of the state, the 8801 office, or an obligee. 8802 (2) No agreement between an obligee and an obligor as to past, present, or future 8803 obligations, reduces or terminates the right of the office to recover from that obligor on behalf

of the department for public assistance provided, unless the department has consented to theagreement in writing.

(3) Any court order that includes a money judgment for support to be paid to an
obligee by any person is considered to be in favor of the office to the extent of the amount of
the office's right to recover public assistance from the judgment debtor.

8809 Section 209. Section **26B-9-108**, which is renumbered from Section 62A-11-107 is 8810 renumbered and amended to read:

8811[62A-11-107].26B-9-108.Director -- Powers of office -- Representation by8812county attorney or attorney general -- Receipt of grants -- Rulemaking and enforcement.

8813 (1) The director of the office shall be appointed by the executive director.

8814 (2) The office has power to administer oaths, certify to official acts, issue subpoenas,8815 and to compel witnesses and the production of books, accounts, documents, and evidence.

(3) The office has the power to seek administrative and judicial orders to require an
obligor who owes past-due support and is obligated to support a child receiving public
assistance to participate in appropriate work activities if the obligor is unemployed and is not
otherwise incapacitated.

(4) The office has the power to enter into reciprocal child support enforcement
agreements with foreign countries consistent with federal law and cooperative enforcement
agreements with Indian Tribes.

(5) The office has the power to pursue through court action the withholding,
suspension, and revocation of driver's licenses, professional and occupational licenses, and
recreational licenses of individuals owing overdue support or failing, after receiving
appropriate notice, to comply with subpoenas or orders relating to paternity or child support
proceedings pursuant to Section 78B-6-315.

(6) It is the duty of the attorney general or the county attorney of any county in which a
cause of action can be filed, to represent the office. Neither the attorney general nor the county
attorney represents or has an attorney-client relationship with the obligee or the obligor in

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8831 carrying out the duties arising under this chapter. 8832 (7) The office, with department approval, is authorized to receive any grants or 8833 stipends from the federal government or other public or private source designed to aid the 8834 efficient and effective operation of the recovery program. 8835 (8) The office may adopt, amend, and enforce rules as may be necessary to carry out 8836 the provisions of this chapter. 8837 Section 210. Section **26B-9-109**, which is renumbered from Section 62A-11-108 is 8838 renumbered and amended to read: 8839 [62A-11-108]. 26B-9-109. Office designated as criminal justice agency --8840 Access by IV-D agencies to motor vehicle and law enforcement data through the office. 8841 (1) The office is designated as a criminal justice agency for the purpose of requesting 8842 and obtaining access to criminal justice information, subject to appropriate federal, state, and 8843 local agency restrictions governing the dissemination of that information. 8844 (2) All federal and state agencies conducting activities under Title IV-D of the Social 8845 Security Act shall have access through the office to any system used by this state to locate an 8846 individual for purposes relating to motor vehicles or law enforcement. 8847 Section 211. Section 26B-9-110, which is renumbered from Section 62A-11-111 is 8848 renumbered and amended to read:

8849

[62A-11-111]. <u>26B-9-110.</u> Lien provisions.

8850 Provisions for collection of any lien placed as a condition of eligibility for any federally8851 or state-funded public assistance program are as follows:

(1) Any assistance granted after July 1, 1953 to the spouse of an old-age recipient who
was not eligible for old-age assistance but who participated in the assistance granted to the
family is recoverable in the same manner as old-age assistance granted to the old-age recipient.

(2) At the time of the settlement of a lien given as a condition of eligibility for the
old-age assistance program, there shall be allowed a cash exemption of \$1,000, less any
additional money invested by the department in the home of an old-age recipient or recipients

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8858	of other assistance programs either as payment of taxes, home and lot improvements, or to
8859	protect the interest of the state in the property for necessary improvements to make the home
8860	habitable, to be deducted from the market or appraised value of the real property. When it is
8861	necessary to sell property or to settle an estate the department may grant reasonable costs of
8862	sale and settlement of an estate as follows:
8863	(a) When the total cost of probate, including the sale of property when it is sold, and
8864	the cost of burial and last illness do not exceed \$1,000, the exemption of \$1,000 shall be the
8865	total exemption, which shall be the only amount deductible from the market or appraised value
8866	of the property.
8867	(b) Subject to Subsection (2)(c), when \$1,000 is not sufficient to pay for the costs of
8868	probate, the following expenditures are authorized:
8869	(i) cost of funeral expenses not exceeding \$1,500;
8870	(ii) costs of terminal illness, provided the medical expenses have not been paid from
8871	any state or federally-funded assistance program;
8872	(iii) realty fees, if any;
8873	(iv) costs of revenue stamps, if any;
8874	(v) costs of abstract or title insurance, whichever is the least costly;
8875	(vi) attorney fees not exceeding the recommended fee established by the Utah State
8876	Bar;
8877	(vii) administrator's fee not to exceed \$150;
8878	(viii) court costs; and
8879	(ix) delinquent taxes, if any.
8880	(c) An attorney, who sells the property in an estate that the attorney is probating, is
8881	entitled to the lesser of:
8882	(i) a real estate fee; or
8883	(ii) an attorney fee.
8884	(3) The amounts listed in Subsection (2)(b) are to be considered only when the total

costs of probate exceed \$1,000, and those amounts are to be deducted from the market or
appraised value of the property in lieu of the exemption of \$1,000 and are not in addition to the
\$1,000 exemption.

(4) When both husband and wife are recipients and one or both of them own an interest
in real property, the lien attaches to the interests of both for the reimbursement of assistance
received by either or both spouses. Only one exemption, as provided in this section, is
allowed.

(5) When a lien was executed by one party on property that is owned in joint tenancy
with full rights of survivorship, the execution of the lien severs the joint tenancy and a tenancy
in common results, insofar as a department lien is affected, unless the recipients are husband
and wife. When recipients are husband and wife who own property in joint tenancy with full
rights of survivorship, the execution of a lien does not sever the joint tenancy, insofar as a
department lien might be affected, and settlement of the lien shall be in accordance with the
provisions of Subsection (4).

(6) The amount of the lien given for old-age assistance shall be the total amount of
assistance granted up to the market or appraised value of the real or personal property, less the
amount of the legal maximum property limitations from the execution of the lien until
settlement thereof. There shall be no exemption of any kind or nature allowed against real or
personal property liens granted for old-age assistance except assistance in the form of medical
care, and nursing home care, other types of congregate care, and similar plans for persons with
a physical or mental disability.

(7) When it is necessary to sell property or to settle an estate, the department is
authorized to approve payment of the reasonable costs of sale and settlement of an estate on
which a lien has been given for old-age assistance.

(8) The amount of reimbursement of all liens held by the department shall be
determined on the basis of the formulas described in this section, when they become due and
payable.

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(9) All lien agreements shall be recorded with the county recorder of the county in
which the real property is located, and that recording has the same effect as a judgment lien on
any real property in which the recipient has any title or interest. All such real property
including but not limited to, joint tenancy interests, shall, from the time a lien agreement is
recorded, be and become charged with a lien for all assistance received by the recipient or his
spouse as provided in this section. That lien has priority over all unrecorded encumbrances.
No fees or costs shall be paid for such recording.

8919 (10) Liens shall become due and payable, and the department shall seek collection of8920 each lien now held:

(a) when the property to which the lien attaches is transferred to a third party prior to
the recipient's death, provided, that if other property is purchased by the recipient to be used by
the recipient as a home, the department may transfer the amount of the lien from the property
sold to the property purchased;

(b) upon the death of the recipient and the recipient's spouse, if any. When the heirs or
devisees of the property are also recipients of public assistance, or when other hardship
circumstances exist, the department may postpone settlement of the lien if that would be in the
best interest of the recipient and the state;

8929

(c) when a recipient voluntarily offers to settle the lien; or

(d) when property subject to a lien is no longer used by a recipient and appears to beabandoned.

(11) When a lien becomes due and payable, a certificate in a form approved by the
department certifying to the amount of assistance provided to the recipient and the amount of
the lien, shall be mailed to the recipient, the recipient's heirs, or administrators of the estate,
and the same shall be allowed, approved, filed, and paid as a preferred claim, as provided in
Subsection 75-3-805(1)(e) in the administration of the decedent's estate. The amount so
certified constitutes the entire claim, as of the date of the certificate, against the real or personal
property of the recipient or the recipient's spouse. Any person dealing with the recipient, heirs,

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or administrators, may rely upon that certificate as evidence of the amount of the existing lien
against that real or personal property. That amount, however, shall increase by accruing
interest until time of final settlement, at the rate of 6% per annum, commencing six months
after the lien becomes due and payable, or at the termination of probate proceedings, whichever
occurs later.

(12) If heirs are unable to make a lump-sum settlement of the lien at the time it
becomes due and payable, the department may permit settlement based upon periodic
repayments in a manner prescribed by the department, with interest as provided in Subsection
(11).

8948 (13) All sums so recovered, except those credited to the federal government, shall be8949 retained by the department.

(14) The department is empowered to accept voluntary conveyance of real or personal
property in satisfaction of its interest therein. All property acquired by the department under
the provisions of this section may be disposed of by public or private sale under rules
prescribed by the department. The department is authorized to execute and deliver any
document necessary to convey title to all property that comes into its possession, as though the
department constituted a corporate entity.

8956 (15) Any real property acquired by the department, either by foreclosure or voluntary8957 conveyance, is tax exempt, so long as it is so held.

8958 Section 212. Section **26B-9-111**, which is renumbered from Section 62A-1-117 is 8959 renumbered and amended to read:

8960[62A-1-117].26B-9-111.Assignment of support -- Children in state8961custody.

(1) Child support is assigned to the department by operation of law when a child is
residing outside of his home in the protective custody, temporary custody, custody, or care of
the state for at least 30 days.

8965

(2) The department has the right to receive payment for child support assigned to it

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8966	under Subsection (1).
8967	(3) The Office of Recovery Services is the payee for the department for payment
8968	received under this section.
8969	Section 213. Section 26B-9-112 , which is renumbered from Section 62A-11-703 is
8970	renumbered and amended to read:
8971	[62A-11-703]. <u>26B-9-112.</u> Alternative payment by obligor through
8972	electronic funds transfer.
8973	(1) The office may enter into a written alternative payment agreement with an obligor
8974	which provides for electronic payment of child support under Part [4] 3, Income Withholding
8975	in IV-D Cases, or Part [5] 4, Income Withholding in Non IV-D Cases. Electronic payment
8976	shall be accomplished through an automatic withdrawal from the obligor's account at a
8977	financial institution.
8978	(2) The alternative payment agreement shall:
8979	(a) provide for electronic payment of child support in lieu of income withholding;
8980	(b) specify the date on which electronic payments will be withdrawn from an obligor's
8981	account; and
8982	(c) specify the amount which will be withdrawn.
8983	(3) The office may terminate the agreement and initiate immediate income
8984	withholding, as defined in Section 26B-9-301, if:
8985	(a) required to meet federal or state requirements or guidelines;
8986	(b) funds available in the account at the scheduled time of withdrawal are insufficient
8987	to satisfy the agreement; or
8988	(c) requested by the obligor.
8989	(4) If the payment amount requires adjusting, the office may initiate a new written
8990	agreement with the obligor. If, for any reason, the office and obligor fail to agree on the terms,
8991	the office may terminate the agreement and initiate income withholding.
8992	(5) If an agreement is terminated for insufficient funds, a new agreement may not be

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8993	entered into between the office and obligor for a period of at least 12 months.
8994	(6) The office shall make rules specifying eligibility requirements for obligors to enter
8995	into alternative payment agreements.
8996	Section 214. Section 26B-9-113, which is renumbered from Section 62A-11-704 is
8997	renumbered and amended to read:
8998	[62A-11-704]. <u>26B-9-113.</u> Mandatory distribution to obligee through
8999	electronic funds transfer.
9000	(1) Notwithstanding any provision of this chapter to the contrary, the office shall,
9001	except as provided in Subsection (3), distribute child support payments, under Subsection
9002	[62A-11-413] <u>26B-9-312(</u> 2) or Section [62A-11-505] <u>26B-9-406</u> , by electronic funds transfer.
9003	(2) Distribution of child support payments by electronic payment under this section
9004	shall be made to:
9005	(a) an account of the obligee; or
9006	(b) an account that may be accessed by the obligee through the use of an electronic
9007	access card.
9008	(3) (a) Subject to Subsection (3)(b), the office may make rules, pursuant to Title $63G$,
9009	Chapter 3, Utah Administrative Rulemaking Act, to allow exceptions to the requirement to
9010	make distributions by electronic funds transfer under Subsection (1).
9011	(b) The rules described in Subsection (3)(a) may only allow exceptions under
9012	circumstances where:
9013	(i) requiring distribution by electronic funds transfer would result in an undue hardship
9014	to the office or a person; or
9015	(ii) it is not likely that distribution will be made to the obligee on a recurring basis.
9016	Section 215. Section 26B-9-201, which is renumbered from Section 62A-11-303 is
9017	renumbered and amended to read:
9018	Part 2. Child Support Services
0010	

9019 [62A-11-303]. <u>26B-9-201.</u> Definitions.

9020	As used in this part:
9021	(1) "Adjudicative proceeding" means an action or proceeding of the office conducted in
9022	accordance with Title 63G, Chapter 4, Administrative Procedures Act.
9023	(2) "Administrative order" means an order that has been issued by the office, the
9024	department, or an administrative agency of another state or other comparable jurisdiction with
9025	similar authority to that of the office.
9026	(3) "Arrears" means the same as support debt.
9027	[(3)] (4) "Assistance" [or "public assistance" is] means public assistance as defined in
9028	Section [62A-11-103] <u>26B-9-101</u> .
9029	[(4)] (5) "Business day" means a day on which state offices are open for regular
9030	business.
9031	[(5)] (6) "Child" means:
9032	(a) a son or daughter under the age of 18 years who is not otherwise emancipated,
9033	self-supporting, married, or a member of the armed forces of the United States;
9034	(b) a son or daughter over the age of 18 years, while enrolled in high school during the
9035	normal and expected year of graduation and not otherwise emancipated, self-supporting,
9036	married, or a member of the armed forces of the United States; or
9037	(c) a son or daughter of any age who is incapacitated from earning a living and is
9038	without sufficient means.
9039	[(6)] (7) "Child support" means the same as that term is defined in Section
9040	[62A-11-401] <u>26B-9-301</u> .
9041	[(7)] (8) "Child support guidelines" [or "guidelines" is] means guidelines as defined in
9042	Section 78B-12-102.
9043	[(8)] (9) "Child support order" [or "support order"] means the same as that term is
9044	defined in Section [62A-11-401] 26B-9-301.
9045	[(9)] (10) "Child support services" [or "IV-D child support services"] means the same
9046	as that term is defined in Section [62A-11-103] 26B-9-101.

9047	[(10)] (11) "Court order" means a judgment or order of a tribunal of appropriate
9048	jurisdiction of this state, another state, Native American tribe, the federal government, or any
9049	other comparable jurisdiction.
9050	[(11)] (12) "Director" means the director of the Office of Recovery Services.
9051	[(12)] (13) "Disposable earnings" means the same as that term is defined in Section
9052	[62A-11-103] <u>26B-9-101</u> .
9053	(14) "Guidelines" means the same as that term is defined in Section 78B-12-102.
9054	[(13)] (15) "High-volume automated administrative enforcement" in interstate cases
9055	means, on the request of another state, the identification by the office, through automatic data
9056	matches with financial institutions and other entities where assets may be found, of assets
9057	owned by persons who owe child support in the requesting state, and the seizure of the assets
9058	by the office, through levy or other appropriate processes.
9059	[(14)] (16) "Income" means the same as that term is defined in Section [62A-11-103]
9060	<u>26B-9-101</u> .
9061	(17) "IV-D child support services" means the same as child support services.
9062	[(15)] (18) "Notice of agency action" means the notice required to commence an
9063	adjudicative proceeding in accordance with Section 63G-4-201.
9064	[(16)] (19) "Obligee" means an individual, this state, another state, or other
9065	comparable jurisdiction to whom a duty of child support is owed, or who is entitled to
9066	reimbursement of child support or public assistance.
9067	[(17)] (20) "Obligor" means a person, firm, corporation, or the estate of a decedent
9068	owing a duty of support to this state, to an individual, to another state, or other corporate
9069	jurisdiction in whose behalf this state is acting.
9070	[(18)] (21) "Office" [is defined in Section 62A-11-103] means the Office of Recovery
9071	Services.
9072	[(19)] (22) "Parent" means a natural parent or an adoptive parent of a dependent child.
9073	(23) "Past-due support" means the same as support debt.

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9074 [(20)] (24) "Person" includes an individual, firm, corporation, association, political 9075 subdivision, department, or office.

9076 (25) "Public assistance" means the same as that term is defined in Section 26B-9-101.
9077 [(21)] (26) "Presiding officer" means a presiding officer described in Section
9078 63G-4-103.

9079 [(22)] (27) "Support" includes past-due, present, and future obligations established by:
9080 (a) a tribunal or imposed by law for the financial support, maintenance, medical, or
9081 dental care of a dependent child; and

(b) a tribunal for the financial support of a spouse or former spouse with whom the
obligor's dependent child resides if the obligor also owes a child support obligation that is
being enforced by the state.

9085 [(23)] <u>(28)</u> "Support [debt," "past-due support," or "arrears"] debt" means the debt 9086 created by nonpayment of support.

9087

(29) "Support order" means the same as child support order.

9088[(24)] (30)"Tribunal" means the district court, the [Department of Human Services]9089department, the Office of Recovery Services, or court or administrative agency of any state,9090territory, possession of the United States, the District of Columbia, the Commonwealth of9091Puerto Rico, Native American Tribe, or other comparable domestic or foreign jurisdiction.9092Section 216. Section 26B-9-202, which is renumbered from Section 62A-11-302 is9093renumbered and amended to read:

9094[62A-11-302].26B-9-202.Common-law and statutory remedies augmented9095by act -- Public policy.

9096The state of Utah, exercising its police and sovereign power, declares that the9097common-law and statutory remedies pertaining to family desertion and nonsupport of minor9098dependent children shall be augmented by this part, which is directed to the real and personal9099property resources of the responsible parents. In order to render resources more immediately9100available to meet the needs of minor children, it is the legislative intent that the remedies

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9101 provided in this part are in addition to, and not in lieu of, existing law. It is declared to be the 9102 public policy of this state that this part be liberally construed and administered to the end that 9103 children shall be maintained from the resources of responsible parents, thereby relieving or 9104 avoiding, at least in part, the burden often borne by the general citizenry through public 9105 assistance programs. 9106 Section 217. Section 26B-9-203, which is renumbered from Section 62A-11-303.5 is 9107 renumbered and amended to read: 9108 [62A-11-303.5]. 26B-9-203. Application for child support services. 9109 (1) Any person applying to the office for child support services shall be required to 9110 attest to the truthfulness of the information contained in the application. 9111 (2) The attestation shall indicate that the person believes that all information provided 9112 is true and correct to the best of their knowledge and that knowingly providing false or 9113 misleading information is a violation of Section 76-8-504 and may result in prosecution, case 9114 closure for failure to cooperate, or both. 9115 Section 218. Section 26B-9-204, which is renumbered from Section 62A-11-303.7 is 9116 renumbered and amended to read: 9117 [62A-11-303.7]. 26B-9-204. Annual fee for child support services to a 9118 custodial parent who has not received TANF assistance. 9119 (1) The office shall impose an annual fee of \$35 in each case in which services are provided by the office if: 9120 9121 (a) the custodial parent who received the services has never received assistance under a 9122 state program funded under Title IV, Part A of the Social Security Act; and 9123 (b) the office has collected at least \$550 of child support in the case. 9124 (2) The fee described in Subsection (1) shall be: 9125 (a) subject to Subsection (3), retained by the office from child support collected on 9126 behalf of the custodial parent described in Subsection (1)(a); or 9127 (b) paid by the custodial parent described in Subsection (1)(a).

9128 (3) A fee retained under Subsection (2)(a) may not be retained from the first \$550 of9129 child support collected in the case.

9130 (4) The fees collected under this section shall be deposited in the General Fund as a9131 dedicated credit to be used by the office for the purpose of collecting child support.

9132 Section 219. Section 26B-9-205, which is renumbered from Section 62A-11-304.1 is 9133 renumbered and amended to read:

9134 [62A-11-304.1]. <u>26B-9-205.</u> Expedited procedures for establishing paternity
9135 or establishing, modifying, or enforcing a support order.

(1) The office may, without the necessity of initiating an adjudicative proceeding or
obtaining an order from any other judicial or administrative tribunal, take the following actions
related to the establishment of paternity or the establishment, modification, or enforcement of a
support order, and to recognize and enforce the authority of state agencies of other states to
take the following actions:

9141

(a) require a child, mother, and alleged father to submit to genetic testing;

9142 (b) subpoena financial or other information needed to establish, modify, or enforce a9143 support order, including:

(i) the name, address, and employer of a person who owes or is owed support thatappears on the customer records of public utilities and cable television companies; and

9146 (ii) information held by financial institutions on such things as the assets and liabilities9147 of a person who owes or is owed support;

9148 (c) require a public or private employer to promptly disclose information to the office
9149 on the name, address, date of birth, social security number, employment status, compensation,
9150 and benefits, including health insurance, of any person employed as an employee or contractor
9151 by the employer;

(d) require an insurance organization subject to Title 31A, Insurance Code, or an
insurance administrator of a self-insured employer to promptly disclose to the office health
insurance information pertaining to an insured or an insured's dependents, if known;

9155	(e) obtain access to information in the records and automated databases of other state
9156	and local government agencies, including:
9157	(i) marriage, birth, and divorce records;
9158	(ii) state and local tax and revenue records providing information on such things as
9159	residential and mailing addresses, employers, income, and assets;
9160	(iii) real and titled personal property records;
9161	(iv) records concerning occupational and professional licenses and the ownership and
9162	control of corporations, partnerships, and other business entities;
9163	(v) employment security records;
9164	(vi) records of agencies administering public assistance programs;
9165	(vii) motor vehicle department records; and
9166	(viii) corrections records;
9167	(f) upon providing notice to the obligor and obligee, direct an obligor or other payor to
9168	change the payee to the office if support has been assigned to the office under Section
9169	35A-7-108 or if support is paid through the office pursuant to the Social Security Act, 42
9170	U.S.C. Sec. 654B;
9171	(g) order income withholding in accordance with Part [4] <u>3</u> , Income Withholding in
9172	IV-D Cases;
9173	(h) secure assets to satisfy past-due support by:
9174	(i) intercepting or seizing periodic or lump-sum payments from:
9175	(A) a state or local government agency, including unemployment compensation,
9176	workers' compensation, and other benefits; and
9177	(B) judgments, settlements, and lotteries;
9178	(ii) attaching and seizing assets of an obligor held in financial institutions;
9179	(iii) attaching public and private retirement funds, if the obligor presently:
9180	(A) receives periodic payments; or
9181	(B) has the authority to withdraw some or all of the funds; and

9182	(iv) imposing liens against real and personal property in accordance with this section
9183	and Section [62A-11-312.5] 26B-9-214; and
9184	(i) increase monthly payments in accordance with Section [$\frac{62A-11-320}{26B-9-219}$.
9185	(2) (a) When taking action under Subsection (1), the office shall send notice under this
9186	Subsection (2)(a) to the person or entity who is required to comply with the action if not a party
9187	to a case receiving IV-D services.
9188	(b) The notice described in Subsection (2)(a) shall include:
9189	(i) the authority of the office to take the action;
9190	(ii) the response required by the recipient;
9191	(iii) the opportunity to provide clarifying information to the office under Subsection
9192	(2)(c);
9193	(iv) the name and telephone number of a person in the office who can respond to
9194	inquiries; and
9195	(v) the protection from criminal and civil liability extended under Subsection (7).
9196	(c) The recipient of a notice sent under this Subsection (2) shall promptly comply with
9197	the terms of the notice and may, if the recipient believes the office's request is in error, send
9198	clarifying information to the office setting forth the basis for the recipient's belief.
9199	(3) The office shall in any case in which it requires genetic testing under Subsection
9200	(1)(a):
9201	(a) consider clarifying information if submitted by the obligee and alleged father;
9202	(b) proceed with testing as the office considers appropriate;
9203	(c) pay the cost of the tests, subject to recoupment from the alleged father if paternity is
9204	established;
9205	(d) order a second test if the original test result is challenged, and the challenger pays
9206	the cost of the second test in advance; and
9207	(e) require that the genetic test is:
9208	(i) of a type generally acknowledged as reliable by accreditation bodies designated by

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- 9209 the [federal] Secretary of the United States Department of Health and Human Services; and
- 9210 (ii) performed by a laboratory approved by such an accreditation body.
- 9211 (4) The office may impose a penalty against an entity for failing to provide information9212 requested in a subpoena issued under Subsection (1) as follows:
- 9213 (a) \$25 for each failure to provide requested information; or

(b) \$500 if the failure to provide requested information is the result of a conspiracy
between the entity and the obligor to not supply the requested information or to supply false or
incomplete information.

- 9217 (5) (a) Unless a court or administrative agency has reduced past-due support to a sum
 9218 certain judgment, the office shall provide concurrent notice to an obligor in accordance with
 9219 Section [62A-11-304.4] 26B-9-207 of:
- 9220 (i) any action taken pursuant to Subsections (1)(h)(i)(B), (1)(h)(ii), (1)(h)(iii), or 9221 Subsection [62A-11-304.5] 26B-9-208(1)(b) if Subsection (5)(b)(iii) does not apply; and
- 9222 (ii) the opportunity of the obligor to contest the action and the amount claimed to be 9223 past-due by filing a written request for an adjudicative proceeding with the office within 15
- 9224 days of notice being sent.
- (b) (i) Upon receipt of a notice of levy from the office for an action taken pursuant to
 Subsections (1)(h)(i)(B), (1)(h)(ii), (1)(h)(iii), or Subsection [62A-11-304.5] 26B-9-208(1)(b),
 a person in possession of personal property of the obligor shall:
- 9228 (A) secure the property from unauthorized transfer or disposition as required by 9229 Section [62A-11-313] 26B-9-215; and
- 9230 (B) surrender the property to the office after 21 days of receiving the notice unless the 9231 office has notified the person to release all or part of the property to the obligor.
- 9232 (ii) Unless released by the office, a notice of levy upon personal property shall be:
- 9233 (A) valid for 60 days; and
- (B) effective against any additional property which the obligor may deposit or transferinto the possession of the person up to the amount of the levy.

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9236	(iii) If the property upon which the office imposes a levy is insufficient to satisfy the
9237	specified amount of past-due support and the obligor fails to contest that amount under
9238	Subsection (5)(a)(ii), the office may proceed under Subsections (1)(h)(i)(B), (1)(h)(ii),
9239	(1)(h)(iii), or Subsection [62A-11-304.5] 26B-9-208(1)(b) against additional property of the
9240	obligor until the amount specified and the reasonable costs of collection are fully paid.
9241	(c) Except as provided in Subsection (5)(b)(iii), the office may not disburse funds
9242	resulting from action requiring notice under Subsection (5)(a)(i) until:
9243	(i) 21 days after notice was sent to the obligor; and
9244	(ii) the obligor, if the obligor contests the action under Subsection (5)(a)(ii), has
9245	exhausted the obligor's administrative remedies and, if appealed to a district court, the district
9246	court has rendered a final decision.
9247	(d) Before intercepting or seizing any periodic or lump-sum payment under Subsection
9248	(1)(h)(i)(A), the office shall:
9249	(i) comply with Subsection 59-10-529(4)(a); and
9250	(ii) include in the notice required by Subsection $59-10-529(4)(a)$ reference to
9251	Subsection (1)(h)(i)(A).
9252	(e) If Subsection (5)(a) or (5)(d) does not apply, an action against the real or personal
9253	property of the obligor shall be in accordance with Section [62A-11-312.5] 26B-9-214.
9254	(6) All information received under this section is subject to Title 63G, Chapter 2,
9255	Government Records Access and Management Act.
9256	(7) No employer, financial institution, public utility, cable company, insurance
9257	organization, its agent or employee, or related entity may be civilly or criminally liable for
9258	providing information to the office or taking any other action requested by the office pursuant
9259	to this section.
9260	(8) The actions the office may take under Subsection (1) are in addition to the actions
9261	the office may take pursuant to Part [4] <u>3</u> , Income Withholding in IV-D Cases.
9262	Section 220. Section 26B-9-206 , which is renumbered from Section 62A-11-304.2 is

9263	renumbered and amended to read:
9264	[62A-11-304.2]. <u>26B-9-206.</u> Issuance or modification of administrative order
9265	Compliance with court order Authority of office Stipulated agreements
9266	Notification requirements.
9267	(1) Through an adjudicative proceeding the office may issue or modify an
9268	administrative order that:
9269	(a) determines paternity;
9270	(b) determines whether an obligor owes support;
9271	(c) determines temporary orders of child support upon clear and convincing evidence
9272	of paternity in the form of genetic test results or other evidence;
9273	(d) requires an obligor to pay a specific or determinable amount of present and future
9274	support;
9275	(e) determines the amount of past-due support;
9276	(f) orders an obligor who owes past-due support and is obligated to support a child
9277	receiving public assistance to participate in appropriate work activities if the obligor is
9278	unemployed and is not otherwise incapacitated;
9279	(g) imposes a penalty authorized under this chapter;
9280	(h) determines an issue that may be specifically contested under this chapter by a party
9281	who timely files a written request for an adjudicative proceeding with the office; and
9282	(i) renews an administrative judgment.
9283	(2) (a) An abstract of a final administrative order issued under this section or a notice
9284	of judgment-lien under Section [62A-11-312.5] 26B-9-214 may be filed with the clerk of any
9285	district court.
9286	(b) Upon a filing under Subsection (2)(a), the clerk of the court shall:
9287	(i) docket the abstract or notice in the judgment docket of the court and note the time of
9288	receipt on the abstract or notice and in the judgment docket; and
9289	(ii) at the request of the office, place a copy of the abstract or notice in the file of a

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9290 child support action involving the same parties. 9291 (3) If a judicial order has been issued, the office may not issue an order under 9292 Subsection (1) that is not based on the judicial order, except: 9293 (a) the office may establish a new obligation in those cases in which the juvenile court 9294 has ordered the parties to meet with the office to determine the support pursuant to Section 9295 78A-6-356; or 9296 (b) the office may issue an order of current support in accordance with the child 9297 support guidelines if the conditions of Subsection 78B-14-207(2)(c) are met. 9298 (4) The office may proceed under this section in the name of this state, another state 9299 under Section [62A-11-305] 26B-9-209, any department of this state, the office, or the obligee. 9300 (5) The office may accept voluntary acknowledgment of a support obligation and enter 9301 into stipulated agreements providing for the issuance of an administrative order under this part. 9302 (6) The office may act in the name of the obligee in endorsing and cashing any drafts. 9303 checks, money orders, or other negotiable instruments received by the office for support. 9304 (7) The obligor shall, after a notice of agency action has been served on the obligor in 9305 accordance with Section 63G-4-201, keep the office informed of: 9306 (a) the obligor's current address; 9307 (b) the name and address of current payors of income; 9308 (c) availability of or access to health insurance coverage; and 9309 (d) applicable health insurance policy information. 9310 Section 221. Section **26B-9-207**, which is renumbered from Section 62A-11-304.4 is 9311 renumbered and amended to read: 9312 [62A-11-304.4]. <u>26B-9-207.</u> Filing of location information -- Service of 9313 process. 9314 (1) (a) Upon the entry of an order in a proceeding to establish paternity or to establish, 9315 modify, or enforce a support order, each party shall file identifying information and shall 9316 update that information as changes occur:

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9317 (i) with the court or administrative agency that conducted the proceeding; and 9318 (ii) after October 1, 1998, with the state case registry. 9319 (b) The identifying information required under Subsection (1)(a) shall include the 9320 person's Social Security number, driver's license number, residential and mailing addresses, 9321 telephone numbers, the name, address, and telephone number of employers, and any other data 9322 required by the [United States] Secretary of the United States Department of Health and 9323 Human Services. 9324 (c) In any subsequent child support action involving the office or between the parties, 9325 state due process requirements for notice and service of process shall be satisfied as to a party 9326 upon: 9327 (i) a sufficient showing that diligent effort has been made to ascertain the location of 9328 the party; and 9329 (ii) delivery of notice to the most recent residential or employer address filed with the 9330 court, administrative agency, or state case registry under Subsection (1)(a). 9331 (2) (a) The office shall provide individuals who are applying for or receiving services 9332 under this chapter or who are parties to cases in which services are being provided under this 9333 chapter: 9334 (i) with notice of all proceedings in which support obligations might be established or modified; and 9335 9336 (ii) with a copy of any order establishing or modifying a child support obligation, or in 9337 the case of a petition for modification, a notice of determination that there should be no change 9338 in the amount of the child support award, within 14 days after issuance of such order or 9339 determination. 9340 (b) Notwithstanding Subsection (2)(a)(ii), notice in the case of an interstate order shall 9341 be provided in accordance with Section 78B-14-614. 9342 (3) Service of all notices and orders under this part shall be made in accordance with 9343 Title 63G, Chapter 4, Administrative Procedures Act, the Utah Rules of Civil Procedure, or

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9344	this section.
9345	(4) Consistent with Title 63G, Chapter 2, Government Records Access and
9346	Management Act, the office shall adopt procedures to classify records to prohibit the
9347	unauthorized use or disclosure of information relating to a proceeding to:
9348	(a) establish paternity; or
9349	(b) establish or enforce support.
9350	(5) (a) The office shall, upon written request, provide location information available in
9351	its files on a custodial or noncustodial parent to the other party or the other party's legal counsel
9352	provided that:
9353	(i) the party seeking the information produces a copy of the parent-time order signed by
9354	the court;
9355	(ii) the information has not been safeguarded in accordance with Section 454 of the
9356	Social Security Act;
9357	(iii) the party whose location is being sought has been afforded notice in accordance
9358	with this section of the opportunity to contest release of the information;
9359	(iv) the party whose location is being sought has not provided the office with a copy of
9360	a protective order, a current court order prohibiting disclosure, a current court order limiting or
9361	prohibiting the requesting person's contact with the party or child whose location is being
9362	sought, a criminal order, an administrative order pursuant to Section 80-2-707, or
9363	documentation of a pending proceeding for any of the above; and
9364	(v) there is no other state or federal law that would prohibit disclosure.
9365	(b) "Location information" shall consist of the current residential address of the
9366	custodial or noncustodial parent and, if different and known to the office, the current residence
9367	of any children who are the subject of the parent-time order. If there is no current residential
9368	address available, the person's place of employment and any other location information shall be
9369	disclosed.
9370	(c) For the purposes of this section, "reason to believe" under Section 454 of the Social

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9371 Security Act means that the person seeking to safeguard information has provided to the office 9372 a copy of a protective order, current court order prohibiting disclosure, current court order 9373 prohibiting or limiting the requesting person's contact with the party or child whose location is 9374 being sought, criminal order signed by a court of competent jurisdiction, an administrative 9375 order pursuant to Section 80-2-707, or documentation of a pending proceeding for any of the 9376 above. 9377 (d) Neither the state, the department, the office nor its employees shall be liable for any 9378 information released in accordance with this section. 9379 (6) Custodial or noncustodial parents or their legal representatives who are denied 9380 location information in accordance with Subsection (5) may serve the Office of Recovery 9381 Services to initiate an action to obtain the information. 9382 Section 222. Section **26B-9-208**, which is renumbered from Section 62A-11-304.5 is 9383 renumbered and amended to read: 9384 [62A-11-304.5]. 26B-9-208. Financial institutions. 9385 (1) The office shall enter into agreements with financial institutions doing business in 9386 the state: 9387 (a) to develop and operate, in coordination with such financial institutions, a data 9388 match system that: 9389 (i) uses automated data exchanges to the maximum extent feasible; and 9390 (ii) requires a financial institution each calendar quarter to provide the name, record 9391 address, social security number, other taxpayer identification number, or other identifying 9392 information for each obligor who: 9393 (A) maintains an account at the institution; and 9394 (B) owes past-due support as identified by the office by name and social security 9395 number or other taxpayer identification number; and 9396 (b) to require a financial institution upon receipt of a notice of lien to encumber or 9397 surrender assets held by the institution on behalf of an obligor who is subject to a child support

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9398 lien in accordance with Section [62A-11-304.1] 26B-9-205. 9399 (2) The office may pay a reasonable fee to a financial institution for compliance with 9400 Subsection (1)(a), which may not exceed the actual costs incurred. 9401 (3) A financial institution may not be liable under any federal or state law to any person 9402 for any disclosure of information or action taken in good faith under Subsection (1). 9403 (4) The office may disclose a financial record obtained from a financial institution 9404 under this section only for the purpose of, and to the extent necessary in, establishing, 9405 modifying, or enforcing a child support obligation. 9406 (5) If an employee of the office knowingly, or by reason of negligence, discloses a 9407 financial record of an individual in violation of Subsection (4), the individual may bring a civil 9408 action for damages in a district court of the United States as provided for in the Social Security 9409 Act, 42 U.S.C. Sec. 669A. 9410 (6) The office shall provide notice and disburse funds seized or encumbered under this 9411 section in accordance with Section [62A-11-304.1] 26B-9-205. 9412 Section 223. Section **26B-9-209**, which is renumbered from Section 62A-11-305 is 9413 renumbered and amended to read: 9414 26B-9-209. Support collection services requested by agency [62A-11-305]. 9415 of another state. 9416 (1) In accordance with Title 78B, Chapter 14, Utah Uniform Interstate Family Support 9417 Act, the office may proceed to issue or modify an order under Section [62A-11-304.2]9418 26B-9-206 to collect under this part from an obligor who is located in or is a resident of this 9419 state regardless of the presence or residence of the obligee if: 9420 (a) support collection services are requested by an agency of another state that is 9421 operating under Part IV-D of the Social Security Act; or 9422 (b) an individual applies for services. 9423 (2) The office shall use high-volume automated administrative enforcement, to the 9424 same extent it is used for intrastate cases, in response to a request made by another state's IV-D

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9425 child support agency to enforce support orders. 9426 (3) A request by another state shall constitute a certification by the requesting state: 9427 (a) of the amount of support under the order of payment of which is in arrears; and 9428 (b) that the requesting state has complied with procedural due process requirements 9429 applicable to the case. 9430 (4) The office shall give automated administrative interstate enforcement requests the 9431 same priority as a two-state referral received from another state to enforce a support order. 9432 (5) The office shall promptly report the results of the enforcement procedures to the 9433 requesting state. 9434 (6) As required by the Social Security Act, 42 U.S.C. Sec. 666(a)(14), the office shall 9435 maintain records of: 9436 (a) the number of requests for enforcement assistance received by the office under this 9437 section: 9438 (b) the number of cases for which the state collected support in response to those 9439 requests; and 9440 (c) the amount of support collected. 9441 Section 224. Section 26B-9-210, which is renumbered from Section 62A-11-306.1 is 9442 renumbered and amended to read: 9443 [62A-11-306.1]. 26B-9-210. Issuance or modification of an order to collect 9444 support for persons not receiving public assistance. 9445 The office may proceed to issue or modify an order under Section [62A-11-304.2]9446 26B-9-206 and collect under this part even though public assistance is not being provided on 9447 behalf of a dependent child if the office provides support collection services in accordance 9448 with: 9449 (1) an application for services provided under Title IV-D of the federal Social Security 9450 Act; 9451 (2) the continued service provisions of Subsection $\left[\frac{62A-11-307.2}{26B-9-213}\right]$ 26B-9-213(5); or

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9452	(3) the interstate provisions of Section [$\frac{62A-11-305}{26B-9-209}$.
9453	Section 225. Section 26B-9-211 , which is renumbered from Section 62A-11-306.2 is
9454	renumbered and amended to read:
9455	[62A-11-306.2]. <u>26B-9-211.</u> Mandatory review and adjustment of child
9456	support orders for TANF recipients.
9457	If a child support order has not been issued, adjusted, or modified within the previous
9458	three years and the children who are the subject of the order currently receive TANF funds, the
9459	office shall review the order, and if appropriate, move the tribunal to adjust the amount of the
9460	order if there is a difference of 10% or more between the payor's ordered support amount and
9461	the payor's support amount required under the guidelines.
9462	Section 226. Section 26B-9-212 , which is renumbered from Section 62A-11-307.1 is
9463	renumbered and amended to read:
9464	[62A-11-307.1]. <u>26B-9-212.</u> Collection directly from responsible parent.
9465	(1) (a) The office may issue or modify an order under Section [$\frac{62A-11-304.2}{1}$]
9466	26B-9-206 and collect under this part directly from a responsible parent if the procedural
9467	requirements of applicable law have been met and if public assistance is provided on behalf of
9468	that parent's dependent child.
9469	(b) The direct right to issue an order under this Subsection (1) is independent of and in
9470	addition to the right derived from that assigned under Section 35A-3-108.
9471	(2) An order issuing or modifying a support obligation under Subsection (1), issued
9472	while public assistance was being provided for a dependent child, remains in effect and may be
9473	enforced by the office under Section [62A-11-306.1] 26B-9-210 after provision of public
9474	assistance ceases.
9475	(3) (a) The office may issue or modify an administrative order, subject to the
9476	procedural requirements of applicable law, that requires that obligee to pay to the office
9477	assigned support that an obligee receives and retains in violation of Subsection [62A-11-307.2]
9478	<u>26B-9-213(4)</u> and may reduce to judgment any unpaid balance due.

9479	(b) The office may collect the judgment debt in the same manner as it collects any
9480	judgment for past-due support owed by an obligor.
9481	(4) Notwithstanding any other provision of law, the Office of Recovery Services shall
9482	have full standing and authority to establish and enforce child support obligations against an
9483	alleged parent currently or formerly in a same-sex marriage on the same terms as the Office of
9484	Recovery Services' authority against other mothers and fathers.
9485	Section 227. Section 26B-9-213, which is renumbered from Section 62A-11-307.2 is
9486	renumbered and amended to read:
9487	[62A-11-307.2]. <u>26B-9-213.</u> Duties of obligee after assignment of support
9488	rights.
9489	(1) An obligee whose rights to support have been assigned under Section 35A-3-108 as
9490	a condition of eligibility for public assistance has the following duties:
9491	(a) Unless a good cause or other exception applies, the obligee shall, at the request of
9492	the office:
9493	(i) cooperate in good faith with the office by providing the name and other identifying
9494	information of the other parent of the obligee's child for the purpose of:
9495	(A) establishing paternity; or
9496	(B) establishing, modifying, or enforcing a child support order;
9497	(ii) supply additional necessary information and appear at interviews, hearings, and
9498	legal proceedings; and
9499	(iii) submit the obligee's child and himself to judicially or administratively ordered
9500	genetic testing.
9501	(b) The obligee may not commence an action against an obligor or file a pleading to
9502	collect or modify support without the office's written consent.
9503	(c) The obligee may not do anything to prejudice the rights of the office to establish
9504	paternity, enforce provisions requiring health insurance, or to establish and collect support.
9505	(d) The obligee may not agree to allow the obligor to change the court or

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administratively ordered manner or amount of payment of past, present, or future supportwithout the office's written consent.

9508 (2) (a) The office shall determine and redetermine, when appropriate, whether an9509 obligee has cooperated with the office as required by Subsection (1)(a).

(b) If the office determines that an obligee has not cooperated as required bySubsection (1)(a), the office shall:

(i) forward the determination and the basis for it to the Department of Workforce
Services, which shall inform the [Department of Health] department of the determination, for a
determination of whether compliance by the obligee should be excused on the basis of good
cause or other exception; and

9516 (ii) send to the obligee:

9517 (A) a copy of the notice; and

9518 (B) information that the obligee may, within 15 days of notice being sent:

9519 (I) contest the office's determination of noncooperation by filing a written request for 9520 an adjudicative proceeding with the office; or

(II) assert that compliance should be excused on the basis of good cause or other
exception by filing a written request for a good cause exception with the Department of
Workforce Services.

(3) The office's right to recover is not reduced or terminated if an obligee agrees to
allow the obligor to change the court or administratively ordered manner or amount of payment
of support regardless of whether that agreement is entered into before or after public assistance
is furnished on behalf of a dependent child.

(4) (a) If an obligee receives direct payment of assigned support from an obligor, theobligee shall immediately deliver that payment to the office.

(b) (i) If an obligee agrees with an obligor to receive payment of support other than in
the court or administratively ordered manner and receives payment as agreed with the obligor,
the obligee shall immediately deliver the cash equivalent of the payment to the office.

- (ii) If the amount delivered to the office by the obligee under Subsection (4)(b)(i)
 exceeds the amount of the court or administratively ordered support due, the office shall return
 the excess to the obligee.
- 9536 (5) (a) If public assistance furnished on behalf of a dependent child is terminated, the
 9537 office may continue to provide paternity establishment and support collection services.

9538 (b) Unless the obligee notifies the office to discontinue these services, the obligee is 9539 considered to have accepted and is bound by the rights, duties, and liabilities of an obligee who 9540 has applied for those services.

9541 Section 228. Section 26B-9-214, which is renumbered from Section 62A-11-312.5 is 9542 renumbered and amended to read:

9543[62A-11-312.5].26B-9-214.Liens by operation of law and writs of9544garnishment.

(1) Each payment or installment of child support is, on and after the date it is due, a
judgment with the same attributes and effect of any judgment of a district court in accordance
with Section 78B-12-112 and for purposes of Section 78B-5-202.

9548 (2) (a) A judgment under Subsection (1) or final administrative order shall constitute a
9549 lien against the real property of the obligor upon the filing of a notice of judgment-lien in the
9550 district court where the obligor's real property is located if the notice:

9551

(i) specifies the amount of past-due support; and

9552 (ii) complies with the procedural requirements of Section 78B-5-202.

(b) Rule 69, Utah Rules of Civil Procedure, shall apply to any action brought to
execute a judgment or final administrative order under this section against real or personal
property in the obligor's possession.

(3) (a) The office may issue a writ of garnishment against the obligor's personal
property in the possession of a third party for a judgment under Subsection (1) or a final
administrative order in the same manner and with the same effect as if the writ were issued on

9559 a judgment of a district court if:

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9560 (i) the judgment or final administrative order is recorded on the office's automated case 9561 registry; and 9562 (ii) the writ is signed by the director or the director's designee and served by certified mail, return receipt requested, or as prescribed by Rule 4, Utah Rules of Civil Procedure. 9563 9564 (b) A writ of garnishment issued under Subsection (3)(a) is subject to the procedures 9565 and due process protections provided by Rule 64D, Utah Rules of Civil Procedure, except as 9566 provided by Section [62A-11-316] 26B-9-217. 9567 Section 229. Section **26B-9-215**, which is renumbered from Section 62A-11-313 is 9568 renumbered and amended to read: 9569 [62A-11-313]. 26B-9-215. Effect of lien. 9570 (1) After receiving notice that a support lien has been filed under this part by the office, 9571 no person in possession of any property which may be subject to that lien may pay over, 9572 release, sell, transfer, encumber, or convey that property to any person other than the office, 9573 unless he first receives: 9574 (a) a release or waiver thereof from the office; or 9575 (b) a court order that orders release of the lien on the basis that the debt does not exist 9576 or has been satisfied. 9577 (2) Whenever any such person has in his possession earnings, deposits, accounts, or 9578 balances in excess of \$100 over the amount of the debt claimed by the office, that person may, 9579 without liability under this part, release that excess to the obligor. 9580 Section 230. Section **26B-9-216**, which is renumbered from Section 62A-11-315.5 is 9581 renumbered and amended to read: 9582 26B-9-216. Enforcement of liens arising in another state. [62A-11-315.5]. 9583 A lien arising in another state shall be accorded full faith and credit in this state, 9584 without any additional requirement of judicial notice or hearing prior to the enforcement of the 9585 lien, if the office, parent, or state IV-D agency who seeks to enforce the lien complies with

9586 Section [62A-11-304.1 or Section 62A-11-312.5] <u>26B-9-205</u> or Section <u>26B-9-214</u>.

9587	Section 231. Section 26B-9-217 , which is renumbered from Section 62A-11-316 is	
9588	renumbered and amended to read:	

9589[62A-11-316].26B-9-217.Requirement to honor voluntary assignment of9590earnings -- Discharge of employee prohibited -- Liability for discharge -- Earnings9591subject to support lien or garnishment.

- (1) (a) Every person, firm, corporation, association, political subdivision, or
 department of the state shall honor, according to its terms, a duly executed voluntary
 assignment of earnings which is presented by the office as a plan to satisfy or retire a support
 debt or obligation.
- (b) The requirement to honor an assignment of earnings, and the assignment of
 earnings itself, are applicable whether the earnings are to be paid presently or in the future, and
 continue in effect until released in writing by the office.
- (c) Payment of money pursuant to an assignment of earnings presented by the office
 shall serve as full acquittance under any contract of employment, and the state shall defend the
 employer and hold [him] the employer harmless for any action taken pursuant to the
 assignment of earnings.
- 9603 (d) The office shall be released from liability for improper receipt of money under an9604 assignment of earnings upon return of any money so received.
- 9605 (2) An employer may not discharge or prejudice any employee because [his] the
 9606 employee's earnings have been subjected to support lien, wage assignment, or garnishment for
 9607 any indebtedness under this part.
- 9608 (3) If [a person] an employer discharges an employee in violation of Subsection (2),
 9609 [he] the employer is liable to the employee for the damages [he] the employee may suffer, and,
 9610 additionally, to the office in an amount equal to the debt which is the basis of the assignment or
 9611 garnishment, plus costs, interest, and [attorneys¹] attorney fees, or a maximum of \$1,000,
 9612 whichever is less.
- 9613

(4) The maximum part of the aggregate disposable earnings of an individual for any

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work pay period which may be subjected to a garnishment to enforce payment of a judicial or
administrative judgment arising out of failure to support dependent children may not exceed
50% of [his] the individual's disposable earnings for the work pay period.

9617 (5) The support lien or garnishment shall continue to operate and require [that person]
 9618 the employer to withhold the nonexempt portion of earnings at each succeeding earnings
 9619 disbursement interval until released in writing by the court or office.

9620 Section 232. Section **26B-9-218**, which is renumbered from Section 62A-11-319 is 9621 renumbered and amended to read:

9622 [62A-11-319]. <u>26B-9-218.</u> Release of lien, attachment, or garnishment by
9623 department.

The office may, at any time, release a support lien, wage assignment, attachment, or garnishment on all or part of the property of the obligor, or return seized property without liability, if assurance of payment is considered adequate by the office, or if that action will facilitate collection of the support debt. However, that release or return does not prevent future action to collect from the same or other property. The office may also waive provisions providing for the collection of interest on accounts due, if that waiver would facilitate collection of the support debt.

9631 Section 233. Section **26B-9-219**, which is renumbered from Section 62A-11-320 is 9632 renumbered and amended to read:

9633 [62A-11-320]. <u>26B-9-219.</u> Payment schedules.

9634 (1) The office may:

9635 (a) set or reset a level and schedule of payments at any time consistent with the income,9636 earning capacity, and resources of the obligor; or

9637 (b) demand payment in full.

9638 (2) If a support debt is reduced to a schedule of payments and made subject to income
9639 withholding, the total monthly amount of the scheduled payment, current support payment, and
9640 cost of health insurance attributable to a child for whom the obligor has been ordered may only

9641	be subject to income withholding in an amount that does not exceed the maximum amount
9642	permitted under Section 303(b) of the Consumer Credit Protection Act, 15 U.S.C. Sec.
9643	1673(b).
9644	(3) (a) Within 15 days of receiving notice, an obligor may contest a payment schedule
9645	as inconsistent with Subsection (2) or the rules adopted by the office to establish payment
9646	schedules under Subsection (1) by filing a written request for an adjudicative proceeding.
9647	(b) For purposes of Subsection (3)(a), notice includes:
9648	(i) notice sent to the obligor by the office in accordance with Section $[62A-11-304.4]$
9649	<u>26B-9-207;</u>
9650	(ii) participation by the obligor in the proceedings related to the establishment of the
9651	payment schedule; and
9652	(iii) receiving a paycheck in which a reduction has been made in accordance with a
9653	payment schedule established under Subsection (1).
9654	Section 234. Section 26B-9-220, which is renumbered from Section 62A-11-320.5 is
9655	renumbered and amended to read:
9656	[62A-11-320.5]. <u>26B-9-220.</u> Review and adjustment of child support order in
9657	three-year cycle Substantial change in circumstances not required.
9658	(1) If a child support order has not been issued, modified, or reviewed within the
9659	previous three years, the office shall review a child support order, taking into account the best
9660	interests of the child involved, if:
9661	(a) requested by a parent or legal guardian involved in a case receiving IV-D services;
9662	or
9663	(b) there has been an assignment under Section $35A-3-108$ and the office determines
9664	that a review is appropriate.
9665	(2) If the office conducts a review under Subsection (1), the office shall determine if
9666	there is a difference of 10% or more between the amount ordered and the amount that would be
9667	required under the child support guidelines. If there is such a difference and the difference is

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9668 not of a temporary nature, the office shall:

- (a) with respect to a child support order issued or modified by the office, adjust theamount to that which is provided for in the guidelines; or
- 9671 (b) with respect to a child support order issued or modified by a court, file a petition9672 with the court to adjust the amount to that which is provided for in the guidelines.
- 9673

(3) The office may use automated methods to:

9674 (a) collect information and conduct reviews under Subsection (2); and

- 9675 (b) identify child support orders in which there is a difference of 10% or more between 9676 the amount of child support ordered and the amount that would be required under the child 9677 support guidelines for review under Subsection (1)(b).
- 9678 (4) (a) A parent or legal guardian who requests a review under Subsection (1)(a) shall
 9679 provide notice of the request to the other parent within five days and in accordance with
 9680 Section [62A-11-304.4] 26B-9-207.
- 9681 (b) If the office conducts a review under Subsections (1)(b) and (3)(b), the office shall 9682 provide notice to the parties of:

9683 (i) a proposed adjustment under Subsection (2)(a); or

9684 (ii) a proposed petition to be filed in court under Subsection (2)(b).

- 9685 (5) (a) Within 30 days of notice being sent under Subsection (4)(a), a parent or legal 9686 guardian may respond to a request for review filed with the office.
- 9687 (b) Within 30 days of notice being sent under Subsection (4)(b), a parent or legal
- 9688 guardian may contest a proposed adjustment or petition by requesting a review under
- 9689 Subsection (1)(a) and providing documentation that refutes the adjustment or petition.
- 9690 (6) A showing of a substantial change in circumstances is not necessary for an9691 adjustment under this section.
- 9692 Section 235. Section **26B-9-221**, which is renumbered from Section 62A-11-320.6 is 9693 renumbered and amended to read:
- 9694

[62A-11-320.6].

<u>26B-9-221.</u> Review and adjustment of support order for

9695	substantial change in circumstances outside three-year cycle.
9696	(1) (a) A parent or legal guardian involved in a case receiving IV-D services or the
9697	office, if there has been an assignment under Section 35A-3-108, may at any time request the
9698	office to review a child support order if there has been a substantial change in circumstances.
9699	(b) For purposes of Subsection (1)(a), a substantial change in circumstances may
9700	include:
9701	(i) material changes in custody;
9702	(ii) material changes in the relative wealth or assets of the parties;
9703	(iii) material changes of 30% or more in the income of a parent;
9704	(iv) material changes in the ability of a parent to earn;
9705	(v) material changes in the medical needs of the child; and
9706	(vi) material changes in the legal responsibilities of either parent for the support of
9707	others.
9708	(2) Upon receiving a request under Subsection (1), the office shall review the order,
9709	taking into account the best interests of the child involved, to determine whether the substantial
9710	change in circumstance has occurred, and if so, whether the change resulted in a difference of
9711	15% or more between the amount of child support ordered and the amount that would be
9712	required under the child support guidelines. If there is such a difference and the difference is
9713	not of a temporary nature, the office shall:
9714	(a) with respect to a support order issued or modified by the office, adjust the amount
9715	in accordance with the guidelines; or
9716	(b) with respect to a support order issued or modified by a court, file a petition with the
9717	court to adjust the amount in accordance with the guidelines.
9718	(3) The office may use automated methods to collect information for a review
9719	conducted under Subsection (2).
9720	(4) (a) A parent or legal guardian who requests a review under Subsection (1) shall
9721	provide notice of the request to the other parent within five days and in accordance with

9722	Section [62A-11-304.4] <u>26B-9-207</u> .
9723	(b) If the office initiates and conducts a review under Subsection (1), the office shall
9724	provide notice of the request to any parent or legal guardian within five days and in accordance
9725	with Section [62A-11-304.4] <u>26B-9-207</u> .
9726	(5) Within 30 days of notice being sent under Subsection (4), a parent or legal guardian
9727	may file a response to a request for review with the office.
9728	Section 236. Section 26B-9-222, which is renumbered from Section 62A-11-320.7 is
9729	renumbered and amended to read:
9730	[62A-11-320.7]. <u>26B-9-222.</u> Three-year notice of opportunity to review.
9731	(1) Once every three years, the office shall give notice to each parent or legal guardian
9732	involved in a case receiving IV-D services of the opportunity to request a review and, if
9733	appropriate, adjustment of a child support order under Sections [62A-11-320.5 and
9734	62A-11-320.6] <u>26B-9-220 and 26B-9-221</u> .
9735	(2) (a) The notice required by Subsection (1) may be included in an issued or modified
9736	order of support.
9737	(b) Notwithstanding Subsection (2)(a), the office shall comply with Subsection (1),
9738	three years after the date of the order issued or modified under Subsection (2)(a).
9739	Section 237. Section 26B-9-223, which is renumbered from Section 62A-11-321 is
9740	renumbered and amended to read:
9741	[62A-11-321]. <u>26B-9-223.</u> Posting bond or security for payment of support
9742	debt Procedure.
9743	(1) The office shall, or an obligee may, petition the court for an order requiring an
9744	obligor to post a bond or provide other security for the payment of a support debt, if the office
9745	or an obligee determines that action is appropriate, and if the payments are more than 90 days
9746	delinquent. The office shall establish rules for determining when it shall seek an order for
9747	bond or other security.
9748	(2) When the office or an obligee petitions the court under this section, it shall give

9749	written notice to the obligor, stating:
9750	(a) the amount of support debt;
9751	(b) that it has petitioned the court for an order requiring the obligor to post security;
9752	and
9753	(c) that the obligor has the right to appear before the court and contest the office's or
9754	obligee's petition.
9755	(3) After notice to the obligor and an opportunity for a hearing, the court shall order a
9756	bond posted or other security to be deposited upon the office's or obligee's showing of a
9757	support debt and of a reasonable basis for the security.
9758	Section 238. Section 26B-9-224, which is renumbered from Section 62A-11-326 is
9759	renumbered and amended to read:
9760	[62A-11-326]. <u>26B-9-224.</u> Medical and dental expenses of dependent
9761	children.
9762	In any action under this part, the office and the department in their orders shall:
9763	(1) include a provision assigning responsibility for cash medical support;
9764	(2) include a provision requiring the purchase and maintenance of appropriate medical,
9765	hospital, and dental care insurance for those children, if:
9766	(a) insurance coverage is or becomes available at a reasonable cost; and
9767	(b) the insurance coverage is accessible to the children; and
9768	(3) include a designation of which health, dental or hospital insurance plan, is primary
9769	and which is secondary in accordance with the provisions of Section 30-3-5.4 which will take
9770	effect if at any time the dependent children are covered by both parents' health, hospital, or
9771	dental insurance plans.
9772	Section 239. Section 26B-9-225, which is renumbered from Section 62A-11-326.1 is
9773	renumbered and amended to read:
9774	[62A-11-326.1]. <u>26B-9-225.</u> Enrollment of child in accident and health
0775	insurance plan Order Notice

9775 insurance plan -- Order -- Notice.

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9776	(1) The office may issue a notice to existing and future employers or unions to enroll a
9777	dependent child in an accident and health insurance plan that is available through the
9778	dependent child's parent or legal guardian's employer or union, when the following conditions
9779	are satisfied:
9780	(a) the parent or legal guardian is already required to obtain insurance coverage for the
9781	child by a prior court or administrative order; and
9782	(b) the parent or legal guardian has failed to provide written proof to the office that:
9783	(i) the child has been enrolled in an accident and health insurance plan in accordance
9784	with the court or administrative order; or
9785	(ii) the coverage required by the order was not available at group rates through the
9786	employer or union 30 or more days prior to the date of the mailing of the notice to enroll.
9787	(2) The office shall provide concurrent notice to the parent or legal guardian in
9788	accordance with Section [62A-11-304.4] 26B-9-207 of:
9789	(a) the notice to enroll sent to the employer or union; and
9790	(b) the opportunity to contest the enrollment due to a mistake of fact by filing a written
9791	request for an adjudicative proceeding with the office within 15 days of the notice being sent.
9792	(3) A notice to enroll shall result in the enrollment of the child in the parent's accident
9793	and health insurance plan, unless the parent successfully contests the notice based on a mistake
9794	of fact.
9795	(4) A notice to enroll issued under this section may be considered a "qualified medical
9796	support order" for the purposes of enrolling a dependent child in a group accident and health
9797	insurance plan as defined in Section 609(a), Federal Employee Retirement Income Security Act
9798	of 1974.
9799	Section 240. Section 26B-9-226, which is renumbered from Section 62A-11-326.2 is
9800	renumbered and amended to read:
9801	[62A-11-326.2]. <u>26B-9-226.</u> Compliance with order Enrollment of

9802 dependent child for insurance.

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9803	(1) An employer or union shall comply with a notice to enroll issued by the office
9804	under Section [$62A-11-326.1$] $26B-9-225$ by enrolling the dependent child that is the subject of
9805	the notice in the:

(a) accident and health insurance plan in which the parent or legal guardian is enrolled,if the plan satisfies the prior court or administrative order; or

(b) least expensive plan, assuming equivalent benefits, offered by the employer or
union that complies with the prior court or administrative order which provides coverage that is
reasonably accessible to the dependent child.

(2) The employer, union, or insurer may not refuse to enroll a dependent child pursuant
to a notice to enroll because a parent or legal guardian has not signed an enrollment
application.

9814 (3) Upon enrollment of the dependent child, the employer shall deduct the appropriate9815 premiums from the parent or legal guardian's wages and remit them directly to the insurer.

- 9816 (4) The insurer shall provide proof of insurance to the office upon request.
- 9817 (5) The signature of the custodial parent of the insured dependent is a valid9818 authorization to the insurer for purposes of processing any insurance reimbursement claim.

9819 Section 241. Section **26B-9-227**, which is renumbered from Section 62A-11-326.3 is 9820 renumbered and amended to read:

9821

[62A-11-326.3]. <u>26B-9-227.</u> Determination of parental liability.

(1) In accordance with Title 63G, Chapter 4, Administrative Procedures Act, the office
may determine by order the amount of a parent's liability for uninsured medical, hospital, and
dental expenses of a dependent child, when the parent:

9825

(a) is required by a prior court or administrative order to:

- 9826 (i) share those expenses with the other parent of the dependent child; or
- 9827 (ii) obtain medical, hospital, or dental care insurance but fails to do so; or

(b) receives direct payment from an insurer under insurance coverage obtained after theprior court or administrative order was issued.

9830	(2) If the prior court or administrative order does not specify what proportions of the
9831	expenses are to be shared, the office may determine the amount of liability in accordance with
9832	established rules.
9833	(3) This section applies to an order without regard to when it was issued.
9834	Section 242. Section 26B-9-228, which is renumbered from Section 62A-11-327 is
9835	renumbered and amended to read:
9836	[62A-11-327]. <u>26B-9-228.</u> Reporting past-due support to consumer
9837	reporting agency.
9838	The office shall periodically report the name of any obligor who is delinquent in the
9839	payment of support and the amount of overdue support owed by the obligor to consumer
9840	reporting agencies as defined in the Fair Credit Reporting Act, 15 U.S.C. Sec. 1681a(f):
9841	(1) only after the obligor has been afforded notice and a reasonable opportunity to
9842	contest the accuracy of the information; and
9843	(2) only to an entity that has provided satisfactory evidence that it is a consumer
9844	reporting agency under 15 U.S.C. Sec. 1681a(f).
9845	Section 243. Section 26B-9-229, which is renumbered from Section 62A-11-328 is
9846	renumbered and amended to read:
9847	[62A-11-328]. <u>26B-9-229.</u> Information received from State Tax
9848	Commission provided to other states' child support collection agencies.
9849	The office shall, upon request, provide to any other state's child support collection
9850	agency the information which it receives from the State Tax Commission under Subsection
9851	59-1-403(4)(1), with regard to a support debt which that agency is involved in enforcing.
9852	Section 244. Section 26B-9-230, which is renumbered from Section 62A-11-333 is
9853	renumbered and amended to read:
9854	[62A-11-333]. <u>26B-9-230.</u> Right to judicial review.
9855	(1) (a) Within 30 days of notice of any administrative action on the part of the office to
9856	establish paternity or establish, modify or enforce a child support order, the obligor may file a

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9857 petition for de novo review with the district court.

9858 (b) For purposes of Subsection (1)(a), notice includes:

9859 (i) notice actually received by the obligor in accordance with Section [62A-11-304.4]
9860 <u>26B-9-207;</u>

9861 (ii) participation by the obligor in the proceedings related to the establishment of the 9862 paternity or the modification or enforcement of child support; or

9863 (iii) receiving a paycheck in which a reduction has been made for child support.

9864 (2) The petition shall name the office and all other appropriate parties as respondents9865 and meet the form requirements specified in Section 63G-4-402.

9866 (3) A copy of the petition shall be served upon the Child and Family Support Division9867 of the Office of Attorney General.

(4) (a) If the petition is regarding the amount of the child support obligation established
in accordance with Title 78B, Chapter 12, Utah Child Support Act, the court may issue a
temporary order for child support until a final order is issued.

(b) The petitioner may file an affidavit stating the amount of child support reasonably
believed to be due and the court may issue a temporary order for that amount. The temporary
order shall be valid for 60 days, unless extended by the court while the action is being pursued.

(c) If the court upholds the amount of support established in Subsection (4)(a), the
petitioner shall be ordered to make up the difference between the amount originally ordered in
Subsection (4)(a) and the amount temporarily ordered under Subsection (4)(b).

9877 (d) This Subsection (4) does not apply to an action for the court-ordered modification9878 of a judicial child support order.

(5) The court may, on its own initiative and based on the evidence before it, determine
whether the petitioner violated U.R. Civ. P. Rule 11 by filing the action. If the court
determines that U.R. Civ. P. Rule 11 was violated, it shall, at a minimum, award to the office
attorney fees and costs for the action.

9883

(6) Nothing in this section precludes the obligor from seeking administrative remedies

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9884	as provided in this chapter.
9885	Section 245. Section 26B-9-231, which is renumbered from Section 62A-11-334 is
9886	renumbered and amended to read:
9887	[62A-11-334]. <u>26B-9-231.</u> Reporting past-due support for criminal
9888	prosecution.
9889	(1) (a) Upon request from an official described in Subsection (1)(b), the office shall
9890	report the name of an obligor who is over \$10,000 delinquent in the payment of support and the
9891	amount of overdue support owed by the obligor to an obligee.
9892	(b) The following officials may request the information described in Subsection (1)(a):
9893	(i) the attorney general;
9894	(ii) a county attorney in whose jurisdiction the obligor's obligee resides; or
9895	(iii) a district attorney in whose jurisdiction the obligor's obligee resides.
9896	(2) The office shall make the report described in Subsection (1) no later than 30 days
9897	after the day on which the office receives the request for information.
9898	Section 246. Section 26B-9-301, which is renumbered from Section 62A-11-401 is
9899	renumbered and amended to read:
9900	Part 3. Income Withholding in IV-D Cases
9901	[62A-11-401]. <u>26B-9-301.</u> Definitions.
9902	As used in this part[, Part 5, Income Withholding in Non IV-D Cases, and Part 7,
9903	Electronic Funds Transfer] and Part 4, Income Withholding in Non IV-D Cases:
9904	(1) "Business day" means a day on which state offices are open for regular business.
9905	(2) "Child" <u>means the same as that term</u> is defined in Section [$62A-11-303$]
9906	<u>26B-9-201</u> .
9907	(3) (a) "Child support" means a base child support award as defined in Section
9908	78B-12-102, or a financial award for uninsured monthly medical expenses, ordered by a
9909	tribunal for the support of a child, including current periodic payments, all arrearages which
9910	accrue under an order for current periodic payments, and sum certain judgments awarded for

9911	arrearages, medical expenses, and child care costs.
9912	(b) "Child support" includes obligations ordered by a tribunal for the support of a
9913	spouse or former spouse with whom the child resides if the spousal support is collected with
9914	the child support.
9915	(4) "Child support order" [or "support order"] means a judgment, decree, or order,
9916	whether temporary, final, or subject to modification, issued by a tribunal for child support and
9917	related costs and fees, interest and penalties, income withholding, attorney fees, and other
9918	relief.
9919	(5) "Child support services" means the same as that term is defined in Section
9920	[62A-11-103] <u>26B-9-101</u> .
9921	(6) "Delinquent" or "delinquency" means that child support in an amount at least equal
9922	to current child support payable for one month is overdue.
9923	(7) "Immediate income withholding" means income withholding without regard to
9924	whether a delinquency has occurred.
9925	(8) "Income" means the same as that term is defined in Section [62A-11-103]
9926	<u>26B-9-101</u> .
9927	(9) "Jurisdiction" means a state or political subdivision of the United States, a territory
9928	or possession of the United States, the District of Columbia, the Commonwealth of Puerto
9929	Rico, an Indian tribe or tribal organization, or any comparable foreign nation or political
9930	subdivision.
9931	(10) "Obligee" means the same as that term is defined in Section [62A-11-303]
9932	<u>26B-9-201</u> .
9933	(11) "Obligor" means the same as that term is defined in Section [62A-11-303]
9934	<u>26B-9-201</u> .
9935	(12) "Office" [is defined in Section 62A-11-103] means the Office of Recovery
9936	Services.
9937	(13) "Payor" means an employer or any person who is a source of income to an obligor.

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9938	(14) "Support order" means the same as child support order.
9939	Section 247. Section 26B-9-302, which is renumbered from Section 62A-11-402 is
9940	renumbered and amended to read:
9941	[62A-11-402]. <u>26B-9-302.</u> Administrative procedures.
9942	Because the procedures of this part are mandated by federal law they shall be applied
9943	for the purposes specified in this part and control over any other statutory administrative
9944	procedures.
9945	Section 248. Section 26B-9-303, which is renumbered from Section 62A-11-403 is
9946	renumbered and amended to read:
9947	[62A-11-403]. <u>26B-9-303.</u> Provision for income withholding in child
9948	support order Immediate income withholding.
9949	(1) Whenever a child support order is issued or modified in this state the obligor's
9950	income is subject to immediate income withholding for the child support described in the order
9951	in accordance with the provisions of this chapter, unless:
9952	(a) the court or administrative body which entered the order finds that one of the
9953	parties has demonstrated good cause so as not to require immediate income withholding; or
9954	(b) a written agreement which provides an alternative payment arrangement is executed
9955	by the obligor and obligee, and reviewed and entered in the record by the court or
9956	administrative body.
9957	(2) In every child support order issued or modified on or after January 1, 1994, the
9958	court or administrative body shall include a provision that the income of an obligor is subject to
9959	immediate income withholding in accordance with this chapter. If for any reason other than the
9960	provisions of Subsection (1) that provision is not included in the child support order the
9961	obligor's income is nevertheless subject to immediate income withholding.
9962	(3) In determining "good cause," the court or administrative body may, in addition to
9963	any other requirement it considers appropriate, consider whether the obligor has:
9964	(a) obtained a bond, deposited money in trust for the benefit of the dependent children,

9965	or otherwise made arrangements sufficient to guarantee child support payments for at least two
9966	months;

(b) arranged to deposit all child support payments into a checking account belonging to
the obligee, or made arrangements insuring that a reliable and independent record of the date
and place of child support payments will be maintained; or

9970 (c) arranged for electronic transfer of funds on a regular basis to meet court-ordered9971 child support obligations.

9972 Section 249. Section 26B-9-304, which is renumbered from Section 62A-11-404 is 9973 renumbered and amended to read:

9974[62A-11-404].26B-9-304.Office procedures for income withholding for9975orders issued or modified on or after October 13, 1990.

(1) With regard to obligees or obligors who are receiving IV-D services, each child
support order issued or modified on or after October 13, 1990, subjects the income of an
obligor to immediate income withholding as of the effective date of the order, regardless of
whether a delinquency occurs unless:

(a) the court or administrative body that entered the order finds that one of the partieshas demonstrated good cause not to require immediate income withholding; or

(b) a written agreement that provides an alternative arrangement is executed by the
obligor and obligee, and by the office, if there is an assignment under Section 35A-3-108, and
reviewed and entered in the record by the court or administrative body.

9985 (2) For purposes of this section:

9986 (a) "good cause" shall be based on, at a minimum:

(i) a determination and explanation on the record by the court or administrative bodythat implementation of income withholding would not be in the best interest of the child; and

9989

9 (ii) proof of timely payment of any previously ordered support;

(b) in determining "good cause," the court or administrative body may, in addition toany other requirement that it determines appropriate, consider whether the obligor has:

9992	(i) obtained a bond, deposited money in trust for the benefit of the dependent children,
9993	or otherwise made arrangements sufficient to guarantee child support payments for at least two
9994	months; and
9995	(ii) arranged to deposit all child support payments into a checking account belonging to
9996	the obligee or made arrangements insuring that a reliable and independent record of the date
9997	and place of child support payments will be maintained.
9998	(3) An exception from immediate income withholding shall be:
9999	(a) included in the court or administrative agency's child support order; and
10000	(b) negated without further administrative or judicial action:
10001	(i) upon a delinquency;
10002	(ii) upon the obligor's request; or
10003	(iii) if the office, based on internal procedures and standards, or a party requests
10004	immediate income withholding for a case in which the parties have entered into an alternative
10005	arrangement to immediate income withholding pursuant to Subsection (1)(b).
10006	(4) If an exception to immediate income withholding has been ordered on the basis of
10007	good cause under Subsection (1)(a), the office may commence income withholding under this
10008	part:
10009	(a) in accordance with Subsection (3)(b); or
10010	(b) if the administrative or judicial body that found good cause determines that
10011	circumstances no longer support that finding.
10012	(5) (a) A party may contest income withholding due to a mistake of fact by filing a
10013	written objection with the office within 15 days of the commencement of income withholding
10014	under Subsection (4).
10015	(b) If a party contests income withholding under Subsection (5)(a), the office shall
10016	proceed with the objection as it would an objection filed under Section [62A-11-405]
10017	<u>26B-9-305</u> .
10018	(6) Income withholding implemented under this section is subject to termination under

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10019 Section [62A-11-408] <u>26B-9-308</u>.

10020 (7) (a) Income withholding under the order may be effective until the obligor no longer10021 owes child support to the obligee.

10022 (b) Appropriate income withholding procedures apply to existing and future payors and 10023 all withheld income shall be submitted to the office.

10024 Section 250. Section 26B-9-305, which is renumbered from Section 62A-11-405 is 10025 renumbered and amended to read:

10026[62A-11-405].26B-9-305.Office procedures for income withholding for10027orders issued or modified before October 13, 1990.

- (1) With regard to child support orders issued prior to October 13, 1990, and not
 otherwise modified after that date, and for which an obligor or obligee is receiving IV-D
 services, the office shall proceed to withhold income as a means of collecting child support if a
 delinquency occurs under the order, regardless of whether the relevant child support order
 includes authorization for income withholding.
- 10033 (2) Upon receipt of a verified statement or affidavit alleging that a delinquency has 10034 occurred, the office shall:
- 10035 (a) send notice to the payor for income withholding in accordance with Section
 10036 [62A-11-406] 26B-9-306; and
- 10037 (b) send notice to the obligor under Section [62A-11-304.4] <u>26B-9-207</u> that includes:
- 10038 (i) a copy of the notice sent to the payor; and
- 10039 (ii) information regarding:
- 10040 (A) the commencement of income withholding; and

10041 (B) the opportunity to contest the withholding or the amount withheld due to mistake

10042 of fact by filing a written request for review under this section with the office within 15 days.

- 10043 (3) If the obligor contests the withholding, the office shall:
- (a) provide an opportunity for the obligor to provide documentation and, if necessary,
 to present evidence supporting the obligor's claim of mistake of fact;

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10046 (b) decide whether income withholding shall continue;

10047 (c) notify the obligor of its decision and the obligor's right to appeal under Subsection10048 (4); and

(d) at the obligor's option, return, if in the office's possession, or credit toward the most
current and future support obligations of the obligor any amount mistakenly withheld and, if
the mistake is attributable to the office, interest at the legal rate.

(4) (a) An obligor may appeal the office's decision to withhold income under
Subsection (3) by filing an appeal with the district court within 30 days after service of the
notice under Subsection (3) and immediately notifying the office in writing of the obligor's
decision to appeal.

(b) The office shall proceed with income withholding under this part during the appeal,
but shall hold all funds it receives, except current child support, in a reserve account pending
the court's decision on appeal. The funds, plus interest at the legal rate, shall be paid to the
party determined by the court.

10060 (c) If an obligor appeals a decision of the office to a district court under Subsection10061 (4)(a), the obligor shall provide to the obligee:

10062 (i) notice of the obligor's appeal; and

10063 (ii) a copy of any documents filed by the obligor upon the office in connection with the 10064 appeal.

10065 (5) An obligor's payment of overdue child support may not be the sole basis for not 10066 implementing income withholding in accordance with this part.

10067 Section 251. Section 26B-9-306, which is renumbered from Section 62A-11-406 is 10068 renumbered and amended to read:

10069 [62A-11-406]. <u>26B-9-306.</u> Notice to payor.

10070 Upon compliance with the applicable provisions of this part the office shall mail or 10071 deliver to each payor at the payor's last-known address written notice stating:

10072 (1) the amount of child support to be withheld from income;

10073 (2) that the child support must be withheld from the obligor's income each time the 10074 obligor is paid, but that the amount withheld may not exceed the maximum amount permitted 10075 under Section 303 (b) of the Consumer Credit Protection Act, 15 U.S.C. Sec. 1673(b);

(3) that the payor must mail or deliver the withheld income to the office within seven
business days of the date the amount would have been paid or credited to the employee but for
this section;

(4) that the payor may deduct from the obligor's income an additional amount which is
equal to the amount payable to a garnishee under Rule 64D of the Utah Rules of Civil
Procedure, as the payor's fee for administrative costs, but the total amount withheld may not
exceed the maximum amount permitted under Section 303(b) of the Consumer Credit
Protection Act, 15 U.S.C. Sec. 1673(b);

10084 (5) that the notice to withhold is binding on the payor and on any future payor until 10085 further notice by the office or a court;

10086 (6) (a) that if the payor fails to mail or deliver withheld income to the office within the 10087 time period set in Subsection (3), the payor is liable to the office for a late fee of \$50 or 10% of 10088 the withheld income, whichever is greater, for each payment that is late, per obligor; and

(b) that if the payor willfully fails to withhold income in accordance with the notice,
the payor is liable to the office for \$1,000 or the accumulated amount the payor should have
withheld, whichever is greater, plus interest on that amount;

10092 (7) that the notice to withhold is prior to any other legal process under state law;

(8) that the payor must begin to withhold income no later than the first time the
obligor's earnings are normally paid after five working days from the date the payor receives
the notice;

(9) that the payor must notify the office within five days after the obligor terminates
employment or the periodic income payment is terminated, and provide the obligor's
last-known address and the name and address of any new payor, if known;

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(10) that if the payor discharges, refuses to employ, or takes disciplinary action against

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10100 an obligor because of the notice to withhold, the payor is liable to the obligor as provided in 10101 Section [62A-11-316] 26B-9-217, and to the office for the greater of \$1,000 or the amount of 10102 child support accumulated to the date of discharge which the payor should have withheld, plus 10103 interest on that amount; and 10104 (11) that, in addition to any other remedy provided in this section, the payor is liable 10105 for costs and reasonable attorneys' fees incurred in enforcing any provision in a notice to 10106 withhold mailed or delivered to the payor's last-known address. 10107 Section 252. Section 26B-9-307, which is renumbered from Section 62A-11-407 is 10108 renumbered and amended to read: 10109 [62A-11-407]. 26B-9-307. Payor's procedures for income withholding.

10110 (1) (a) A payor is subject to the requirements, penalties, and effects of a notice served
10111 on the payor under Section [62A-11-406] 26B-9-306.

(b) A payment of withheld income mailed to the office in an envelope postmarked
within seven business days of the date the amount would have been paid or credited to the
obligor but for this section satisfies Subsection [62A-11-406] 26B-9-306(3).

10115 (2) (a) If a payor fails to comply with a notice served upon [him] the payor under 10116 Section [62A-11-406] 26B-9-306, the office, the obligee, if an assignment has not been made 10117 under Section 35A-7-108, or the obligor may proceed with a civil action against the payor to 10118 enforce a provision of the notice.

10119 (b) In addition to a civil action under Subsection (2)(a), the office may bring an 10120 administrative action pursuant to Title 63G, Chapter 4, Administrative Procedures Act, to 10121 enforce a provision of the notice.

(c) If an obligee or obligor brings a civil action under Subsection (2)(a) to enforce a
provision of the notice, the obligee or obligor may recover any penalty related to that provision
under Section [62A-11-406] 26B-9-306 in place of the office.

10125 (3) If the obligor's child support is owed monthly and the payor's pay periods are at 10126 more frequent intervals, the payor, with the consent of the office may withhold an equal

10127 amount at each pay period cumulatively sufficient to pay the monthly child support obligation. 10128 (4) A payor may combine amounts which the payor has withheld from the incomes of 10129 multiple obligors into a single payment to the office. If such a combined payment is made, the 10130 payor shall specify the amount attributable to each individual obligor by name and Social 10131 Security number. 10132 (5) In addition to any other remedy provided in this section, a payor is liable to the 10133 office, obligee, or obligor for costs and reasonable [attorneys] attorney fees incurred in 10134 enforcing a provision in the notice mailed or delivered under Section $\left[\frac{62A-11-406}{26B-9-306}\right]$ 10135 (6) Notwithstanding this section or Section $\left[\frac{62A-11-406}{26B-9-306}\right]$ 26B-9-306, if a payor 10136 receives an income withholding order or notice issued by another state, the payor shall apply 10137 the income withholding law of the state of the obligor's principal place of employment in 10138 determining: 10139 (a) the payor's fee for processing income withholding; 10140 (b) the maximum amount permitted to be withheld from the obligor's income; 10141 (c) the time periods within which the payor must implement income withholding and 10142 forward child support payments; 10143 (d) the priorities for withholding and allocating withheld income for multiple child support obligees; and 10144 10145 (e) any term or condition for withholding not specified in the notice. 10146 Section 253. Section 26B-9-308, which is renumbered from Section 62A-11-408 is 10147 renumbered and amended to read: 10148 26B-9-308. Termination of income withholding. [62A-11-408]. 10149 (1) (a) At any time after the date income withholding begins, a party to the child 10150 support order may request a judicial hearing or administrative review to determine whether 10151 income withholding should be terminated due to: 10152 (i) good cause under Section [62A-11-404] 26B-9-304; (ii) the execution of a written agreement under Section $\begin{bmatrix} 62A-11-404 \end{bmatrix}$ 26B-9-304; or 10153

10154	(iii) the completion of an obligor's support obligation.
10155	(b) An obligor's payment of overdue child support may not be the sole basis for
10156	termination of income withholding.
10157	(c) If it is determined by a court or the office that income withholding should be
10158	terminated, the office shall give written notice of termination to each payor within 10 days after
10159	receipt of notice of that decision.
10160	(d) If, after termination of income withholding by court or administrative order, an
10161	obligor's child support obligation becomes delinquent or subject to immediate and automatic
10162	income withholding under Section [62A-11-404] 26B-9-304, the office shall reinstate income
10163	withholding procedures in accordance with the provisions of this part.
10164	(e) If the office terminates income withholding through an agreement with a party, the
10165	office may reinstate income withholding if:
10166	(i) a delinquency occurs;
10167	(ii) the obligor requests reinstatement;
10168	(iii) the obligee requests reinstatement; or
10169	(iv) the office, based on internal procedures and standards, determines reinstatement is
10170	appropriate.
10171	(2) The office shall give written notice of termination to each payor when the obligor
10172	no longer owes child support to the obligee.
10173	(3) A notice to withhold income, served by the office, is binding on a payor until the
10174	office notifies the payor that the obligation to withhold income has been terminated.
10175	Section 254. Section 26B-9-309, which is renumbered from Section 62A-11-409 is
10176	renumbered and amended to read:
10177	[62A-11-409]. <u>26B-9-309.</u> Payor's compliance with income withholding.
10178	(1) Payment by a payor under this part satisfies the terms for payment of income under
10179	any contract between a payor and obligor.
10180	(2) A payor who complies with an income withholding notice that is regular on its face

10181 may not be subject to civil liability to any person for conduct in compliance with the notice.

- 10182 Section 255. Section 26B-9-310, which is renumbered from Section 62A-11-410 is 10183 renumbered and amended to read:
- 10184

[62A-11-410]. <u>26B-9-310.</u> Violations by payor.

10185 (1) A payor may not discharge, refuse to hire, or discipline any obligor because of a 10186 notice to withhold served by the office under this part, or because of a notice or order served by 10187 an obligee in a civil action for income withholding.

10188 (2) If the payor violates Subsection (1), that payor is liable to the office, or to the 10189 obligee seeking income withholding in a civil action, for the greater of \$1,000 or the amount of 10190 child support accumulated to the date of discharge which he should have withheld, plus interest 10191 on that amount and costs incurred in collection of the amount from the payor, including a 10192 reasonable [attorney's] attorney fee.

10193 Section 256. Section 26B-9-311, which is renumbered from Section 62A-11-411 is 10194 renumbered and amended to read:

10195[62A-11-411].26B-9-311.Priority of notice or order to withhold income.10196The notice to withhold provided by Section [62A-11-406] 26B-9-306, and a notice or10197order to withhold issued by the court in a civil action for income withholding, are prior to all10198other legal collection processes provided by state law, including garnishment, attachment,10199execution, and wage assignment.

10200 Section 257. Section 26B-9-312, which is renumbered from Section 62A-11-413 is 10201 renumbered and amended to read:

10202[62A-11-413].26B-9-312.Records and documentation -- Distribution or10203refund of collected income -- Allocation of payments among multiple notices to withhold.10204(1) The office shall keep adequate records to document and monitor all child support

10205 payments received under this part.

10206 (2) The office shall promptly distribute child support payments which it receives from10207 a payor, to the obligee, unless those payments are owed to the department.

10208	(3) The office shall promptly refund any improperly withheld income to the obligor.
10209	(4) The office may allocate child support payments received from an obligor under this
10210	part among multiple notices to withhold which it has issued with regard to that obligor, in
10211	accordance with rules promulgated by the office to govern that procedure.
10212	Section 258. Section 26B-9-313, which is renumbered from Section 62A-11-414 is
10213	renumbered and amended to read:
10214	[62A-11-414]. <u>26B-9-313.</u> Income withholding upon obligor's request.
10215	Whether or not a delinquency has occurred, an obligor may request that the office
10216	implement income withholding procedures under this part for payment of [his] the obligor's
10217	child support obligations.
10218	Section 259. Section 26B-9-401 is enacted to read:
10219	Part 4. Income Withholding in Non IV-D Cases
10220	<u>26B-9-401.</u> Definitions.
10221	The definitions in Section 26B-9-301 apply to this part.
10222	Section 260. Section 26B-9-402, which is renumbered from Section 62A-11-501 is
10223	renumbered and amended to read:
10224	[62A-11-501]. <u>26B-9-402.</u> Application of this part only to Non IV-D cases.
10225	[(1)] The requirements of this part apply only to cases in which neither the obligee nor
10226	the obligor is receiving IV-D services.
10227	[(2) For purposes of this part the definitions contained in Section 62A-11-401 apply.]
10228	Section 261. Section 26B-9-403, which is renumbered from Section 62A-11-502 is
10229	renumbered and amended to read:
10230	[62A-11-502]. <u>26B-9-403.</u> Child support orders issued or modified on or
10231	after January 1, 1994 Immediate income withholding.
10232	(1) With regard to obligees or obligors who are not receiving IV-D services, each child
10233	support order issued or modified on or after January 1, 1994, subjects the income of an obligor
10234	to immediate income withholding as of the effective date of the order, regardless of whether a

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10235 delinquency occurs unless:

(a) the court or administrative body that entered the order finds that one of the partieshas demonstrated good cause so as not to require immediate income withholding; or

(b) a written agreement which provides an alternative payment arrangement is executed
by the obligor and obligee, and reviewed and entered in the record by the court or
administrative body.

10241 (2)

(2) For purposes of this section:

(a) an action on or after January 1, 1994, to reduce child support arrears to judgment,
without a corresponding establishment of or modification to a base child support amount, is not
sufficient to trigger immediate income withholding;

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(b) "good cause" shall be based on, at a minimum:

10246 (i) a determination and explanation on the record by the court or administrative body 10247 that implementation of income withholding would not be in the best interest of the child; and

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(ii) proof of timely payment of any previously ordered support;

10249 (c) in determining "good cause," the court or administrative body may, in addition to 10250 any other requirement it considers appropriate, consider whether the obligor has:

(i) obtained a bond, deposited money in trust for the benefit of the dependent children,
or otherwise made arrangements sufficient to guarantee child support payments for at least two
months;

(ii) arranged to deposit all child support payments into a checking account belonging to
the obligee, or made arrangements insuring that a reliable and independent record of the date
and place of child support payments will be maintained; or

10257 (iii) arranged for electronic transfer of funds on a regular basis to meet court-ordered10258 child support obligations.

(3) In cases where the court or administrative body that entered the order finds a
demonstration of good cause or enters a written agreement that immediate income withholding
is not required, in accordance with this section, any party may subsequently pursue income

10262	withholding on the earliest of the following dates:
10263	(a) the date payment of child support becomes delinquent;
10264	(b) the date the obligor requests;
10265	(c) the date the obligee requests if a written agreement under Subsection (1)(b) exists;
10266	or
10267	(d) the date the court or administrative body so modifies that order.
10268	(4) The court shall include in every child support order issued or modified on or after
10269	January 1, 1994, a provision that the income of an obligor is subject to income withholding in
10270	accordance with this chapter; however, if for any reason that provision is not included in the
10271	child support order, the obligor's income is nevertheless subject to income withholding.
10272	(5) (a) In any action to establish or modify a child support order after July 1, 1997, the
10273	court, upon request by the obligee or obligor, shall commence immediate income withholding
10274	by ordering the clerk of the court or the requesting party to:
10275	(i) mail written notice to the payor at the payor's last-known address that contains the
10276	information required by Section [62A-11-506] 26B-9-407; and
10277	(ii) mail a copy of the written notice sent to the payor under Subsection (5)(a)(i) and a
10278	copy of the support order to the office.
10279	(b) If neither the obligee nor obligor requests commencement of income withholding
10280	under Subsection (5)(a), the court shall include in the order to establish or modify child support
10281	a provision that the obligor or obligee may commence income withholding by:
10282	(i) applying for IV-D services with the office; or
10283	(ii) filing an ex parte motion with a district court of competent jurisdiction pursuant to
10284	Section [62A-11-504] <u>26B-9-405</u> .
10285	(c) A payor who receives written notice under Subsection $(5)(a)(i)$ shall comply with
10286	the requirements of Section [62A-11-507] 26B-9-408.
10287	Section 262. Section 26B-9-404, which is renumbered from Section 62A-11-503 is
10288	renumbered and amended to read:

10289	[62A-11-503]. <u>26B-9-404.</u> Requirement of employment and location
10290	information.
10291	(1) As of July 1, 1997, a court, before issuing or modifying an order of support, shall
10292	require the parties to file the information required under Section [62A-11-304.4] 26B-9-207.
10293	(2) If a party fails to provide the information required by Section $[\frac{62A-11-304.4}{2}]$
10294	<u>26B-9-207</u> , the court shall issue or modify an order upon receipt of a verified representation of
10295	employment or source of income for that party based on the best evidence available if:
10296	(a) that party has participated in the current proceeding;
10297	(b) the notice and service of process requirements of the Utah Rules of Civil Procedure
10298	have been met if the case is before the court to establish an original order of support; or
10299	(c) the notice requirements of Section [$\frac{62A-11-304.4}{26B-9-207}$ have been met if the
10300	case is before the court to modify an existing order.
10301	(3) A court may restrict the disclosure of information required by Section
10302	[62A-11-304.4] <u>26B-9-207</u> :
10303	(a) in accordance with a protective order involving the parties; or
10304	(b) if the court has reason to believe that the release of information may result in
10305	physical or emotional harm by one party to the other party.
10306	Section 263. Section 26B-9-405, which is renumbered from Section 62A-11-504 is
10307	renumbered and amended to read:
10308	[62A-11-504]. <u>26B-9-405.</u> Procedures for commencing income withholding.
10309	(1) If income withholding has not been commenced in connection with a child support
10310	order, an obligee or obligor may commence income withholding by:
10311	(a) applying for IV-D services from the office; or
10312	(b) filing an ex parte motion for income withholding with a district court of competent
10313	jurisdiction.
10314	(2) The office shall commence income withholding in accordance with Part $[4]$ 3,
10315	Income Withholding in IV-D Cases, upon receipt of an application for IV-D services under

10316	Subsection (1)(a).
10317	(3) A court shall grant an ex parte motion to commence income withholding filed
10318	under Subsection (1)(b) regardless of whether the child support order provided for income
10319	withholding, if the obligee provides competent evidence showing:
10320	(a) the child support order was issued or modified after January 1, 1994, and the
10321	obligee or obligor expresses a desire to commence income withholding;
10322	(b) the child support order was issued or modified after January 1, 1994, and the order
10323	contains a good cause exception to income withholding as provided for in Section
10324	$\left[\frac{62A-11-502}{26B-9-403}\right]$ and a delinquency has occurred; or
10325	(c) the child support order was issued or modified before January 1, 1994, and a
10326	delinquency has occurred.
10327	(4) If a court grants an ex parte motion under Subsection (3), the court shall order the
10328	clerk of the court or the requesting party to:
10329	(a) mail written notice to the payor at the payor's last-known address that contains the
10330	information required by Section [62A-11-506] 26B-9-407;
10331	(b) mail a copy of the written notice sent to the payor under Subsection $(4)(a)$ to the
10332	nonrequesting party's address and a copy of the support order and the notice to the payor to the
10333	office; and
10334	(c) if the obligee is the requesting party, send notice to the obligor under Section
10335	$[\frac{62A-11-304.4}{26B-9-207}]$ that includes:
10336	(i) a copy of the notice sent to the payor; and
10337	(ii) information regarding:
10338	(A) the commencement of income withholding; and
10339	(B) the opportunity to contest the withholding or the amount withheld due to mistake
10340	of fact by filing an objection with the court within 20 days.
10341	(5) A payor who receives written notice under Subsection $(4)(a)$ shall comply with the
10342	requirements of Section [62A-11-507] 26B-9-408.

10343	(6) If an obligor contests withholding, the court shall:
10344	(a) provide an opportunity for the obligor to present evidence supporting his claim of a
10345	mistake of fact;
10346	(b) decide whether income withholding should continue;
10347	(c) notify the parties of the decision; and
10348	(d) at the obligor's option, return or credit toward the most current and future support
10349	payments of the obligor any amount mistakenly withheld plus interest at the legal rate.
10350	Section 264. Section 26B-9-406, which is renumbered from Section 62A-11-505 is
10351	renumbered and amended to read:
10352	[62A-11-505]. <u>26B-9-406.</u> Responsibilities of the office.
10353	The office shall document and distribute payments in the manner provided for and in
10354	the time required by Section [62A-11-413] 26B-9-312 and federal law upon receipt of:
10355	(1) a copy of the written notice sent to the payor under Section [$\frac{62A-11-502}{1}$]
10356	26B-9-403 or Section [$62A-11-504$] $26B-9-405$;
10357	(2) the order of support;
10358	(3) the obligee's address; and
10359	(4) withheld income from the payor.
10360	Section 265. Section 26B-9-407, which is renumbered from Section 62A-11-506 is
10361	renumbered and amended to read:
10362	[62A-11-506]. <u>26B-9-407.</u> Notice to payor.
10363	(1) A notice mailed or delivered to a payor under this part shall state in writing:
10364	(a) the amount of child support to be withheld from income;
10365	(b) that the child support must be withheld from the obligor's income each time the
10366	obligor is paid, but that the amount withheld may not exceed the maximum amount permitted
10367	under Section 303(b) of the Consumer Credit Protection Act, 15 U.S.C. [Section] Sec. 1673(b);
10368	(c) that the payor must mail or deliver the withheld income to the office within seven
10369	business days of the date the amount would have been paid or credited to the employee but for

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10370	this section;
10371	(d) that the payor may deduct from the obligor's income an additional amount which is
10372	equal to the amount payable to a garnishee under Rule 64D of the Utah Rules of Civil
10373	Procedure, as the payor's fee for administrative costs, but the total amount withheld may not
10374	exceed the maximum amount permitted under Section 303(b) of the Consumer Credit
10375	Protection Act, 15 U.S.C. [Section] Sec. 1673(b);
10376	(e) that the notice to withhold is binding on the payor and on any future payor until
10377	further notice by the office or a court;
10378	(f) (i) that if the payor fails to mail or deliver withheld income to the office within the
10379	time period set in Subsection (1)(c), the payor is liable to the obligee for a late fee of \$50 or
10380	10% of the withheld income, whichever is greater, for each payment that is late; and
10381	(ii) that if the payor willfully fails to withhold income in accordance with the notice,
10382	the payor is liable to the obligee for \$1,000 or the accumulated amount the payor should have
10383	withheld, whichever is greater, plus interest on that amount;
10384	(g) that the notice to withhold is prior to any other legal process under state law;
10385	(h) that the payor must begin to withhold income no later than the first time the
10386	obligor's earnings are normally paid after five working days from the date the payor receives
10387	the notice;
10388	(i) that the payor must notify the office within five days after the obligor terminates
10389	employment or the periodic income payment is terminated, and provide the obligor's
10390	last-known address and the name and address of any new payor, if known;
10391	(j) that if the payor discharges, refuses to employ, or takes disciplinary action against
10392	an obligor because of the notice to withhold, the payor is liable to the obligor as provided in
10393	Section [62A-11-316] 26B-9-217 and the obligee for the greater of \$1,000 or the amount of
10394	child support accumulated to the date of discharge which the payor should have withheld plus
10395	interest on that amount; and
10396	(k) that, in addition to any other remedy provided in this section, the payor is liable to

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10397 the obligee or obligor for costs and reasonable [attorneys'] attorney fees incurred in enforcing a

10398 provision in a notice to withhold mailed or delivered under Section [62A-11-502 or

10399 <u>62A-11-504</u>] <u>26B-9-403 or 26B-9-405</u>.

10400 (2) If the obligor's employment with a payor is terminated, the office shall, if known 10401 and if contacted by the obligee, inform the obligee of:

10402 (a) the obligor's last-known address; and

10403 (b) the name and address of any new payor.

10404 Section 266. Section 26B-9-408, which is renumbered from Section 62A-11-507 is 10405 renumbered and amended to read:

10406 [62A-11-507]. <u>26B-9-408.</u> Payor's procedures for income withholding.

10407 (1) (a) A payor is subject to the requirements, penalties, and effects of a notice mailed
10408 or delivered to him under Section [62A-11-506] 26B-9-407.

- 10409 (b) A payment of withheld income mailed to the office in an envelope postmarked 10410 within seven business days of the date the amount would have been paid or credited to the 10411 obligor but for this section satisfies Subsection [$\frac{62A-11-506}{26B-9-407}$ (1)(c).
- 10412 (2) If a payor fails to comply with the requirements of a notice served upon him under
 10413 Section [62A-11-506] 26B-9-407, the obligee, or obligor may proceed with a civil action
 10414 against the payor to enforce a provision of the notice.
- 10415 (3) If the obligor's child support is owed monthly and the payor's pay periods are at 10416 more frequent intervals, the payor, with the consent of the office or obligee, may withhold an 10417 equal amount at each pay period cumulatively sufficient to pay the monthly child support 10418 obligation.
- (4) A payor may combine amounts which he has withheld from the income of multiple
 obligors into a single payment to the office. If such a combined payment is made, the payor
 shall specify the amount attributable to each individual obligor by name and Social Security
 number.
- 10423

(5) In addition to any other remedy provided in this section, a payor is liable to the

10424	obligee or obligor for costs and reasonable [attorneys'] attorney fees incurred in enforcing a
10425	provision of the notice mailed or delivered under Section [62A-11-506] 26B-9-407.
10426	(6) Notwithstanding this section or Section [62A-11-506] 26B-9-407, if a payor
10427	receives an income withholding order or notice issued by another state, the payor shall apply
10428	the income withholding law of the state of the obligor's principal place of business in
10429	determining:
10430	(a) the payor's fee for processing income withholding;
10431	(b) the maximum amount permitted to be withheld from the obligor's income;
10432	(c) the time periods within which the payor must implement income withholding and
10433	forward child support payments;
10434	(d) the priorities for withholding and allocating withheld income for multiple child
10435	support obligees; and
10436	(e) any terms or conditions for withholding not specified in the notice.
10437	Section 267. Section 26B-9-409, which is renumbered from Section 62A-11-508 is
10438	renumbered and amended to read:
10439	[62A-11-508]. <u>26B-9-409.</u> Termination of income withholding.
10440	(1) (a) At any time after the date income withholding begins, a party to the child
10441	support order may request a court to determine whether income withholding should be
10442	terminated due to:
10443	(i) good cause under Section $[\frac{62A-11-502}{26B-9-403}]$; or
10444	(ii) the completion of an obligor's support obligation.
10445	(b) An obligor's payment of overdue child support may not be the sole basis for
10446	termination of income withholding.
10447	(c) After termination of income withholding under this section, a party may seek
10448	reinstatement of income withholding under Section [62A-11-504] 26B-9-405.
10449	(2) (a) If it is determined that income withholding should be terminated under
10450	Subsection (1)(a)(i), the court shall order written notice of termination be given to each payor

 (b) The obligee shall give written notice of termination to each payor: (i) when the obligor no longer owes child support to the obligee; or 	
$10454 \qquad $	
10454 (ii) if the obligee and obligor enter into a written agreement that provides an alt	ernative
10455 arrangement, which may be filed with the court.	
10456 (3) A notice to withhold income is binding on a payor until the court or the obli	igee
10457 notifies the payor that his obligation to withhold income has been terminated.	
10458 Section 268. Section 26B-9-410 , which is renumbered from Section 62A-11-50)9 is
10459 renumbered and amended to read:	
10460 [62A-11-509]. <u>26B-9-410.</u> Payor's compliance with income withhold	ing.
10461 (1) Payment by a payor under this part satisfies the terms for payment of incom	e under
10462 any contract between a payor and obligor.	
10463 (2) A payor who complies with an income withholding notice that is regular on	its face
10464 may not be subject to civil liability to any person for conduct in compliance with the no	tice.
10465 Section 269. Section 26B-9-411, which is renumbered from Section 62A-11-51	0 is
10466 renumbered and amended to read:	
10467 [62A-11-510]. <u>26B-9-411.</u> Violations by payor.	
10468 (1) A payor may not discharge, refuse to hire, or discipline any obligor because	of a
10469 notice to withhold under this part.	
10470 (2) If a payor violates Subsection (1), the payor is liable to the obligor as provid	led in
10471 Section [$\frac{62A-11-316}{26B-9-217}$ and the obligee for the greater of \$1,000 or the amount	nt of
10472 child support accumulated to the date of discharge which should have been withheld pla	us
10473 interest on that amount and costs incurred in collecting the amount, including reasonable	e
10474 [attorneys'] attorney fees.	
10475 Section 270. Section 26B-9-412 , which is renumbered from Section 62A-11-51	1 is
10476 renumbered and amended to read:	
10477[62A-11-511].26B-9-412.Priority of notice or order to withhold inc	ome.

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10478	The notice to withhold under this part is prior to all other legal collection processes
10479	provided by state law, including garnishment, attachment, execution, and wage assignment.
10480	Section 271. Section 26B-9-501 , which is renumbered from Section 62A-11-602 is
10481	renumbered and amended to read:
10482	Part 5. Administrative License Suspension for Child Support Enforcement
10483	[62A-11-602]. <u>26B-9-501.</u> Definitions.
10484	As used in this part:
10485	(1) "Child support" is as defined in Section [$\frac{62A-11-401}{26B-9-301}$.
10486	(2) "Delinquent on a child support obligation" means that a person:
10487	(a) (i) made no payment for 60 days on a current child support obligation as set forth in
10488	an administrative or court order;
10489	(ii) after the 60-day period described in Subsection (2)(a)(i), failed to make a good faith
10490	effort under the circumstances to make payment on the child support obligation in accordance
10491	with the order; and
10492	(iii) has not obtained a judicial order staying enforcement of the person's child support
10493	obligation, or the amount in arrears; or
10494	(b) (i) made no payment for 60 days on an arrearage obligation of child support as set
10495	forth in:
10496	(A) a payment schedule;
10497	(B) a written agreement with the office; or
10498	(C) an administrative or judicial order;
10499	(ii) after the 60-day period described in Subsection (2)(b)(i), failed to make a good
10500	faith effort under the circumstances to make payment on the child support obligation in
10501	accordance with the payment schedule, agreement, or order; and
10502	(iii) has not obtained a judicial order staying enforcement of the person's child support
10503	obligation, or the amount in arrears.
10504	(3) "Driver license" means a license, as defined in Section 53-3-102.

10505	(4) "Driver License Division" means the Driver License Division of the Department of
10506	Public Safety created in Section 53-3-103.
10507	(5) "Office" means the Office of Recovery Services [created in Section 62A-11-102].
10508	Section 272. Section 26B-9-502, which is renumbered from Section 62A-11-603 is
10509	renumbered and amended to read:
10510	[62A-11-603]. <u>26B-9-502.</u> Suspension of driver license for child support
10511	delinquency Reinstatement.
10512	(1) Subject to the provisions of this section, the office may order the suspension of a
10513	person's driver license if the person is delinquent on a child support obligation.
10514	(2) Before ordering a suspension of a person's driver license, the office shall serve the
10515	person with a "notice of intent to suspend driver license."
10516	(3) The notice described in Subsection (2) shall:
10517	(a) be personally served or served by certified mail;
10518	(b) except as otherwise provided in this section, comply with Title 63G, Chapter 4,
10519	Administrative Procedures Act;
10520	(c) state the amount that the person is in arrears on the person's child support
10521	obligation; and
10522	(d) state that, if the person desires to contest the suspension of the person's driver
10523	license, the person must request an informal adjudicative proceeding with the office within 30
10524	days after the day on which the notice is mailed or personally served.
10525	(4) (a) The office shall hold an informal adjudicative proceeding to determine whether
10526	a person's driver license should be suspended if the person requests a hearing within 30 days
10527	after the day on which the notice described in Subsection (2) is mailed or personally served on
10528	the person.
10529	(b) The informal adjudicative proceeding described in Subsection (4)(a), and any
10530	appeal of the decision rendered in that proceeding, shall comply with Title 63G, Chapter 4,
10531	Administrative Procedures Act.

10532	(5) Except as provided in Subsection (6), the office may order that a person's driver
10533	license be suspended:
10534	(a) if, after the notice described in Subsection (2) is mailed or personally served, the
10535	person fails to request an informal adjudicative proceeding within the time period described in
10536	Subsection (4)(a); or
10537	(b) following the informal adjudicative proceeding described in Subsection (4)(a), if:
10538	(i) the presiding officer finds that the person is delinquent on a child support
10539	obligation; and
10540	(ii) the finding described in Subsection (5)(b)(i):
10541	(A) is not timely appealed; or
10542	(B) is upheld after a timely appeal becomes final.
10543	(6) The office may not order the suspension of a person's driver license if the person:
10544	(a) pays the full amount that the person is in arrears on the person's child support
10545	obligation;
10546	(b) subject to Subsection (8):
10547	(i) enters into a payment agreement with the office for the payment of the person's
10548	current child support obligation and all arrears; and
10549	(ii) complies with the agreement described in Subsection (6)(b)(i) for any initial
10550	compliance period required by the agreement;
10551	(c) obtains a judicial order staying enforcement of the person's child support obligation
10552	or the amount in arrears; or
10553	(d) is not currently delinquent on a child support obligation.
10554	(7) The office shall rescind an order made by the office to suspend a driver license if
10555	the person:
10556	(a) pays the full amount that the person is in arrears on the person's child support
10557	obligation;
10558	(b) subject to Subsection (8):

- (i) enters into a payment agreement with the office for the payment of the person'scurrent child support obligation and all arrears; and
- (ii) complies with the agreement described in Subsection (7)(b)(i) for any initialcompliance period required by the agreement;
- 10563 (c) obtains a judicial order staying enforcement of the person's child support obligation10564 or the amount in arrears; or
- 10565

(d) is not currently delinquent on a child support obligation.

- 10566 (8) For purposes of Subsections (6)(b) and (7)(b), the office shall diligently strive to 10567 enter into a fair and reasonable payment agreement that takes into account the person's 10568 employment and financial ability to make payments, provided that there is a reasonable basis to 10569 believe that the person will comply with the agreement.
- (9) (a) If, after the office seeks to suspend a person's driver license under this section, it
 is determined that the person is not delinquent, the office shall refund to the person any
 noncustodial parent income withholding fee that was collected from the person during the
 erroneously alleged delinquency.
- 10574 (b) Subsection (9)(a) does not apply if the person described in Subsection (9)(a) is10575 otherwise in arrears on a child support obligation.
- (10) (a) A person whose driver license is ordered suspended pursuant to this section
 may file a request with the office, on a form provided by the office, to have the office rescind
 the order of suspension if:
- (i) the person claims that, since the time of the suspension, circumstances have
 changed such that the person is entitled to have the order of suspension rescinded under
 Subsection (7); and
- 10582 (ii) the office has not rescinded the order of suspension.
- 10583 (b) The office shall respond, in writing, to a person described in Subsection (10), 10584 within 10 days after the day on which the request is filed with the office, stating whether the 10585 person is entitled to have the order of suspension rescinded.

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10586	(c) If the office determines, under Subsection (10)(b), that an order to suspend a
10587	person's license should be rescinded, the office shall immediately rescind the order.
10588	(d) If the office determines, under Subsection (10)(b), that an order to suspend a
10589	person's license should not be rescinded:
10590	(i) the office shall, as part of the response described in Subsection (10)(b), notify the
10591	person, in writing, of the reasons for that determination; and
10592	(ii) the person described in this Subsection (10)(d) may, within 15 days after the day on
10593	which the office sends the response described in Subsection (10)(b), appeal the determination
10594	of the office to district court.
10595	(e) The office may not require that a person file the request described in Subsection
10596	(10)(a) before the office orders that an order of suspension is rescinded, if the office has already
10597	determined that the order of suspension should be rescinded under Subsection (7).
10598	(11) The office may make rules, in accordance with Title 63G, Chapter 3, Utah
10599	Administrative Rulemaking Act, to:
10600	(a) implement the provisions of this part; and
10601	(b) determine when the arrears described in Subsections (6) and (7) are considered
10602	paid.
10603	Section 273. Section 26B-9-503, which is renumbered from Section 62A-11-604 is
10604	renumbered and amended to read:
10605	[62A-11-604]. <u>26B-9-503.</u> Notification of order to suspend or rescission of
10606	order.
10607	(1) When, pursuant to this part, the office orders the suspension of a person's driver
10608	license, or rescinds an order suspending a person's driver license, the office shall, within five
10609	business days after the day on which the order or rescission is made, notify:
10610	(a) the Driver License Division; and
10611	(b) the person to whom the order or rescission applies.
10612	(2) (a) The notification described in Subsections (1)(a) and (b) shall include the name

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and identifying information of the person described in Subsection (1).

- (b) The notification to a person described in Subsection (1)(b) shall include a statement
 indicating that the person must reinstate the person's driver license with the Driver License
 Division before driving a motor vehicle.
- Section 274. Coordinating S.B. 38, S.B. 39, S.B. 40, S.B. 41, and S.B. 208 with S.B.
 64 -- Superseding revisor instructions.
- 10619 If this S.B. 38, S.B. 39, Health and Human Services Recodification Health Care
- 10620 Assistance and Data, S.B. 40, Health and Human Services Recodification Health Care
- 10621 Delivery and Repeals, S.B. 41, Health and Human Services Recodification Prevention,
- 10622 Supports, Substance Use and Mental Health, S.B. 208, Health and Human Services
- 10623 Recodification Cross References, Titles 58-63J, and S.B. 64, Bureau of Emergency Medical
- 10624 Services Amendments, all pass and become law, the Legislature intends that, on July 1, 2024:
- 10625 (1) instances in which revisor instructions in this S.B. 38, S.B. 39, S.B. 40, S.B. 41, or
- 10626 S.B. 208 conflict with the revisor instructions in S.B. 64, the revisor instructions in S.B. 64
- 10627 supersede only conflicting changes made by the revisor instructions in this S.B. 38, S.B. 39,
- 10628 S.B. 40, S.B. 41, or S.B. 208 as those instructions were implemented on May 3, 2023; and
- 10629 (2) instances in which the revisor instructions for this S.B. 38, S.B. 39, S.B. 40, or S.B.
- 10630 <u>41 do not conflict with the revisor instructions for S.B. 64, changes made by the revisor</u>
- 10631 instructions in this S.B. 38, S.B. 39, S.B. 40, S.B. 41, or S.B. 208 are unaffected by the revisor
- 10632 instructions in S.B. 64.
- Section 275. Coordinating S.B. 38 with H.B. 36 -- Substantive and technical
 amendments.
- 10635 If this S.B. 38 and H.B. 36, Long Term Care Ombudsman Amendments, both pass and
- 10636 become law, it is the intent of the Legislature that the Office of Legislative Research and
- 10637 General Counsel prepare the Utah Code database for publication by amending Section
- 10638 <u>26B-2-237</u> (renumbered from Section <u>26-21-305</u>) in this S.B. <u>38</u> to read:
- 10639 <u>"(1) As used in this section:</u>

10640	(a) "Ombudsman" means the same as that term is defined in Section 26B-2-301.
10641	(b) "Resident" means an individual who receives health care from an assisted living
10642	facility.
10643	(c) "Responsible person" means an individual who:
10644	(i) is designated in writing by a resident to receive communication on behalf of the
10645	resident; or
10646	(ii) is legally authorized to make health care decisions on behalf of the resident.
10647	(2) An assisted living facility is subject to the requirements in Subsection (3) if the
10648	transfer or discharge:
10649	(a) is initiated by the assisted living facility for any reason;
10650	(b) is objected to by the resident or the resident's responsible person;
10651	(c) was not initiated by a verbal or written request from the resident; or
10652	(d) is inconsistent with the resident's preferences and stated goals for care.
10653	(3) [When a facility initiates the] Before a transfer or discharge [of a resident]
10654	described in Subsection (2) occurs, the assisted living facility from which the resident is
10655	transferred or discharged shall:
10656	[(1)] (a) notify the resident and the resident's responsible person, if any, in writing and
10657	in a language and a manner that is most likely to be understood by the resident and the
10658	resident's responsible person, of:
10659	$\left[\frac{(a)}{(a)}\right]$ the reasons for the transfer or discharge;
10660	[(b)] (ii) the effective date of the transfer or discharge;
10661	$\left[\frac{(c)}{(c)}\right]$ (iii) the location to which the resident will be transferred or discharged, if known;
10662	and
10663	$\left[\frac{(d)}{(iv)}\right]$ the name, address, email, and telephone number of the ombudsman;
10664	[(2)] (b) send a copy, in English, of the notice described in Subsection $[(1)(a)]$ (3)(a) to
10665	the ombudsman on the same day on which the assisted living facility delivers the notice
10666	described in Subsection $[(1)(a)]$ (3)(a) to the resident and the resident's responsible person;

[(3)] <u>(c)</u> provide the notice described in Subsection [(1)(a)] <u>(3)(a)</u> at least 30 days
before the day on which the resident is transferred or discharged, unless:
[(a)] (i) notice for a shorter period of time is necessary to protect:
[(i)] (A) the safety of individuals in the assisted living facility from endangerment due
to the medical or behavioral status of the resident; or
[(ii)] (B) the health of individuals in the assisted living facility from endangerment due
to the resident's continued residency;
[(b)] (ii) an immediate transfer or discharge is required by the resident's urgent medical
needs; or
[c)] (iii) the resident has not resided in the assisted living facility for at least 30 days;
$\left[\frac{(4)}{(d)}\right]$ update the transfer or discharge notice as soon as practicable before the transfer
or discharge if information in the notice changes before the transfer or discharge;
$\left[\frac{(5)}{(2)}\right]$ (e) orally explain to the resident:
$\left[\frac{(a)}{(a)}\right]$ (i) the services available through the ombudsman; and
[b)] (ii) the contact information for the ombudsman; and
[(6)] (f) provide and document the provision of preparation and orientation for the
resident, in a language and manner the resident is most likely to understand, [for a resident] to
ensure a safe and orderly transfer or discharge from an assisted living facility[; and].
[(7)] (4) [in] In the event of [a] an assisted living facility closure, the assisted living
facility shall provide written notification of the closure to the ombudsman, each resident of the
facility, and each resident's responsible person.".
Section 276. Coordinating S.B. 38 with H.B. 48 Substantive and technical
amendments.
If this S.B. 38 and H.B. 48, Early Childhood Amendments, both pass and become law,
it is the intent of the Legislature that the Office of Legislative Research and General Counsel
prepare the Utah Code database for publication by:
(1) amending Section 26B-1-422 (renumbered from Section 26-66-202) in this S.B. 38

10694	to read:
10695	"(1) As used in this section:
10696	(a) "Early childhood" refers to a child in the state who is eight years old or younger;
10697	and
10698	(b) "State superintendent" means the state superintendent of public instruction
10699	appointed under Section 53E-3-301.
10700	(2) There is created the Early Childhood Utah Advisory Council.
10701	(3) (a) The department shall:
10702	(i) make rules establishing the membership, duties, and procedures of the council in
10703	accordance with the requirements of:
10704	(A) this section;
10705	(B) the Improving Head Start for School Readiness Act of 2007, 42 U.S.C. Sec. 9837b;
10706	and
10707	(C) Title 63G, Chapter 3, Utah Administrative Rulemaking Act; and
10708	(ii) provide necessary administrative and staff support to the council.
10709	(b) A member of the council may not receive compensation or benefits for the
10710	member's service.
10711	[(1)] <u>(4)</u> The <u>duties of the</u> council [shall serve as an entity dedicated to] <u>include:</u>
10712	(a) improving and coordinating the quality of programs and services for children in
10713	accordance with the Improving Head Start for School Readiness Act of 2007, 42 U.S.C. Sec.
10714	9837b[.] <u>;</u>
10715	(b) supporting Utah parents and families by providing comprehensive and accurate
10716	information regarding the availability of voluntary services for children in early childhood from
10717	state agencies and other private and public entities;
10718	(c) facilitating improved coordination between state agencies and community partners
10719	that provide services to children in early childhood;
10720	(d) sharing and analyzing information regarding early childhood issues in the state;

10721	(e) providing recommendations to the department, the Department of Workforce
10722	Services, and the State Board of Education regarding a comprehensive delivery system of
10723	services for children in early childhood that addresses the following four areas:
10724	(i) family support and safety;
10725	(ii) health and development;
10726	(iii) early learning; and
10727	(iv) economic development; and
10728	(f) identifying opportunities for and barriers to the alignment of standards, rules,
10729	policies, and procedures across programs and agencies that support children in early childhood.
10730	(5) To fulfill the duties described in Subsection (4), the council shall:
10731	(a) directly engage with parents, families, community members, and public and private
10732	service providers to identify and address:
10733	(i) the quality, effectiveness, and availability of existing services for children in early
10734	childhood and the coordination of those services;
10735	(ii) gaps and barriers to entry in the provision of services for children in early
10736	childhood; and
10737	(iii) community-based solutions in improving the quality, effectiveness, and
10738	availability of services for children in early childhood;
10739	(b) seek regular and ongoing feedback from a wide range of entities and individuals
10740	that use or provide services for children in early childhood, including entities and individuals
10741	that use, represent, or provide services for any of the following:
10742	(i) children in early childhood who live in urban, suburban, or rural areas of the state;
10743	(ii) children in early childhood with varying socioeconomic backgrounds;
10744	(iii) children in early childhood with varying ethnic or racial heritages;
10745	(iv) children in early childhood from various geographic areas of the state; and
10746	(v) children in early childhood with special needs;
10747	(c) study, evaluate, and report on the status and effectiveness of policies, procedures,

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10748	and programs that provide services to children in early childhood;
10749	(d) study and evaluate the effectiveness of policies, procedures, and programs
10750	implemented by other states and nongovernmental entities that address the needs of children in
10751	early childhood;
10752	(e) identify policies, procedures, and programs that are impeding efforts to help
10753	children in early childhood in the state and recommend changes to those policies, procedures,
10754	and programs;
10755	(f) identify policies, procedures, and programs related to children in early childhood in
10756	the state that are inefficient or duplicative and recommend changes to those policies,
10757	procedures, and programs;
10758	(g) recommend policy, procedure, and program changes to address the needs of
10759	children in early childhood;
10760	(h) develop methods for using interagency information to inform comprehensive policy
10761	and budget decisions relating to early childhood services; and
10762	(i) develop strategies and monitor efforts concerning:
10763	(i) increasing school readiness;
10764	(ii) improving access to early child care and early education programs; and
10765	(iii) improving family and community engagement in early childhood education and
10766	development.
10767	(6) In fulfilling the council's duties, the council may request and receive, from any state
10768	or local governmental agency or institution, information relating to early childhood, including
10769	reports, audits, projections, and statistics.
10770	(7) (a) On or before August 1 of each year, the council shall provide an annual report to
10771	the executive director, the executive director of the Department of Workforce Services, and the
10772	state superintendent.
10773	(b) The annual report shall include:
10774	(i) a statewide assessment concerning the availability of high-quality pre-kindergarten

10775	services for children from low-income households;
10776	(ii) a statewide strategic report addressing the activities mandated by the Improving
10777	Head Start for School Readiness Act of 2007, 42 U.S.C. Sec. 9837b, including:
10778	(A) identifying opportunities for and barriers to collaboration and coordination among
10779	federally-funded and state-funded child health and development, child care, and early
10780	childhood education programs and services, including collaboration and coordination among
10781	state agencies responsible for administering such programs;
10782	(B) evaluating the overall participation of children in existing federal, state, and local
10783	child care programs and early childhood health, development, family support, and education
10784	programs;
10785	(C) recommending statewide professional development and career advancement plans
10786	for early childhood educators and service providers in the state, including an analysis of the
10787	capacity and effectiveness of programs at two- and four-year public and private institutions of
10788	higher education that support the development of early childhood educators; and
10789	(D) recommending improvements to the state's early learning standards and
10790	high-quality comprehensive early learning standards; and
10791	(iii) the recommendations described in Subsection (4)(e).
10792	(8) In addition to the annual report described in Subsection (7)(a), on or before August
10793	1, 2024, and at least every five years thereafter, the council shall provide to the executive
10794	director, the executive director of the Department of Workforce Services, and the state
10795	superintendent a statewide needs assessment concerning the quality and availability of early
10796	childhood education, health, and development programs and services for children in early
10797	childhood.
10798	[(2) The council shall advise the commission and, on or before August 1, annually
10799	provide to the commission:]
10800	[(a) a statewide assessment concerning the availability of high-quality pre-kindergarten
10801	services for children from low-income households; and]

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10802	[(b) a statewide strategic report addressing the activities mandated by the Improving
10803	Head Start for School Readiness Act of 2007, 42 U.S.C. Sec. 9837b, including:]
10804	[(i) identifying opportunities for and barriers to collaboration and coordination among
10805	federally-funded and state-funded child health and development, child care, and early
10806	childhood education programs and services, including collaboration and coordination among
10807	state agencies responsible for administering such programs;]
10808	[(ii) evaluating the overall participation of children in existing federal, state, and local
10809	child care programs and early childhood health, development, family support, and education
10810	programs;]
10811	[(iii) recommending statewide professional development and career advancement plans
10812	or early childhood educators and service providers in the state, including an analysis of the
10813	capacity and effectiveness of programs at two- and four-year public and private institutions of
10814	higher education that support the development of early childhood educators; and]
10815	[(iv) recommending improvements to the state's early learning standards and
10816	high-quality comprehensive early learning standards.]
10817	[(3) On or before August 1, 2020, and at least every five years thereafter, the council
10818	shall provide to the commission a statewide needs assessment concerning the quality and
10819	availability of early childhood education, health, and development programs and services for
10820	children in early childhood.]"; and
10821	(2) not enacting Section 26-66-204 in H.B. 48.
10822	Section 277. Coordinating S.B. 38 with H.B. 72 Substantive and technical
10823	amendments.
10824	If this S.B. 38 and H.B. 72, Medical Cannabis Governance Revisions, both pass and
10825	become law, it is the intent of the Legislature that the Office of Legislative Research and
10826	General Counsel prepare the Utah Code database for publication by enacting the amendment to
10827	Subsection 26-61-202(4) in H.B. 72 into a new Subsection 26B-1-420(16) (renumbered from
10828	Section 26-61-201) in this S.B. 38 to read:

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10829	"(16) Based on the board's evaluation under Subsection (11), the board may provide
10830	recommendations to the Medical Cannabis Policy Advisory Board created in Section
10831	<u>26-61a-801</u> regarding restrictions for a substance found in a medical cannabis product that:
10832	(a) is likely harmful to human health; or
10833	(b) is associated with a substance that is likely harmful to human health.".
10834	Section 278. Coordinating S.B. 38 with H.B. 230 Substantive and technical
10835	amendments.
10836	If this S.B. 38 and H.B. 230, Center for Medical Cannabis Research, both pass and
10837	become law, it is the intent of the Legislature that the Office of Legislative Research and
10838	General Counsel prepare the Utah Code database for publication by amending Subsection
10839	26-61a-109(4) in H.B. 230, relating to permitted uses of money in this fund, to read:
10840	"(4) Money deposited into the fund may only be used by:
10841	(a) the department to accomplish the department's responsibilities described in Chapter
10842	4, Part 2, Cannabinoid Research and Medical Cannabis; and
10843	(b) the Center for Medical Cannabis Research created in Section 53B-17-1402 to
10844	accomplish the Center for Medical Cannabis Research's responsibilities.".
10845	Section 279. Coordinating S.B. 38 with S.B. 64 Technical amendments.
10846	If this S.B. 38 and S.B. 64, Bureau of Emergency Medical Services Amendments, both
10847	pass and become law, the Legislature intends that the Office of Legislative Research and
10848	General Counsel prepare the Utah Code database for publication on July 1, 2024, so that
10849	changes in S.B. 64 supersede the changes in this bill, as those changes went into effect on May
10850	3, 2023, in the following sections:
10851	(1) Section <u>53-2d-104</u> (renumbered from 26-8a-103) in S.B. 64;
10852	(2) Section 53-2d-107 (renumbered from 26-8a-107) in S.B. 64; and
10853	(3) Section <u>53-2d-809</u> (renumbered from <u>26-8b-602</u>) in S.B. 64.
10854	Section 280. Coordinating S.B. 38 with S.B. 123 Substantive and technical
10855	amendments

10855 amendments.

10856	If this S.B. 38 and S.B. 123, Boards and Commissions Modifications, both pass and
10857	become law, it is the intent of the Legislature that the Office of Legislative Research and
10858	General Counsel prepare the Utah Code database for publication as follows:
10859	(1) by amending Subsection 26B-1-414(1)(c)(i) (renumbered from Subsection
10860	26-39-200(1)(c)(i)) in this S.B. 38 to read:
10861	"[(c)] (d) (i) The governor shall appoint one member to represent each of the following:
10862	(A) a parent with a child in <u>a licensed</u> center based child care <u>facility</u> ;
10863	(B) a parent with a child in a residential based child care facility;
10864	[(B)] (C) a child development expert from the state system of higher education;
10865	[(C)] (D) except as provided in Subsection (1) $[(c)]$, a pediatrician licensed in the
10866	state; [and]
10867	(E) a health care provider; and
10868	[(D)] (F) an architect licensed in the state."; and
10869	(2) by amending Subsections 26B-1-414(7) and (8) (renumbered from Subsections
10870	26-39-200(7) and (8)) in this S.B. 38 to read:
10871	"(7) The licensing committee shall:
10872	(a) in concurrence with the department and in accordance with Title 63G, Chapter 3,
10873	Utah Administrative Rulemaking Act, make rules that govern center based child care and
10874	residential child care, as those terms are defined in Section 26B-2-401, as necessary to protect
10875	qualifying children's common needs for a safe and healthy environment, to provide for:
10876	(i) adequate facilities and equipment; and
10877	(ii) competent caregivers considering the age of the children and the type of program
10878	offered by the licensee;
10879	(b) in concurrence with the department and in accordance with Title 63G, Chapter 3,
10880	Utah Administrative Rulemaking Act, make rules necessary to carry out the purposes of
10881	Chapter 2, Part 4, Child Care Licensing, that govern center based child care and residential
10882	child care, as those terms are defined in Section 26B-2-401, in the following areas:

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10883	(i) requirements for applications, the application process, and compliance with other
10884	applicable statutes and rules;
10885	(ii) documentation, policies, and procedures that providers shall have in place in order
10886	to be licensed, in accordance with this Subsection (7);
10887	(iii) categories, classifications, and duration of initial and ongoing licenses;
10888	(iv) changes of ownership or name, changes in licensure status, and changes in
10889	operational status;
10890	(v) license expiration and renewal, contents, and posting requirements;
10891	(vi) procedures for inspections, complaint resolution, disciplinary actions, and other
10892	procedural measures to encourage and ensure compliance with statute and rule; and
10893	(vii) guidelines necessary to ensure consistency and appropriateness in the regulation
10894	and discipline of licensees;
10895	(c) advise the department on the administration of a matter affecting center based child
10896	care or residential child care, as those terms are defined in Section 26B-2-401;
10897	(d) advise and assist the department in conducting center based child care provider
10898	seminars and residential child care seminars; and
10899	(e) perform other duties as provided in Section 26B-2-402.
10900	(8) (a) The licensing committee may not enforce the rules adopted under this section.
10901	(b) The department shall enforce the rules adopted under this section in accordance
10902	with Section 26B-2-402.".
10903	Section 281. Coordinating S.B. 38 with S.B. 137 Substantive and technical
10904	amendments.
10905	If this S.B. 38 and S.B. 137, Medical Cannabis Amendments, both pass and become
10906	law, it is the intent of the Legislature that the Office of Legislative Research and General
10907	Counsel prepare the Utah Code database for publication by enacting the amendment to
10908	Subsection 26-61-202(4) in S.B. 137 into a new Subsection 26B-1-420(16) (renumbered from
10000	

10909 Section 26-61-201) in this S.B. 38 to read:

10910	"(16) The board shall provide a report to the Health and Human Services Interim
10911	Committee regarding the board's work before October 1 of each year.".
10912	Section 282. Coordinating S.B. 38 with S.B. 272 Substantive and technical
10913	amendments.
10914	If this S.B. 38 and S.B. 272, Funds Amendments, both pass and become law, it is the
10915	intent of the Legislature that the Office of Legislative Research and General Counsel prepare
10916	the Utah Code database for publication on July 1, 2023, by repealing the following sections
10917	enacted in this S.B. 38:
10918	(1) Section 26B-1-333, relating to the Children's Hearing Aid Program Restricted
10919	Account; and
10920	(2) Section <u>26B-1-433</u> , relating to the Children's Hearing Aid Advisory Committee.
10921	Section 283. Revisor instructions.
10922	The Legislature intends that the Office of Legislative Research and General Counsel, in
10923	preparing the Utah Code database for publication:
10924	(1) not enroll this bill if any of the following bills do not pass:
10925	(a) S.B. 39, Health and Human Services Recodification - Health Care Assistance and
10926	Data;
10927	(b) S.B. 40, Health and Human Services Recodification - Health Care Delivery and
10928	Repeals; or
10929	(c) S.B. 41, Health and Human Services Recodification - Prevention, Supports,
10930	Substance Use and Mental Health; and
10931	(2) in any new language added to the Utah Code by legislation passed during the 2023
10932	General Session, replace any references to Titles 26 or 62A with the renumbered reference as it

10933 <u>is renumbered in this bill.</u>